



Liverpool  
Public Health  
Observatory



# Top tips for Healthier Workplaces

**Full report**

Janet Ubido, Lyn Winters,  
Matthew Ashton, Alex Scott-Samuel.

***Observatory Report Series No.67  
Published August 2008***





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**Liverpool Public Health Observatory  
and Cheshire and Merseyside Public Health Network**

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### **ChaMPs PublicHealth Network**

Cheshire and Merseyside Partnerships for Health (ChaMPs for Health) is a public health network for primary care trusts, local authorities, NHS trusts and wider organisations.

The network's mission is to build partnerships to promote and protect public health and well-being, and develop capacity and capability in the public sector.

[www.champsfor-health.net](http://www.champsfor-health.net)

0151 488 7776.

### **Liverpool Public Health Observatory**

Liverpool Public Health Observatory is an NHS research and development unit based in, and closely integrated with, the Division of Public Health at the University of Liverpool. The Observatory was founded in 1990 and was the model for the regional public health observatories established across England in 1998. Its staff consists of a part-time director, three researchers, and an administrator.

The principal purpose of the Observatory is the analysis, synthesis, and interpretation of health relevant information for those who make or influence policies affecting public health, whether they be in the public, private, or voluntary sectors.

[www.liv.ac.uk/PublicHealth/obs](http://www.liv.ac.uk/PublicHealth/obs)

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# Executive Summary

## ***Introduction***

In producing *Top Tips for Healthier Workplaces* our aim is to enable local workplaces within Cheshire and Merseyside to focus on the actions they can take to promote the health of their existing and prospective employees. Top tips is closely tied to the Choosing Health priority areas<sup>1</sup>, and draws together evidence, national policy, and targets as well as examples of good practice (within the full report), for the Choosing Health priority areas.

**The evidence for this report was collated up to November 2007.**

The details behind the bullet points and examples of the impact and benefits of interventions have been given for each area in the main report. Quantification of costs and benefits is more difficult however as evidence is not always available at a local level but where it exists it has been included.

Creating a supportive working environment can have many benefits, to both employees and employers. It has a direct effect on reducing sickness absence, improving workplace relations leading to a loyal, well-motivated productive workforce, reducing stress and promoting happiness, recruitment and retention.<sup>2</sup> Local businesses have the potential to make a substantial impact given the size and diversity of their workforce.

This document is the third in the series of Top Tips to promote public health in a setting. The first was *Top Tips for Healthier Hospitals*, published in November 2006, followed by *Top Tips for health in Local Authorities*, published in January 2008. The executive summary and full report of each of the three publications can be found on the ChaMPs website at [www.nwph.net/champs/Publications](http://www.nwph.net/champs/Publications) and also on the Liverpool Public Health Observatory website at: [www.liv.ac.uk/PublicHealth/obs](http://www.liv.ac.uk/PublicHealth/obs) Printed copies can be obtained by contacting Francesca Bailey on 0151 794 5570 at the Observatory.

1. Department of Health. (2004) Choosing Health making healthier choices easier. London: The Stationery Office.
2. Faculty of Public Health & Faculty of Occupational Medicine. (2006). Creating a healthy workplace. A guide for occupational safety and health professionals and employers. London: Faculty of Public Health.

## 1. Promoting Equality in the Workplace

“Fair treatment of staff by management is related to increased employee motivation and cooperation and reduced sickness absence.”

“Employers who concentrate on candidates' abilities, rather than their disability or health condition, increase their available talent pool and benefit from improved recruitment practices.”

### Summary

Inequality in health refers to an unacceptable gap in health status or in access to positive influences on health. Employment can be a positive influence but inequalities in the labour market and discrimination in the workplace can have the opposite effect. Fair treatment and valuing diversity in the workplace is both a moral and legal duty. It is also a business imperative. Fairness in the workplace is important for maintaining health which leads to increased employee motivation, cooperation and reduced absenteeism.

### ***Top tips for effective interventions***

#### *Promoting Equality and Diversity:*

- Develop an equal opportunities policy, covering recruitment, promotion and training.
- Set an action plan, with targets, so all staff have a clear idea of what can be achieved and by when.
- Provide training for all employees, including managers, to ensure they understand the importance of equal opportunities and valuing diversity.
- Review recruitment, selection, promotion and training procedures regularly, to ensure they reflect your equal opportunities policy.
- Draw up clear and justifiable job criteria, which are demonstrably objective and job-related.
- Offer pre-employment training, where appropriate, to prepare potential job applicants for selection tests and interviews
- Consider your organisation's image: for example in job advertisements include a statement such as “we welcome applications from women, ethnic minorities, disabled and older people”
- Develop links with local community groups, organisations and schools, in order to reach a wider pool of potential applicants
- Seek advice and support from Jobcentre Plus on equal opportunities, employing people with disabilities and from overseas
- Understand your legal responsibilities to both employees and applicants regarding promoting equality and diversity

- Ensure all new recruits have an induction that makes it clear you value the diverse culture in your company; team them up with a buddy or mentor
- Support staff who are single earners, to help them progress in work through career advice and skills development
- Conduct regular discussions with individuals to identify their needs and then take reasonable action to meet them
- Ensure that job training and promotion is open to all
- Create and promote policies and actions to prevent bullying and harassment [see Mental Health and wellbeing section]
- Review and update grievance (complaints) disciplinary and sickness absence management procedures to ensure they are fair, effective and non-discriminatory
- Collect and analyse data about employees, such as training, promotions, grievances, disciplinary action, sickness absence by gender, race/nationality, religion/faith, disability and age
- Improve skills in the workforce, particularly basic numeracy and literacy through the services of 'Train to Gain'.

### *Employing disabled people*

- During recruitment ask applicants whether they require any reasonable adjustments in order to attend an interview if they have a disability.
- Ensure all staff involved in recruitment understand their responsibilities under the law
- Seek specialist support for recruiting disabled people, from Jobcentre Plus or disability employment advisers
- Consider providing special equipment and assistance to help people with disabilities
- Follow the former Disability Rights Commission's top tips for small employers. <http://tinyurl.com/4mnuxy>
- In person specifications ask for essential skills, knowledge and experience; they can be more important than specific qualifications

### *Age and the workplace*

- Check there are no hidden age barriers in your selection and promotion processes:
  - Aim to place advertisements in publications read by a range of age groups
  - Avoid specifying age and using terms which imply a particular age group, such as "mature", "enthusiastic", "highly experienced" or "recent graduate"
  - Be clear about what skills and abilities are actually required for the post and which are merely desirable or reflect the personal preferences of the selector.
  - Consider the hidden messages in any of your promotional literature particularly the pictures
  - If specific about qualifications ensure the reason for requesting them can be justified and make it clear that equivalent or similar level alternative qualifications will be considered thus not disadvantaging different age groups
  - If graduates are specified make it clear you are interested in the qualification not the age of the applicant

- Use application forms that don't ask a person's age – using forms also makes recruitment and comparing candidates easier
- Base short lists on skills and ability alone; have them independently assessed against bias
- Focus on the applicants' competence at interview and ensure all interviewers have received training in the skills required including equal opportunities and diversity
- Comply with retirement related duties:
  - Implement a default retirement age of 65
  - Give written notice of impending retirement
  - Consider an employee's request to work beyond retirement age
- Ensure redundancy procedures are based on business needs rather than age.

### *Race and Cultural issues*

- Encourage and train managers to get the best out of people from different backgrounds
- Give managers the tools to promote and demonstrate a climate of respect in the workplace by setting clear standards of behaviour for all staff, customers and clients and taking prompt action to deal with any instance of racism or prejudice
- Provide information about the different religions and cultures reflected in the workforce and among customers
- Ask people from ethnic minorities what they think about working for you through regular management conversations with members of your team, staff surveys, exit interviews and focus groups in the community
- Understand the needs both of new recruits and existing employees which require adjustments in the workplace, such as the observance of specific habits or rituals by faith groups
- Consider positive action training to help employees from ethnic minorities apply for jobs in areas which are underrepresented
- Follow the Commission for Racial Equality's "*Statutory code of practice on racial equality in employment*".

### *Avoid gender inequalities*

- Provide work experience placements for people who traditionally do not work in your sector; ensure recruitment practices attract a diverse range of applicants and support non-traditional recruits
- Commit to a general principle of equal pay for work of equal value
- Undertake an equal pay review and take action on the results; if women are paid less than men, unrest will damage business productivity
- Strengthen the link between skills acquisition and pay
- Use job evaluation techniques and pay systems without in-built bias against women, their skills and family
- Consider flexible working, career breaks and providing childcare facilities.

## 2. Tackling obesity: Creating opportunities for healthy eating

'By 2010, 1 in 4 people will not be able to fit into a standard office chair, if obesity continues to rise at its current rate'

"Providing healthy food options in the workplace can significantly increase fruit intake and reduce consumption of fried foods "

### Summary

Workplaces are an ideal setting to promote healthy eating as more than half the population spend up to 60% of their waking hours at work and have at least one meal there.

#### ***Top tips for effective interventions***

- *Set up a healthier workplace food policy*  
To inform the policy, undertake a company health check as set out by the European Network for Workplace Health Promotion. This reviews company policies and activities around health topics.
- *Ensure management involvement*  
Enthusiastic support and involvement is required from senior management to ensure a co-ordinated approach involving health and safety managers, occupational health staff, employers' organisations, chambers of commerce, unions and staff representatives, and health professionals working with businesses.
- *Ensure employee involvement*  
Involve employees in identifying workplace food needs and addressing viable solutions.
- *Joint action*  
To ensure a co-ordinated approach to improving nutrition and health in your workplace, team up with your local authority, strategic health authority, primary care trust (PCT) and relevant private and voluntary sector organisations.
- *Improve access to healthy food and drinks*
  - Make healthy choices continuously available at all food outlets for staff and visitors, including in staff restaurants and vending machines.
  - Encourage initiatives such as 'fruit on desks'.

- Ensure easy access to free drinking water.
- Encourage workers who bring their own food to pack a healthy lunch and snacks.
- Provide good kitchen facilities and eating areas for employees, where possible.
- *Actively promote a healthy diet*
  - Introduce tailored educational and promotional programmes to improve food provision and take-up of healthy food, for example:
    - heavy promotion and advertisement at point of purchase,
    - pricing incentives such as lower priced healthy food and drinks.
  - Promote the ‘5-a-day’ message.
  - Offer health checks for staff:
    - enlisting help from your local PCT where necessary,
    - encouraging workers to monitor their weight, diet,
    - providing ongoing support to enable healthy lifestyle changes.
- *Ensure local procurement*
  - Wherever possible, ensure food in staff food outlets is procured locally and encourage the use of seasonal produce in premises.

### **3. Tackling obesity: Creating opportunities for physical activity**

‘Physical inactivity costs up to £6.4billion each year in lost productivity and sickness absence’

“Workers were almost twice as likely to increase walking to work after receiving a ‘walk in to work out’ information pack”

#### **Summary**

A regularly active, fitter workforce will be more productive, take less sickness absence and reduce your long-term sick-pay costs. Various measures can be taken to provide opportunities for employees to be more physically active. For many, the minimum recommended daily physical activity levels could be achieved simply through active travel to and from work.

#### ***Top tips for effective interventions***

##### *Healthy travel plan*

- Work with employees to identify barriers to physical activity, ideally using audits and health impact assessments. Carry out a company health check.

- Draw up and implement a healthy travel plan with policies to encourage walking and cycling and restrict workplace parking.

#### *Information on physical activity opportunities*

- Provide targeted information about travel choices, health benefits and recreational opportunities.

#### *Incentive schemes and promotional campaigns*

- Actively promote physical activity through incentive schemes and other programmes, encouraging workers to move around as much as possible.
- Pay a cycle mileage rate of at least 20p per mile.
- Set up a 'Cycle to Work' scheme.

#### *Changes to the physical environment*

- Provide showering facilities and cycle shelters.
- Make stairs more attractive, with clear signposts and attractive décor to encourage use.
- Get involved in working with local authorities and related bodies to develop planning applications for safe cycle and pedestrian routes to work, and workplace access to public transport

#### *Physical activity programmes*

- Provide physical activity programmes, such as lunch-time walks and designated 'exercise hours' at work.

#### *Health checks*

- Work with your local PCT to offer health checks which address physical activity and provide ongoing support.

## 4. Improving mental health and well-being

“One in five workers report feeling extremely stressed at work and nearly three in every ten employees will have a mental health problem in any one year”

“Mental health problems account for the loss of more than 91 million working days each year, half of which are due to anxiety and stress.”

### Summary

Organisational changes are more effective at lessening work based factors that adversely affect mental health than individually focused interventions. They may also have more lasting effects. Staff well-being benefits from involvement in identifying and addressing such work based factors.

## ***Top tips for effective interventions***

### *Policy at work*

- Develop an effective response to bullying and harassment.
- Establish an employee wellbeing strategy or similar initiative to help improve the physical and mental health of the workforce
- Use company policy to state and reinforce a commitment to equality of opportunities for those with mental health problems.
- Develop a human resource policy to respond to domestic violence.
- Preventing problems by eliminating or minimising stress at source for example by:
  - Allowing more flexible working arrangements;
  - Conducting a stress audit to identify sources of stress.
  - Assessing job demands, increasing job control and decision making latitude.
  - Redressing an effort/reward imbalance by asking staff to identify the types of benefits or recognition they would value.
- Follow the six principles to reduce stigma:
  - Make employees aware of steps they can take to preserve and maintain their own and others mental well-being;
  - Promote a culture of respect and dignity for everyone, ensuring that staff are trained to recognise and be sensitive to mental distress or disability in others, be they workplace colleagues or customers;
  - Encourage awareness of mental health issues, so that employees notice the danger signs and understand the importance of seeking help early
  - Demonstrate that no one is refused employment on the grounds of mental illness or disability;
  - Make reasonable adjustments to the work environment, enabling people with mental health problems to continue working;
  - Take positive steps to ensure that people with mental health problems are not disadvantaged in relation to the availability of your goods and services.

### *Culture*

- Develop a culture in which staff are valued; consult and listen to staff.
- Improve two way communications and staff involvement.

### *Information and support*

- Increase social support by making available clear, consistent information and enhancing support from line managers.
- Offer assistance, advice and support to staff experiencing mental health problems at work and for those returning to work.
- Enhance team working.
- Assist individuals who are experiencing the effects of stress through early intervention and support.
- Introduce stress education and stress management courses.

## 5. Dealing with alcohol and drug misuse

“Hangovers alone have been estimated to cost industry between £53 and £108 million annually”

“Workplace alcohol policies can help to reduce net weekly drinking amongst the workforce by 13% to 34%”

### Summary

Interventions to deal with alcohol and other substance misuse will benefit both employers and employees, improving productivity and work performance.

### *Top tips for effective interventions*

#### *Set up an alcohol and drug use policy*

- All employers need workplace alcohol and drugs policies to provide guidance to managers and staff on alcohol and drug-related problems in the workplace. Usually, alcohol and drugs are combined into one policy. The policy should cover:
  - drinking at the workplace;
  - workplace discipline;
  - recognition and help for those with alcohol and drug-related problems;
  - alcohol and drugs education;
  - all of the following measures.

#### *Involve staff*

- Set up a working party, involving all levels of staff, to look at the issue of alcohol and drugs. If employees are consulted and involved, there is likely to be a good deal of support for the policy.

#### *Analysis*

- Analyse information and records held to investigate whether alcohol or drugs are harming the business, and what action can be taken.

#### *Information*

- Provide employees with information on the damaging effects of alcohol and drugs.

#### *Support*

- Provide access to varying levels of support, ranging from brief interventions featuring counselling and advice (enlist the help of your local PCT where necessary) to referral to an alcohol or drugs unit for those with more dependent intake.

#### *Prevention*

- Focus on prevention, emphasising that alcohol and drug misuse is defined as a health problem, to be dealt with without discrimination, like any other health problem at work.

### *Training*

- Establish guidance and training for supervisors, trade union representatives and selected employees, to identify alcohol problems early, and refer employees for support.

### *Buddies*

- Introduce 'buddy' schemes, in which staff are encouraged to talk about their own or a colleague's drink or drugs problem and family, friends and work colleagues are all involved with the individual in a treatment programme.

### *Screening*

- Screening is neither acceptable nor cost-effective in most workplaces It is only appropriate in safety-sensitive industries.

### *Consider workplace factors*

- Address anything at work which may be driving people to drink or drugs, such as stress, bullying, long hours, working away from home, the availability of alcohol, the office culture and psychosocial factors.

### *Community approach*

- Help address the issue of alcohol and drugs in the community and encourage sensible drinking, by participating in joint working with your local authority, community and the health service.

## **6. Workplace Interventions to Stop Smoking**

“One company has seen a significant increase in productivity following the introduction of a no smoking policy”

“Researchers in Scotland have found a 17 per cent fall in admissions for heart attacks in the first year after the smoking ban came into force in Scotland.”

“Smokefree laws do not damage profits. No independent, peer reviewed study has ever found a significant downturn in business from going smokefree.”

### **Summary**

The workplace has significant potential as a setting through which large groups of people can be reached and encouraged to stop smoking. Employers can play an important role in encouraging and supporting smoking cessation by employees who smoke.

## ***Top tips for effective interventions***

### *Information*

- Contact your local stop smoking service and ask for help in providing information about their support.
- Make that information widely available in the workplace
- Inform staff about the types of help available to them, including how, when and where it can be accessed.
- Ask staff if there is any other information or support you can offer in the workplace

### *Support*

- Offer support to help employees who want to give up smoking; for example:
  - Consider allowing employees to attend stop smoking services during working hours without loss of pay.
  - Be responsive to individual needs and preferences.
  - If there is sufficient demand, ask your local stop smoking service to offer help on your premises, maybe an on-site stop smoking group
  - Work with other local businesses to see if there is an opportunity to share smoking cessation support.
- Work with your staff and their representatives to develop a stop smoking policy
  - Make the stop smoking policy part of an overall smokefree policy
  - Consider whether staff should be allowed time off for smoking breaks during working hours
  - Consider offering staff training to provide stop smoking advice.
- Make use of the following local support and internet services to help employees stop smoking:
  - Fag Ends, the Roy Castle Lung Cancer Foundation stop smoking team run weekly drop-in sessions in Central, North and South Liverpool and across the whole of Knowsley, and can visit workplaces; contact the Fag Ends helpline on free phone number 0800 195 2131, or <http://www.roycastle.org>
  - As part of the working well programme, Knowsley council has a dedicated stop smoking service for individuals working in the borough to access free stop smoking services and support. For information contact: 0151 443 4723, or email [smokefree@knowsley.gov.uk](mailto:smokefree@knowsley.gov.uk)
  - NHS booklets, posters and translated leaflets are available from the NHS Smoking Helpline: 0800 169 0169 or [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### *Protecting staff from secondhand smoke in the community*

- Provide advice to staff on smoke free issues and ways to minimise their risk of exposure to secondhand smoke, for example:
  - Requesting use of rooms which have been smokefree for a minimum of 30 minutes prior to their visit.

### *Smoking breaks and their implications*

- To minimise potential drawbacks associated with smoking breaks at work, establish clear rules or guidelines for example:
  - Specify whether smoking breaks are permitted in addition to official lunch and tea break

- If smoking breaks are permitted specify how many, when they may or may not be taken, and the maximum length of each break
- If smoking breaks are permitted, enable all staff to take breaks at the same time, maybe as coffee breaks.
- If despite guidelines, some employees take excessive smoking breaks, it may be necessary to re-emphasise the company's rules on taking breaks from work and, if necessary, deal with the employees under the company's normal disciplinary procedures.

*Staff working in institutions*

- To help protect staff working in institutions such as prisons and long-stay adult residential care homes consider ways in which smoking could be restricted in communal areas.

# FULL REPORT

## 1. Promoting equality in the workplace

### Background

Inequality in health refers to an unacceptable gap in health status or in access to positive influences on health. Employment can be beneficial to health yet there are still inequalities in the labour market and discrimination in the workplace.

Disabled people have lower employment rates and higher unemployment rates than able-bodied. For disabled men: 52% are in work compared with 85% who are not disabled. Only 49% of disabled women work compared with 75% who are not disabled.

People from ethnic minorities, on average, are disproportionately congregated at lower levels of employment. White women and ethnic minority women and men are particularly likely to be concentrated in low-paid jobs. (EOC, 2007b) Part-time employment is less common for ethnic minority women than white women, but proportionately more ethnic minority men than white men work part-time. Bangladeshi men have the highest part-time rates compared with other men, 39% of those in employment work part-time. Muslims have the lowest employment rates of all religious groups. One in four (24%) Muslim women and three in five (58%) Muslim men aged 16-64 are in employment. Increasingly some full-time workers in certain firms have been replaced by agency staff, mostly migrants who are on poorer terms – lower rates of pay, mostly just the minimum wage, less overtime money, less holiday, more antisocial shift patterns and uncertain hours. (Lawrence, 2007)

Excluding those who are retired, carers have lower employment rates than other adults. Two-thirds of women carers and less than three-quarters of men carers are in employment. Men continue to earn more than women annually with 27.1% gender pay gap<sup>1</sup> for full-time workers. Differentials in the gender pay gap is widest at 41% in banking, insurance and pension provision. (EOC, 2006) Women's low pay is a major factor behind pensioner poverty and high levels of child poverty. Nearly half of children living in poverty (48%) have a parent who is in work. (EOC, 2007b) Low pay and the undervaluing of certain jobs, particularly those undertaken by women contributes to high levels of staff-turnover and Britain's significant skills gap, if there is no incentive to gain accredited skills and qualifications. (EOC, 2007b)

It is illegal to discriminate against people on grounds of sex, race, sexual orientation, status as a married person or a civil partner, religion or belief, age, because of a disability, pregnancy or childbirth, or subsequent maternity leave or because they are a member or non-member of a trade union. It is also unlawful to discriminate against part-time workers. Discrimination means treating someone worse or less favourably either directly or indirectly. Directly, for instance, by failing to shortlist an applicant

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<sup>1</sup> Women's earnings as a percentage of men's full-time earnings

because of their disability and indirectly, for instance, by requiring all female employees to wear a skirt may disadvantage those from Muslim communities where they are required to cover their legs.

These regulations should pose few difficulties in organisations where people are treated fairly and with consideration. (Acas, 2006) Fair treatment and valuing diversity in the workplace (that is: respecting individual differences) is a moral as well as a legal duty and it is also a business imperative. Unequal treatment, prejudice or harassment discredits a business and can be very costly. (Business Link, 2007) Employers who treat employees fairly and flexibly will be best placed to recruit and retain staff in an increasingly diverse and competitive labour market. For example, employers who concentrate on candidates' abilities, rather than disability or health condition increase their available talent pool and benefit from improved recruitment practices. It has also been shown that they develop more innovative and sustainable work practice for everybody. (Employees Forum on Disability, 2007). Making simple adjustments to support equal opportunities and diversity are not necessarily expensive for instance: many colleges and training providers will provide no/low cost English for Speakers of Other Languages (ESOL), literacy and numeracy training – often in the workplace. (Diversity Means Business, 2004a) Fairness in the workplace is important for maintaining health and leads to increased employee motivation and cooperation and reduced absenteeism. [See Box 1: Impacts of justice].

## **National policy and commitments**

Saving Lives Our Healthier Nation White Paper (DoH, 1999), identified workplaces as a key setting through which to improve health and reduce health inequalities.

**The Employment Act 2002:** Covers dispute resolution in the workplace including disciplinary and grievance procedures. To promote equal treatment in employment and occupations. Covers age, gender, race and religion.

**Age discrimination:** From 1 October 2006 the Employment Equality (Age) Regulations make it unlawful to discriminate against employees, job seekers and trainees because of their age. The protection covers direct and indirect discrimination, harassment and victimisation. A Code of Practice on Age Diversity in Employment has been published by the Department for Education and Employment. Further information is available at [www.agepositive.gov.uk](http://www.agepositive.gov.uk)

**Equal Pay Act 1970:** Both men and women, regardless of race or disability, are entitled to equal pay if they are employed to do work that is: similar, rated as equivalent, through a job evaluation. Of equal value in the demands that are made of them.

**Sex Discrimination Act 1975:** Makes it unlawful to discriminate against a person because of their sex or marital status. The Act covers people regardless of the length of service or the number of hours worked. **Sex Discrimination Act**

**Amendment 1999 - Gender Reassignment:** Prevents discrimination against someone who is undergoing a gender reassignment in terms of employment or training. Legislation in 2004 gave transsexuals the legal right to live in their acquired gender. It is unlawful to discriminate against people who are undergoing or who

have undertaken gender reassignment (with some limited exceptions in recruitment). **Sex Discrimination (Indirect Discrimination and Burden of Proof) Regulations 2003:** Applicants can claim discrimination from the outset of the recruitment procedures and the burden of proof lies with the employer to prove that they have not discriminated. Sexual harassment or less favourable treatment of women who are pregnant or on maternity leave are forms of unlawful sexual discrimination. Indirect sex discrimination can occur where an employer may treat men and women employees equally but the result puts or would put women at a particular disadvantage when compared with men and cannot be justified. **Employment Equality (Sexual Orientation) Regulations 2003:** These came into force 1 December 2003. The regulations apply to all workers and anyone who applies for work. They cover those employed directly and those covered by some other form of contract and agency workers. They cover membership of trade organisations, the award of qualifications, the services of career guidance organisations, employment agencies and vocational training organisations. The law allows positive action where you can demonstrate that employees of particular sexual orientation are at a career disadvantage. **Civil Partnerships.** From December 2005 same sex couples can now enter into civil partnerships. Equal recognition should be given to such relationships - this includes tax, insurance, work benefits, time off to care for dependants/family etc.

**Disability Discrimination Act (DDA) 1995 (amended 2005 which widened definition of disability):** This act prevents people against discrimination based upon their disability. It covers all aspects of employment, from recruitment to dismissal, and provision of services to the general public. From October 2004 all employers, regardless of the number of employees, are covered. Employers are required to make 'reasonable adjustments' to assist the individual reduce or eliminate the effects of their impairment thus allowing them to carry out a job. The Disability Rights Commission Code of Practice provides guidance.

**Race Relations Act (RRA) 1976 (amended 2000):** The act allows people to provide facilities to meet the special needs of people from particular racial groups in relation to their training, education or welfare (section 35); and target job training at people from racial groups that are under-represented in a particular area of work, or encourage them to apply for such work. Protects employees against discrimination on the grounds of nationality, colour, ethnic, racial or national group. It also covers people who used to work for you, casual workers, self-employed contractors and people employed through employment agencies. Customers and clients are similarly protected.

**Employment Equality (Religion or Belief) Regulations 2003:** These came into effect in December 2003 and protect people from religious discrimination in employment and vocational training and the provision of goods, facilities and services.

Commission for Racial Equality has produced a **statutory code of practice on racial equality in employment** which took legal effect on 6<sup>th</sup> April 2006. It is a set of recommendations and guidance on how to avoid unlawful racial discrimination and harassment in employment. It outlines employers' legal obligations under the RRA 1976 and contains general advice on the policies they will

need to safeguard against discrimination and harassment, as well as more detailed recommendations on the procedures and practice that will help ensure fair and equal treatment for everyone. Employment tribunals will take the code's recommendations into account as evidence in any legal proceedings brought on or after 6 April 2006 under the RRA. <http://www.cre.gov.uk/downloads/employmentcode.pdf>

**Other significant legislation and regulations** ensure that employees on fixed-term contracts and part-time workers are treated no less favourably than comparable permanent full-time employees. There are regulations covering parental and maternity/paternity leave, flexible working, the national minimum wage, the statutory right to trade union recognition; increases in the coverage of, and compensation for, unfair dismissal and ex-offenders are given certain employment rights if their convictions become 'spent'.

### **Top tips for effective interventions in the workplace**

Inequality in health refers to an unacceptable gap in health status or in access to positive influences on health. Employment can be beneficial to health yet there are still inequalities in the labour market and discrimination in the workplace. Fair treatment and valuing diversity is both a moral and a legal duty. It is also a business imperative. Fairness in the workplace is important for maintaining health and leads to increased employee motivation, cooperation and reduced absenteeism.

#### **Equality for all in the workplace:**

The following is a plan to help employers promote equality of opportunity in their organisations. These are guidance points only, and the Commission for Racial Equality strongly advise employers to seek further details about each of the areas listed below.

- Develop an equal opportunities policy, covering recruitment, promotion and training. The Commission for Racial Equality has a sample policy in their Code of Practice on Racial Equality in Employment (CRE, 2006)
- Set an action plan, with targets, so all staff have a clear idea of what can be achieved and by when. Acas gives details of developing a policy and action plan on their website: <http://www.acas.org.uk/index.aspx?articleid=818>
- Provide training for all employees, including managers, to ensure they understand the importance of equal opportunities and valuing diversity. Provide additional training for staff who recruit, select and train your employees (Acas, 2007)
- Review recruitment, selection, promotion and training procedures regularly, to ensure that you are delivering on your equal opportunities policy (Boarder and Immigration Agency, 2007)
- Draw up clear and justifiable job criteria, which are demonstrably objective and job-related. Describe what tasks and skills are required in simple jargon free language. Avoid any requirements that are not related to the job such as the candidate's marital status or race. Treat all job applicants in the same way at each stage of the recruitment/promotion process. (Business Link, 2007)

- Offer pre-employment training, where appropriate, to prepare potential job applicants for selection tests and interviews [see examples of good practice: Marks & Start]
- Ensure job training and promotion is open to all (Diversity Means Business, 2004b)
- Consider your organisation's image: for example in job advertisements include a statement about your diversity policy such as: “we welcome applications from women, ethnic minorities, disabled and older people”. Unless justifiably essential to the job, avoid language that is gender, cultural, health or age specific (CRE, 2007)
- Develop links with local community groups, organisations and schools, in order to reach a wider pool of potential applicants for example, talks in schools and community centres, open days, work placements, articles in local media. (CRE, 2007)
- Seek advice and support from Jobcentre Plus on equal opportunities, employing people with disabilities and from overseas  
<http://www.jobcentreplus.gov.uk/JCP/Employers/index.html>
- Understand your legal responsibilities to both employees and applicants to promote equality and diversity
- Ensure all new recruits have an induction that makes it clear you value the diverse culture in your company; team them up with a buddy or mentor for the first few months who can show them the ropes. (EOC, 2007a)
- Support staff who are single earners, to help them progress in work through career advice and skills development. (Harker, 2006)
- Create and promote your policies and actions to prevent bullying and harassment [see section on Mental Health and Wellbeing]
- Review and update the grievance (complaints), disciplinary and sickness absence management procedures to ensure that they are fair, effective and non-discriminatory
- Collect and analyse data about employees such as: training, promotions, grievances, disciplinary action, sickness absence by gender, race/nationality, religion/faith, disability and age.

(Diversity Means Business, 2004b)

## Employing disabled people

- Promote the rights of disabled employees by identifying in job descriptions the roles and responsibilities of all officers in relation to access and monitoring through employee performance frameworks.
- During recruitment ask applicants whether they require any reasonable adjustments in order to attend an interview if they have a disability. (Business Link, 2007)
- Ensure all staff involved in recruitment understand their responsibilities under the law
- Jobcentre Plus can offer specialist support for recruiting disabled people. Their Disability Employment Advisers (DEAs) can give details about:
  - o The Work Preparation Programme, where firms offer a work placement to a disabled person enabling them to sample many types of work in a real working environment. They last from a few days to a maximum of 13 weeks
  - o The Job Introduction Scheme (JIS) which can provide a weekly grant towards the employment or training costs for the first few weeks of employing a disabled person
  - o WORKSTEP which enables people with more complex employment barriers to work effectively with the right support alongside non-disabled colleagues
  - o Access to Work (AtW). As well as giving advice and information to disabled people and employers, Jobcentre Plus pays a grant, through AtW, towards any extra employment costs that result from a person's disability
  - o Job retention if you or your disabled employee are concerned about them losing their job because of disability.
- In person specifications:
  - o Remember essential skills, knowledge and experience can be more important than specific qualifications
  - o Avoid specifying 'clean driving licence' but specify 'mobility throughout region' – many will be mobile although without a driving licence. Access to work scheme through Jobcentre Plus may assist disabled people with travel costs or by providing a driver (Diversity Means Business, 2004a)
- Consider reasonable adjustments in the workplace for all employees, particularly special equipment and assistance to help people with disabilities. Conduct regular discussions with individuals to identify their needs and then take reasonable action to meet them. It is important that identified adjustments are put into place promptly. (Diversity Means Business, 2004b)

Follow the former Disability Rights Commission's Top tips for small employers [and useful for others too]:

- Take time to think about how the law will affect the company.
- Consult a disabled person about any reasonable adjustments they might need to enable them to do the job. The needs of employees and the adjustments should be reviewed regularly
- Talk to your staff about the DDA and the issues it raises. Discussion can help everyone to understand the issues and come up with solutions.
- A disabled employee can help the company to respond to the needs of disabled customers, because you will be familiar with some of the issues.

- Seek advice from the DRC and other advice services such as Acas, the job centre, local Business Link or Chamber of Commerce.
- Treat disabled people with respect and dignity, even if they do not 'look' or behave in a way that is usual, but they should be treated as an equal.
- Remember that the law only requires you to do what is reasonable.
- Don't make assumptions about disabled people. Many disabled people cannot get a job because employers wrongly assume that they are unable to do the job effectively.
- Don't assume reasonable adjustments will cost a lot of money – most costs nothing or very little. Many adjustments are about doing things a little differently. "Access to Work" funding from Jobcentre Plus can be used to pay for many adjustments.
- Don't be fearful of employing disabled people as the best person for the job may be a disabled person. If you do your best to make your work practices fair, everyone will benefit.

(DRC, 2007b)

### **Age and the workplace**

Many assumptions about people – both young and old – are outdated and work against the interests of the individuals involved and the employer.

- Check there are no hidden age barriers in your selection and promotion processes:
  - Aim to place advertisements in publications read by a range of age groups
  - Avoid specifying age and using terms which imply a particular age group, such as "mature", "enthusiastic", "highly experienced" or "recent graduate" (Business Link, 2007)
  - Be clear about what skills are actually required for the post and which are merely desirable or reflect the personal preferences of the selector. Focusing on the job and the skills/abilities required rather than the ideal person avoids discrimination
  - Consider the hidden messages that may be present in any promotional literature, particularly the pictures
  - If specific about qualifications ensure the reason for requesting them can be justified and make it clear that equivalent or similar level alternative qualifications will be considered and thus not disadvantaging people at different ages
  - If graduates are specified make it clear that the company is interested in the qualification and not the age of the applicant
  - Use application forms that don't ask a person's age – using forms makes recruitment and comparing candidates easier [see [www.efa.org.uk/recruitment](http://www.efa.org.uk/recruitment) for a standard 'bias free' application form]
  - Base short lists on skills and ability alone; have them independently assessed against bias
  - Focus on the applicants' competence at interview and ensure all interviewers have received training in the skills required including equal opportunities and diversity. (Business Link, 2007; Employers Forum on Age, 2007)
- Comply with retirement related duties:

- Implement a default retirement age of 65
- Give written notice of impending retirement
- Consider an employee's request to work beyond retirement age  
(Diversity Means Business, 2006)
- Ensure redundancy procedures are based on business needs rather than age.  
(Business Link, 2007)

### **Race and Cultural issues**

Employers need to ensure that no job applicant or worker is treated less favourably than others, on racial or religious grounds, or is placed at a disadvantage by requirements, provisions, criteria, conditions or practices.

- *Encourage managers to get the best out of people from different backgrounds.* Give managers training to do this and assess their ability to motivate the whole team and make best use of everyone's talents to deliver results
- *Give managers the tools to promote and demonstrate a climate of respect in the workplace* by setting clear standards of behaviour for all staff, customers and clients and taking prompt action to deal with any instance of racism or prejudice.
- *Provide information* about the different religions and cultures reflected in the workforce and among customers. Include dates of religious festivals in electronic calendars or mark the events publicly so that everyone feels included.
- *Talk to your staff:* Ask people from ethnic minorities what they think about working for you through regular management conversations with members of your team, staff surveys, exit interviews and focus groups. (EOC, 2007a)
- *Understand the needs of both new recruits and existing employees* which require adjustments in the workplace, such as the observance of specific habits or rituals by faith groups. (Diversity Means Business, 2004b)
- *Consider positive action<sup>2</sup> training* to help ethnic minority employees to apply for jobs in areas where they are underrepresented. (CRE, 2007)
- Follow the Commission for Racial Equality's "*Statutory code of practice on racial equality in employment*". (CRE, 2006)

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<sup>2</sup> Positive action refers to taking steps to encourage applications from under-represented groups or to provide training to help them compete on equal terms with the majority.

### **Improving basic skills**

'Train to Gain' is a new service from the Learning and Skills Council (LSC) offering skills advice to match business needs with Further Education and training providers. Both the training and advice offered by Train to Gain will be flexible, responsive and offered at a time and place to suit businesses. The service will enable many more adults to achieve a first full Level 2 qualification (equivalent to 5 good GCSEs) and to improve their basic literacy and numeracy skills. Train to Gain is important because without a skilled workforce businesses will not be able to compete; jobs will be lost and fewer people will be able to get the jobs they want. For more information and advice on addressing literacy and numeracy issues in the workplace and government support for training call a skills broker on 0800 015 5545 or visit [www.traintogain.gov.uk](http://www.traintogain.gov.uk)

### **Avoiding gender inequality**

Action to reduce gender inequality benefits both employers and employees. For the employee by making full use of their skills, being rewarded appropriately and equitably and enabled them to have a good work-life balance. For the employer performance is increased outstripping competitors, solves skill shortages, and enables retention of staff whilst reducing recruitment costs.

EOC recommends employers:

- Provide work experience placements for people who traditionally do not work in the sector; ensure the recruitment practices attract a diverse range of applicants and support non-traditional recruits. [see examples of good practice: British Gas]
- Undertake an equal pay review and take action on the results; if women are paid less than men, unrest will damage business productivity (EOC, 2004)
- To retain the best people, consider flexible working, career breaks, providing childcare facilities, and so on, to help women in particular meet domestic responsibilities and pursue their occupations. Publicise flexible working options to all employees and prospective employees and support managers with the practicalities. (EOC, 2007a)
- Develop and accredit skills and strengthen the link between skills acquisition and pay (EOC, 2007b)
- Use job evaluation techniques and pay systems without in-built bias against women, their skills and family (EOC, 2007b)
- Commit to a general principle of equal pay for work of equal value. (Grimshaw & Rubery, 2007)

## Box 1

### Examples of evidence for the effectiveness of workplace interventions

**Justice and fairness:** In the Whitehall II study researchers surveyed 6,442 male British civil servants aged 35-55 -- without presence of CHD -- regarding how fair, or unfair, they perceived their employers. Participants answered questionnaires on perceived justice at work as well as other work-related psychosocial factors at two different times (1985-1988 and 1989-1990). The researchers then monitored the group for heart attacks and other heart problems for about nine years. Subjects who reported a high level of justice at work were 30% less likely to develop CHD than workers who consistently experienced injustice at work. This effect appeared to be independent of cholesterol levels, body mass index, hypertension, smoking, alcohol consumption, physical activity level and other psychosocial factors at work or socioeconomic position. Justice was defined as managers considering their viewpoints, treating them truthfully and including them in decision-making processes. (Kivimaki et al., 2005).

A high level of justice in managerial treatment has been related to increased employee motivation and cooperation and decreased levels of psychological distress, negative emotions, and sickness absence. (Cropanzano & Folger, 1991; Elovainio, Kivimaki, & Helkama, 2001; Shapiro & Brett, 1993)

**Increasing social interaction:** Research in 2006 by human capital management consultancy Penna has shown the importance of work as a place of social interaction: one-third of respondents liked meeting people from different walks of life whom they might not have otherwise met, while one-quarter appreciated the chance to broaden their knowledge of other cultures through meeting people at work. (CRE, 2007)

#### Following the principles of equality and diversity can:

- Make a workforce more representative of the community it serves
- Attract and keep able staff
- Avoid undervaluing, under-using or losing able staff
- Avoid the costs and worry of recruiting and training someone new when you could have kept an employee – and kept valuable business expertise
- Improve staff morale and productivity
- improve the way all staff are managed, including in areas like health and safety and absence
- Help to develop good practice that improves customer care as well as employment practice.
- Promotes a positive image of the company as a reputable employer and avoids claims for compensation. (Acas, 2006; DRC, 2007a)

**Fairness in recruitment and selection:** It is important to avoid discrimination in recruitment, selection and induction processes. Although this is required by law, it gives the best opportunity for getting the right person for the job. (Business Link, 2007)

**Business benefits from more equal treatment of women:** Findings from EOC investigations have found more equal treatment of women in business will increase the available pool of talent and helps to reduce skill shortages. Businesses will benefit from a higher quality workforce, improved retention rates, a greater return on their investment in women's training and development, and reduced recruitment costs. (EOC, 2004)

## Examples of good practice

### **Active equality policy - Merseytravel**

As a reputable public sector employer, Merseytravel have an active equality policy which covers all aspects of recruitment, employment provisions and service provision. They are a family friendly employer with policies on flexible working, job share, career breaks, maternity, paternity and parental leave etc. Merseytravel inevitably respect and embrace all legislation with regard to equality issues and are committed to having Race, Disability and Gender Equality Schemes in order to make equality issues central to the business of the Authority. The policy and practices applies to the three main operating arms of Merseytravel. That is, the MPTE (which is the client side of public transport on Merseyside), Mersey Ferries and Mersey Tunnels.

For further information: Peter Hughes, Personnel Manager, Merseytravel  
[peter.hughes@merseytravel.gov.uk](mailto:peter.hughes@merseytravel.gov.uk)

### **Everton Football Club - Disability Football Development Programme.**

*Winner of the UnumProvident Realising Ability Award 2004 in association with the Employers Forum on disability*

The programme offers the same opportunities to disabled people as those open to non-disabled people and aims to lead the way in the provision of disabled footballing opportunities at all levels. By using the powerful brand of Everton Football Club, with a structured development plan, are making significant progress in bringing the game to this previously excluded group. The programme is a totally inclusive project incorporating annual contact with over 10,000 disabled recreational players per year, 8 competitive official Everton teams (amputee, deaf, partially sighted and five pan-disability teams, including junior, adult and female groups) with 100 registered disabled players, 8 coaching staff and many trophies.

Impact:

- Employees are proud to be associated with a company that not only engages disabled people, but allows them to excel in a sport they all feel passionately about
- Staff retention is almost 100% over 10 years and days off through illness are rare
- Through the programme the disabled community has access not only to fitness, health, discipline and social benefits of football, but also employment, training and mentoring opportunities
- By learning new coaching methods with disabled groups, coaches have reported improved delivery skills when coaching non-disabled groups

[http://www.bitc.org.uk/resources/case\\_studies/ra\\_274\\_everton.html](http://www.bitc.org.uk/resources/case_studies/ra_274_everton.html)

## **Royal Mail Group - Diversity & Inclusion**

Royal Mail Group plc (RMG) management of diversity aims to create a culture where everyone feels valued and respected, is treated with dignity and respect and where employees can reach their potential regardless of race, religion, gender or sexual orientation.

In the last 3 years RMG have gone from being a loss-making business to profit-making one. A key factor contributing to this turnaround has been the creation of a more inclusive workplace. In the past RMG experienced incidences of bullying and harassment which proved damaging to the organisation and their diversity strategy focuses on making diversity 'business as usual' whilst recognising that this sometimes requires some short term 'hot housing'. RMG actively sought applications for employment from groups that were under-represented in the workforce, including ethnic groups, women and people with disabilities. Their recruitment policy was also extended to organisations representing minority groups including the Shaw Trust, Re-employ, RADAR, the Armed Forces, BITC's Homelessness campaign and the Employer's Forum on Disability. Dignity and Respect at Work (DRAW) groups have been established across the business to provide a forum for employees to raise and discuss local issues, and to create and implement action plans on local issues with 17 groups currently up and running. Royal Mail also has in place the Disability Action Centre (DAC) which offers advice and guidance on a range of disability related issues. The DAC offers its advice via a website. Products and services are marketed through ethnic press and in a range of languages, targeting ethnic groups by using members of ethnic groups to promote services and offering advice with their local communities which has not only proved commercially beneficial, but also helps integrate individuals and communities into the host country.

### **Impact**

- Diversity awareness training has been delivered to 90% of the workforce and awareness of diversity is at an all time high
- In conjunction with KPMG and BITC, Royal Mail Group are currently running the largest Skills for Life educational scheme in the country to enhance the literacy and numeric skills of foreign employees whose first language is not English
- The Post Office Ltd Disability Action group has been responsible for increasing access to goods and services by disabled customers including launching a multi-million pound fund to help its sub-postmasters make adjustments to their premises.

[http://www.bitc.org.uk/resources/case\\_studies/afe515div\\_royalmail.html](http://www.bitc.org.uk/resources/case_studies/afe515div_royalmail.html)

**Marks & Start** is a flagship community programme sponsored by Marks & Spencer. It gives the opportunity of work experience to people of different ages and walks of life, helping them get ready to access the world of work. It enables over 2,500 people each year, many of whom face real barriers getting a job. These include homeless people, disadvantaged school children, lone parents and even first-generation students. Marks & Start shows how pre-employment training, followed by mentoring during a placement, is vital to long-term outcomes. The programme recruits high quality employees. Running in over 300 stores, Marks & Start increases diversity and integrates community activity throughout M&S.

Marks & Spencer has partnered with a number of charities to deliver Marks & Start including: The Prince's Trust (for the young employed programme); Disabled Go (people with disabilities programme); Business Action on Homelessness (homeless programme); and One Parent Families and Parentline plus through their wholly-owned joint venture Family Business (parents returning to work programme) each Marks & Start strand is also sponsored by a director of Marks & Spencer. Many Marks & Spencer employees are providing support and guidance to people taking part in the programme.

[http://www.bitc.org.uk/resources/case\\_studies/afe\\_873\\_em\\_06\\_ms.html](http://www.bitc.org.uk/resources/case_studies/afe_873_em_06_ms.html)

**Focus DIY, Age Positive Employer Award 2007 holders**, with stores in Cheshire and Merseyside. The Awards showcase businesses and individuals that are leading the way in breaking down barriers to work and investing in their most valuable asset, their workforce. Age Positive looked for examples of good practice from employers who have taken positive steps in tackling age discrimination and confound negative age stereotypes. The judging panel were impressed how Focus demonstrated a high level of commitment to age positive practices in the workplace and praised Focus for their achievements. Focus understands that their approach to age diversity and flexible working attracts and retains quality colleagues. To achieve this they:

- communicate awareness of age discrimination and age diversity through in-store team talks, meetings with all Regional Managers and producing a series of briefing documents
  - widen the age group of recruits by not requesting age and dates of academic qualifications on application forms or stipulating a requirement for work experience
  - ensure consistency and equality in advertising vacancies by using templates across all stores
  - open access to learning and development opportunities to all colleagues regardless of their age
  - monitor and measure achievement of targets for implementing flexible working.
- <http://www.agepositive.gov.uk/news/focus.asp>

**Sainsbury's strategy for meeting the challenge of the ageing population** is to target older workers who are attracted by the opportunity to reduce working hours and achieve a better work-life balance but cannot manage on a part-time wage. Sainsbury's project is called the Personal Retirement Plan: employees can draw partially on their company pension to make up reduced salary. The company pays the administration costs and contributes to the pension scheme to age 75. Members have a say in how the Plan is run.

The benefits are:

- For the company - a more flexible workforce and a mixed-age workforce which, by more accurately reflecting customer profile, improves customer satisfaction, along with greater staff motivation, increased productivity and reduced business costs
- For staff - shorter hours with no loss in income.

[http://www.tuc.org.uk/work\\_life/tuc-10980-f0.cfm](http://www.tuc.org.uk/work_life/tuc-10980-f0.cfm)

**British Gas has taken positive action to improve gender inequality.** They have doubled the number of female engineers in its workforce to 100 in the last two years. The company has successfully recruited women who have re-trained from other occupations or come back into the workplace after taking a career break, through a Welfare-to-Work initiative – Ambition Energy, as well as encouraging more female apprentices. British Gas offers flexible working to engineers to help them with their parenting commitments, and provides up to a year’s maternity leave and childcare vouchers. Some of the first female engineers who joined the business have broadened their careers to become technical advisors and the first female service manager has been appointed, leading a team of 30.

[http://www.eoc.org.uk/PDF/productivity\\_women.pdf](http://www.eoc.org.uk/PDF/productivity_women.pdf)

## 2. Tackling obesity:

### Creating opportunities for healthy eating

#### Background

Diet-related cardiovascular disease and cancer are the leading killers in the UK, accounting for over 60% of deaths in 2004 (Allender, Peto, Scarborough, Boxer, & Rayner, 2006). Along with physical inactivity, diet is one of the two main factors behind the current upward trend in obesity (Wanless, 2004). More than 1 in 5 adults are obese. Obesity reduces life expectancy by an average of 9 years (CMO, 2003). If current trends continue, then by 2010, 1 in 4 people will not be able to fit into a standard office chair (BHF, 2007). The prevalence of obesity in England has tripled since the 1980s. This has led to a growing number of people with diabetes, cardiovascular disease, high blood pressure, strain injury, joint problems and hormone related cancers (NWFH, 2006; WHO, 2005).

The National Heart Forum (National Heart Forum, 2004) highlighted the poor dietary trends in the population:

- Over 80% of adults in Great Britain are exceeding the maximum recommended intake levels for saturated fat (11% of energy intake);
- Over 50% are exceeding the maximum recommended intakes for total fat (35% of energy intake);
- Adults are eating almost double the maximum recommended amount of salt (6g per day);
- Adults are eating half the oily fish recommended (1.5g per week);
- Adults are eating half the daily 5 portions of fruit and vegetables recommended.

There are encouraging signs of improvement, with the most recent Health Trends survey for 2005 showing that over the past year, more people are eating the recommended daily five portions of fruit and vegetables (The Information Centre, 2006).

The impact of a healthy diet on health has been well documented (Box 2). Action on obesity will have an impact on

#### **Box 2** **Impacts of a healthy diet.**

- Over 50% of cardiovascular disease (including coronary heart disease and stroke) could be prevented through better diets (WHO, 2002);
- 30%-40% of all cancer cases preventable by appropriate diets, physical activity & appropriate body weight (NWFH, 2006);
- eating '5 –a-day' could reduce cancer rates by 20% (NICE, 2006c; NWFH, 2006) improved diet could prevent up to ½ of all breast cancer cases (NWFH, 2007b);
- 3 out of 4 cases of stomach and colorectal cancer could be prevented through better diet (HDA, 2005a; NICE, 2006a; NWFH, 2006).

the health of the workforce in improved sickness levels, increased opportunities, and quality of life. Action will also result in savings to industry, with increased productivity and reduced sick pay (NICE, 2006c; NWFH, 2007b).

Obesity is estimated to account for over 18 million sick days, costing companies £1.45 billion per year (Foodvision, 2007b). It leads to 40,000 lost years of working life each year (NWFH, 2007b). Premature death amongst obese employees costs companies £1.1 billion (Foodvision, 2007b). Absenteeism for overweight employees is 10% higher than average (JMU, 1999).

In a recent survey, 50% of UK workers said they have gained weight in their current jobs. More than one-in-ten said they have gained over one and half stone. One-in-ten UK workers say they eat lunch from a vending machine at work at least once a week. When asked about eating snacks at work, 43 per cent of workers say they eat more unhealthy snacks at the office than home. The authors suggest that with hectic schedules and the temptations of office treats, it's often difficult to make good decisions about food when at work (Erwin, 2007).

The various interventions that could be made by workplaces to help to promote healthy eating will be discussed under '*top tips for effective interventions*' below.

### **National policy**

'Choosing a Better Diet' (DoH, 2005a) presents a range of actions and commitments to improve food, nutrition, and public health, across a number of key settings, including the workplace.

### **Targets and commitments**

'Delivering Choosing Health' commitments (DoH, 2005c):

- ❖ Raise awareness of the health risks of obesity and the steps people can take through diet and physical activity to prevent obesity (p.62).
- ❖ Introduce a system to use as a standard basis for signposting foods, building on the nutrient criteria for the 5 a day logo (p.61).
- ❖ Simplify messages on what a portion means, e.g. using 'a handful' (p.62).
- ❖ Development of guidance on good practice in food procurement (p. 73).

### **Top tips for effective interventions**

The ability to maintain a healthy weight is influenced by the environment in which people live and work, including access to an affordable, healthy diet (NICE, 2006d).

Workplaces are an ideal setting to promote healthy eating, as over half of the UK population spend up to 60% of their waking hours at work and have at least one meal there (DoH, 2005b). Many workplaces provide places where staff can purchase food and therefore offer direct opportunities to provide safe, sustainable and healthy food. Even workplaces without canteens can get involved by addressing the catering they provide for meetings, conferences and events (NWFH, 2006). Workplaces can also encourage employees to eat more healthily by providing good kitchen facilities or healthier snacks (Foodvision, 2007a). Companies that supply and promote a healthy diet would see the benefits in terms of employee health and increased

productivity (NWFH, 2007b). Box 3 summarises the advantages to a workplace in setting up healthy eating interventions.

NICE<sup>3</sup> (NICE, 2006d), the Health Development Agency (HDA, 2004), the North West Food and Health Task Force (NWFH, 2005, 2006) and the Food Standards Agency (FSA, 2007) have all produced useful advice and guidance on how to effectively implement workplace initiatives, ensuring that healthy options are available to staff and visitors.

The following is a summary of the interventions available for creating opportunities for healthy eating:

<p style="text-align: center;"><b>Box 3</b> <b>Benefits to workplaces of healthy eating interventions</b></p> <ul style="list-style-type: none"><li>• Less sickness absence;</li><li>• Fewer diet-related diseases;</li><li>• Increased concentration and energy levels;</li><li>• Increased motivation;</li><li>• Better working atmosphere;</li><li>• Increased productivity;</li><li>• Improved public image.</li></ul> <p style="text-align: right;">(Foodvision, 2007)</p>
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- *Set up a healthier workplace food policy.* This should take the ‘whole day’ approach, covering canteen food provision, food trolley services, catering for meetings and events, drinks provision and vending. It would involve setting up a working group, which would agree products and sourcing, and ensure good communication between staff, caterers and commissioners (NWFH, 2006).
- *Carry out a company health check.* A recent initiative from the European Network for Workplace Health Promotion focuses on healthy diet, physical activity, mental health and smoking prevention. It includes a company health check, allowing a check of company policies and activities, with a questionnaire that can be completed online. Brief advice is given for any negative responses. The check would help to inform the food policy (ENWHP, 2007).

A healthier workplace food policy would incorporate the following steps:

- *Ensure management involvement:*  
Enthusiastic support and involvement from senior management is required. They can ensure a co-ordinated approach in implementing the tips, involving health and safety managers, occupational health staff, employers’ organisations and chambers of commerce, unions and staff representatives, and health professionals working with business (NICE, 2006c).
- *Ensure employee involvement:*  
Employee involvement is vital in identifying what limitations and viable solutions exist when addressing workplace food needs, and in ensuring that

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<sup>3</sup> The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. The Department of Health commissions NICE to develop guidance.

sustainable action results (WHO, 2001). A sense of ownership by employees will lead to a more successful scheme (HDA, 2004b).

- *Joint action:*  
By participating in partnership working, workplaces will help to ensure that a co-ordinated approach is taken to improving nutrition and health. This will involve workplaces working with the local authority, strategic health authority, PCTs and the private and voluntary sectors (DoH, 2004c).
- *Improve access to healthy food and drinks:*
  - Provide continuous healthy choices at all food outlets for staff and visitors, including staff restaurants and vending machines, and catering for meetings and conferences (NICE, 2006b). Foodvision and the North West Food and Health Taskforce have provided some useful detailed advice for caterers on how this can be done (Foodvision, 2007b; NWFH, 2007a). Businesses could organise their own 'fruit on desks' schemes (NWFH, 2007a), or make use of the firms offering to provide fruit baskets for workplaces (e.g. <http://fruit-4u.com/index.php>), and healthier vending machines (<http://www.h-box.com/>). Providing healthier options should not affect the profits generated by vending machines (NWFH, 2005).
  - Ensure free access to fresh drinking water throughout the workplace; and offer fruit juice and water in addition to teas and coffees. At meetings, jugs of iced water are perfectly acceptable, and avoid the waste and expense of bottled water (Foodvision, 2007b; NWFH, 2007a).
  - Encourage workers to take the time in the evenings or mornings before work to pack their own lunch and snacks. This can help control what and how much is eaten (Erwin, 2007).
  - Provide good kitchen facilities and eating areas for employees, where possible (Foodvision, 2007b);
- *Actively promote a healthy diet:*
  - Introduce tailored educational and promotional programmes to improve food provision and take-up of healthy food. This would include supporting any action to improve food and drink in the workplace and would involve heavy promotion and advertisement at point of purchase. Encourage caterers to promote healthy food and drink choices via signs, posters and pricing incentives (e.g. lower priced healthy food and drinks) (NICE, 2006c). The Food Standards Agency has produced helpful guidelines on how a healthier menu can be marketed (FSA, 2007). For example, they suggest that labelling dishes as 'healthier options' can be off-putting for some people – an alternative would be 'dish of the day'.
  - Ensure the '5-a-day' message is promoted, with initiatives such as 'Fruit on Desks' - a north west workplace scheme which improves access to fruit as a snack, and draws attention to the health message (NWFH, 2007a)
  - Make health checks available to staff, with help from the PCT where necessary. These should aim to encourage people to monitor their

weight, diet, and provide ongoing support, with individual counselling offered, to enable healthy lifestyle changes (NICE, 2006b).

- *Ensure local procurement:*
  - Workplaces need to develop a responsibility to promote sustainability and protect the environment. Where possible, there should be local procurement of food and use of seasonal produce to reduce food miles. Food buyers could be given training and guidance on the impact of food and diet upon health and on the principles of sustainable purchasing (CMO, 2005).

Box 4 gives some examples of the evidence for the above workplace interventions. It is recognised that the evidence base of what works in the workplace needs to be further developed (DoH 2004d). In 2005, the Department of Health therefore introduced national workplace pilots to test out interventions, and established a Healthy Workplace Award scheme – results of both are awaited.

**Box 4**  
**Examples of evidence for the effectiveness of  
nutrition interventions in the workplace**

- Worksite behaviour modification programmes that include health screening with counselling/education can result in:
  - short-term weight loss;
  - an increase consumption of fruit and vegetables from 0.09 to 0.5 portions per day (NICE, 2006d).
- There is a body of evidence to show that the provision of healthier food choices can encourage consumption of a healthier diet (NICE, 2006d).
- In one study, when prices of low-fat snacks in 55 vending machines were reduced by 10%, 25% and 50%, the total number of items sold increased by 9%, 39% and 93% respectively (NICE, 2006d).
- 3 out of 4 good quality studies show positive effects of healthy eating interventions in the workplace, with decreases in blood cholesterol of between 2.5 and 10% (HDA, 2004; NICE, 2006c; NWFH, 2006).
- Point of purchase promotions, such as signs alerting consumers to healthy options, can increase the selection of these items to up to 2-12% of market share (JMU, 1999).
- Workplace interventions, including provision of information and more healthy food options, resulted in a significant positive change in fruit intake, use of lower fat milks, and consumption of sweet puddings and fried foods (Holdsworth, Raymond, & Haslam, 2004).

## Examples of good practice

**Burton's Foods** on the Wirral carry out regular eating awareness weeks within the workplace, which include

- cooking demonstrations;
- visits from dieticians;
- notice boards / tables with free literature, including marketing materials from the Food Charter.

The workplace canteen offers a wide range of healthy foods, including a variety of fresh produce, fish and low/ non-fat items. Contact: Jamie Bowen, at [horizon@avenance.org](mailto:horizon@avenance.org)

**Staleypeters**, a creative agency based in Liverpool, introduced a company fruit bowl scheme, after working with Heart of Mersey on a 'Good Fats/Bad Fats' campaign. The firm provide fresh fruit for all employees in return for a small donation to restock. Contact: [Michelle@staleypeters.co.uk](mailto:Michelle@staleypeters.co.uk)

In **Wirral**, the **PCT** have a similar scheme where they supply a fruit bowl, promotional material and a cashbox or collection tin. The organisation then buys fruit from a local green grocer/supplier (Baines, 2007). This is part of the **Fruit on Desks** north west workplace initiative: <http://www.foodvision.gov.uk/document/view/100>.

**Heart of Mersey** is facilitating a new Greater Merseyside Food Policy Forum with representatives from various agencies on Merseyside. The aim of the forum is to support the sharing of good practice and collective initiatives to improve food provision and procurement practices on Merseyside. The Greater Merseyside Food Charter Award is a Heart of Mersey and Liverpool John Moores University initiative, involving partnership working with various agencies including businesses across Merseyside. It is open to all food service outlets that are committed to making changes that are mutually beneficial in providing access to nutritious, affordable and safe food for the people of Merseyside. Those awarded the Charter receive a variety of benefits including free promotional material and the possibility of free publicity. Contact: [modi.mwatsama@heartofmersey.org.uk](mailto:modi.mwatsama@heartofmersey.org.uk).

### 3. Tackling obesity: Creating opportunities for physical activity

#### Background

The prevalence of obesity in England has tripled since the 1980s, with almost a quarter of people now obese. As mentioned in the section on healthy eating, if current trends continue, then by 2010, 1 in 4 people will not be able to fit into a standard office chair (BHF, 2007). Obesity reduces life expectancy by an average of 9 years (DoH, 2005c). There are more obese people amongst the least well-off. In 2001, it was reported that in social class I, 14% of men and women were obese, compared to 28% of women and 19% of men in social class 5 (DoH, 2005c). The current upward trend in obesity is attributable to two main factors: poor diet and lack of physical activity (Wanless, 2004). The term 'physical activity' includes the full range of human movement, from competitive sport and exercise, to active hobbies, walking, cycling or activities of daily living (CMO, 2004).

The health impacts of physical activity are wide-ranging (Box 5). Even moderate intensity activity, such as brisk walking, can be effective. Along with a healthy diet, it can help to reduce weight and maintain weight loss. There are also mental health benefits from physical activity, which can help to reduce anxiety and depression (CMO, 2004; HBC, 2006).

Increased physical activity benefits society and the economy. Wanless pointed out the economic consequences of physical inactivity, with an annual cost estimated at £8.2 billion, including costs such as lost productivity and sickness absence (up to £6.4 billion) as well as costs to the NHS (up to £1.7 billion) (Wanless, 2004). This does not include the contribution of physical inactivity to overweight and obesity, which in itself has been estimated to cost at least £6.6 billion annually (NICE, 2006b). It has been estimated that a 10% increase in physical activity would result in a direct health saving of £85 million each year. If sickness absences and earnings lost as a result of premature mortality are added, the savings rise to £500 million per year (NICE, 2006a).

#### Box 5 Example of the health impacts of physical activity

- People who have a physically active lifestyle reduce their risk of major diseases such as coronary heart disease, stroke and type 2 diabetes by up to 50% (CMO, 2004)
- Over a 5 year period, people who went from being unfit to fit had a reduction of 44% in the relative risk of death compared with people who remained unfit.
- Protective effects from cardiovascular-related death can be seen with as little as 1 hour of walking per week. (Warburton, Nicol, & Bredin, 2006).

An online survey of 1,500 UK office workers revealed that 46 per cent spend six hours or more a day in front of their computer screens, and more than half do not take proper breaks. It is recommended that workers take hourly breaks to stretch (Viewsonic, 2007).

The prevalence of physical inactivity is higher than that of all other modifiable risk factors for cardiovascular disease and a wide variety of other chronic diseases (Warburton et al., 2006). In England, about two thirds of men and three quarters of women report less than 30 minutes of moderate intensity activity per day on at least 5 days a week – levels which substantially increase their risk of contracting a broad range of chronic diseases (CMO, 2004).

## **National policy**

'Choosing Activity' (DoH, 2005b) presents a range of actions and commitments to improve physical activity and public health, across a number of settings, including the workplace.

## **Targets and commitments**

Cross-government Public Service Agreement:

- ❖ By 2008, increase the take-up of cultural and sporting opportunities by adults and young people aged 16 and above from priority groups by increasing the number who participate in active sports at least 12 times a year by 3%; and increasing the number who engage in at least 30 minutes of moderate intensity level sport at least three times a week, by 3% (DoH, 2005b).

'Delivering Choosing Health' commitments relevant to workplaces (DoH, 2005c):

- ❖ Raise awareness of the health risks of obesity and the steps people can take through diet and physical activity to prevent obesity (p.62);

Department for Transport:

- ❖ The National Cycling Strategy (DfT, 1996) established the target of quadrupling the number of cycling trips between 1996 and 2012. To date, there has been no success in raising cycling levels significantly above the 1996 baseline (DfT, 2004).
- ❖ The Department for Transport will produce a standard on pedestrian and cycle access to government buildings – both for visitors and staff. A target date will be set by which high quality access for pedestrians and cyclists, whether visitors or staff, and secure storage for cycles will be delivered at all buildings (DoH, 2005b).

## Top tips for effective interventions

The evidence for this report was collated up to November 2007, which meant that it was not possible to include the findings from the NICE report Promoting Physical Activity in the Workplace, May 2008 (<http://www.nice.org.uk/PH013>).

### Workplace interventions

A regularly active, fitter workforce will be more productive, with reduced sickness absence and long-term sick-pay costs (Sustrans, 2005). Physically active workers will be more likely to carry on working for more years as they grow older (SQW, 2007), (Box 6 lists more benefits). There are various measures that can be taken to provide opportunities for employees to be more physically active. For many, the minimum recommended daily physical activity levels could be achieved through active travel to and from work (Beale, Bending, & Hutton, 2007).

To encourage walking and cycling, the DfT report that the evidence base for what works suggests that the most effective approach is to combine improvements to the environment and facilities for walkers and cyclists with carefully targeted information about travel choices, health benefits and recreational opportunities (DfT, 2004).

Cycling England have produced conservative estimates that a 20% increase in the number of cycling trips made between 2005 and 2015 will release a cumulative saving due to reduced absence from work of £87m by 2015 (Cycling England, September 2007; SQW, 2007)

The NICE guidance on obesity (NICE, 2006d) includes the following evidence-based workplace recommendations:

#### *Healthy travel plan*

- Work with employees to identify barriers to physical activity, ideally using audits and health impact assessments (NICE, 2006d). A recent initiative from the European Network for Workplace Health Promotion includes a company health check on physical activity, allowing a check of company policies and activities, with a questionnaire that can be completed online. Brief advice is given for any negative responses (ENWHP, 2007).

### **Box 6 Benefits to workplaces of physical activity interventions**

- Less sickness absence and long-term sick pay costs;
  - Longer employee working life/reduced early retirement;
  - Lower staff turnover rates;
  - Reduced temporary staff costs;
  - Fewer major health problems such as heart disease;
  - Fewer accidents at work;
  - Increased concentration and energy levels;
  - Increased motivation;
  - Better working atmosphere;
  - Increase social inclusion;
  - Increased productivity;
  - Improved public image.
- (Beale, Bending, & Hutton, 2007; SQW, 2007; Sustrans, 2005)

- Establish an active workplace travel plan, with policies to encourage walking and cycling to and from work and between work sites, and to restrict workplace parking. The Travel wise website has further information on developing workplace travel plans (<http://www.letstravelwise.org/>).

Walking and cycling to work, rather than more strenuous activities, may appeal more to the more sedentary amongst the workforce, for whom evidence suggests that the health benefits of becoming active will be greater than for those who are already fit and healthy (Sustrans, 2005).

Programmes encouraging walking and cycling to work may be relatively cheap and cost-effective for the employer, compared to the costs of providing e.g. gym facilities. They could also have added advantages such as reduced expenditure on car parking facilities (Sustrans, 2005). In a British study of 20 organisations, Cairns et al (Cairns et al., 2004) report the median annual running cost of a travel plan as £47 per full-time equivalent employee – which they point out is notably cheaper than the £300-500 quoted as the annual cost of running a car park space. Travel plan costs ranged from £2 (which included a 33% discount on train fares) to £431 (involving 10 dedicated bus services) per full-time equivalent employee.

A survey in 2001 showed that larger businesses were more likely to have a travel plan. Of businesses with over 300 staff, 21% had a travel plan in place, and 10% were developing one (Cairns et al., 2004).

*Additional health benefits:* In addition to increasing walking and cycling, travel plans have various other health benefits, including:

- improved social inclusion (through increased access to work);
- improved social interaction (e.g. through cycle user groups, and car share groups);
- reduced staff turnover and (through improved travel options);
- improvement in local job availability (e.g. through increased revenue for local bus companies).

Travel plans also give workplaces positive public relations (PR), lead to reduced parking costs, and free-up space previously used for car parking (Cairns et al., 2004).

#### *Information on physical activity opportunities*

- Provide targeted information about travel choices, health benefits, recreational opportunities, with information on local facilities and walking maps.

#### *Incentive schemes/promotional campaigns*

- Use tailored educational and promotional programmes to encourage physical activity to be introduced. Involve employees in the development of programmes. The British Dietetic Association have produced promotional posters with ideas for how to fit regular exercise into work schedules (BDA., 2007). Their suggestions include:
  - rather than use email, visit colleagues for work-related chats;
  - take a longer route to the photocopier, toilet, etc ;
  - get up every hour for a two minute stretch and walk around;

- go for a brisk 15 minute walk at break or lunchtime;
- park further away from work;
- use the stairs, not the lift.
- Introduce incentive schemes and ensure these are sustained and become part of a wider programme to support staff to manage weight and increase activity levels. Such schemes would involve travel expenses and subsidised gym membership. Local gyms could be approached about providing discounted membership for employees.
- Pay cycle mileage rates of at least 20p per mile as an incentive to cycle. The permitted Inland Revenue cycle mileage rate for tax relief is 20p for employees cycling on business (CTC, 2007). The higher the rate, the greater the incentive - Bristol North PCT pay a rate of 50p per mile (FPH, 2006).
- Set up a 'cycle to work' scheme, under which a workplace makes arrangements with cycle suppliers to hire bikes to employees, using a salary sacrifice scheme. Alternatively, the workplace can purchase the bikes and loan them free of charge to employees. Whichever way it is done, the employer owns the bikes and safety equipment, and can claim capital allowances on the purchase cost against their Corporation Tax (LCC, 2007). The suppliers of the cycles will provide marketing material such as leaflets and posters. The London Cycling Campaign has produced a guide to setting up cycle schemes:  
[http://www.networks.nhs.uk/uploads/07/09/cycle\\_schemes\\_report.pdf](http://www.networks.nhs.uk/uploads/07/09/cycle_schemes_report.pdf)

#### *Changes to the physical environment*

- Provide showering facilities and cycle parking.
- Encourage stair rather than lift use by ensuring a good quality environment, re-decoration, signposting walking routes. CAGE advises the government on architecture, urban design and public space. Their chairman recently pointed out that people without mobility difficulties will still use lifts to move just a couple of floors if stairs are hidden, unattractive, and made inconvenient to use (Sorrell, 2005). The World Health Organisation state that making stairs more attractive, with clear signposting and attractive décor can encourage people to make active choices (WHO, 2006).
- Work with local authorities and related bodies to promote physical activity by developing planning applications for safe and attractive cycle and walking routes, and improving public transport (NICE, 2006c). Employers can play a part by ensuring safe cycle and pedestrian routes to work, and workplace access to public transport (WHO, 2006)

#### *Physical activity programmes*

- In addition to travel plans, provide tailored physical activity programmes in workplaces, including recreational opportunities such as:
  - support out-of-hours social activities;
  - use local leisure facilities/groups;
  - encourage the establishment of groups such as Bicycle User Groups (BUGS). BUGS are usually set up at work places to support staff who cycle at and/or to and from work. Information about setting up BUGS is available from the Cyclists Touring Club (CTC, 2007);
    - introduce walking and cycling opportunities during break time (e.g. lunchtime walks);

- introduce an exercise hour. A government health advisor recently suggested that companies with more than 500 employees should designate an hour in the working day as the "exercise hour" and provide facilities to enable workers to take exercise. Employees could then "opt out" by choosing not to participate, rather than opting in as they have to do now (Laurence, 2007).

#### *Health checks*

- Work with the PCT to offer health checks to address physical activity and provide ongoing support.

The NICE guidance (NICE, 2006d) gives advice on how to effectively implement these workplace initiatives. This includes ensuring enthusiastic support and involvement from management, and effective use of motivators such as incentives, competitions and events to launch the intervention.

A recent WHO report makes similar recommendations, based on what it calls 'solid facts', adding that employers and businesses that provide opportunities for physical activity for their employees and families should be publicly recognised (WHO, 2006).

The British Heart Foundation have produced a guide called 'How to be active at work' which includes ideas and examples from around the country:

<http://www.bhf.org.uk/thinkfit/index.asp?secID=8371&secondlevel=1592&thirdlevel=1854&artID=8271>

Box 7 gives examples of some of the evidence for the effectiveness of physical activity interventions for the workplace. To date, there have been no UK studies examining the *cost* benefits of workplace physical activity interventions (Beale et al., 2007).

**Box 7**  
**Examples of evidence for the effectiveness of  
physical activity interventions in the workplace**

- Good quality studies have suggested that interventions including health and activity information, health checks, active commuting, stair climbing, led walks, fitness testing and counselling can lead to increases in physical activity (Dugdill, Brettle, Hulme, McCluskey, & Long, 2007).
- A review suggested that point of decision prompts (posters etc.) increased stair use by 54% (NICE, 2006b).
- There is strong evidence for a positive effect of workplace physical activity programmes. In one study, participants had significantly increased their reported participation in regular exercise by 11.9% (NICE, 2006d).

*Active travel policies:*

- The intervention group in a UK study included an acute hospital trust with a workforce of over 4,000. They received a 'Walk in to Work Out' pack, containing written interactive materials, local information about distances and routes, and safety information. The intervention group was almost twice as likely to increase walking to work as the control group at 6 months (Mutrie et al., 2002; NICE, 2006d).
- A subsidy for employees who did not drive to work showed a positive shift of 1% of commuting journeys after 1-3 years, compared with no significant change at the control workplace (HDA, 2004; NICE, 2006c, 2006e; NWFH, 2006).
- A cycling strategy was introduced by GlaxoSmithKline, where employees were guaranteed a parking space only if they arrived by bike. Secure bike parking, with showers and lockers, saw numbers of cyclists rise from 50 to 400, representing about 13% of all staff on site (CABE, 2006)

*See Cairns et al, 2004, for additional evidence on costs and benefits of workplace travel plans.*

Two useful documents are the NICE<sup>4</sup> summary of policy interventions with potential influence on physical activity (NICE, 2006e), and the NICE obesity guidance, which includes a quick reference guide for workplaces (NICE, 2006c). NICE guidance on how to encourage employees to be physically active is under development, and will be available from May 2008. In the meantime, two interim documents have been produced (Beale et al., 2007; Dugdill et al., 2007)

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<sup>4</sup> The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. The Department of Health commissions NICE to develop guidance.

## Examples of good practice

**Bentley Motors** in Crewe recently won a national award for their travel plan. Staff who walk or cycle to work obtain a token at the gate, which allows them to enter weekly and monthly prize draw competitions. Each year, Bentley gives away over £6,500 worth of prize draw shopping vouchers to 'green travel' participants. Other interventions include a cycle purchase loan scheme (140 employees have taken this up); secure sheltered cycle parking; free health checks for those walking or cycling to work; promotional leaflets, posters and announcements on the staff intranet; and ensuring that 'Travelling to Work' forms part of the induction for new employees. Bentley employ around 4,500 staff, and were recently proud to announce that 11% cycle, and 8% walk to work. Contact: [Mark.Taylor@bentley.co.uk](mailto:Mark.Taylor@bentley.co.uk)  
[http://www.cheshire.gov.uk/NR/rdonlyres/E7E61D34-0A2C-4871-90BE-6CF4F338F86C/0/CTPFN\\_Autumn\\_2006.pdf](http://www.cheshire.gov.uk/NR/rdonlyres/E7E61D34-0A2C-4871-90BE-6CF4F338F86C/0/CTPFN_Autumn_2006.pdf) (p.2)

**Littlewoods** actively promotes its Travel Plan to staff. Lockers and showers are available for those who jog or cycle to work, or exercise at lunchtime. In addition, there is a pool bicycle scheme (12 bikes) which has seen over 600 bookings in the first 3 months of operation. Staff use the bikes to commute, a few also use them for weekend leisure. Mostly, bikes are used at lunchtimes for exercise / stimulation from a desk-bound day. The scheme is part-funded by 'Travelwise', the local authority partnership working towards promoting sustainable transport. Contact: [Phillip.Spick@littlewoods.co.uk](mailto:Phillip.Spick@littlewoods.co.uk)

The **University of Liverpool** runs a 'Cycle to Work' scheme. Under government legislation employees can now sacrifice an element of their salary in exchange for a cycle vouchers. The vouchers are non-taxable and exempt from National Insurance. The scheme is being administered by Halfords. The University website provides information for cyclists, giving an idea of cycling routes available. <http://www.liv.ac.uk/facilities/travelplan/Cycling.htm>. Contact Graham Pollard: [pollardg@liverpool.ac.uk](mailto:pollardg@liverpool.ac.uk)

**Burton's Foods** on the Wirral have regular demonstrations from gym instructors on the benefits of regular exercise, promotions with local gyms (Leasowe Castle Hotel), and sessions with the onsite nurse explaining for example how hearts work. There are health information notice boards and tables with free literature. Contact: Jamie Bowen, at [horizon@avenance.org](mailto:horizon@avenance.org)

As **Merseytravel** is the public transport authority for Merseyside, they naturally encourage all people to use public transport and also other non-car based forms of travel to work etc such as walking and cycling. This is known as the Travelwise Campaign and staff are encouraged to think about their travel to work patterns to set an example. Staff are offered interest free loans to purchase a bike and there are bike parks at all main workplaces. There are also pool bikes and helmets etc provided free of charge to staff to borrow for travel to meetings away from their administrative centre.

Although there are not active lunch breaks as such, there is a range of showers in the various offices, which allow staff to go for a run/cycle etc at lunchtime knowing there is a shower available if required. Periodically, there is a fitness day whereby

exercise machines etc are brought in and medical staff are on hand to test staff and give advice about health, weight, exercise and so on. There is a comprehensive occupational health service where staff can be referred for advice on health, healthy eating, exercise etc. Contact: [peter.hughes@merseytravel.gov.uk](mailto:peter.hughes@merseytravel.gov.uk)

**Staleypeters**, a creative agency based in Liverpool, have an active team gym club at lunch times, where staff make time to visit the local gym. The firm is flexible on lunch arrangements to accommodate them getting the most out of their visit. Usually staff attend in twos or threes to help keep them motivated. The firm have also organised mountain biking days, for varying abilities where staff and suppliers visit a cycling centre in North Wales and spend the day on the different trails. Contact: [Michelle@staleypeters.co.uk](mailto:Michelle@staleypeters.co.uk)

**Pilkingtons** have negotiated discounted rates at 2 local fitness clubs and the HQ in St Helens has an on-site gym for employee use at lunch times and pre/post work. A physiotherapist is also available for employee use. Contact: [Barry.Fairhurst@PILKINGTON.com](mailto:Barry.Fairhurst@PILKINGTON.com)

**Sefton's Active Workforce programme** aims to provide employees of Sefton Council and Sefton PCT with increased physical activity opportunities by removing barriers to participation such as time, cost and venue availability. Supported by Sport England, Active Workforce has enabled participants to use Sefton's leisure centres for free for the entire twelve-month period of the pilot programme. It involved rolling out a programme of cycling and walking to support workplaces as well as providing a wide range of taster physical activity opportunities around the working day such as yoga, golf and salsa. In addition the programme offers weight management support, stop smoking referral and back care support. Feedback gathered by phone and self-assessment sheets indicated that 70 % of participants are undertaking more activity outside of the traditional exercise setting as a result of the Active Workforce programme.

Contact: Sefton Health Improvement Support Service (SHISS) on 0151 479 6550, or [linda.evans@seftonpct.nhs.uk](mailto:linda.evans@seftonpct.nhs.uk)

Also see

<http://www.bhf.org.uk/thinkfit/index.asp?secID=8371&secondlevel=1592&thirdlevel=1854&artID=8271>

**Wirral Hospital NHS Trust** has a cycle forum for employees from both hospital sites who cycle to work. They decided to spend a Travelwise grant on refurbishment of cycle facilities, including new lighting, new gates and extended covering of the bike store. Following the official opening, average use of the facility has increased from 14 in August 2005 to 21 in July 2006, with the number of keys issued to employees rising from 22 to 38. Other initiatives include annual 'cycle to work days' and 'car free days', offering a free breakfast to anyone not travelling by car. The Trust is aiming to start a cycle to work scheme in the near future, in conjunction with Halfords.

[http://www.wirral.gov.uk/Minute/Public/CABeng070726rep2a\\_24549.pdf](http://www.wirral.gov.uk/Minute/Public/CABeng070726rep2a_24549.pdf)

Contact: Hospitals Travel Co-ordinator, [martin.lamb@whnt.nhs.uk](mailto:martin.lamb@whnt.nhs.uk)

**Halton Borough Council** have mapped out short health walks from each of 6 main council buildings in order that staff can leave the building at lunch-time and participate in a walk alone or with colleagues. All six walks are available as an

information leaflet/map via the council intranet or as hard copies. To launch the walks, each walk was lead during 1-week in May 2005, and step-o-metres were given away to all those who joined. The Director of Public Health Dr Daniel Seddon joined most days. Following the launch, groups and individuals have continued to walk at lunchtime on a regular basis. Sir Chris Bonnington joined a lunch-time walk after presenting at a local conference. Council staff reported weight loss, feeling good and increased alertness at work after the walks. The council has continued to promote lunch- time walks and has produced active travel information for staff, i.e walk routes to work form train stations etc. They have produced a walk route from train and bus station to Halton Stadium for staff to utilise when inviting colleagues from out of borough to meeting as many of council meetings are held at the stadium. There is also a workplace ladies' netball team, and a mens' football team, soon to play a friendly match with Ellesmere Port council team (Oct. 2007). In addition, there is a desk based exercise pdf available on the staff intranet – the exercises take around 5-minutes and can be done in working time. More details: BHF website 'active@work':

<http://www.bhf.org.uk/thinkfit/index.asp?secID=1590&secondlevel=1592&thirdlevel=1854&artID=8274>

Contact: [PaulaParle@halton.gov.uk](mailto:PaulaParle@halton.gov.uk)

## 4. Improving mental health and well-being

### Background

On balance, work is linked to good health rather than ill health and is good for psychological well-being. The CIPD defines well-being at work as: “creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential” (CIPD, 2007b). It makes good business sense to look after the mental well-being as well as the physical health of the workforce. Indeed, these issues are often interrelated (FPH, 2006). Poor mental health significantly increases the risk of poor physical health (Mentality, 2003) and is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet.

There remains a great deal of stigma attached to mental ill-health despite the widespread prevalence of mental health problems. It has been estimated that nearly 3 in every 10 employees will have a mental health problem in any one-year – the great majority of which will be anxiety and depressive disorders. Furthermore, mental health problems account for the loss of over 91 million working days each year, half of which are due to anxiety and stress conditions. (Gray, 2000) It is well recognised that stress reduces employee well-being and that excessive or sustained work pressure can lead to stress. (CIPD, 2006). Stress-related conditions are now the commonest reported causes of work-related sickness absence (DWP, DoH, & HSE, 2005). One in five workers report feeling extremely stressed at work, this equates to 5 million in the UK (Smith, Johal, & Wadsworth, 2000), which could make them more likely to suffer from related psychological and physical ill-health. (Amati & Scaife, 2006) “Employees who start to feel the “pressure to perform” can get caught in a downward spiral of increasing effort to meet rising expectations with no increase in job satisfaction. The relentless requirement to work at optimum performance takes its toll in job dissatisfaction, employee turnover, reduced efficiency, illness and even death. Absenteeism, illness, alcoholism, “petty internal politics”, bad or snap decisions, indifference and apathy, lack of motivation or creativity are all by-products of an over stressed workplace.” (CCOHS, 2000) [See Box 8 on workplace stress]. Up to two-thirds of employees who have been off work for six months with a physical condition are likely to be suffering from anxiety and depression (Tehrani, 2004). The inactivity and isolation that normally accompany long-term absences from work have a negative impact on physical, psychological and social health and well-being and a supported return to work helps employees to manage their symptoms or reduce their impact (Warner, 1994).

The particular characteristics of certain jobs or professions are more strongly linked to mental health problems than those of other jobs or professions. For example: clerical, secretarial, administrative support workers, machine operators, industrial workers, sales people, and certain professional groups – teachers, nurses, social workers, probation officers, police officers, the armed forces and medical practitioners have a higher incidence of work-related mental illness. (BOHRF, 2005). Although there are individual differences, stressful occupations are a factor in

depression, associated with secondary problems of drug or alcohol abuse, which further impairs abilities. Of all occupations, farmers have the highest rates of depression and death from stress-related conditions and suicides. (Jacob, 2006).

Creating a supportive working environment can have many benefits, to both employees and employers. It has a direct effect on reducing sickness absence, improving workplace relations leading to a loyal, well-motivated productive workforce, reducing stress and promoting happiness, recruitment and retention (FPH, 2006). The Health and Safety Executive has issued a series of six voluntary stress management standards that define a desirable set of conditions to work towards. They address job demand, job control, support, relationships, role clarity and organisational change. (HSE, 2005a). Physical activity should be encouraged as a significant intervention to promote good mental health. Alcohol and substance misuse can also have a detrimental effect on mental wellbeing, and employers can play a role in helping to identify and address this (FPH, 2006). See other sections of this report on alcohol and physical activity.

## **Box 8**

### **Workplace stress**

'The adverse reaction people have to excessive pressure or other types of demand placed on them'. (HSE, 2005b)

*Causes of stress at work:* Research has highlighted a number of negative work-related factors, that need to be overcome to improve employee wellbeing:

- Lack of control over work
- Under-utilisation of skill
- Lack of appropriate training
- Too high a workload, impossible deadlines
- Too low a workload, no or few challenges
- Perception that the work is meaningless or unimportant,
- Low task variety
- High uncertainty e.g. due to poorly defined roles and responsibilities, lack of clear priorities and targets, job insecurity and organisational change; inadequate or inappropriate communication.
- Low pay
- Poor working conditions e.g. noise, overcrowding, excessive heat, inadequate breaks, long unsocial hours
- Low interpersonal support e.g. via inadequate or insensitive management, hostility from colleagues
- Undervalued social position. (Gray, 2000; HSE, 2007; Macdonald, 2005; Stansfield, Head, & Marmot, 2000)

*The first signs* that indicate employees may be suffering from excessive pressure or stress are changes in behaviour or appearance such as: declining/inconsistent work performance; increase in unexplained absences or sick leave; poor time-keeping; social withdrawal; unusual displays of emotion e.g. frequent irritability or tearfulness; poor judgement/indecisiveness; nervous stumbling speech; tiredness/lethargy; frequent headaches or backaches. (CIPD, 2006; Gray, 2000).

*A workplace with a lot of stress* may suffer from high absenteeism, higher risk of accidents, industrial relations problems, demotivation, high labour turnover/recruitment costs, reduced productivity, risk of legal claims against employer, negative customer relations. (Gray, 2000; Macdonald, 2005; TUC, 2001)

### **National policy and commitments**

Organisations have legal responsibilities for providing an appropriate level of support to their employees:

**The Health and Safety at work Act 1974** requires all employers to ensure, the health, safety and welfare at work of all their employees. In the case of employees

who are returning to work after sick leave or who have ongoing health problems, employers need to:

- Make sure their employees' health is not made worse by their work.
- Take steps to prevent or control risks to which those employees may be exposed due to the lasting symptoms, or effects of an injury, illness or disability.

The **Management of Health and Safety at Work Regulation (1999)** require employers to:

- Undertake assessments of the risks to the health and safety of employees and to introduce protective measures to control the risks.
- Review the assessment following changes (e.g. after a period of illness or injury that makes the employee more vulnerable).
- Undertake monitoring of the ongoing health and well-being of employees.

Where employers have failed to take the required care of their staff, workers can claim compensation.

**The Disability Discrimination Act (DDA)** (HM Government, 1995) came into force on 2nd December 1996, updated 2001, 2005. The DDA makes it unlawful to discriminate against disabled people including those with a mental illness. From 2005 mental illness no longer had to be a clinically well-recognised condition to be covered provided there is a substantial and long-term effect (for at least a year) on their ability to carry out normal day-to-day duties.

The Act prohibits discrimination in relation to employment of disabled people, including recruitment, training, promotion, benefits, dismissal, etc. It requires employers to make "reasonable adjustments" for a disabled person put at a substantial disadvantage by a provision, criterion or practice, or a physical feature of premises.

For useful suggestions on making reasonable adjustments, see this page on the Disability Rights Commission's website.

[http://www.drc-gb.org/employers\\_and\\_service\\_provider/employment.aspx](http://www.drc-gb.org/employers_and_service_provider/employment.aspx)

or phone their Helpline: Tel 08457 622633 Textphone: 08457 622 644

**Saving Lives: Our Healthier Nation** White Paper (DoH, 1999), identified workplaces as a key setting through which to improve health and reduce health inequalities.

**The Health, Work and Well-being (HWWB) strategy** is a joint initiative between the Department of Health, Department for Work and Pensions and the Health and Safety Executive, encourages good management of occupational health and improved opportunities for people to recover from illness while at work. The work of the Ministerial Task Force for Health, Safety and Productivity supports HWWB by making sure that the public sector leads by example. **Health, Work and Wellbeing – Caring for our Future** (DWP et al., 2005), is a crucial part of delivering on the Government's commitment to improving the health and well-being of the working age population. This is a central element of the wider welfare reform agenda, which is

also set out in the Government's White Paper **Choosing Health: making Healthier Choices Easier** (DoH, 2004b)

### **Flexible Working and Work-Life Balance**

The Flexible working law enables parents with a child under 6 or a disabled child under 18 to make a request for flexible working, and places a duty on employers to consider such request seriously and only reject them for good business reasons.

From 6 April 2007 the law extended the right to request flexible working to carers of adults. The guidance has been updated to take account of this change. The following Department of Trade and Industry website provides links for further information for employers and employees.

<http://www.dti.gov.uk/employment/workandfamilies/flexible-working/index.html>

### **Advice and support service for small businesses**

The government will be piloting these to help people deal with stress and other mental health conditions at work. The scheme will treble the number of employment advisers working in GP surgeries. (Nursing in Practice, 2007)

### **Targets**

**Revitalising Health and Safety** (DETR, 2000) and **Securing Health Together**, (HSC & HSE, 2000) are for long-term strategies for health and safety and occupational health which define the workplace as a key setting for improving health.

The Revitalising Health and safety targets are for everyone engaged in work, Trade associations, employers, trades unions and workers to think what they can do to deliver them. The targets are to:

- ❖ reduce the number of working days lost per 100,000 workers from work-related injury and ill health **by 30% by 2010**;
- ❖ reduce the incidence rate of fatal and major injury accidents **by 10% by 2010**;
- ❖ reduce the incidence rate of cases of work-related ill health **by 20% by 2010**;

## **Top tips for effective interventions in the workplace**

Organisational changes are more effective at lessening work based factors that adversely affect mental health than individually focused interventions. They may have more lasting effects. Staff well-being benefits from involvement in identifying and addressing such work based factors.

### **Promoting mental health in the work environment:**

Research has found [See Box 9: examples of evidence] the following organisational changes are associated with a positive impact on mental health:

- Increase social support by making available clear, consistent information and enhancing support from line managers.
- Redressing an effort/reward imbalance by asking staff to identify the types of benefits or recognition they would value. Increasing rewards includes: psychological, (esteem, respect, job status) training and promotion.
- Improving two way communications and staff involvement.
- Developing a culture in which staff are valued: Consulting and listening to staff can make them feel more secure and valued, notably at times of organisational change.
- Assessing job demands of employees (e.g. including pace, intensity of work, conflict between competing tasks and support from colleagues and superiors),
- Increasing job control and decision making latitude (e.g. ability to decide which work is tackled, with whom and how work is done, when to take a break, flexibility in working time).

(Friedli, 2003)

### **Effective stress prevention and management**

Stress results from an imbalance between the amount of pressure placed on an individual employee and that employee's personal ability to cope with it. If sufficient numbers of staff are affected by stress, the problem can become a serious organisational one [See Box 8: workplace stress]. During organisational change such as restructuring or downsizing, staff are particularly at risk of stress. The commitment to positive stress management must exist at the level of top management, and this commitment should be cascaded down throughout the organisation (Macdonald, 2005).

Recommendations:

- Preventing problems by eliminating or minimising stress at source.
  - Improving physical working conditions,
  - Redesigning jobs,
  - Regularly review jobs, the way they are done, workloads, targets and deadlines
  - Clearly written job descriptions, with well defined objectives and priorities,
  - Ensure employees know how their job fits in with the organisation as a whole and how it interacts with the work of others,
  - Allowing more flexible working arrangements – job sharing/rotation; flexible working hours; provision of crèche facilities;
  - Changes in personnel policies – improved communication; strategic planning to allow more decision-making and autonomy among staff e.g. encouraging workers to review and recommend changes to system practices to reduce stress; conducting a stress audit to identify sources of stress;
  - Developing a supportive work ethos and climate, where staff feel free to be open about workplace stress, in the knowledge that they will be helped and supported to deal with their issues:
    - Setting up more open communication channels
    - Discouraging behaviours that contribute to stress such as: routine late working; taking work home at weekends and competitive behaviour.
- Minimising the negative effects of stress
  - Stress education and stress management courses to help people to recognise signs of stress and develop coping skills and resilience;

- Direct promotion of positive health behaviours which aim to keep staff fit to cope with the pressures of work such as health screening programmes [see other sections of this report on smoking, alcohol, healthy eating and exercise.]
  - Assisting individuals who are experiencing the effects of stress through early intervention and support:
    - Where an employee is exhibiting symptoms of stress, initiate action to discuss the symptoms with a view to offering whatever support is possible and practicable.
    - providing reassurance, giving the individual the opportunity to talk about how they are feeling
    - removing or reducing further sources of stress at work
    - supporting the individual through any short-term crisis;
    - encouraging them to seek help through Occupational Health Service or GP
    - Access to professional counselling services – via an independent outside agency, or from an employee assistance programme (EAP)<sup>5</sup>
- (Gray, 2000; Macdonald, 2005)

**Domestic Violence:** Work-based policies need to be robust enough to give employees suffering domestic violence the support they need. A human resource policy to include:

- A statement of commitment to provide support, advice and information;
- An overview of the legal basis for the policy;
- What the organisation will provide for those experiencing abuse;
- How the organisation will respond to perpetrators;
- How policy will be implemented and monitored; and
- What training will be made available to line managers.

(DoH, 2005d)

### **Employer wellbeing or occupational health policy**

After reviewing successful case studies, CIPD recommends that workplaces have an employer wellbeing strategy or similar initiative to help improve the physical and mental health of their workforce. (CIPD, 2007b) This should incorporate:

- A shared vision – translated into behaviours and actions that are valued and rewarded;
- Flexibility and individuality – existing policy should maximise employee performance and well-being. The situation and needs of the individual employee need to be considered.
- Shared benefits – Managers and employees to work together to find win-win solutions where everyone gains.
- Accountability – Employees and organisations to be accountable for their health, performance and behaviour.
- Values driven – Honesty, trust, openness and justice are central to the well-being strategy.

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<sup>5</sup> EAPs address team and individual performance and well being in the workplace. They include a mechanism for providing counselling and other forms of assistance, advice and information to employees on a systematic and uniform basis, and to recognised standards. They can provide confidential feedback to employers about recurring problems within an organisation, thus identifying sources of stress and areas of intervention for stress management and prevention programmes.

- Engagement – well-being message being made relevant to every level of the organisation, with champions and supporters openly encouraging their colleagues to greater achievement.
  - Fun and excitement – to get the well-being approach off the ground.
  - Small steps – small changes can build to outstanding achievements.
- (CIPD, 2007b)

Follow the guidance from the Mental Health Foundation in establishing a policy to improve mental health at work.

(Gray, 2000)

### **Supporting employees with mental health problems**

Many people are sometimes unnecessarily forced to leave their jobs because they have a mental health problem which is a terrible waste of talent (DoH, CSIP, & SHIFT, 2007). To combat stigma and support people with mental health problems in the workplace the following are recommended:

- Job advertisements, application forms and company policy to be used to state and reinforce a commitment to equality of opportunities for those with mental health problems.
- Raise staff awareness about issues of mental ill-health and distress through training and a management commitment to a mental health policy.
- Provide opportunities for flexible hours and working arrangements
- Offer assistance, advice and support to staff who are experiencing mental health problems in the workplace

(Gray, 2000)

- Build a working culture in which mental health issues are not taboo.
- Support options which are confidential and non-stigmatising.

(Friedli, 2003)

- Employers to have a policy that specifically covers the recruitment and retention of people with mental health conditions
- Mental health awareness to be part of in-house training for line managers.  
(Employers' Forum on Disability & The Sainsbury Centre for Mental Health, 2007)

The Department of Health have issued six guiding principles to promote positive mental health in the work environment and to ensure that customers are treated with courtesy, respect and sensitivity. (DoH, 2006a)

- Employers to follow the six principles to reduce stigma:
  - Health promotion: Making employees aware of steps they can take to preserve and maintain their own and others mental well-being;
  - Prevention: Promote a culture of respect and dignity for everyone, ensuring that staff are trained to recognise and be sensitive to mental distress or disability in others, be they workplace colleagues or customers;
  - Early signs: Encourage awareness of mental health issues, so that employees are aware of the danger signs and understand the importance of seeking help early;
  - Equal opportunities: Demonstrate that no one is refused employment on the grounds of mental illness or disability;

- Reasonable adjustments: Make reasonable adjustments to the work environment for people with mental health problems so that they can continue working;
- Goods and services: Take positive steps to ensure that people with mental health problems are not disadvantaged, in relation to the availability of their goods and services.

(DoH, 2006a)

Shift's line managers' practical guide to managing and supporting people with mental health problems in the workplace is available from:

<http://www.shift.org.uk/~employers.html>

It is a practical guide that gives advice on: promoting well-being; what to ask and what not to ask when recruiting; early steps that can be taken when an employee experiences mental health problems; keeping in touch during sickness absence; effective planning and monitoring of the return to work; and managing an ongoing illness while at work.

Recovery, retention and rehabilitation approaches:

These will enable employees to remain at work while trying to cope with a mental health problem, or return to work after being off work for longer than a month, and ensures that employees who have an illness or disability requiring adjustments to be made to their work role or conditions are accommodated. The approach requires training of staff for effective case management, to undertake a simple employee well-being risk assessment and identify what can be done to support the employee and manage the situation (Tehrani, 2004).

This support can include:

- flexible working arrangements,
- special leave,
- identifying mentors or buddies,
- keeping in touch with the employee on a regular basis
- arranging contact with line managers and colleagues
- identifying additional support that may be available from the organisation or community
- undertaking a return-to-work interview to identify the need for additional support or information.

It is important to adopt a flexible approach, treating each employee on a fair and consistent basis. The CIPD findings emphasise the importance of beginning the process of rehabilitation as soon as possible after the recognition of a problem, with a senior manager responsible for ensuring the effective working of the approach. Where cost-benefit analysis has been undertaken, the savings on sickness absence payments, replacement staff and recruitment costs have more than covered the cost of the intervention. There is the added benefit of the interventions on the morale and image of the organisation (Tehrani, 2004).

On returning to work after a stress-related absence:

- Persistent sources of stress to be addressed via audit, prevention and management strategies.

- A return to work interview is useful in determining whether an employee is happy to resume all aspects of their job or whether they want a phased reintroduction to it, or for some parts of their work to be changed.
- Follow-up interviews will help to monitor progress.

(Gray, 2000)

### **Implications for Safety**

A report for the Health and Safety Executive (Amati & Scaife, 2006) found strong evidence that both psychological ill-health and frame-of-mind (defined as the way someone is feeling at a moment in time) have a significant impact on performance at work and that addressing these and their causes will therefore have a knock-on positive effect on safety. It is suggested that organisations take heed of the full recommendations in this report for example:

- Have an integrated approach to health and safety e.g. ensuring those involved in health and safety have a shared understanding of the impact of psychological health on safety
- Stress risk assessment could be used to determine and mitigate potential sources of accident risk
- Conversely, the results of an accident/incident investigation could trigger proactive stress-reduction measures
- Organisations need to be vigilant for the symptoms of burnout in individuals and ensure that they are removed from safety critical tasks
- Ensure effective management of distressing events at work.
- Ensure all change and uncertainty is properly managed with specific attention to psychological ill-health. (see HSE Change Stress Management Standard <http://www.hse.gov.uk/stress/standards/standards.htm> )
- Increase safe driving skills in occupational drivers, including the ability to stop and monitor their frame of mind and react appropriately.

(Amati & Scaife, 2006)

### **Workplace bullying:**

Bullying or harassment at work is an issue that management should take very seriously, as its negative effects can be significant.

Bullying is behaviour that is:

- Threatening or intimidating
- Abusive or offensive
- Cruel or vindictive
- Humiliating or degrading
- Is often linked to a persistent abuse of power, position or knowledge

Harassment of any kind can have devastating effects on the person subjected to it and can create a working atmosphere of fear and oppression in which employees will not be able to perform at their best. A victim may lose confidence, feel anxious and unhappy and the stress can even lead to serious illness. An employee being bullied by a supervisor may be reluctant to raise work problems and be inhibited from putting forward constructive ideas for fear of being ridiculed. (Macdonald, 2005)

To prevent bullying in the workplace:

- Develop an effective response to bullying and harassment:
  - Introduce and operate an anti-harassment/bullying policy and an accompanying complaints procedure where bullying is specifically considered a matter of gross misconduct
  - Develop a workplace culture that challenges bullying behaviour.
  - Enhance team working
  - Promote a positive approach to employing people with mental health problems. (Friedli, 2003)
  - During recruitment employers to consider the personality of the persons which they are interviewing in relation to their abilities to communicate positively,
  - EAP programmes can train staff in assertiveness skills and offer therapeutic counselling to victims and the bully to force them to face up to the dysfunctional effect that their behaviour is having.
  - Where a complaint of bullying has been upheld, the person concerned should be disciplined and effectively monitored afterwards. (Ellis, 2007)
  - Ensure policy and procedures genuinely have full management commitment and support
  - Thoroughly brief all staff about the policy and any accompanying procedures and ensure clear understanding
  - Make sure all employees within the organisation are clearly advised of the types of behaviour that could constitute bullying
  - Ensure management and (where relevant) staff have received adequate training to deal promptly and decisively with any instance of harassment/bullying.
  - Monitor the implementation of the policy to ensure that it is being put into practice consistently.
  - Conduct exit interviews whenever a member of staff resigns, in order to help identify any problem relationships caused by or aggravated by bullying. (Macdonald, 2005)

### **Box 9**

#### **Examples of evidence for the effectiveness of workplace interventions**

##### ***Reducing Stress:***

*Evidence from Whitehall II cohort study of British civil servants:*

The study looked at the following aspects of the psychological work environment and its influence on health. Effort-reward imbalance refers to putting in high levels of effort at work (competitiveness, over-commitment, hostility) and receiving low rewards (in terms of income, promotion and being valued); Decision latitude (degree of control over work and opportunity for use of skills and amount of variety present in work) Job demands (including pace of work and conflict between competing tasks) and social support from supervisors and colleagues (for example in the form of consistency of information and emotional support). Their results show: Effort-reward imbalances are associated with increased risk of alcohol dependence, psychiatric disorder, long spells of sickness absence and poor health functioning. High job demands predict poor health functioning and psychiatric disorder. Low decision latitude is moderately associated with risk of alcohol

dependence. Work social supports (particularly from supervisors) and control over work have a protective effect on mental health and health functioning and reduce risk of spells of sickness absence. (Stansfield et al., 2000)

A reorganisation project took place on three business sites, a case control in another company and a one year follow up. Initiatives that increased employee job control, workplace support and influence served to significantly improve mental health and organisational commitment. They also reduced short-term absenteeism rates and the corresponding absenteeism expenditure within the host organisation. Statistical analyses confirmed that the benefits seen in general mental health, organisational commitment, and absence rates were predominantly due to increases in job control. (Bond & Bunce, 2004).

***Stress in the construction industry:*** A survey of construction industry workers to investigate work-related stress found the most stressful aspects of work for respondents were: having too much work to do in the time available; travelling or commuting; being responsible for the safety of others at work; working long hours; and having a dangerous job. Management grade employees, along with road maintenance staff, designers and administration staff reported the most stress. Stress was perceived to be a relatively large problem that has tended to be overlooked. One reason given for stress not being addressed was the male dominated 'macho' culture to 'get the job done'. Admitting to experiencing work-related stress was perceived as a weakness, and therefore stress was not discussed or recognised. Around 5% of those sampled are experiencing stress, depression or anxiety at a level they believe is making them ill, with up to 10% of the sample finding their jobs very or extremely stressful. However, the findings of this research are subject to some weaknesses due to the methodology used – primarily an under-representation of small businesses in the sample, and a fairly low response rate. (Beswick, Rogers, Corbett, Binch, & Jackson, 2007)

***A review of evidence of workplace interventions to prevent or reduce common mental problems:***

Amongst employees who have not manifested common mental health problems, moderate evidence suggests that a range of stress management interventions can have a beneficial and practical impact. The interventions included: a focus on acquiring problem-solving skills, reducing negative coping styles, identifying potential stressors at work and developing strategies to minimize their impact and developing self-awareness in relation to stressors. Using more than one technique or method was more effective than using one. There was strong evidence, that amongst employees deemed to be most at risk of developing common mental health problems, either through their job or another reason, that the most effective programmes focused on personal support, individual social skills and coping skills training. The most lasting effects were from using more than one programme. For staff already experiencing mental health problems strong evidence suggested brief (up to 8 weeks) of individual therapy, especially cognitive behavioural which is most effective (BOHRF, 2005).

## Examples of good practice

**Boosting Morale and reducing Workplace Stress** The Dragon Club is a club for primary school children based in Wallasey. Advisors from Workplace Health Connect (WHC) worked with the business. WHC is a government funded service providing confidential, practical and free advice to small businesses on workplace health and safety, management of sickness absence and return to work issues. As a result of the WHC visit, the Dragon Club set about addressing the issues raised. On the second visit, the WHC Advisor noted the following positive changes:

- Sickness absence and return to work policy approved.
- A system of one-to-one chats improved communication.
- The Risk Assessment Tool contained in the HSE Work Positive package\* has enabled job roles to be clarified, improving staff morale as a result.
- The introduction of uniforms and a photograph board have created more of a team mentality and boosted staff morale.

For further information:

WHC Tel: 0845 609 6006. <http://www.workplacehealthconnect.co.uk/>

\*Work Positive resource pack, aimed at small organisations, is available online or as a hard copy publication from the Work Positive Website:

<http://www.hebs.com/workpositive/>

**Staley Peters**, and advertising firm based in Liverpool have introduced a 'buddy' scheme for new staff and created a bespoke/creative office environment. The aim is to make the workplace as inviting and comfortable as possible. The office has 'quiet' areas for stress free time out and creative focus. There is also an open door management policy which they believe has a positive impact on the well being of the staff. They have recently 'banned' all unnecessary internal e-mails to keep good old fashioned face to face communication going which they believe helps build relationships. The company regularly undertakes staff appraisals, staff questionnaires and internal audits to try to continually improve internal communications. Furthermore, along with monthly staff meetings there are regular 'get togethers' with everyone to encourage integration and free expression with lunch provided by Staley Peters. For further information: [Michelle@staleypeters.co.uk](mailto:Michelle@staleypeters.co.uk)

**Marks & Spencer's strategy for overall health promotion** which includes mental health:

The Occupational Health Service (OHS) works closely with personnel and line management regarding all aspects of employees' mental and physical health. The OHS is available to discuss with staff any health problems they may have, and to promote good health through health education, screening, and action programmes. The organisation assists in preventing mental ill health by providing a good working environment and a clearly defined job. Following absence it is often essential to modify the working hours during the rehabilitation period to provide a gradual return to usual working practices through a good sick pay scheme. Financial support at this time will allay anxiety and encourage a speedier return to work. Regular honest

appraisals are important and problems in performance should be discussed at the time of occurrence, with an opportunity to follow-up and review progress. People should feel able to contribute to their development and feel accountable for the job. On site counselling facilities from personnel or health professionals are available which saves time away from work.

<http://www.ilo.org/public/english/employment/skills/disability/papers/ukcover2/ukpart323.htm>

**Southport and Ormskirk Hospital NHS Trust – Staff Charter** The Trust has developed a staff charter which aims to embed their Dignity at Work ethos. In setting up a staff counselling service and a confidential medication service the trust is supporting staff to deal with conflict. The occupational health service works closely with HR and staff to offer support and assistance in the management of sickness absence, and in the development of flexible working policies in the trust. (DWP et al., 2005).

**Rolls-Royce plc – new sickness absence management policy** that explains the responsibilities of managers, human resources and occupational health advisors. Early rehabilitation benefits anyone who is absent for 4+ weeks by giving them an action plan, including physiotherapy services (for both work and non-work related injuries). The introduction of an IT programme monitors employee absence, records the reasons for the absence and calculates costs. Trade union representatives from a number of different unions were consulted over the proposed procedures at the planning stage. All staff were trained on the new policies and procedures. By reducing absence by about 15%, the company has saved approximately £11m. The proportion of staff absence due to stress has reduced from 20% to 16%. According to the Director of Human Resources, the initiative has had a positive effect by enhancing mutual respect and reducing absence.

<http://www.hse.gov.uk/businessbenefits/casestudy/rolls.pdf>

**Inland Revenue and the Public and Commercial Services Union (PCS) ‘OurTime’ – A Work-Life Balance Project.** – a partnership between the Revenue and the PCS which gives staff options about their working hours and allows Revenue offices to open outside 9-5 and at weekends. Staff were asked what they wanted through surveys and focus groups. Improvements included compressed working weeks, variable core time and ‘banking’ time. Managers and staff were trained in new ways of working for flexibility and security, and for team members to work together more effectively. The other positives included health and safety benefits, improved management and staff morale; staff are better able to balance their work and personal commitments, leading to better stress management.

<http://www.hse.gov.uk/businessbenefits/casestudy/inlandrevenue.pdf>

**BT’s Work Fit – Positive Mentality Campaign** provides guidance to its employees on how to improve their mental health both at work and at home.

The campaign has been drawn up in collaboration with two unions – Connect and the Communication Workers Union (CWU) – and with the support of the mental health charities, the Sainsbury Centre for Mental Health and MIND. The programme will demonstrate how regular exercise, healthy eating, relaxation techniques and even the support of friends and family can help to ward off depression, stress and anxiety. It will also educate staff to help reduce the stigma of mental illness and

promote the range of support services that the company provides. (Berry, 2007)  
This campaign aims to promote a more productive, creative workforce, better job satisfaction, reduced physical and mental stress. (DWP et al., 2005)

### **Employee Support**

**Merseytravel** have a dedicated Employee Support Officer in the Personnel Department who provides advice and support to staff as her full time job. She is also qualified in homeopathy and has been insured by the organisation to practice in order to support more traditional occupational health services. Merseytravel recently introduced a Stress at Work Policy and have conducted a Stress at Work Survey--- the results are being analysed at the present time. The policy and support applies to the three main operating arms of Merseytravel. That is, the MPTE (which is the client side of public transport on Merseyside), Mersey Ferries and Mersey Tunnels. For further information: Peter Hughes, Personnel Manager, Merseytravel  
[peter.hughes@merseytravel.gov.uk](mailto:peter.hughes@merseytravel.gov.uk)

**Pilkinton UK Ltd** has issued bulletins on health related issues including stress. They have also organised training for first line supervisors and management in stress awareness (including how to spot this in others) on an ad-hoc basis. Most of this information is also published on their intranet site that also includes information on Work Life Balance and counselling. For further information: Barry Fairhurst, Operations Support Manager, Pilkington UK Ltd: [Barry.Fairhurst@PILKINGTON.com](mailto:Barry.Fairhurst@PILKINGTON.com)

## 5. Dealing with alcohol and drug misuse

### Background

Alcohol misuse is associated with various health and social harms, such as accidents and illnesses such as coronary heart disease, stroke, certain types of cancer, cirrhosis of the liver, suicide and self-harm (ODPM, 2005). Drug misuse includes the use of illegal drugs and the misuse (deliberate or otherwise) of prescribed drugs and substances such as solvents. The harmful effects of drug misuse include anxiety, depression, poor co-ordination and concentration, and increased risk of accidents (HSE, 1998). Box 10 summarises some of the impacts of alcohol and drug use.

Between 15,000 and 22,000 deaths each year in England are associated with alcohol misuse (DoH, 2004a), and around 1,000 each year in the UK with drug use (Eaton et al., 2006).

In the North West, an average of 42% of men and 27% of women report drinking over the recommended daily limits. The England averages were 37% and 22% respectively (Brown, McVeigh, Beynon, & Bellis, 2006). The UK are one of the top bingeing nations in western Europe, binge-drinking 28 times per year on average, or about once every 13 days (Anderson & Baumberg, 2006). In the North West between 2000-2002, 23% of adults were estimated to be binge drinkers. In Cheshire and Merseyside, this ranged from 28% in Liverpool and 25% in Knowsley, to 21% in Macclesfield (Morleo et al., 2006).

In the UK, of those aged 16-59, 12% have used an illicit drug at least once in the past year. This rises to 28% amongst 16-24 year olds (Eaton et al., 2006).

There are some health benefits related to drinking alcohol in moderation, and the drinks market does make an important contribution to the UK economy, generating around 1 million jobs, and £7 billion per year in excise duties (HDA, 2005c).

However, the financial burden of alcohol misuse is around £1.7 billion annually to the NHS and over £10 billion to society as a whole. The loss to the economy of premature death from alcohol misuse is around £2.4 billion each year (DoH, 2004a). At least 58,000 potential working years are lost annually due to premature alcohol-related deaths. This represents lost earnings for individuals, lost profit for employers and lost productivity for the country (IAS, 2007).

Up to 17 million days absent from work are alcohol-related (DoH, 2004a). Alcohol misuse among employees costs up to £6.4billion in lost productivity, through increased absenteeism, unemployment and premature death (HDA, 2004). It has been estimated that drug use costs industry in the UK £800million per year (Drugstraining, 2007).

The Institute of Alcohol studies report on a survey which found that each day, around 200,000 British workers turn up to work hung-over from the night before. High proportions of workers with hangovers report problems such as lack of concentration and inability to work at their normal pace (IAS, 2007). A recent survey found that over a quarter (27%) of working British people have had times when they struggle to do their jobs because they are hungover, rising to as many as 80% of 18-34 year olds (DPP, 2006). Hangovers alone have been estimated to cost industry between £53 and £108 million annually (MCA, 2000).

### **Box 10**

#### **Impacts of alcohol and drug misuse**

Alcohol misuse is associated with:

- £2.4 billion annually lost to the economy due to premature death (DoH, 2004a)
- 17 million days of absences from work each year (DoH, 2004a)
- annual losses in productivity of £6.4 billion (DoH, 2004a)
- causing some 60 different diseases/ conditions, including injuries and mental and behavioural disorders, (Anderson & Baumberg, 2006)
- between 15,000 and 22,000 deaths each year (DoH, 2004a)

Drug misuse is associated with:

- a cost of £800 million per year to industry (Drugstraining, 2007)
- around 1,000 deaths in the UK each year (Eaton, Morleo, Lodwick, Bellis, & McVeigh, 2006)

A survey by Alcohol Concern and Drugscope showed that almost two-thirds of employers (60%) had problems with employees' misuse of alcohol and over 27% with misuse of drugs (Personnel Today, 2001); Alcohol Concern 2001). Drug misusers are three and a half times more likely to injure themselves or someone else at work, and three times more likely to need sick leave or benefits. Employees who use drugs have around 60% higher rates of absenteeism (BITC, 2007; Drugstraining, 2007).

For women who drink 7 or more units per week, and men who drink 14 or more units per week, the likelihood of absence from work through injury is raised by 20% (IAS, 2007). One in five accidents at work are alcohol related (MCA, 2000). As yet, there is little conclusive evidence for a link between drug use and accidents at work (FPH, 2006).

Alcohol misuse is a clear health and safety issue. There is also the cost to the individual in terms of health, relationships and job prospects (FPH, 2006). The various interventions available to employers to encourage sensible drinking and to deal with drug misuse amongst their workforce are detailed below.

## National policy

The government's Alcohol Harm Reduction Strategy was published in 2004 (Cabinet Office, 2004). It is the first coordinated strategy on alcohol misuse in England. Its recommendations include the provision of more support and advice for employers, and improvements in the early identification and treatment of alcohol problems. The strategy requires co-ordinated action to be taken by government departments, NHS, police, local authorities and the drinks industry at both local and national levels (ODPM, March 2005).

'Tackling Drugs, Changing Lives' is a cross-government drug strategy, focussing on prevention, supply of drugs, treatment and drug-related crime (Home Office).

The 'Choosing Health' white paper made a number of commitments to tackle alcohol misuse and treatment. Much of the work will be based on the National Treatment Agency for Substance Misuse (NTA) Models of Care guidance, (NTA, 2006).

Under the Health and Safety at Work Act 1974, employers face prosecution if they knowingly allow an employee under the influence of excess alcohol or drugs to continue working and this places the employee or others at risk (H@W, 2007; HSE, 2006). If employers knowingly permit the supply of any controlled drugs, the smoking of cannabis, or other drug related activities to take place on their premises, they could be committing an offence (Drugstraining, 2007).

## Targets and commitments

- ❖ The government recommends that all employers have a workplace alcohol policy to provide guidance to managers and staff on alcohol-related problems in the workplace (DoH, 2004a).

## Top tips for effective interventions

### Workplace interventions

Interventions to deal with alcohol and other substance misuse will benefit both employers and employees, improving productivity and work performance (Box 11).

- *Alcohol and drugs policy.*  
All employers need a workplace alcohol and drug policy to provide guidance to managers and staff on alcohol and drug-related problems in the workplace (DoH, 2004a; HDA, 2004). The policy would cover:
  - drinking at the workplace;
  - workplace discipline;
  - recognition and help for those with alcohol and drug-related problems;
  - alcohol and drug education

Just under half of employers have no alcohol or drugs policy. Many of these are likely to be small businesses that could benefit from advice on what to do (CIPD, 2007a; Hazards, 2002; HDA, 2004). Where there are alcohol or drugs policies, these are most likely to be combined into one policy. This was the case in just under 60% of workforces surveyed in the CIPD study in 2007 (CIPD, 2007a; Personnel Today, 2001). Only 1 in 4 of those with alcohol policies actually

communicated them to their staff (TUC, 2001). The majority of workplaces (84%) do not run alcohol or drugs awareness programmes for staff (Hazards, 2002). Only 33% of employers train managers as part of their efforts to communicate policies on drug and alcohol misuse at work (CIPD, 2007a). The focus of existing alcohol policies is often on screening, rather than a broader approach (CIPD, 2007a). The Health and Safety Executive have detailed a four step process for dealing with alcohol problems at work, including an outline of a model alcohol policy (HSE, 2006). They have produced a similar guide on drug misuse at work (HSE, 1998). There are several other useful guidelines and draft alcohol and/or drug policies (Construction Confederation, 2005; Hazards, 2002).

Health@Work is an independent charity funded by Liverpool PCT. They offer health information and advice to workplaces and individuals.

They have recently produced a local workplace alcohol policy guide, which includes a draft policy (H@W, 2007).

**Box 11**  
**Benefits to workplaces of alcohol and drug interventions:**

- improved productivity and work performance;
- reduced lateness and taking time off work;
- reduced staff turnover;
- improved team morale and employee relations;
- better discipline;
- fewer accidents at work, with reduced injuries and compensation claims;
- the company will be seen as a responsible employer, with an improved company image;
- the company will be contributing to the efforts of society to tackle alcohol and drug misuse. (Construction Confederation, 2005; FPH, 2006; H@W, 2007; HSE, 2006; Macdonald, 2005)

In summary, a workplace alcohol policy would require the following:

- *Involve staff at all levels:* Set up a working party to look at the issue of alcohol and drugs, involving a senior manager, occupational health practitioner (where available), other managers and supervisors, staff representatives, and employees (HSE, 2006). If employees are consulted and involved, there is likely to be a good deal of support for an alcohol policy. A survey by the Health Education Authority in 1995 found that 63% of workers and 69% of manual workers supported a total ban on drinking at work (HSE, 2006). It is likely that the introduction of an alcohol policy will be considered a change to employees' terms and conditions, and therefore consultation would be required (Construction Confederation, 2005).
- *Analyse information and records held* to give an indication of whether alcohol or drugs may be harming the business, and to suggest what action can be taken. Such records would include sickness absence, time keeping records, productivity and performance, accident records and disciplinary problems (HSE, 2006).

- *Provide information:* Provide oral and written information for employees on the damaging effects of alcohol and drugs. Themed months on alcohol issues would help raise alcohol awareness. Some effective approaches from the community information 'Pssst' campaign in Liverpool could be applied to the workplace. This is a social marketing approach providing information on the health risks of alcohol misuse that are culturally and linguistically appropriate (Pssst, 2007). It is likely that by making general information available, there will be a 'knock-on' effect of encouraging sensible drinking outside working hours (see Box 12).
- *Ensure access to support:* Provide information on the possibilities of assistance to stop or reduce consumption. Offer access to a counselling and advice service. This can be workplace-based if the organisation is large enough to have its own. The PCT can help to arrange for referral for support in smaller workplaces. Support would include brief interventions, or referral to an alcohol or drug unit (HSE, 2006; WHO, 2005).

There is strong evidence that alcohol interventions giving employees access to a work-based counselling and advice service, covering a wide range of issues, are particularly effective in rehabilitating employees with alcohol problems (HDA, 2004). General prevention and counselling or treatment are cost efficient in reducing harm for the individual and the broader community (HDA, 2004). The recent CIPD workplace survey showed that 60% of employees with drug or alcohol problems who were referred for specialist treatment were successfully retained in the workplace (CIPD, 2007a).

There is more information on the evidence for models of treatment and their cost effectiveness available from the National Treatment Agency for Substance Misuse (NTA, 2006).

Employers who are unsure of how to proceed can make use of consultancy services such as Alcohol Concern (Alcohol Concern, 2001). For drug misuse, local Drug Action Teams (DATS) can put workplaces in touch with a workplace business trainer, who will assess and advise individual employees for treatment as well as offering advice to the company on their drug and alcohol policies (Home Office, 2005).

- *Focus on prevention,* with an emphasis on alcohol and drug problems defined as health problems, dealt with without any discrimination, like any other health problem at work. It is important to stress confidentiality, and avoid the use of punitive language. Disciplinary action should be a last resort. The cost of recruiting and training a replacement may be greater than the cost of allowing someone time off to obtain expert help (MCA, 2000).
- *Train selected staff:* Establish guidance and training for supervisors, trade union representatives and selected employees, so they are able to identify alcohol and drug problems early, refer employees for support and be aware of the possible implications of not tackling possible alcohol and drug misuse. Local alcohol advisory services and DATS may be able to help to train managers to recognise and handle alcohol and drug problems (HSE, 2006).

- *Introduce 'buddy' schemes:* The American style 'buddy' scheme is finding favour in the UK, where staff are encouraged to talk about their own or a colleague's drink problem, and family, friends and work colleagues are all involved with the individual in a treatment programme. Such programmes appear to be far more effective and longer lasting than other interventions on alcohol in the workplace (TUC, 2003).
- *Use screening only where appropriate.* Screening has been adopted by some employers as part of their alcohol and drugs policy, but would not be acceptable or cost-effective in most workplaces (Hazards, 2007; JRF, 2004). Union bodies around the world have argued against employers introducing alcohol and drugs testing for their general working populations (Hazards, 2007). It would only be appropriate in safety-sensitive industries, where it is more likely to be accepted by the workforce. The introduction of a screening policy requires consultation and agreement with the workforce or their representatives, as it constitutes a variation to contracts of employment (Macdonald, 2005). Macdonald also points out that human rights and data protection implications have to be considered. Screening can take place at the job interview, or routinely, on a random basis (HSE, 2006). The TUC favour lifestyle screening, rather than the taking of samples, as it is less intrusive and avoids human rights concerns. It can be used to assess levels of consumption, and lead to appropriate advice and support being offered (TUC, 2003).
- *Consider workplace factors* which may be driving people to drink and drugs (Hazards, 2002). Stress, bullying, long hours, working away from home, the availability of alcohol or drugs and the office culture are all possible root causes of alcohol misuse, and need to be recognised and dealt with by employers (TUC, 2003). Psychosocial factors are important, for example a recent survey concluded that people who find they put in effort at work and don't feel they are getting just rewards are more at risk of becoming a problem drinker (Head, Stansfeld, & Siegrist, 2004). A US study found that where work problems interfered with family life, affected workers were twice as likely to have a substance dependence disorder (Hazards, 2002).
- *Participate in joint working,* to help address the issue of alcohol and drugs in the community and encourage sensible drinking through joint action. This would involve industry working with the local authority, the community, strategic health authority, primary care trusts, the police, the alcohol industry and businesses including pubs, clubs and other venues. The International Labour Organisation recognise that 'the workplace is an excellent channel for the development of broad partnerships for preventive action', benefiting employers, workers, their families and society as a whole (ILO, 2002).

Box 12 gives examples of the effectiveness of alcohol and drug-related interventions relating to employees.

**Box 12**  
**Examples of evidence for the effectiveness of alcohol-related interventions in the workplace**

- In a recent workplace survey, 60% of employees with drug or alcohol problems who were referred to specialist treatment were successfully retained in the workplace (CIPD, 2007a).
- A medium sized agricultural feed business in Derbyshire managed to overcome a strong drinking culture with an alcohol policy including a low-cost educational campaign. The issue of drinking and work was raised in a non-threatening way, with a resulting decline in the number of alcohol-related incidents (HSE, 2006).
- In a review of worksite interventions, one study compared 54 companies with access to general work-based counselling and advice (EAP) to 124 without. In the companies with EAP, there were significantly more referrals to a problem drinker centre, per 1,000 employees (Roman & Blum, 1996).
- Worksite training oriented to alcohol problems affects the attitudes of supervisors and employees for reasonable periods after the completion of training. Merely completing instruments had a strong effect on trainees in the desired direction of becoming more willing to take effective action toward alcoholic employees (Roman & Blum, 1996).
- Heavy drinkers receiving brief interventions\* are twice as likely to moderate their drinking 6 to 12 months after an intervention, when compared with drinkers with no intervention (review-level evidence, (HDA, 2005c).
- Brief interventions\* (especially those with follow-up sessions) can reduce net weekly drinking by 13% to 34%, resulting in 2.9 to 8.7 fewer mean drinks per week, and a significant effect on recommended or safe alcohol use. Interventions showing statistically significant improvements included at least 2 of 3 key elements: feedback; advice; goal setting (review-level evidence), (HDA, 2005c).
- For one person to reduce their drinking to low risk levels, then 8 need to receive brief interventions\*. This compares favourably to smoking cessation, where 20 people need to receive brief interventions (DoH, 2005c; NICE, 2002; Wanless, 2004).

*\*brief interventions are defined here as advice or counselling lasting between 5 to 15 minutes, and varying from 1 to 4 sessions (HDA, 2005c)*

### Examples of good practice

**Merseytravel** have an alcohol policy which means that if staff declare an alcohol problem, it is dealt with as a welfare measure via counselling, occupational health and employee support, as opposed to the problem being a disciplinary matter. Alcohol abuse will only be dealt with as a disciplinary issue if the problem isn't declared or if the employee fails to accept treatment. Contact: [peter.hughes@merseytravel.gov.uk](mailto:peter.hughes@merseytravel.gov.uk)

**Pilkingtons** publicise advice on drug and alcohol misuse and in some individual cases have provided counselling for this. Contact: [Barry.Fairhurst@PILKINGTON.com](mailto:Barry.Fairhurst@PILKINGTON.com)

## 6. Workplace interventions to Stop Smoking

### Background

**All workplaces and enclosed public places became smokefree on 1<sup>st</sup> July 2007** ([http://www.dh.gov.uk/en/News/DH\\_065562](http://www.dh.gov.uk/en/News/DH_065562)). Enforcement is carried out by local councils, predominantly by Environmental Health Officers. The **Smokefree England campaign** was set up to advise the country's 3.7 million businesses, including nearly 200,000 pubs, bars, restaurants and other leisure outlets on preparing for the introduction of the legislation. General information about the legislation, about enforcements and exemptions, and support available for implementing the policy, including brochures and factsheets, can be found on the Smokefree England website at [www.smokefreeaction.org.uk](http://www.smokefreeaction.org.uk)

### Effects of smoking

Smoking causes a wide range of diseases, including 90% of lung cancer and 30% of ischemic heart disease. (WHO, 2005) It is the leading cause of health inequalities in the UK and the main reason for disparities in death rates between the rich and poor (NICE, 2007b).

A new study published in The Lancet has reviewed the current drug classification system in the UK. It's no surprise that tobacco is high up the list and was considered the ninth most dangerous drug amongst 20; higher than cannabis, solvents and ecstasy (Nutt, King, Saulsbury, & Blakemore, 2007)

Although the current prevalence of smoking within Great Britain has fallen from 40% in 1978 to 25% in 2004 (ONS, 2005), these figures hide a steep social class gradient that has worsened over the past 20 years. The latest General Household Survey reported a smoking prevalence of 31% among routine and manual workers compared with 18% among managerial and professional workers (ONS, 2005). More than three out of four people in England already choose not to smoke. Nearly three quarters of those who do smoke say that they want to give up. Ninety-one percent of employers agreed that people at work have the right not to breathe in other workers' smoke (<http://www.herefordshire.gov.uk/environment/28560.asp>) Research has found positive outcomes in places where smoking has been prohibited in workplaces including restaurants and bars. [See Box 13]. An estimated 34 million days a year costing £328 million are lost in England and Wales through sickness absence resulting from smoking related illness. If 40% of smokers gave up the habit, 150,000 jobs would be created because most ex-smokers would spend the money saved on leisure (Business in the community, 2007).

### Box 13 Impacts of workplace bans on smoking

- Researchers in Scotland have found a 17 per cent fall in admissions for heart attacks in the first year after the smoking ban came into force in Scotland. This compares with an annual reduction in Scottish admissions for heart attack of 3 per cent per year in the decade before the ban. The reduction was most marked among non-smokers, with a 20% fall, compared with a 14% drop among smokers. Exposure to second-hand smoke in Scotland is down by 40 per cent among adults and children, the study added. Another study has found bar staff are experiencing fewer respiratory problems. It provides evidence that the legislation is improving the health of everyone in Scotland - including smokers, non-smokers, children and barworkers. The findings were presented on 10<sup>th</sup> September 2007 to an international conference in Edinburgh on the ban organised by the Scottish Government (BBC News, 2007; Hall, 2007).
- Exposure to second-hand smoke for people working in bars and clubs has dropped by 95% since July 1's ban on indoor smoking in England. Researchers also found that the effect on trade had been minimal, despite the predictions of some in the hospitality industry. (Jha, 2007)
- Smokefree laws do not damage profits. No independent, peer reviewed study has ever found a significant downturn in business from going smokefree (Cancer Research UK, 2007).
- No negative economic impact from the introduction of smoke-free policies in restaurant and bars is indicated by 21 studies where findings are based on an objective measure such as taxable sales receipts (Scollo & Lal, 2005).

### National policy

The government's smokefree legislation, that came into place on 1<sup>st</sup> July 2007, means that all workplaces and enclosed public places, including private members clubs, will be smokefree ([www.dh.gov.uk](http://www.dh.gov.uk)).

- The **European Commission** has consulted relevant stakeholders from across Europe, examining the health and economic burdens associated with passive smoking, and public support for smoking bans. For more information see: <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/07/109&format=HTML&aged=0&language=EN&guiLanguage=en>  
Three further sets of regulations were published in 2007, detailing; exemptions and vehicles; penalties and discounted amounts; and offences in vehicles and the format for fixed penalty notices. ([www.smokefreeengland.co.uk](http://www.smokefreeengland.co.uk)).

## The current regulations state that:

- Organisations must have smokefree policy in place. Current policy may need to be altered so that it clearly states where and when smoking is permitted according to the new legislative guidelines
- Enclosed or Substantially Enclosed Premises must be smokefree - premises are considered to be enclosed if they have a ceiling or roof. If they have a ceiling or roof, but there are openings in the wall which are less than half the total area of walls, then they are defined as substantially enclosed.
- Smokefree premises have to display a 'prominently visible' no-smoking sign at each public entrance to the premises. The sign has to be at least A5 in size, display the 'international 'no smoking' symbol (a burning cigarette in red circle with red bar across it), and carry the words 'No smoking. It is against the law to smoke in these premises'  
(<http://www.smokefreeengland.co.uk/thefacts/the-regulations.html>)

## Penalties

Smoking in a smokefree place could lead to a fine of up to £200, and failing to prevent smoking in a smokefree place to a fine of up to £2500.

<http://www.smokefreeengland.co.uk/thefacts/the-regulations.html>

## External smoking areas

If staff smoke during break times, they must not smoke in an enclosed or substantially enclosed area. Employers must decide whether or not to permit smoking elsewhere on their premises e.g. in open car parks or grounds.

Outside areas are not covered by the legislation. However, employers may want to consider making it a policy that smoking is not permitted within a certain distance from outside entrances, so that staff and visitors do not have to walk through a cloud of smoke to get into the building. There is no legal requirement for employers to provide designated external smoking areas, e.g. smoking shelters, and health-focused employers may prefer not to spend money creating places for smokers to congregate. Outside smoking shelter or areas, must not be "enclosed" or "substantially enclosed" under the definitions that will be set out in smokefree regulations. The TUC has published guidance on negotiating smoke free workplaces - visit [www.smokefreeaction.org.uk/](http://www.smokefreeaction.org.uk/)

## NICE help for employers

The National Institute for Health and Clinical Excellence (NICE) has issued public health guidance on the most effective ways to encourage and support employees to stop smoking. Recommended initiatives include giving workers time off without losing pay to attend stop smoking clinics, and providing on-site stop smoking support, if feasible, where there is sufficient demand (NICE, 2007a).

## **Legislation in Mental Health Trusts**

Legislation relating to mental health trusts come into force in July 2008., as set out in a Dept of Health letter on 1<sup>st</sup> Feb, 2007 From 1 July 2008, smoking was against the law in any enclosed or substantially enclosed part of any mental health establishment.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_064794](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_064794)

## **Other residential accommodation:**

Under the Smoke-free (Exemptions and Vehicles) Regulations, 2007, designated rooms that are used for accommodation for persons 18 years and over will not have to be smoke-free in the following premises:

- Care homes as defined in the Care Standards Act 2000
- Hospices which, as their whole or main purpose, provide palliative care for persons resident there who are suffering from progressive disease in its final stages
- Prisons

[http://www.opsi.gov.uk/si/si2007/uksi\\_20070765\\_en\\_1#pt2-l1g5](http://www.opsi.gov.uk/si/si2007/uksi_20070765_en_1#pt2-l1g5)

## **Legal age to buy cigarettes has been increased from 16 to 18**

The legal age for the purchase of tobacco was raised from 16 to 18 from October 1<sup>st</sup> 2007 in England Wales. Pressure groups such as ASH (Action on smoking and health) welcomed the announcement, but also called for the Government to introduce a licensing system for the sale of tobacco. Currently retailers are not required to hold a licence, and the penalties for breaking the law on the sale of tobacco to minors are not sufficiently well enforced.

## **Targets**

### **Public Service Agreement on smoking**

The Public Service Agreement on smoking aims to reduce adult smoking rates, from 26% in 2002, to 21% or less by 2010. It aims to reduce prevalence among routine manual groups, from 31% in 2002 to 26% or less in 2010 (DoH, 2006b)

## **Top Tips for effective interventions**

The workplace has significant potential as a setting through which large groups of people can be reached to encourage them to stop smoking. Employers can play an important role in encouraging and supporting smoking cessation by employees who smoke.

The NICE (National Institute for Clinical Excellence) guidelines recommend the following as the most effective and cost effective workplace approaches. NICE advises that employers can help their employees to give up smoking by:

- Making information on local stop smoking support widely available in the workplace
  - Contact your local stop smoking service and ask for help in providing information about their support. Local services can be found at [www.gosmokefree.co.uk](http://www.gosmokefree.co.uk), or call the NHS Smoking Helpline on 0800 169 0169
  - Make that information widely available in the workplace
  - Inform staff about the types of help available to them, including how, when and where it can be accessed.
  - Ask staff if there is any other information or support you can offer in the workplace
  
- Offer support to help employees who want to give up smoking, for example:
  - Consider allowing employees to attend stop smoking services during working hours without loss of pay. NICE has produced tools to help you calculate the cost of this, and see the benefits for productivity if your employees give up smoking. See [www.nice.org.uk/PHI005](http://www.nice.org.uk/PHI005)
  - Be responsive to individual needs and preferences.
  - If there is sufficient demand, ask your local stop smoking service to offer help on your premises, maybe an on-site stop smoking group
  - Work with other local businesses to see if there is an opportunity to share smoking cessation support.
  
- Work with your staff and their representatives to develop a stop smoking policy
  - Make the stop smoking policy part of an overall smokefree policy
  - Consider whether staff will be allowed time off for smoking breaks during working hours
  - Consider offering staff training to provide stop smoking advice.  
<http://www.idea.gov.uk/idk/aio/6329755>
  
- Make use of the following local support and internet services to help employees stop smoking:
  - Fag Ends, the Roy Castle Lung Cancer Foundation stop smoking team run weekly drop-in sessions in Central, North and South Liverpool and across the whole of Knowsley, and can visit workplaces; contact the Fag Ends helpline on free phone number 0800 195 2131, or <http://www.roycastle.org>
  - As part of the working well programme, Knowsley council has a dedicated stop smoking service for individuals working in the borough to access free stop smoking services and support. For information contact: 0151 443 4723, or email [smokefree@knowsley.gov.uk](mailto:smokefree@knowsley.gov.uk)
  - NHS booklets, posters and translated leaflets are available from the NHS Smoking Helpline: 0800 169 0 169 or [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### **Protecting staff in the community from exposure to secondhand smoke**

For employees working within the community much of their work will take place within clients' own homes, which means they could be working in an environment which exposes them to secondhand smoke.

Heart of Mersey has developed the Mersey Charter to support organisations in the development of policies and practices to protect staff in the community from exposure to secondhand smoke.

The Charter builds upon the recommendations of the Royal College of Nursing in terms of best practice for community staff when they work within clients' own homes.

To be awarded the Mersey Charter an organisation has to demonstrate that it:

- Has a Smoke Free Workplace Policy
- Requests clients provide a room which has been smokefree for a minimum of 30 minutes, as far as is practical, prior to a planned visit by community staff
- Advises service users and staff on ways to minimise their risk of exposure to secondhand smoke
- Provides advice to service users and staff on smoke free issues and smoking cessation services.

[http://www.heartofmersey.org.uk/smokefree/?page\\_id=175](http://www.heartofmersey.org.uk/smokefree/?page_id=175)

### **Smoking breaks and their implications**

There are possible drawbacks associated with employees having smoking breaks:

- Smokers take on average half an hour from their working day to enjoy a cigarette, and a survey has estimated this is a loss of 290,000 working days to the UK economy each year (Benenden Healthcare Society, 2007)
- Creation of a negative image if employees are regularly seen by customers and clients smoking outside the building (Macdonald, 2005)
- There may be grievances from non-smoking employees if their colleagues leave their work stations regularly for smoking breaks (Benenden Healthcare Society, 2007)

To minimise potential drawbacks associated with smoking breaks at work, establish clear rules or guidelines for example:

- Specify whether smoking breaks are permitted in addition to official lunch and tea break
- If smoking breaks are permitted specify how many, when they may or may not be taken, and the maximum length of each break
- If breaks are permitted, enable all staff to take them at the same time, maybe as coffee breaks.
- If despite guidelines, some employees take excessive smoking breaks, it may be necessary to re-emphasise the company's rules on taking breaks from work, and if necessary, deal with the employees under the company's normal disciplinary procedures.

(Macdonald, 2005)

### **Client based**

In institutions and long-stay adult residential care homes, that are exempt from smokefree 2007 legislation in designated rooms for persons aged 18 years and over, consideration should be given to minimise the dangers of passive smoking.

### **Communication**

Access to smoking cessation services, and help available to businesses, should be promoted through Local Authority community networks and channels, e.g. libraries, leisure services, council, newspapers etc. Smoke free venues should also be

publicised through local authority channels, e.g. shopping centres and other public/civil buildings.

Some examples of the evidence for the effectiveness of smoking interventions are given in Box 14.

#### **Box 14**

##### **Examples of evidence for the effectiveness of workplace interventions to stop smoking**

- Employers are advised to give workers who smoke extra time off to attend stop smoking clinics or encourage them to quit when in work. Smokers should also receive nicotine patches paid for by their firms if necessary (NICE, 2007c).
- Interventions to decrease exposure to second-hand smoke 'de-normalise' tobacco use (HDA, 2005b) making smoking less acceptable and desirable. Far fewer young people will start smoking if their workplace is smoke-free. With around 300,000 16 year olds starting work each year, this presents a unique public health opportunity (Taylor, Wohlgemuth, Warm, Taske, & Naido, 2005)
- Removing ashtrays from smokefree areas can be an effective deterrent (smokefreeengland.co.uk)
- Ventilation systems are not effective  
There is much evidence to show that these systems cannot remove all the harmful chemicals found in second hand smoke. Ventilation can remove the smell, make it more pleasant and extract some of the toxins if properly operated, but the remaining toxins circulate. It has been estimated that an effective ventilation system would need to be equivalent to a "tornado-style gale" (US Environmental Protection Agency, 1992)

### **Examples of Good practice**

#### **No Smoking policy**

##### ***ColorMatrix Europe Ltd , Colourant Manufacturer based on Knowsley Business Park***

ColorMatrix Europe Ltd, a manufacturer of liquid colorant, employing 130 people, introduced an effective no-smoking policy on January 1st 2004. The company had decided to take a greater interest in the health and welfare of their staff and change their practice of allowing smokers to take unlimited, unscheduled smoke-breaks.

Introducing a no-smoking policy has saved the company around £60,000 in recouped productivity by providing a structure to staff breaks, which has in turn had a significant impact on the consistent availability of staff. There has been an improvement in staff health as smokers have quit coupled with the reduction in exposure to tobacco smoke.

The process was assisted by the local NHS 'SUPPORT' Stop Smoking Service who provided a free in-house stop smoking course to help smokers who chose to quit and gave the 30% of staff who were smokers, professional assistance in adjusting to the changes [http://www.cleanairaward.org.uk/info\\_casestudy2.htm](http://www.cleanairaward.org.uk/info_casestudy2.htm)

**Merseytravel** adopted a no smoking policy some years ago and offered staff a range of support to give up smoking at that time. This applies to the three main operating arms of Merseytravel. That is, the MPTE (which is the client side of public transport on Merseyside), Mersey Ferries and Mersey Tunnels. Smoking breaks are not allowed. For further information: Peter Hughes, Personnel Manager, Merseytravel [peter.hughes@merseytravel.gov.uk](mailto:peter.hughes@merseytravel.gov.uk)

### **Smoking cessation support**

**Pilkington UK Ltd.**, have recently carried out free smoking cessation sessions and made these available to all employees who wish to quit. They have achieved an estimated 40% success rate and further sessions are planned. They also have information on stopping smoking on their intranet site. For further information: Barry Fairhurst, Operations Support Manager, Pilkington UK Ltd

#### **Halewood Operations Liverpool**

The Halewood Operations plant manufactures the luxury Jaguar X-TYPE and Land Rover Freelander 2 models. They believe that economic progress can only be achieved by a continuing commitment to improving Health and Safety standards in the day-to-day conduct of the business. In 2004 as part of their Healthy Living programme the introduction of clinics gave advice and support to employees wishing to stop smoking. More than 100 employees have participated in the smoking cessation programme each year with a 33% success rate.

<http://www.workingforhealth.gov.uk/Case-Studies/Organisations/Organisation-detail.aspx?CaseStudyID=23>

### **Stop smoking occupational health service**

**National Britannia** provides health and safety assessment and solutions to companies that have a contract with them to assist firms in complying with Health and Safety Executive legislation. National Britannia has an Occupational Health Division, which provides 12 week courses to small groups of employees or on a one-to-one basis to enable them to give up smoking. In the Wirral area they have been going into a number of Birkenhead factories (including Remploy a specialist employment services group for disabled people) on a fortnightly basis. Sessions last about an hour exploring issues such as: "what will happen if I have a patch on and

smoke?”, monetary benefits, what’s in a cigarette and so forth. As a result two female employees have ceased smoking.

They also provide a service in government offices in Liverpool with “Fag Ends” stop smoking team from the Roy Castle Lung Cancer Foundation. On Deeside they link up with the Welsh Smoking Cessation, providing sessions in the Faurecia Automative plant.

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