

Workplace policy and management practices to improve employee health and wellbeing

Testimony Sarah Page, Prospect Union, 23 July 2014

Introduction

Prospect recognises the vital role of line managers in maintaining the health and welfare of employees and minimising risks of occupational stress. Line manager actions and behaviours can have a significant impact on the working lives of team members: their motivation, levels of engagement, discretionary effort and ultimately their productivity.

Representing line managers in public and private sector organisations, we find the effectiveness of line managers largely shaped by their leaders. Leadership tone and investment influence the capacity-building and support for line managers to attain and maintain the understanding, skills and behaviours necessary to create a culture that promotes workforce physical and mental health.

Trades Unions can be influential change agents too. For instance, evidence shows that the involvement of effective health and safety representatives can help, on average, to halve workplace accidents and ill-health – the so-called ‘union health and safety effect’. Health and safety reps are supported by reference to a range of evidence-based resources, in particular those developed by the Health and Safety Executive (HSE). Prospect recently used HSE’s Management Standards modelⁱ and associated Competency Frameworkⁱⁱ for guidance we published specifically targeting line manager members with the aim of promoting their mental health and the health and wellbeing of their staff.

What is the role of the organisational culture and context in supporting line managers, and in turn their employees? What is the role of organisational policy and processes?

In our experience organisational culture is critical to setting the context for line management support. Success relies on the Board leading by example, ensuring appropriate policies and procedures are in place, driving management strategy and endorsing the resources necessary for line management learning, development and sustained support.

Prospect has been concerned about certain workplace management developments. Given the involvement of the HR profession, we have questioned their ethics. This prompted dialogue which has highlighted the importance of Chief Executive and Chief Finance Officer buy-in to an organisation’s acceptance of the health and wellbeing business case. Unless they are persuaded by the fiscal benefits of investment or have already opted to commit (typically on moral grounds) it seems today’s corporate management is focused on short-term goals, neglecting longer-term deliverables such as staff health – particularly staff *mental* health.

Traditional occupational health requirements are typically met and some organisations also promote ‘well-being’, though not always with a clear message. However risks such as stress, where the hazards and legal requirements are less tangible, are less well understood and managed. Indeed Prospect sees little evidence of employers adopting and applying HSE’s stress guidance and standards (or some other equally effective model). There is little *primary prevention* and insufficient employee engagement. We see employers providing *tertiary* support such as an employee assistance service, with some also offering *secondary* measures. These appear to be prompted more by a desire to protect the organisation from stress litigation than a willingness proactively to prevent employee stress, anxiety and depression.

Clear policies and procedures would ensure suitable resourcing of the agenda, promote good practice, ensure everyone knows their role and responsibilities and help avoid disagreement or conflict. They provide the benchmark for the organisation’s expectations.

A lack of detail or clarity in policies that impact on staff health, particularly staff mental health, are often at the root of a workplace problem; or there is *weak* implementation so that transgressions are dealt with tardily or inconsistently. In the Civil Service, guidance entitled ‘The well-managed

organisation: Guidelines for Boardsⁱⁱⁱ which Civil Service Unions endorsed before its 2006 publication, regrettably appears to have been overlooked. It had offered significant potential.

However elsewhere we have enjoyed innovative, strongly-driven initiatives which have proved highly successful and powerful partnerships with high levels of union engagement which staff have received favourably. In one case a return-on-investment helped highlight employer financial gains.

How can line managers promote the health and wellbeing of employees? Which interventions or policies are most effective and cost effective?

Line managers who understand their role, the potential impact on their staff of their management style, decision-making and behaviour, who are suitably developed, supported and given appropriate discretion, are line managers who will promote and enable employee health.

With respect to stress, Prospect supports HSE's management model and encourages line managers to engage in open discussions with their teams around the Management Standards: demands, control, support, relationships, role and change. Plus a 7th standard, 'justice', as advocated in more recent developments of HSE's model such as the European Telecommunications Network Operators' Association (ETNO) 'Good Work, Good Health: good practice guidelines'^{iv}. This is to address the growing evidence that perceptions of unfairness at work are adversely affecting employee health and wellbeing. Perceived injustice is an increasingly common complaint of Prospect members.

Are there actions or activities by line managers that discourage or hinder the health and wellbeing of employees?

Our members are currently experiencing a climate of aggressive or even hostile management systems that we believe adversely affect employee health. Particularly counterproductive in our view are the metrics-driven systems such as sickness absence management and certain types of performance management. Pseudo-sciences are evolving, apparently to enable IT-led 'efficiency gains', which remove line management discretion and human empathy.

One example is e-HR application, particularly where programmed to apply the 'Bradford Factor'; another is forced distribution performance management, which can impose on line management requirements to designate a percentage of their team as under-performers. Many Prospect line manager members have experienced distress at what they perceive to be unfair procedures they are bullied into exercising. We are concerned that a corollary is they themselves becoming bullies. We therefore note with interest the reports from the United States that many of their big-name companies have ditched forced distribution performance management in view of its adverse impacts and discrimination lawsuits. While in the UK we witness its introduction into the civil service, albeit under the title "guided distribution". This is generating deep distrust, exacerbating an already low morale and arguably sowing the seeds for a more sinister discontent.

How can line managers best be equipped to identify any employee health and wellbeing issues?

By their organisation believing that staff health and wellbeing matter and proactively managing them. Through education, training, awareness-raising and the support of their line management, peer group and relevant professional experts. Our view is that they need a model for stress risk assessment and that the Management Standards, updated to include justice, provide it.

How can line managers identify and support distressed employees?

They are likely to require specialist occupational health and/or mental health first aid training to be able to identify distressed staff. How well they can then support them will depend on several factors:

- the provision and accessibility of support services and signposting thereto;
- the benevolence of the employer and levels of discretion it affords line managers;
- whether the employer has a holistic approach to work-life pressures and is willing to explore flexible work-life solutions.

How can high-level management promote a positive line management style that is open and fair, that rewards and promotes positive behaviours and that promotes good working conditions and employee health and wellbeing?

By ensuring:

- (i) work constitutes ‘good work’ with good job design etc.^v This means understanding the big-picture: workers have recently experienced a wage fall in real terms of 8-10%, 1 in 4 fear for their job, over half feel their status is less; and workers’ rights are being eroded by Government deregulation.
- (ii) meaningful consultation with the workforce ahead of organisational change or restructuring;
- (iii) it is policy for health impact assessments to be undertaken in such circumstances, again involving the staff;
- (iv) the implementation of HSE’s Management Standards, plus ‘justice’ as a 7th standard, as recommended in the European Telecommunications Network Operators’ Association (ETNO) ‘Good Work, Good Health: good practice guidelines’. Or some other equally effective means of securing dialogue within the workplace on stress risk factors and management solutions. These recommendations align with the findings and policy recommendations of the Whitehall II Studies.

How can line managers best be supported and provided with good line management themselves?

Through investment in line management learning and development, starting at the outset of a new line manager’s appointment. Training should include stress awareness and the HSE Competency Framework. Mentorships may be appropriate for new line managers. Plus the many tools which help with personal insight, such as the Line Manager Competency Indicator Tool^{vi} with peer support.

What are the barriers and facilitators to implementing interventions or policies to promote the role of line managers in improving employee health and wellbeing?

Barriers include underinvestment/provision of LM training, the imposition of brutal management systems (that is turning some LMs into bullies), work intensification and a leanness that means LMs have to deliver much more with far less. The provision, service-level agreement and accessibility of occupational health services can be barriers or facilitators.

Other facilitators are a ‘good work’ organisational culture with high-level key performance indicators that embrace ‘people values’ and staff health; plus line manager education and support. And *time!*

What is the role and value of occupational health services in supporting line managers? Are these services effective and cost effective?

Unions are firm supporters of occupational health, albeit some members have suspicions arising from concerns such as: OH being deployed to exit staff, OH services being provided purely for disciplinary purposes and spurious wellbeing initiatives gaining precedence over *occupational* health (as noted in Martin Temple’s Triennial Review of HSE^{vii}). The introduction of SEQOHS accreditation has helped to allay fears.

Most Prospect employers continue to value and resource OH and we have examples of high-level partnerships. We have enjoyed some innovative and exemplary OH initiatives which have overcome diverse barriers, retaining and returning-to-work our members who are typically passionate about their jobs.

How can union representatives be involved in employee wellbeing and policy development?

Involvement in health and wellbeing is behind the origins of trades unions. It is typically unions who ensure organisations have policies *to tackle* bullying and harassment, stress, the stigma of mental health and violence at work; or *to promote* flexible working and work-life balance. Union reps have long been effective in helping create a culture that supports attendance. This is recognised by HSE, whose advice on preventing sickness absence (HSG249^{viii}) includes the role and functions of health and safety reps^{ix}.

Union involvement should be the norm so that our representatives can help:

- prevent stress. For instance through membership of a stress steering group to impart their experience, knowledge and insights and help identify and plan appropriate risk management measures;
- develop absence management strategy, so policy is transparent and fair, and monitoring and trend analyses shared and understood;
- keep in touch with staff who are sick, perhaps brokering the most appropriate arrangements for keeping in touch with work. In some organisations we have forged agreements to engage an alternative line manager when it is clear that there is a breakdown of the line manager/employee relationship; the aim being to secure objectivity and mitigate harm to all parties: the line manager, member of staff and the employing organisation;
- return-to-work and rehabilitation. The Fit For Work Service pilots found about 65% of the barriers to attendance were nothing to do with a medical problem but more about workplace conflict and financial difficulties. Unions have negotiators with expertise in handling workplace conflict, we have support services that can help with finances and our reps can be equipped to signpost staff to sources of support.

Some of the most renowned occupational health projects such as those cited as case studies by BT and the Royal Mail have either been underpinned by a trade union initiative and/or subsequently reliant on trade union engagement and promotion.

However we continue to face barriers to involvement. Few employers fulfil their statutory duty to promote and maintain arrangements for cooperation with union reps on health, safety and welfare. A combination of employer ignorance, a history of poor enforcement on this duty and a failure to acknowledge the contributions to an organisation's health and safety management of their health and safety reps, mean reps find it increasingly difficult to secure release from their work to fulfil their functions and play their role.

What support do Unions offer line managers?

Unions offer employers support through local, regional and national organisation, all of which are informed by the collation and sharing of good practice and monitoring of research findings. We may not specifically be targeting line managers, or indeed line manager members, but in aspiring to bring to employers paradigms and practices that are good for business and good for the workforce, we are confident this brings benefits for line managers too— regardless of whether they are members.

Prospect HQ recently targeted line manager members via our publication on the stress competency framework^x. We did so because of our concerns about LM members being 'squeezed', becoming bullies, getting distressed about management edicts they feel are unfair and because we know that few of them are being provided with adequate levels of training and support.

Locally, support is often gained by virtue of a rep having extensive knowledge of how policy and process work in practice within their organisation: how to refer problems, how to resolve issues, familiarity with health and safety or equalities law and what workplace adaptations or reasonable adjustments look like. TUC research has shown that health and safety reps in particular can have a greater knowledge and understanding of safety law because of trade union training. They can guide line managers, whether they are members or not, through unfamiliar 'industrial terrain', helping them support a member of staff avoid going sick, or promoting early intervention if they are sick, returning them to work sooner before problems escalate. Reps broker relationships, advise and signpost, explain the law to their members in accessible language and develop relationships that members are less threatened or alarmed by.

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ⁱ <http://www.hse.gov.uk/stress/standards/index.htm>

ⁱⁱ <http://www.hse.gov.uk/stress/furtheradvice/managementcompetencies.htm>

ⁱⁱⁱ <http://www.hse.gov.uk/services/pdfs/boardguidelines.pdf>

^{iv} <http://www.gwgh.eu/>

^v <http://www.theworkfoundation.com/Research/Workforce-Effectiveness/Good-Work>

^{vi} <http://www.hse.gov.uk/stress/mcit.htm>

^{vii} www.gov.uk/government/uploads/system/uploads/attachment_data/file/275233/hse-function-form-governance-triennial-review.pdf

^{viii} <http://www.hse.gov.uk/pubns/priced/hsg249.pdf>

^{ix} <http://www.hse.gov.uk/pubns/web02.pdf>

^x <http://library.prospect.org.uk/id/2014/00396>