

An Evidence-based Approach to Understanding Workplace Wellbeing Challenges:

A Short Case Study from Defence

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The views and opinions expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Ministry of Defence.

The Public Sector Wellbeing Challenge

In 2017 the **public sector had the highest percentage of employees suffering signs of stress, depression and financial worries.**

It had the **highest estimated loss of productivity from absences and presenteeism.**

Unhealthy coping strategies, unrealistic time pressures and demands, not being consulted about change in the workplace and a lack of control over work were the main causes of poor employee mental health.

The **HSE emphasises the critical importance of communicating changes well and remaining transparent in order to safeguard employee wellbeing.**

(Source: Vitality Health - 2017 Report on Britain's Healthiest Workplaces)

Mental health issues are the highest cause of non-industrial MOD Civil Servant sickness absence, at 22%, and the highest cause of long-term sickness absence

(Source: MoD Stats 2017)

The **rate of help-seeking from military mental health specialist services has increased** from a rate of around 1.8% in 2007/8, to around 3.2% in 2015/16

(Source: gov.uk)

The MoD Wellbeing Challenge

Civil Service People Survey 2017 - wellbeing question scores

Departments	W01: How satisfied are you with your life nowadays? (Respondents scoring 7 to 10/10)	W02: To what extent do you feel the things you do in your life are worthwhile? (Respondents scoring 7 to 10/10)	W03: How happy did you feel yesterday? (Respondents scoring 7 to 10/10)	W04: How anxious did you feel yesterday? (Respondents scoring 0 to 3/10, so less anxious)
DFID	69%	75%	67%	48%
Moj	69%	73%	64%	49%
CO	69%	73%	64%	48%
DIT	69%	76%	64%	42%
DWP	66%	72%	64%	50%
DH	67%	73%	64%	47%
DfT	68%	71%	64%	48%
FCO	66%	72%	66%	47%
HO	66%	72%	63%	49%
BEIS	68%	71%	64%	46%
DCLG	67%	72%	62%	48%
HMT	70%	72%	62%	40%
Civil service median	66%	71%	63%	49%
Defra	67%	73%	61%	45%
DCMS	68%	71%	63%	42%
DFE	67%	71%	63%	46%
MoD	61%	66%	59%	53%
HMRC	61%	66%	58%	48%
DE&EU	65%	70%	60%	39%

Source: Institute for Government analysis of Cabinet Office, Civil Service People Survey, 2017. Ordered by average rank.

- Current Situation:** According to analysis of Civil Service People Survey data, civilian wellbeing in MoD is lower than that in all but two government departments
- Implications:** Most Depts are unlikely to be accessing the full benefits of high workplace wellbeing (performance, productivity, innovation, ability to adapt to change, lower absenteeism, better retention, increased resilience etc)
- Looking Forward:** The ongoing struggle of Depts to either reduce commitments or increase resourcing suggests that the current squeeze on the wellbeing of staff is likely to continue.

The Business Unit Challenges

- No shared staff understanding of what '**Wellbeing**' actually means
- Progressive reduction of local staff support capability
- Well intentioned, but poorly supported local wellbeing communities
- Polarised 'stove-pipe' support provisions – Civilians, Navy, RAF, Army, Joint Force
- Poor quality measurement and understanding of workplace wellbeing issues

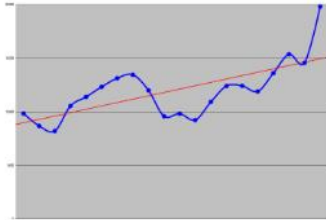
First Steps in Addressing these Challenges

Activity	Initial Mechanism	Rationale
EDUCATE	1 hour wellbeing awareness briefings for all staff in the organisation (took 4 months)	<i>Develop a shared staff understanding of what 'wellbeing' is and why it matters to individuals AND organisations. Share evidence of wellbeing across the life course and responsibilities at individual, managerial and leadership level. Basic intro to healthy behaviours (5 Ways to Wellbeing)</i>
CONNECT	Survey of all sub units to identify local wellbeing assets	<i>Identify wellbeing capability across the organisation and establish an organisation-wide wellbeing stakeholder community</i>
MEASURE	Use of the What Works Wellbeing Workplace Wellbeing Diagnostic Tool (ran for 2 weeks in Nov 18)	<i>Obtain high resolution data to diagnose both military and civilian workplace wellbeing challenges and create a benchmark from which progress can be measured.</i>

Pros and Cons of Wellbeing Data Sources

Management Info

Civilian Days Absence in RFTD (due to anxiety, depression and stress)



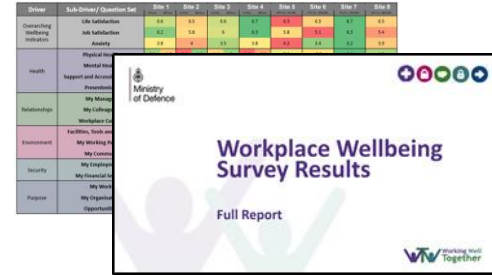
- Mil/Civ data usually separate
- Data is generally objective.

Civil Service People Survey



- Subjective and designed to look broadly at Civil Service workforce issues
- Measures a very broad range of factors, so limited space for wellbeing questions
- Does not provide full understanding of the military experience

Workplace Wellbeing Survey Tool



- Workplace wellbeing diagnostic tool designed by What Works Wellbeing for DWP
- Generates higher resolution wellbeing data
- Allows analysis of whole workforce - military AND civilian
- Designed as a basis for action

An evidence-based approach



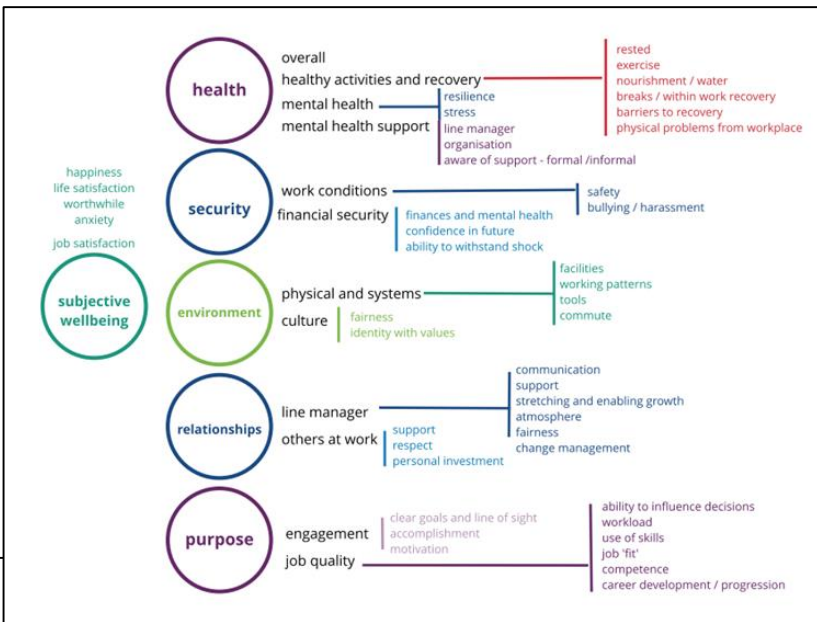
Department
for Work &
Pensions



Department
for Transport



Ministry
of Defence



- Methodology developed by the What Works Centre for Wellbeing ([further details here](#))
- Model uses five overarching drivers mapped to existing frameworks developed by specialist organisations such as the HSE (stress), the Money Advice Service (financial security) and the WELL Building Institute (environment) cross-checked with other existing evidence-based frameworks on aspects such as job quality characteristics, functioning, flourishing (PERMA) and engagement
- Since Feb 18 the tool has been used in 3 government departments and the 5 driver model now forms the basis for the DWP and DHSC recommended Wellbeing and Mental Health Voluntary Reporting Framework for all UK employers



Department
for Work &
Pensions



Department
of Health &
Social Care

Guidance

Voluntary reporting on disability, mental health and wellbeing: A framework to support employers to voluntarily report on disability, mental health and wellbeing in the workplace

Published 22 November 2018

Findings

- Workplace wellbeing is intimately tied to local site culture and leadership
- Some wellbeing issues span the entire organisation - but there is significant local variation. This suggests a centralised 'one size fits all' approach is not likely to be effective (at least in this organisation)
- The military and civilian experience, even at the same location, can be very different
- Some issues, which have a big impact on staff wellbeing are not easy to fix at business unit or even Departmental level. But the data collected strongly supports leadership advocacy on behalf of staff
- A sound evidence base on which to build an effective wellbeing strategy is essential. We now know where best to target resources.

Driver	Sub-Driver/ Question Set	Site 1		Site 2		Site 3		Site 4		Site 5		Site 6		Site 7		Site 8	
		Civilian	Military	Civilian	Military	Civilian	Military	Civilian	Military	Civilian	Military	Civilian	Military	Civilian	Military	Civilian	Military
Overarching Wellbeing Indicators	Life Satisfaction	6.6		6.5		6.6		6.7		6.3		6.5		6.7		6.5	
	Job Satisfaction	6.2		5.8		6		6.3		5.8		5.1		6.3		5.4	
	Anxiety	3.8		4		3.5		3.8		4.2		3.4		3.2		3.9	
Health	Physical Health	2.1	-1.8	-5.4	2.4	-1.4	2	-5.6	-3.1	0.1		-0.9		3.4		1.6	
	Mental Health	5.3	-1	-5.7	3	1	3	2.3	-2	0.7		-1		9		-3	
	Support and Accessing Support	-8.3	-11.8	-5.3	2.5	12.3	3	18.3	10.3	4		1		13.5		1.8	
	Presenteeism	-1.7	-3	-1.3	4.7	1.7	-1.7	-1	2.2	5.3		3.7		5.2		-3.3	
Relationships	My Manager	-2.7	1.3	0	3.3	3.3	-3.3	15.7	8.7	0.7		-3.3		11.7		-2.3	
	My Colleagues	-2	3.5	-0.5	4	-2.5	2.5	4.5	4	0.3		-1		4		2	
	Workplace Culture	-3.2	3.2	-4.3	0.2	8.3	3.3	0.5	7.8	3		-3		14		-7.8	
Environment	Facilities, Tools and Systems	-4.3	-1.3	-1.8	1.8	16	-3	12	-0.5	-0.5		1.3		15.6		2.8	
	My Working Pattern	-5	4.8	0.3	-3.3	1.8	0.5	0.3	-2	15.8		-2.3		7.3		-21.3	
	My Commute	-19.5	-15	5	-8.5	12	-0.5	20	1.5	0		5		0.5		13.5	
Security	My Employment	6	-4	3	-2	-12	-2	7	-2	-3		4		5		2	
	My Financial Security	2.4	0.2	0.3	3.9	-5.3	-2.9	1.8	0	-3.9		1.2		7		4.6	
Purpose	My Work	2.2	4	-2	1.5	6.9	3.4	7.7	7.1	0.5		-8.1		12.8		-9.1	
	My Organisation	-0.5	2.5	-4	3	12.5	8.3	5.8	4.8	3		-7.5		10		-10	
	Opportunities	-5	-7	0	4.5	4.8	4	11.3	7.3	5.8		-5.6		8.5		-9	

Some Lessons Learned from ‘Educate, Connect, Measure’

- **Education before Action.** ‘Wellbeing’ means many things to people. Without a common organisational understanding there is a risk that time and resources are wasted talking at cross-purposes. Manage that understanding, educate and emphasise the benefits of high wellbeing to both individuals and organisation.
- **Identify your internal and external wellbeing stakeholders.** Who can help you? Empower your network and hold leadership accountable for wellbeing outcomes in their workforces.
- **Engage your demographics.** 65% of civilian staff responded to the survey but only 35% of military staff. Women engaged better than men by 6%. Understand the concerns of different demographics and provide reassurance that activity is about making workplaces better, fairer, more supportive environments for everyone.
- **Publish interim survey response rates.** No sub-unit leader wants the lowest response rates.
- **Anonymity a major concern for many staff,** particularly military - ‘Rank/Grade’ and ‘Location (Unit)’ were the two most contentious fields - particularly for the more senior grades. Reassure.
- **Sell the value of taking an evidence-based approach.** Be aware of ‘survey fatigue’ and cynicism about whether the survey findings will be acted on. A few non-survey dependent quick wins can help tackle cynicism. In addition to the EDUCATE activity, ours was visible investment in MHFA Instructor Training – mainly to address the Farmer/Stevenson core recommendations around developing mental health awareness and confidence in holding conversations about mental health