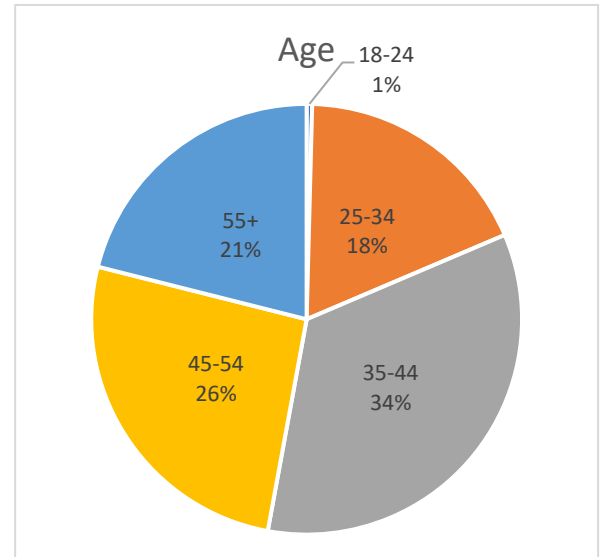
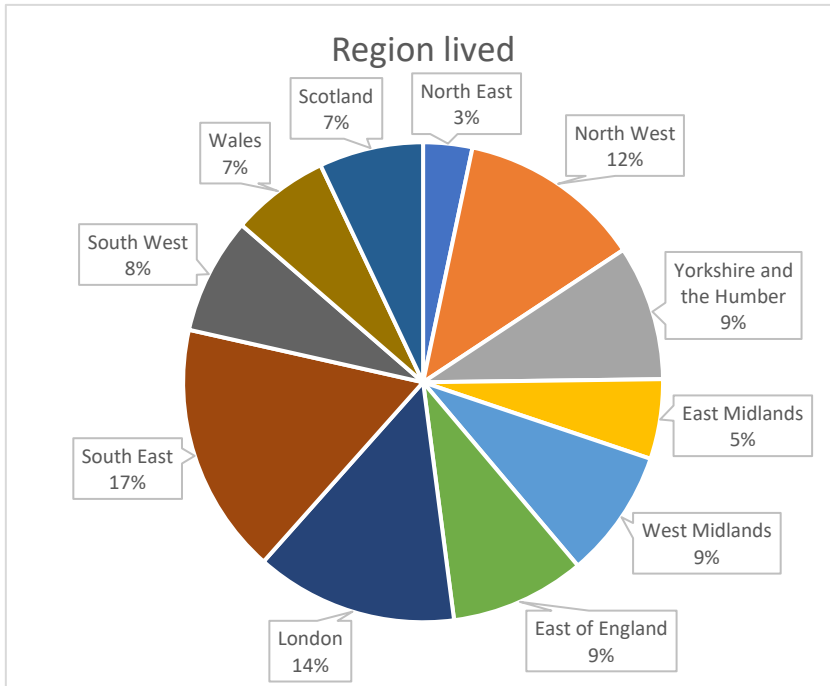


YouGov Survey Report Summary

Demographics

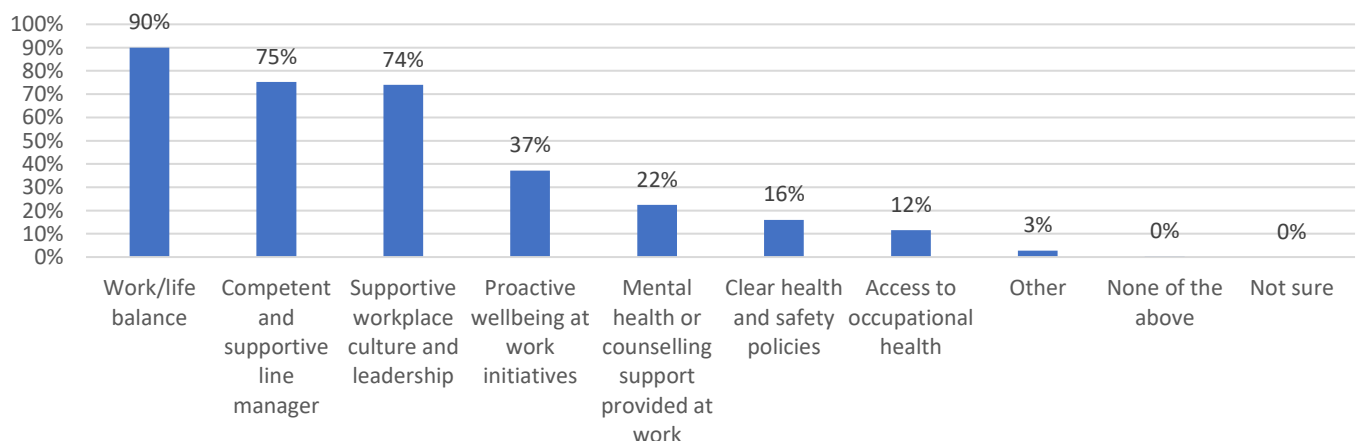
This survey received 250 responses, the majority from HR professionals and trainer or professional development (65%). Region lived and age of respondents can be seen below.



Question 1: In your opinion, which of the following factors contribute most to good employee health at work?

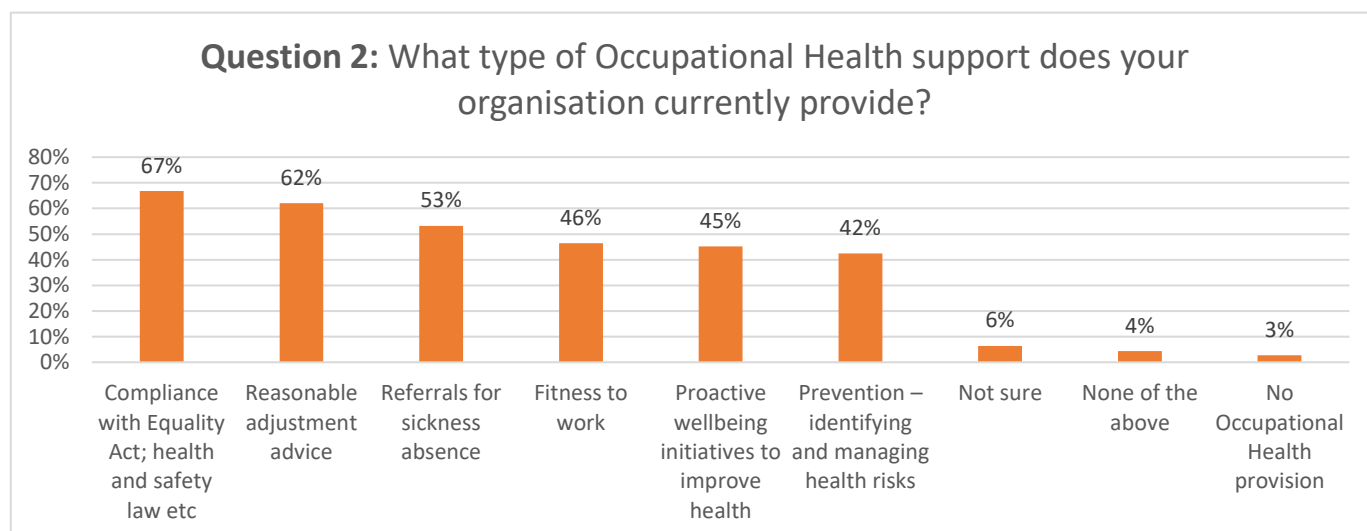
Only 12% of respondents selected 'Access to occupational health' as being one of the top four factors contributing to good employee health at work. Three factors constitute the majority of responses: work/life balance (90%), competent and supportive line manager (75%), supportive workplace culture and leadership (74%). A number of the other elements that are listed form a part of OH support, including some of those forming the majority. Of the 3% (7 responses) selecting other, 3 responses mention salary/pay and remaining responses talk about the need for trust, a sense of purpose, clear and consistent expectations, and a willingness to learn/be a team player.

Question 1: In your opinion, which of the following factors contribute most to good employee health at work?



Question 2: What type of Occupational Health support does your organisation currently provide?

Compliance with the Equality Act is the most common type of support provided by organisations (67%), followed by Reasonable adjustment advice (62%), Referrals for sickness absence (53%), and Fitness to work (46%). Proactive and preventative types of support are the lowest use of OH within organisations, with 45% providing proactive wellbeing initiatives to improve health and 42% providing prevention through identifying and managing health risks. Prevention is a key part of OH, so could be an opportunity to improve individual/company OH outcomes and cost savings. Only 3% state that their organisation offers no OH provisions. 6% state they are not sure what OH support is offered.



Question 3: At what stage does your organisation make referrals to Occupational Health?

The most common stages where OH referrals are made are: when there are concerns about performance, where health is part of the issue (58%); where reasonable adjustment is needed (55%); and, after a long-term absence over 4 weeks (49%).

Not sure and none of the above accounts for 18% of respondents. Managing presenteeism is low at 13%, followed by at recruitment/pre-employment and as part of proactive wellbeing both at 20%. OH referrals as part of any sickness absence makes up 27% of respondents.

Question 4: What barriers limit your organisation's use of Occupational Health?

26% of respondents state there are no barriers limiting use of OH. Cost is the main issue at 22%, followed by 17% who see OH as only useful for complex issues and long-term absence. 14% see OH as a service to support the employer and 13% lack understanding as to what occupational health is. Not sure and none of the above accounts for 23% of responses.

Of the 5% (13 responses) selecting Other, 4 responses reference poor quality of OH services, 2 mention lack of consideration to employer/business needs, and 2 mention poor capacity of OH services. Some mention specific barriers such as lack of support for menopause issues, the need for more workplace observation, or manager competence.