Policy Liaison Group

Workplace Wellbeing

Good Work, Good Health, Good Growth

The UK's Duty of Care Guidelines for Policymakers and Parliamentarians

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“The UK’s Duty of Care Guidelines are critical if policymakers and those shaping the future of work are to reduce stress-related ill health, enhance productivity and help address the challenge of the 2.8 million people currently out of work due to long-term sickness. The good news is that many large employers already understand that employee wellbeing is a strategic health and productivity issue. These Guidelines provide a roadmap for policymakers, employers, and wider stakeholders to create a healthier workforce and more productive UK economy across small and medium-sized (SMEs), the private sector, the public sector and the third sector.”

Professor Sir Cary Cooper, CBE

"Healthy workplaces are fundamental to a healthy and productive society. Policymakers need a clear understanding of what good work looks like and why it matters. These guidelines provide a practical, evidence-informed framework that I hope will support better decisions for the benefit of workers, employers and the wider economy."

Professor Dame Carol Black GBE

"The UK faces significant challenges around stress-related sickness absence. As long as we have been tracking data since the early 2000s, the situation has been growing worse. Many employers are taking significant steps in supporting employee wellbeing and improving organisational culture for the better. However, it is also clear that the challenge requires a wider societal response. These guidelines provide compelling evidence why this is more than a business prerogative and starts making the moral argument for tackling this challenge."

Dr. Christian Van Stolk,
Executive Vice President, RAND Europe

Foreword

The Keep Britain Working Review highlighted the scale of the challenge: 2.8 million working-age people are economically inactive due to ill-health, around 800,000 more than before the pandemic. For Britain's prosperity, this must change. The response has rightly focused on healthcare, welfare reform and skills, but one factor has received less attention: the quality of work itself.

Work can shape physical and mental health, fi nancial security and social connection. Good work therefore has the potential to build healthier, more economically active people. These guidelines are founded on this simple principle: work should be designed, organised and managed to minimise harm and enable people to thrive. They build on growing evidence, including the House of Lords Home-Based Working Select Committee and the Milburn Review, that workplace conditions infl uence national wellbeing, workforce participation and economic success.

Job design, workload, management, fl exibility and inclusion all contribute to ill-health, adding pressure on the NHS and the welfare state, testing the resilience of communities across the country. If we are serious about reducing economic inactivity, improving productivity and delivering sustainable growth, we must pay closer attention to the conditions in which people work, and deliver good jobs.

These guidelines provide policymakers, parliamentarians and other decision-makers with an evidence-informed framework for understanding good work and how public policy can support it. Healthier workplaces can help create healthier people, a stronger economy and a more prosperous Britain.

Charlotte Nichols,
Member of Parliament for
Warrington North

Introduction from the Chair

Two years ago, following a series of conversations I had with MPs in Parliament about the future of work, health and economic participation, a simple question emerged: what if we brought together those who understand public policy with those who understand the workplace?

At the time, many of the national debates taking place across Westminster were focused on productivity, economic growth, workforce participation, public spending and healthcare. Yet these discussions were often treated as separate challenges requiring separate solutions. Through those early conversations, it became increasingly clear that they were connected by something experienced by almost every person in the country every day: work.

The quality of work people do, and the conditions in which they do it, shape not only organisational performance but national performance. Work influences our health, our financial security, our ability to participate in society and our opportunity to build a good life. It affects public services, economic growth and community wellbeing. Yet despite the enormous influence work has on modern society, there appeared to be limited opportunities for policymakers and parliamentarians to engage with the evidence on what creates healthy, sustainable and high-performing workplaces.

This was not a criticism; it was simply a gap. Closing that gap became the mission of the Policy Liaison Group on Workplace Wellbeing. Established to foster partnership rather than advocacy, the group was created as a space where parliamentarians, policymakers, employers, trade unions, academics, charities, think tanks, professional bodies and workplace experts could learn from one another. The ambition was to explore how improvements in the quality of work could help address some of the United Kingdom's most significant economic and social challenges.

Over the past two years, the Policy Liaison Group has convened discussions across Westminster and beyond, bringing together experts from a broad range of disciplines and political perspectives. Throughout those discussions, one finding emerged repeatedly. While there is no shortage of initiatives designed to support people once workplace problems have occurred, considerably less attention is given to preventing those problems in the first place.

The evidence demonstrates that factors such as job design, management quality, leadership capability, workload, autonomy, flexibility and organisational culture have a profound impact on both people and performance. When these factors are poorly managed, the consequences extend far beyond individual workplaces. They influence sickness absence, economic inactivity, healthcare

demand, productivity and social mobility. They affect the resilience of organisations, the strength of communities and, ultimately, the prosperity of the nation.

At the same time, workforce wellbeing has deteriorated while productivity growth has remained stubbornly low across much of the developed world. In the United Kingdom, rising economic inactivity linked to ill health has reinforced the growing reality that many of our most pressing economic and social challenges cannot be solved without improving the quality of work itself.

Good work is not a luxury, it is infrastructure. Good work enables people to contribute, to remain healthy, develop skills and participate fully in society. The quality of work is therefore not simply an employment issue. It is a public health issue, an economic issue and a national strategic issue.

It is against this backdrop that these guidelines have been established. Drawing on the expertise, experience and evidence shared through the Policy Liaison Group and informed by our collaboration with the Keep Britain Working Review team, they represent the culmination of two years of engagement between workplace experts and those shaping public policy.

Their purpose is to bridge the gap between workplace science and public policy by providing policymakers and parliamentarians with a practical framework for understanding what good work looks like, why it matters, and how it contributes to healthier people, stronger organisations and a more prosperous United Kingdom.

On a personal level, I am immensely proud to have founded the Policy Liaison Group on Workplace Wellbeing and to have served as its Chair since its inception. Improving the quality of work has been the focus of my professional life for more than two decades, and this initiative represents the culmination of many years spent working alongside employers, policymakers, academics and workplace experts to better understand the relationship between work, health and human potential.

Seeing these guidelines launched within the Houses of Parliament and subsequently hand-delivered to 10 Downing Street was a particularly significant moment. Not because of what it says about the Policy Liaison Group, but because of what it says about the growing recognition that the quality of work matters. What began as a conversation in Parliament is now part of a wider national discussion about health, economic growth, productivity and workforce participation.

While these guidelines mark an important milestone, they are not an endpoint. They are intended to support a more informed dialogue between workplace evidence and public policy and, ultimately, to help create the conditions in which more people can thrive through work.

Gethin Nadin,
Chair, The Policy Liaison Group on Workplace Wellbeing

About the authors

This report is authored by the board sponsors of the Policy Liaison Group on Workplace Wellbeing, comprising a cross section of UK workplace and wellbeing experts, including employers, providers and professional specialists such as psychologists. It reflects the collective insight of influential practitioners and leaders shaping how work impacts both organisational performance and workforce health.

Shamira Graham, OneBright

Shamira Graham has over 25 years' experience in mental health services and clinical practice, specialising in designing and delivering evidence-based pathways for the workplace. She has overseen clinical pathways for more than 500,000 people, leading programmes that integrate data, clinical delivery and measurable impact for insurers, corporate organisations and global firms. Her work spans face-to-face and digital models of care across mental health and wellbeing. She combines executive leadership experience with front line clinical practice as an accredited Cognitive Behavioural Therapy (CBT) Practitioner. She contributes to several national mental health initiatives to advance evidence-based, psychologically informed approaches to improving workplace mental health.

hastee.

Rachel Harte & Clemens Moehring, Hastee

Hastee is a financial wellbeing platform that helps organisations improve employee financial wellbeing through earned wage access, payroll savings, financial education and money management tools. Our platform empowers employees with greater control, confidence and flexibility over their finances while helping organisations improve engagement, reduce financial stress, and support overall employee wellbeing. Trusted by leading businesses, Hastee combines flexible access to earned pay with practical financial wellbeing tools designed to support today's workforce and strengthen people strategies.

Damon Lacey, BAT

Damon is Global Pensions Manager at BAT. With a strong focus on financial wellbeing, long-term security and employee support, he leads work to help colleagues navigate important life and career milestones. Damon is committed to building inclusive and sustainable wellbeing programmes that enable people to thrive, reflecting the PLG's commitment to creating a workplace where care, support and wellbeing are integral to the employee experience.

Ray Law, Moneyappi

Ray is a serial entrepreneur and the founder of mEthos, the proprietary financial wellbeing intelligence engine that powers moneyappi. Recognised among the UK's Top 100 Entrepreneurs and Reward Strategy's Partner75, he has won eight industry awards, including Best Innovation in Financial Wellbeing. Under his leadership, mEthos and moneyappi received 23 award nominations across 2025-2026, reflecting their growing impact across financial wellbeing, technology and innovation. Before moneyappi, Ray founded and successfully exited Eleven Nexus, where he built a purpose-led wellbeing business delivering programmes for major organisations. His work continues to connect human behaviour, technology and better financial outcomes for people.

David Liddle, The TCM Group

David Liddle is a globally recognised expert in people, culture, leadership, and conflict resolution. As CEO of TCM Group, President of the People and Culture Association, and Editor-in-Chief of The People Leader magazine, he has spent more than 30 years helping organisations create fairer, more inclusive, and higher-performing workplaces. Having been named the UK's number one HR Most Influential Thinker multiple times, he is now a member of the HR Most Influential Hall of Fame. He created the Resolution Framework, Transformational Culture Model, Integrative Leadership, and People and Culture Operating Model, and is the bestselling author of several influential books on culture and leadership.

Gethin Nadin, Benifex and Zellis

Gethin is an award-winning psychologist and two-time bestselling Human Resources (HR) author, named one of the UK's Top 100 Most Influential People in 2026 and HR's Most Influential Thinker 2023–2026. He has received more than twelve major industry awards since 2024, including double Gold at the Stevie Awards in New York, and a Lifetime Achievement Award in 2025. Gethin is a Freeman of the Worshipful Company of HR Professionals, a Fellow at King's Business School, and Co-Founder and Chair of the Policy Liaison Group on Workplace Wellbeing.

Emily Parsons, Wellbeing Lead Academy

Emily Pearson is the founder and Chief Executive Officer (CEO) of the Wellbeing Lead Academy®, an award-winning education provider professionalising strategic wellbeing leadership. With 25 years' experience across mental health, addiction, social care and workplace wellbeing, she created the UK's first certified career pathway for Wellbeing Leads, including the only Level 5 qualification in Strategic Wellbeing Leadership at foundation degree level. Emily is the author of Solving a CEO's Blind Spot: Human Sustainability, creator of The Human Sustainability Framework® and Manbassador®. Her work helps organisations deliver measurable culture change, including reduction in stress and mental health sickness absence.

Maria Paviour, Optimism Consulting

Maria is a neuroscientist and creator of the first workplace wellbeing software, winning UK and EU Government awards as early as 1997. A registered Occupational Psychologist with over 30 years' experience in neuroscience, wellbeing, and performance at work, she provides consultancy and technology services across the public and corporate sectors in the UK and worldwide. Maria is the creator of NeuChem® Coaching, one of the original trauma-informed performance coaching models, an Amazon best-selling author, writing books that make neuroscience applicable to day-to-day people management practice, and an international speaker.

Kirsten Samuel, Kamwell

Kirsten Samuel is CEO and Founder of Kamwell, a multi-award-winning, B Corp-certified workplace wellbeing intelligence and analytics company trusted by major global organisations for over a decade. Kamwell combines workforce insights, analytics and consultancy to help leaders measure and understand the conditions driving wellbeing and performance, then turn that understanding into practical, prioritised action. Kirsten is also Founder of Life Surfer, an Artificial Intelligence (AI) venture developing tools to strengthen manager capability and wellbeing support. She champions a more human and evidence-led approach to good work - one that supports public health, productivity and sustainable growth.

Sonya Woodside, BAT

Sonya Woodside is passionate about helping people live and work well. As a Benefits and Wellbeing Manager, she has led initiatives across healthcare, wellbeing, and employee benefits, supporting healthier and more sustainable workplaces. She is particularly interested in the impact of movement on health and wellbeing, and the challenge of the modern movement deficit. Sonya believes organisations have an important role to play in creating environments that encourage healthy behaviours and support people to thrive. She is committed to making wellbeing practical, accessible, and relevant to the realities of modern working life.

The Policy Liaison Group on Workplace Wellbeing

A Policy Forum for Healthier, More Productive Workplaces

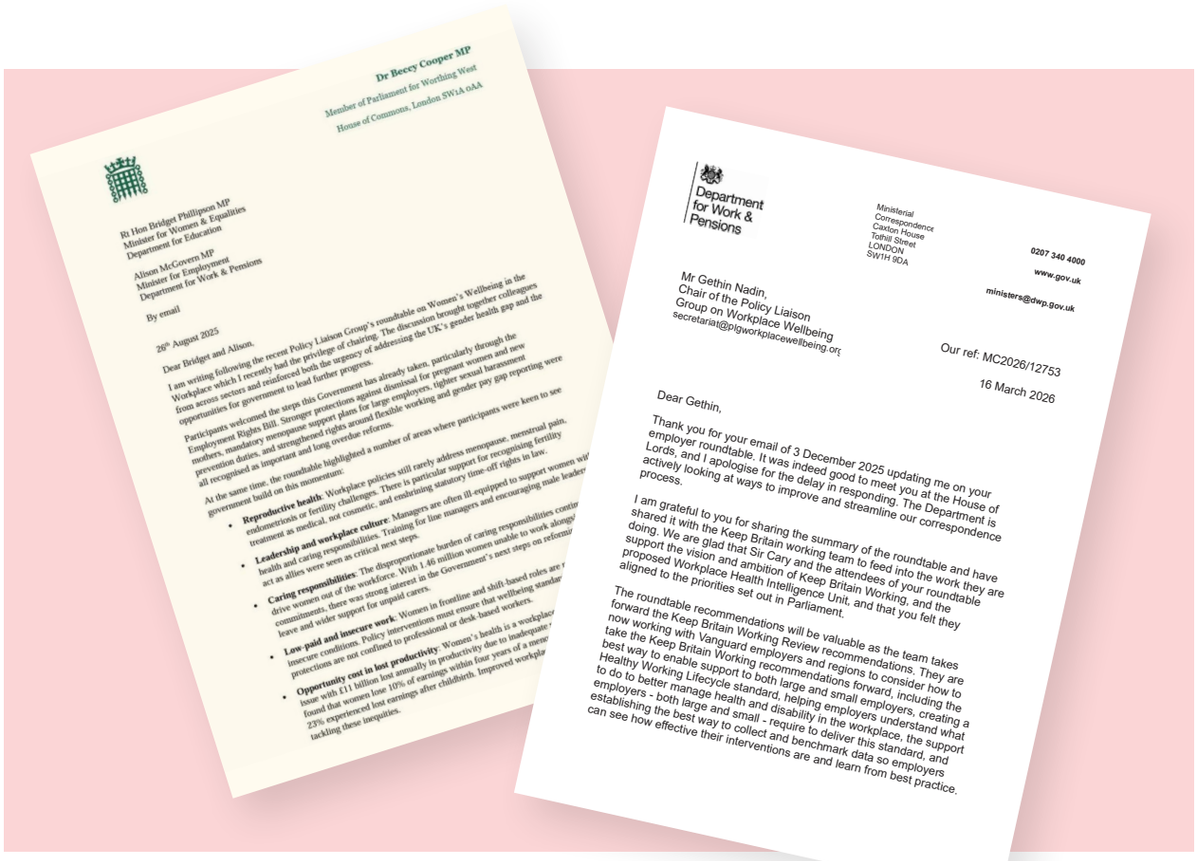
The Policy Liaison Group on Workplace Wellbeing brings together parliamentarians, business leaders and civil society to shape policy that nurtures healthier, fairer working environments, supporting physical health, mental wellbeing and financial resilience across the UK workforce. By improving how people experience work, we help drive productivity, inclusion, and sustainable growth.

What we do

Through regular roundtables and briefings, the Group acts as a trusted venue for expert-led dialogue on a range of topics linking government policy to evolving principles and practices that collectively define workplace wellbeing.

Our discussions focus on three interconnected pillars:

- **Physical health:** prevention, early intervention, and the role of employers in supporting healthy working lives.
- **Mental health:** tackling work-related stress and improving everyday management practices and policies.
- **Financial inclusion:** promoting fair pay, resilience and access to support that enables financial wellbeing.



Dr Beccy Cooper MP
Member of Parliament for Worthing West
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Rt Hon Bridget Phillipson MP
Minister for Women & Equalities
Department for Education

Alison McGovern MP
Minister for Employment
Department for Work & Pensions

By email

26th August 2025

Dear Bridget and Alison,

I am writing following the recent Policy Liaison Group's roundtable on Women's Wellbeing in the Workplace which I recently had the privilege of chairing. The discussion brought together colleagues from across sectors and reinforced both the urgency of addressing the UK's gender health gap and the opportunities for government to lead further progress.

Participants welcomed the steps this Government has already taken, particularly through the Employment Rights Bill. Stronger protections against dismissal for pregnant women and new mothers, mandatory menopause support plans for large employers, tighter sexual harassment prevention duties, and strengthened rights around flexible working and gender pay gap reporting were all recognised as important and long overdue reforms.

At the same time, the roundtable highlighted a number of areas where participants were keen to see government build on this momentum:

- **Reproductive health**: Workplace policies still rarely address menopause, menstrual pain, endometriosis or fertility challenges. There is particular support for recognising fertility treatment as medical, not cosmetic, and enshrining statutory time-off rights in law.
- **Leadership and workplace culture**: Managers are often ill-equipped to support women wi health and caring responsibilities. Training for line managers and encouraging male leader act as allies were seen as critical next steps.
- **Caring responsibilities**: The disproportionate burden of caring responsibilities contin drive women out of the workforce. With 1.46 million women unable to work alongs commitments, there was strong interest in the Government's next steps on reformi leave and wider support for unpaid carers.
- **Low-paid and insecure work**: Women in frontline and shift-based roles are insecure conditions. Policy interventions must ensure that wellbeing standar protections are not confined to professional or desk-based workers.
- **Opportunity cost in lost productivity**: Women's health is a workplace issue with £11 billion lost annually in productivity due to inadequate found that women lose 10% of earnings within four years of a mene 23% experienced lost earnings after childbirth. Improved workplac tackling these inequities.

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Mr Gethin Nadin,
Chair of the Policy Liaison Group on Workplace Wellbeing
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Our ref: MC2026/12753

16 March 2026

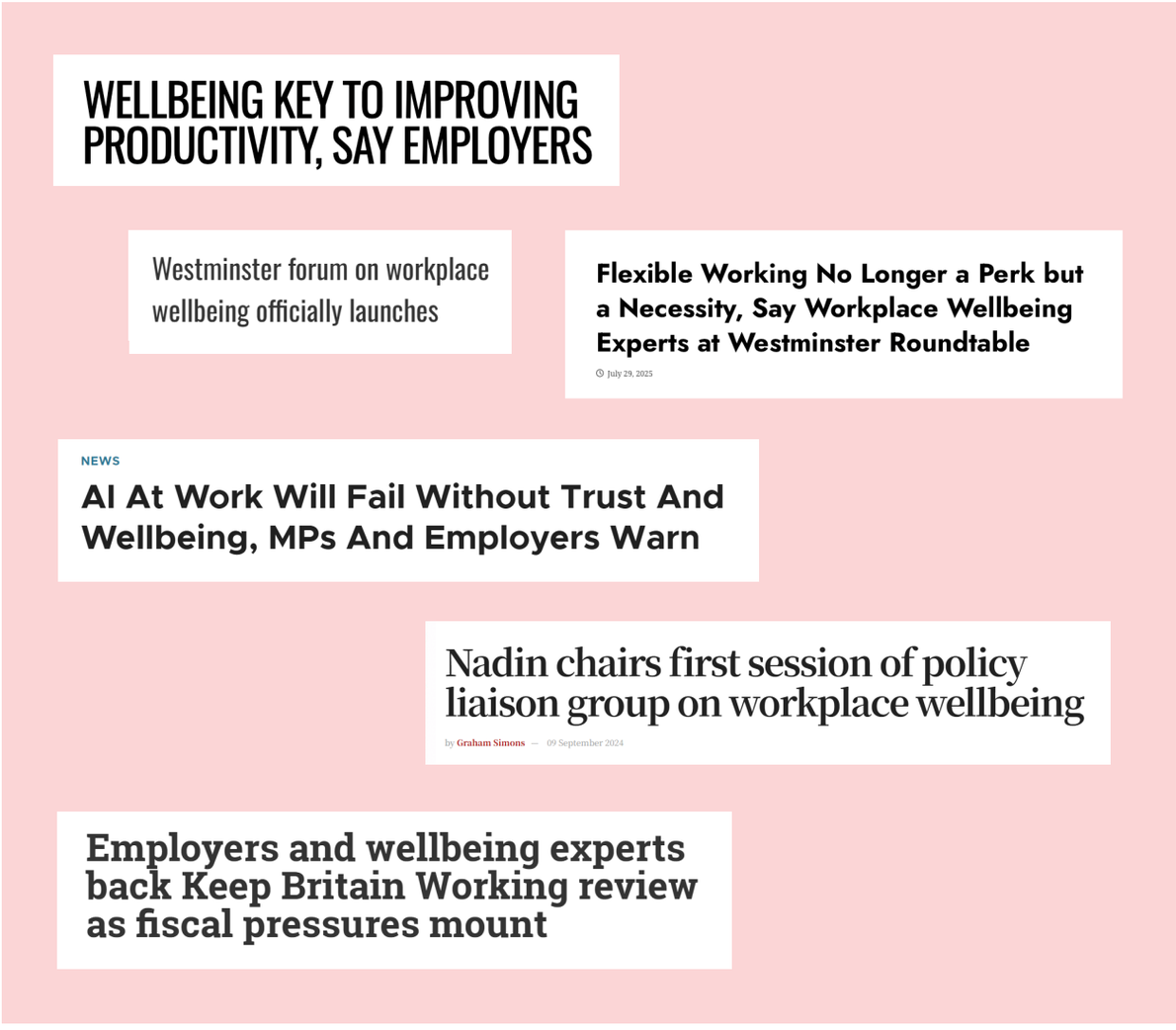
Dear Gethin,

Thank you for your email of 3 December 2025 updating me on your employer roundtable. It was indeed good to meet you at the House of Lords, and I apologise for the delay in responding. The Department is actively looking at ways to improve and streamline our correspondence process.

I am grateful to you for sharing the summary of the roundtable and have shared it with the Keep Britain working team to feed into the work they are doing. We are glad that Sir Cary and the attendees of your roundtable support the vision and ambition of Keep Britain Working, and that you felt they proposed Workplace Health Intelligence Unit, and that you felt they aligned to the priorities set out in Parliament.

The roundtable recommendations will be valuable as the team takes forward the Keep Britain Working Review recommendations. They are now working with Vanguard employers and regions to consider how to take the Keep Britain Working recommendations forward, including the best way to enable support to both large and small employers, creating a Healthy Working Lifecycle standard, helping employers understand what to do to better manage health and disability in the workplace, the support employers - both large and small - require to deliver this standard, and establishing the best way to collect and benchmark data so employers can see how effective their interventions are and learn from best practice.

The Policy Liaison Group on Workplace Wellbeing has gained significant media and parliamentary attention:



The Group invites advisory board involvement, speaking contributions, report collaboration through to ongoing policy discussions via our regular roundtable events.

All roundtable minutes are available to download from www.plgworkplacewellbeing.org.
Sign up here for newsletter alerts.

Introduction

These guidelines are founded on the simple principle that employers have a responsibility to design, organise and manage work in ways that minimise foreseeable harm while enabling people and organisations to perform sustainably over time. The quality of work is not determined solely by individual resilience or access to support, but by the systems, structures and environments within which work takes place.

While the guidance is relevant to employers, its primary purpose is to support those who shape, influence and scrutinise public policy relating to work. This includes parliamentarians, policymakers, civil servants, regulators, think tanks, trade unions, professional bodies, charities and others whose decisions affect the conditions in which millions of British people work. These guidelines have been developed to provide a clearer understanding of the factors that underpin healthy, productive and sustainable workplaces, helping you identify where work itself may be creating risk, where effective practice already exists, and where policy can encourage better outcomes.

The guidelines are not intended as a compliance checklist, a set of minimum standards, or a prescribed collection of workplace initiatives. Rather, they offer a practical framework for understanding the conditions that support both workforce wellbeing and organisational performance. They are designed to help decision-makers distinguish between interventions that merely respond to problems and those that address their root causes through better workplace design, management and leadership.

Importantly, this guidance also seeks to address a longstanding gap in public understanding of what constitutes good work. Many decisions that influence employment, health, productivity, economic participation and social mobility are made by individuals who may not have direct experience of modern workplace practice. By setting out the core characteristics of healthy work and the mechanisms through which work affects people, organisations and society, these guidelines provide a shared and evidence-informed reference point for policy development. Their purpose is to help ensure that future decisions affecting the UK's workforce are shaped by a clearer vision of what good work looks like and how it can contribute to a healthier, more productive and more prosperous society.

For too long, workplace wellbeing has focused on responding to psychological harm rather than preventing it. These guidelines recognise an important shift: wellbeing is not simply about providing support when people are struggling, but about designing work that enables people to thrive. Drawing on the principles of ISO 45003, they make a timely and valuable contribution to the evolving understanding of what good work really looks like."

Kate Field, Global Head Human and Social Sustainability, British Standards Institution

1.2 Why these guidelines exist

The UK's Duty of Care Guidelines have been developed in response to a growing recognition that there is currently no single, widely understood standard for what constitutes a healthy, well-designed workplace. Over recent decades, workplace wellbeing has become shaped by a wide range of professional bodies, service providers, industry frameworks and commercial solutions. While many have contributed valuable insights, the result has often been a fragmented landscape that can make it difficult for employers, policymakers and other stakeholders to distinguish between interventions that improve wellbeing and those that simply appear to do so.

For employers, particularly small and medium-sized businesses, this complexity has frequently created uncertainty about where effort and investment should be directed. In some cases, wellbeing has become more associated with visible initiatives and support services while the more fundamental drivers of workforce health and performance - how work is designed, managed and experienced – receive less attention. This can lead to well-intentioned activity that addresses symptoms rather than causes.

However, the challenge extends beyond employers alone. Through extensive engagement with parliamentarians, government departments, trade unions, charities, think tanks, regulators, academics, business leaders and workplace practitioners, the Policy Liaison Group on Workplace Wellbeing has identified a broader gap in public policy and policy influence. Despite widespread interest in economic growth, labour market participation, public health and productivity, there remains no consistent or shared understanding of the workplace conditions that underpin these outcomes. The practical realities of how work affects health, wellbeing, performance and inclusion are often underrepresented in policy discussions, even though they play a significant role in shaping social and economic outcomes.

These guidelines have therefore been designed to provide policymakers and policy influencers with a clearer understanding of what good work looks like in practice. Drawing on established evidence from occupational health, workplace psychology, organisational research and health and safety principles, they set out the conditions that enable people to remain healthy, productive and engaged throughout their working lives. In doing so, they provide a practical reference point for those developing, influencing or scrutinising policies that affect working people and the organisations that employ them.

The guidance has been intentionally structured to cut through complexity and create greater alignment between workplace practice and public policy objectives. This is particularly important as policymakers seek to address some of the UK's most pressing challenges, including economic inactivity, long-term sickness, skills shortages, productivity growth and rising pressure on public services. Initiatives such as the Department for Work and Pensions' Keep Britain Working review demonstrate the increasing recognition that work and health are deeply interconnected. Effective policy requires a clear understanding of the workplace factors that support both.

Particular attention has also been given to ensuring that the guidance is practical, proportionate and accessible to organisations of all sizes. Small and medium-sized businesses employ the majority of the UK workforce yet often have the least access to specialist workplace expertise and resources. By focusing on achievable improvements in workplace design, management and leadership, the guidelines seek to make good practice more widely attainable without imposing unnecessary complexity or cost.

These guidelines are not intended to be exhaustive, nor do they represent a prescriptive programme of actions. Instead, they provide a shared framework for understanding the characteristics of healthy work and the responsibilities associated with creating it. By establishing a clearer and more consistent vision of good work, they aim to support better policy decisions, better organisational decisions and, ultimately, a healthier, more productive and more prosperous society.

"SOM welcomes The UK's Duty of Care Guidelines for Policymakers and Parliamentarians, articulating the value of investing in worker wellbeing, and the risk to productivity, economic participation and national prosperity if this investment does not occur. We welcome the Guidelines recognising that occupational health professionals are experts in workplace health, providing essential evidence and advice that can help shape effective policy and improve workplace wellbeing across the UK."

Nick Pahl, CEO, Society of Occupational Medicine (SOM)

1.3 How these guidelines should be used

The UK's Duty of Care Guidelines are deliberately outcome-focused rather than prescribing a fixed set of initiatives. They have been designed to provide a practical framework for understanding what healthy, sustainable and productive work looks like. They describe the conditions that should be present when work is designed and managed in ways that protect people from harm while enabling organisations to perform effectively over time.

Although the guidance contains practical actions for employers, its primary purpose is broader. It is intended to support policymakers, parliamentarians, civil servants, regulators, trade unions, employer bodies, think tanks, charities and other policy influencers in developing a clearer understanding of the workplace factors that shape health, wellbeing, productivity and workforce

participation. By setting out what can reasonably be expected of good employers, the framework provides a more informed basis for policy development, public debate and regulatory decision-making.

For those seeking to understand the fundamentals of employer duty of care, several foundational elements should be considered essential regardless of organisation size, sector or resource level. These include clear accountability for workforce wellbeing, awareness of the main risks created by work, mechanisms for listening to employees and responding to their experiences, action to address known sources of pressure or harm, access to appropriate support when required, and regular review of progress. Together, these represent the basic building blocks of a healthy workplace and form the foundation upon which more mature approaches can be developed.

The nine areas within this framework reflect the strongest and most consistent evidence on what protects wellbeing and supports sustained performance at work. They focus on the conditions that shape everyday working life: how work is designed, how organisations are governed, how leaders and managers behave, how risks are identified and prevented, how inclusion and fairness are achieved, how employee voice is heard, how support is used appropriately, and how organisations learn and improve over time.

Nine areas

1. **Designing Work So It Does Not Harm: Governance, Purpose and Primary Prevention**
2. **Aligning Work Design With Organisational Purpose and Values**
3. **Psychosocial Risk Identification and Prevention**
4. **Healthy Work Design and Job Quality**
5. **Worker Voice, Participation and Co-Design**
6. **Inclusion, Equity and Fairness**
7. **Support as Back-Up, Not Substitute**
8. **Measurement, Monitoring and Learning**
9. **Prevention, Not Promotion Only**

Taken together, these areas provide both a practical guide for employers and a reference point for those shaping the future of work through legislation, regulation, guidance, commissioning, advocacy and public policy. They describe not simply what organisations should do, but what good work looks like in practice.

Each section includes:

- Practical duty-of-care actions.
- Considerations for organisations of different sizes and levels of resource.
- The outcomes that can reasonably be expected when good practice is implemented.
- Implications for policymakers and policy influencers.

At the heart of these guidelines is a simple proposition: wellbeing is not a standalone programme, benefit or intervention. Like safety, quality and organisational resilience, it is an outcome of how systems are designed, governed and experienced. The framework should therefore be used to inform the policies, regulations and public decisions that shape working life across the United Kingdom. By providing a clearer and more consistent understanding of good work, it aims to support better government and parliamentary decision-making and contribute to improved national productivity, stronger labour market participation, healthier working lives and broader societal wellbeing.

"These guidelines make an important contribution to the conversation on workplace wellbeing by bringing together evidence and practice into a clear articulation of what drives healthy, sustainable work. They help strengthen understanding among policymakers that workforce wellbeing is shaped fundamentally by how work is designed, managed and experienced, with important implications for productivity, participation and population health."

Elizabeth Bachrad, Head of Strategy, Business for Health

"These guidelines are an invaluable resource of updated advice, knowledge and understanding for policymakers in helping organisations to achieve best outcomes in delivering and supporting workplace health and wellbeing initiatives."

Benjamin Globe, Conference Manager, Health and Wellbeing at Work

1.4 Our Expectations of Policymakers Under the UK's Duty of Care Guidelines for Workplace Wellbeing

Policymakers and those influencing UK policy

The workplace is one of the most significant environments affecting the health, productivity, financial security and life chances of the UK population. As a result, decisions about employment policy should not be viewed solely through the lens of regulation or labour markets, but as an integral part of wider government ambitions relating to economic growth, workforce participation, public health, social mobility and national productivity.

These guidelines are intended to provide policymakers, parliamentarians and policy influencers with a practical framework for understanding what good work looks like in practice. They can be used to test existing assumptions about the respective roles of employers, government and workers, and to assess whether current or proposed policies are likely to strengthen or weaken the conditions that enable people to remain healthy, engaged and productive throughout their working lives.

In particular, the principles within this framework can help support and inform major government priorities, including initiatives to reduce economic inactivity, improve workforce participation, support healthier working lives, narrow health inequalities and increase productivity. Policymakers should therefore consider how legislation, regulation, guidance, public procurement, funding decisions and wider labour market interventions either reinforce or undermine the conditions described throughout these guidelines.

Policymakers and those influencing UK policy should:

- Create policy environments that enable meaningful worker voice and participation, ensuring that employees are informed, represented and able to influence decisions that affect their work, safety, wellbeing and development.
- Recognise and address structural imbalances of power within labour markets, including risks associated with insecure work, unequal bargaining power, limited worker influence and information asymmetry, ensuring protections remain proportionate to those risks.
- Support employers to deliver the benefits of good work, including income security, meaningful development, positive relationships and a sense of purpose, by aligning regulation, incentives, guidance and public policy with sustainable employment practices.
- Ensure that policy frameworks reflect the entire employment lifecycle, embedding expectations around wellbeing across recruitment, job design, management practice, performance expectations, organisational change, absence management, return to work and labour market transitions.

- Ground policy development in real workforce experiences and outcomes, using both quantitative and qualitative evidence to understand how work is experienced in practice rather than relying solely on policy intent or theoretical models.
- Embed accountability for workforce wellbeing within governance and regulatory systems, ensuring expectations are reflected in leadership responsibilities, organisational oversight, public accountability and reporting arrangements where appropriate.
- Monitor population-level indicators of job quality, workforce wellbeing and labour market participation, identifying emerging risks early and taking evidence-based action before challenges become entrenched.
- Promote greater alignment between departments, regulators and public institutions so that employment, health, skills, welfare and economic policy reinforce a common understanding of employer duty of care rather than operating in isolation.
- Consider the workplace as a strategic public policy setting in its own right, recognising that improving the quality of work can contribute directly to national goals relating to productivity, economic growth, public health, reduced demand on public services and stronger communities.
- Use these guidelines as a reference point when scrutinising legislation, inquiries, reviews and public policy proposals, asking whether they support the conditions required for healthy, sustainable and productive work.

1.5 Core Outcomes for Workers Under the UK's Duty of Care Guidelines

These outcomes describe the conditions that should be present when work is designed and managed in ways that support both individual wellbeing and organisational performance. While employers play the primary role in delivering these outcomes, they are also intended to provide a practical reference point for policymakers, parliamentarians, regulators, trade unions, employer bodies, charities and others who influence the future of work in the United Kingdom.

The outcomes are designed to help decision-makers move beyond a narrow focus on workplace initiatives and consider the wider systems, behaviours and organisational conditions that influence health, productivity and participation. They can be used to inform policy development, assess the likely impact of legislation and regulation, challenge existing assumptions about the role of employers in society, and establish a clearer shared understanding of what good work looks like in practice.

Many of the UK's most significant social and economic priorities (including increasing labour market participation, reducing economic inactivity, improving public health, narrowing inequalities, supporting economic growth and delivering the ambitions of initiatives such as the Keep Britain Working review), depend on workplaces that enable people to remain healthy, capable and productive throughout their working lives. These outcomes therefore provide a practical bridge between workplace practice and public policy, helping to ensure that decisions made nationally reinforce the conditions required for good work locally.

The outcomes are interdependent and should be considered collectively rather than in isolation.

How these Core Outcomes should be used

For policymakers and those influencing public policy, they provide a framework against which existing and proposed interventions can be evaluated.

When considering legislation, guidance, labour market reforms, regulatory approaches, public procurement requirements, economic growth strategies or workforce participation initiatives, decision-makers should consider whether they strengthen or weaken the conditions described in these outcomes.

The outcomes:

- Are not a checklist of activities, benefits or wellbeing initiatives.
- Describe the conditions and outcomes that good employers should be expected to create, rather than prescribing specific programmes.
- Provide a practical framework for assessing whether organisational systems, leadership behaviours and workplace design are delivering positive workforce outcomes.

- Can be used to inform policy development by identifying where legislation, regulation and public policy align (or fail to align) with the realities of healthy and sustainable work.
- Recognise that proportionality applies. The way outcomes are achieved may differ by organisation size, sector and context, but the outcomes themselves remain constant.
- Provide a shared language and evidence-informed reference point for employers, policymakers, regulators and workforce representatives when discussing good work and employer responsibility.
- Promote awareness and understanding of good work within their constituencies, sectors and networks, using these outcomes to support employers (particularly small and medium-sized businesses) in understanding what healthy, productive and sustainable workplaces look like in practice.

It is the strong view of the Policy Liaison Group on Workplace Wellbeing that policymakers and parliamentarians have an important role in translating evidence into action by encouraging informed discussion, sharing good practice and challenging outdated assumptions about work and wellbeing.

These outcomes provide a clear, practical and evidence-informed articulation of the UK's Duty of Care Guidelines. They describe not only what employers should seek to achieve, but also the conditions that public policy should seek to encourage if the UK is to improve workforce wellbeing, strengthen labour market participation, raise productivity and support long-term economic and social prosperity.

"I welcome these guidelines' practical focus on prevention. Helping people recover is important, but lasting change comes from designing work in ways that stop colleagues from becoming unwell in the first place. By helping employers understand what good job design looks like in practice, these guidelines have the potential to enable organisations of all sizes to build healthier, more productive and more sustainable workplaces."

Claire Farrow, Co-founder & Global Head of Content, Make a Difference Media & Events

1

Designing Work So It Does Not Harm: Governance, Purpose and Primary Prevention

Why This Matters (Clinical and Legal Basis)

UK employers have a legal and professional duty of care to prevent harm caused by work, including harm arising from stress, excessive workload, low control, unsafe cultures, and poor management practice. This duty exists regardless of organisation size and applies just as much to psychological health as physical safety.

From a health psychology perspective, preventing work related harm is more effective (and less costly) than attempting to support employees once harm has already occurred. Evidence consistently shows that poor work design increases:

- sickness absence,
- presenteeism,
- errors and accidents,
- reduced sales and employee performance,
- turnover,
- and long term disease risk.

Core Principle:

Wellbeing must be embedded in how work is governed, designed and led, not bolted on as an initiative.

1a. Clear Ownership and Accountability for Psychological Harm

Evidence and Standards Underpinning This Guidance

Psychological health risks must be managed in the same way as physical health risks. International guidance (ISO 45003) and the UK Health and Safety Executive (HSE) are clear: psychosocial hazards should be identified, owned, acted upon and reviewed within normal management structures. This guidance also brings in elements of the House of Lords Select Committee on Home-based-working which outlines the role of wellbeing in different ways of working and reducing the size of Britain's sickness absence rates. In addition, the Milburn Young People at Work Report, which identifies the importance of strong workplaces designed around employee wellbeing as key to the future engagement of young people in work.

Practical Duty of Care Actions

Organisations that lack clear ownership show higher stress, poorer safety reporting, and worse absence outcomes.

Proportionate Application for Small Employers (under 50 employees)

- Explicitly name the owner or manager as responsible for workload, hours and stress risk.
- Review stress risks informally every few months or whenever workloads, staffing or working patterns change materially (e.g. "Is anyone routinely staying late, skipping breaks, or overwhelmed?").
- Record actions briefly if 5+ staff; otherwise verbal review is acceptable under HSE guidance.

Scaled Application for Medium Employers (up to 500 employees)

- Assign stress and psychosocial risk ownership to an existing senior role (e.g. Operations or HR), not a wellbeing committee.
- Include psychosocial risks in existing risk reviews alongside safety, quality and production.
- Review leading indicators (absence patterns, overtime levels, near misses).

Organisational Outcomes and Risk Reduction

Reduces sickness absence and injury risk

Improves compliance and defensibility

Improves productivity through early issue detection

1b. Aligning Work Design With Organisational Purpose and Values

Evidence and Standards Underpinning This Guidance

Research consistently shows that misalignment between stated values and lived experience increases stress, cynicism and disengagement, driving presenteeism and attrition.

Practical Duty of Care Actions

Organisational purpose and values function as a protective factor *only when they are operationalised in decisions*, not communicated as rhetoric.

Proportionate Application for Small Employers (under 50 employees)

- Translate values into practical rules, e.g.:
  - "Serving customers well" includes having enough staff on shift.
  - "Being a local employer" includes fair rota notice.
- Discuss how values affect everyday decisions (covering breaks, handling busy periods).

Scaled Application for Medium Employers (up to 500 employees)

- Test values against actual work demands (production targets, shift patterns).
- Remove contradictions (e.g. "safety first" cultures that reward unpaid overtime).
- Use values as a decision filter when trade offs arise

Organisational Outcomes and Risk Reduction

Higher engagement	**Reduced conflict and grievances**	**Improved discretionary effort and trust**

1c. Integrating Psychological Risk Into Existing Management Systems

Evidence and Standards Underpinning This Guidance

Managing psychosocial risks is most effective when integrated into normal operations - not treated as a separate wellbeing programme.

Practical Duty of Care Actions

ISO 45003 explicitly recommends this integrated approach for organisations of all sizes.

Proportionate Application for Small Employers (under 50 employees)

- Use existing meetings (daily open/close, weekly catch ups) to discuss workload balance.
- Treat repeated stress complaints the same way as repeated safety incidents.

Scaled Application for Medium Employers (up to 500 employees)

- Incorporate stress risks into:
  - shift planning,
  - performance reviews,
  - change management reviews.
- Train managers to spot workload and control risks, not diagnose mental health.

Organisational Outcomes and Risk Reduction

Lower presenteeism	**Better operational reliability**	**Reduced dependency on reactive interventions**

1d. Prevention Before Promotion: Work Must Not Cause Harm

Evidence and Standards Underpinning This Guidance

Excessive workload, long hours, low control and job insecurity are direct causal risk factors for mental ill health, cardiovascular disease and mortality. Working 55+ hours per week is now one of the largest occupational health risks globally.

Practical Duty of Care Actions

The famous Whitehall studies demonstrate that job control and fairness protect health and reduce sickness absence, independent of individual lifestyle factors.

Across all organisation sizes

- Monitor hours, not just output.

- Ensure staff can influence how work is done, not just what is done.
- Address chronic understaffing as a health risk.
- Treat aggressive or unpredictable management, colleague and customer behaviour as a safety issue.

Proportionate Application for Small Employers (under 50 employees)

- Rotate demanding shifts; ensure predictable rotas.

Scaled Application for Medium Employers (up to 500 employees)

- Limit mandatory overtime; involve teams in pacing and task sequencing.

Organisational Outcomes and Risk Reduction

Fewer errors and accidents	**Lower absence and compensation risk**	**Sustained productivity rather than burnout cycles**

1e. Trust, Integrity and Lived Experience as Governance Signals

Evidence and Standards Underpinning This Guidance

Low organisational justice is associated with increased inflammatory markers, psychiatric morbidity and sickness absence. Trust is not "soft"; it has measurable physiological and business consequences.

Practical Duty of Care Actions

- Act on feedback consistently or explain why action is not possible.
- Avoid symbolic wellbeing gestures that contradict working reality.
- Ensure managers follow the same rules as staff.

Organisational Outcomes and Risk Reduction

Higher engagement	**Lower turnover**	**Improved collaboration and reporting of risks**

Summary: What Good Looks Like

Good practice is evident where work is actively designed to prevent avoidable psychological harm, rather than relying on individual resilience or reactive support once harm has occurred.

Observable Indicators of Good Practice

- **Work related stress is treated as a health and safety risk**, not an individual weakness.
- **The organisation can identify its main psychosocial hazards** (e.g. workload peaks, long hours, low control) and name who is responsible for managing them.
- **Workload, staffing, and deadlines are reviewed when pressure increases,** rather than normalised as "just part of the job".
- **Excessive hours, skipped breaks, or chronic overtime are recognized as risk signals,** not commitment.
- **Managers are expected to adjust work design** (priorities, pacing, resourcing) rather than asking employees to absorb strain.
- **Action is taken to prevent recurrence when stress related absence,** errors, or incidents occur.
- **Preventative controls (job design, autonomy, clarity) are prioritised** over reactive wellbeing interventions.

Implications for Policymakers and Policy Influencers

This section highlights a primary fundamental principle: workforce wellbeing is principally determined by how work is designed, managed and governed. Policymakers should recognise that many of the outcomes government seeks (including higher productivity, reduced economic inactivity, improved health and sustained labour market participation) are influenced by workplace conditions long before individuals require support or intervention.

Policymakers and influencers should:

- Recognise good work as a public policy issue, not solely an employer responsibility, given its impact on population health, productivity and economic participation.
- Consider how legislation, regulation, guidance and public services can encourage prevention of workplace harm rather than relying principally on treatment and support after harm occurs.
- Challenge assumptions that stress, burnout and work-related ill health are primarily individual issues rather than consequences of work design, management and organisational culture.
- Use the principles in this section to inform and support government initiatives such as Keep Britain Working, ensuring policy addresses the workplace factors that influence sickness absence, health-related inactivity and sustainable employment.
- Promote understanding of psychosocial risk, healthy work design and employer duty of care amongst employers, particularly SMEs, through constituencies, sectors, local business networks and public engagement activities.
- Consider whether public procurement, regulatory expectations and government-sponsored guidance consistently reinforce the principle that work should be designed not to cause foreseeable harm.
- Recognise that trust, fairness, job quality and employee influence are not simply organisational concerns but factors that contribute to wider social, economic and public health outcomes

This section should encourage policymakers to view prevention in the workplace in the same way that government increasingly views prevention in healthcare: as a more effective, sustainable and economically beneficial approach than responding after harm has occurred.

2

Aligning Work Design With Organisational Purpose and Values

Why This Matters (Clinical and Legal Basis)

From an occupational health perspective, misalignment between an organisation's stated purpose or values and employees' lived experience of work is a recognised psychosocial hazard. It is associated with increased psychological stress, disengagement, cynicism, and elevated sickness absence. Importantly, this harm arises not from the existence of values, but from the gap between what is said and what is rewarded in practice.

Clinically, this misalignment undermines perceived fairness and predictability - both of which are protective factors for mental health. Longitudinal research from the Whitehall II cohort shows that low organisational justice and value inconsistency are associated with higher rates of psychiatric morbidity and longer spells of sickness absence, independent of individual health behaviours.

Legally, UK employers have a duty under health and safety law to manage psychosocial risks arising from work organisation and management practices, including role clarity, workload expectations, and fairness in decision making. Stated values that conflict with working reality can therefore contribute directly to unmanaged stress risk.

Core Principle:

Organisational purpose and values protect wellbeing only when they are reflected in everyday work design and decision making; when values are symbolic or contradicted by practice, they become a source of harm rather than protection.

Evidence and Standards Underpinning This Guidance

The evidence base is clear on three points:

1. **Values only protect wellbeing when operationalised:** Research on organisational justice demonstrates that trust, engagement, and health outcomes improve only when fairness and stated principles are reflected in day to day decisions - not when values are symbolic or rhetorical.
2. **Perceived hypocrisy is harmful:** Misalignment between values (e.g. "safety first", "people matter") and practices (e.g. rewarding unpaid overtime, ignoring staffing shortfalls) increases stress, disengagement, and presenteeism.
3. **International standards explicitly require alignment:** Inconsistent leadership behaviour and conflicting organisational priorities are psychosocial hazards that must be managed within normal governance systems.

Practical Duty of Care Actions

Employers should ensure that organisational purpose and values are translated into practical decision rules that shape how work is designed, staffed and managed.

Key actions include:

- Making values relevant to resourcing, workload and time pressures.
- Using values as a decision filter when trade offs arise.
- Removing formal or informal incentives that contradict stated principles.
- Ensuring managers understand that how work is done matters as much as output.

These actions require no additional budget but do require consistency and leadership discipline.

Proportionate Application for Small Employers (Under 50 Employees)

In small workplaces, values are often communicated informally, but inconsistency is more visible and therefore more impactful.

Practical examples:

- Translate values into clear, shared expectations, such as:
    - "Serving customers well" includes having enough cover to allow breaks.
    - "Being a local employer" includes predictable rotas and reasonable notice of changes.
- Discuss values during everyday operational decisions (e.g. how busy periods are handled, how absence is covered).
- Ensure the owner or manager applies the same standards to themselves as to staff.

These actions reduce ambiguity, which is a key driver of stress in small teams.

Scaled Application for Medium Employers (up to 500 Employees)

In medium sized organisations, risks typically arise where strategic values conflict with operational targets.

Organisational Outcomes and Risk Reduction

Systematically test values against:

- production or output targets,
- shift patterns and overtime practices,
- performance management criteria.

Remove contradictions, for example:

- "Safety first" cultures that reward excessive hours.
- "People first" statements alongside chronic understaffing.
- management criteria.

Explicitly require managers to reference values when making trade offs between output, time and staffing.

Embedding values into existing governance processes (performance reviews, planning meetings, change management) is specifically recommended by ISO 45003 as a psychosocial risk control measure.

2a. Organisational Values and Purpose

When organisational purpose and values are consistently reflected in work design and management decisions, employers typically see:

- Higher employee engagement and commitment
- Reduced conflict and formal grievances
- Lower presenteeism and error rates
- Improved discretionary effort and trust in leadership
- Greater organisational resilience during periods of pressure or change

Empirical research links higher organisational justice and value consistency with lower sickness absence and better long term health outcomes, making this a risk reduction strategy, not a cultural "nice to have".

Summary: What Good Looks Like

An organisation demonstrating good practice in aligning work design with purpose and values will show the following characteristics:

- **Organisational values are visible in everyday operational decisions**, particularly those relating to workload, staffing levels, shift patterns, and time pressure.
- **Employees experience consistency between what the organisation says matters and what is rewarded in practice**, reducing cynicism and uncertainty.
- **Trade offs between delivery, safety, quality and people are made explicitly**, rather than being pushed downwards or left unspoken.
- **Managers are able to explain how values inform difficult decisions**, such as prioritisation during busy periods or responses to staff shortages.
- **There are no standing contradictions** (e.g. "people first" alongside routine unpaid overtime, or "safety first" alongside unrealistic targets).
- **Employees can predict how the organisation will act under pressure**, which is a key protective factor for psychological health.
- **Values function as decision rules**, not slogans—guiding how work is organised, paced and resourced.
- **Trust in leadership is reinforced by behaviour,** not undermined by inconsistency between message and reality.

Implications for Policymakers and Policy Influencers

This section highlights that organisational values, purpose and culture are not separate from workforce wellbeing; they influence how work is designed, how decisions are made, and how employees experience fairness, trust and predictability. Policymakers should recognise that the gap between stated commitments and lived workplace experience can have significant consequences for health, engagement, productivity and workforce participation.

Policymakers and influencers should:

- Recognise that trust, fairness and organisational justice are important determinants of workforce health, productivity and labour market participation, not simply matters of organisational culture.

- Consider whether public policy, regulation and government-sponsored guidance encourage employers to align stated commitments with everyday workplace practice and decision-making.
- Challenge assumptions that purpose, values and culture are primarily communications issues; in practice, they shape workload, job quality, management behaviour and employee wellbeing.
- Use these principles to inform wider government priorities, including workforce participation, economic growth, public service reform and the objectives of initiatives such as the Keep Britain Working review.
- Promote greater awareness among employers, particularly SMEs, that values only contribute to wellbeing when they are reflected in how work is organised, staffed and managed.
- Consider whether public bodies and government-funded organisations demonstrate the same alignment between stated values and operational reality that is expected of employers.

This section encourages policymakers to view organisational purpose and values not as aspirational statements, but as practical governance mechanisms that influence workplace outcomes and, in turn, wider social and economic outcomes.

"For too long, workplace wellbeing has been associated primarily with support services and awareness activity. At Serco, we have found that the most meaningful improvements come from understanding and addressing the factors within work itself that influence health and wellbeing. These guidelines help reinforce that important shift, with a welcome emphasis on prevention, healthy work design and psychosocial risk management. They provide a valuable framework for creating healthier, safer, and more sustainable workplaces that protect health, support performance and enable people to thrive throughout their working lives and beyond."

Jamie Broadley, Head of Health & Wellbeing, Serco Group plc

3

Psychosocial Risk Identification and Prevention

Why This Matters (Clinical and Legal Basis)

Psychosocial risks (such as excessive workload, low control, role ambiguity, poor management of change, and harmful workplace relationships) are among the leading causes of work related stress, anxiety, depression and burnout. Clinically, prolonged exposure to these risks is associated with increased sickness absence, presenteeism, error rates, cardiovascular risk, and long term mental ill health.

In UK law, employers have a duty under the Health and Safety at Work etc. Act to assess and control risks to health arising from work activities. The Health and Safety Executive (HSE) is explicit that this duty includes psychological harm caused or worsened by work design and management, not just physical hazards. Failure to identify and manage psychosocial risks can therefore constitute a breach of duty of care.

Crucially, psychosocial risk is predictable and preventable. Harm typically arises not from individual vulnerability, but from sustained exposure to poorly designed work systems. A preventative approach is therefore both clinically appropriate and legally expected.

Core Principle:

Psychosocial risks arising from how work is designed, organised and managed must be identified and prevented in the same systematic way as physical risks, with priority given to removing or reducing harm at source.

Evidence and Standards Underpinning This Guidance

The evidence base for psychosocial risk prevention is well established:

- Research consistently identifies six core domains of work design associated with stress related ill health: demands, control, support, relationships, role, and change. Poor performance in these domains predicts sickness absence, disengagement and reduced productivity.
- Longitudinal studies show that reducing job demands, increasing autonomy, improving role clarity and addressing unfair treatment lead to measurable improvements in health outcomes and work attendance.
- International standards (notably ISO 45003) recognise psychosocial hazards as equivalent to physical hazards and recommend their inclusion within routine risk assessment, governance and continuous improvement processes.

- Organisations that focus on prevention - by redesigning work and improving management systems - achieve better outcomes than those relying primarily on reactive wellbeing support or individual coping interventions.

The evidence is clear that risk identification without prevention is insufficient; harm reduction depends on acting on what is found.

Practical Duty of Care Actions

Employers should adopt a structured but proportionate approach to identifying and preventing psychosocial risks arising from work design and organisation.

Core actions include:

- Identifying the main sources of strain in the organisation, particularly:
  - workload and work patterns,
  - decision latitude and autonomy,
  - clarity of roles and expectations,
  - how organisational change is planned and implemented,
  - quality of working relationships, including exposure to bullying or harassment.
- Treating psychosocial risks as systemic issues, not individual performance or resilience problems.
- Taking action to remove or reduce risks at source (e.g. redesigning work, adjusting staffing, clarifying roles) before introducing additional support measures.
- Reviewing risks periodically and whenever there are significant changes to workload, staffing, working patterns, organisational structure, technology, customer demand, or performance pressure.

This approach does not require complex tools; it requires attention to how work is actually experienced.

Proportionate Application for Small Employers (Under 50 Employees)

In small organisations, psychosocial risks are often highly visible but poorly formalised.

Practical actions include:

- Holding regular, informal check ins to understand where work pressure is building and why.
- Watching for early indicators of risk, such as:
  - repeated long hours,

  - skipped breaks,
  - confusion about responsibilities,
  - changes in behaviour or morale.
- Clarifying roles and priorities verbally when demands change, rather than assuming staff will "just know".
- Addressing interpersonal issues early and directly, recognising that unresolved conflict quickly escalates risk in small teams.

These actions are low cost, rely on existing relationships, and are often more effective than formal surveys in very small workplaces.

Scaled Application for Medium Employers (up to 500 Employees)

In medium sized organisations, psychosocial risks are more likely to emerge from structural and coordination issues.

Key actions include:

- Using structured risk assessment approaches to identify pressure points across teams, functions or shifts.
- Monitoring patterns in absence, turnover, overtime and complaints as leading indicators of psychosocial risk.
- Ensuring that organisational change (e.g. restructures, new processes, automation) includes explicit consideration of workload, role clarity and employee control.
- Providing managers with clear authority and support to act on identified risks, rather than escalating everything upwards.

A scaled approach focuses on consistency and coordination, ensuring that prevention is not dependent on individual managers alone.

Organisational Outcomes and Risk Reduction

Effective psychosocial risk identification and prevention is associated with:

Reduced stress related sickness absence

Lower presenteeism and error rates

Improved productivity and quality

Greater engagement and retention

Reduced conflict, grievances and disciplinary cases

Lower likelihood of regulatory action or legal claims

Importantly, prevention protects both employee health and organisational reliability, particularly during periods of sustained demand or change.

Summary: What Good Looks Like

Good practice is evident where psychosocial risks are routinely identified and reduced through work design and management decisions, rather than normalised, ignored, or left to individuals to cope with.

Observable Indicators of Good Practice

- The organisation can clearly describe its main psychosocial risk factors and where they arise.
- Workload and work patterns are adjusted when pressure becomes sustained, not simply tolerated.
- Employees have meaningful control over how they meet work demands where possible.
- Roles, responsibilities and priorities are clear, particularly during periods of change.
- Organisational change is planned with consideration of its impact on workload and uncertainty.
- Bullying, harassment and unresolved conflict are actively addressed rather than minimised.
- Preventative actions focus on removing or reducing sources of harm, not just offering support after harm occurs.
- Managers and employees share a common understanding that psychosocial risks are legitimate health and safety issues.

Implications for Policymakers and Policy Influencers

This section highlights that work-related stress, burnout and many forms of work-related ill health are often the result of identifiable workplace risks rather than individual weakness or lack of resilience. Policymakers should recognise psychosocial risks as a preventable workforce and public health issue, with implications for economic inactivity, productivity, healthcare demand and long-term workforce participation.

Policymakers and influencers should:

- Recognise psychosocial risks as legitimate workplace health and safety risks that deserve the same attention as physical hazards.
- Consider how employment, health and economic policy can support earlier identification and prevention of workplace harm rather than relying primarily on treatment once problems emerge.
- Challenge assumptions that stress-related ill health is principally an individual responsibility rather than a consequence of how work is designed, organised and managed.
- Use these principles to support wider government priorities, including reducing economic inactivity, improving workforce participation and delivering the ambitions of initiatives such as the Keep Britain Working review.
- Promote greater awareness amongst employers, particularly SMEs, of common psychosocial risks and the practical steps that can be taken to prevent harm.
- Consider whether changes in technology, job design, management practices and organisational change processes create new psychosocial risks that should be reflected in future policy and guidance.
- Encourage the use of workforce experience and employee feedback as valuable evidence when assessing the real-world impact of employment policy and workplace reform.

This section encourages policymakers to view psychosocial risk prevention as a practical lever for improving workforce health, organisational performance and national productivity, rather than solely as a workplace wellbeing issue.

4

Healthy Work Design and Job Quality

Why This Matters (Clinical and Legal Basis)

From an occupational health and workplace psychology perspective, job quality is a determinant of health, not merely a factor influencing satisfaction or engagement. Poorly designed work - characterised by excessive demands, low control, unpredictability, unfair treatment, or insecurity, exposes employees to sustained psychosocial stress, which is linked to increased risk of anxiety, depression, cardiovascular disease, musculoskeletal disorders, and long term sickness absence.

Clinically, the relationship between job design and health is robust and well established. Models such as the Job Demands–Control theory demonstrate that high demands combined with low autonomy significantly increase psychological strain, whereas manageable demands and decision latitude are protective. Predictability, role clarity, and perceived fairness further reduce stress by lowering uncertainty and threat appraisal.

Legally, employers are required to manage risks to health arising from work activities. This obligation includes ensuring that work demands, working arrangements, and job security do not create foreseeable harm. Where unhealthy work design is tolerated or normalised, duty of care expectations are not met—irrespective of any support services offered.

Core Principle:

Wellbeing outcomes are determined primarily by how work is designed, organised, and experienced day to day; individual support cannot compensate for poor job quality i.e. work that remains poorly designed, chronically overloaded or unfair.

Evidence and Standards Underpinning This Guidance

The evidence base for healthy work design is extensive and consistent:

- Research shows that excessive demands, low autonomy, and insecure work are reliable predictors of psychological distress, sickness absence, and reduced productivity.
- Longitudinal studies demonstrate that improving job control, predictability, and fairness leads to sustained improvements in wellbeing and attendance, even when workload remains challenging.
- International standards on psychosocial risk management identify work design, job control, role clarity, and organisational justice as central risk factors requiring preventative control.
- Evidence consistently shows that individual wellbeing interventions have limited impact when job quality remains poor, reinforcing the requirement to address work design at source.

This guidance therefore concentrates on structural features of work, rather than individual coping strategies.

Practical Duty of Care Actions

Employers should assess and design work so that it meets basic conditions for psychological safety and sustainability.

Key duty of care actions include:

- Ensuring demands are manageable within normal working hours, without reliance on routine overtime or sustained intensity.
- Providing employees with meaningful autonomy and flexibility over how work is carried out, where operationally possible.
- Making roles, responsibilities, and priorities clear and stable, particularly during periods of change.
- Minimising unnecessary unpredictability in schedules, workloads, and expectations.
- Treating employees fairly and consistently, with transparent decision making.
- Reducing job insecurity where possible and communicating honestly where uncertainty cannot be avoided.

These actions focus on preventing harm by design, not compensating for harm after it has occurred.

Proportionate Application for Small Employers (Under 50 Employees)

In small organisations, job design is often informal, which can be both a strength and a risk.

Practical actions include:

- Monitoring workload closely during busy periods and adjusting expectations rather than assuming staff will absorb pressure.
- Allowing flexibility in how tasks are completed, provided outputs and safety are maintained.
- Being explicit about priorities when demands compete, rather than leaving staff uncertain.
- Providing as much advance notice as possible for rota or schedule changes.
- Avoiding practices that create implicit job insecurity (e.g. unpredictable hours, last minute changes without explanation).

Because roles are often blended in small teams, clarity and predictability are particularly important protective factors.

Scaled Application for Medium Employers (up to 500 Employees)

In medium sized organisations, job quality risks frequently arise from structural complexity and standardisation

Key actions include:

- Reviewing workload and work patterns across teams or shifts to identify chronic pressure points.
- Embedding flexibility and autonomy within roles, rather than treating them as discretionary manager favours.
- Defining roles and success criteria clearly, especially where work has been reorganised or automated.
- Standardising fair treatment through transparent policies while allowing managers discretion to manage work humanely.
- Addressing job insecurity by communicating early and honestly about organisational change, rather than allowing rumours and uncertainty to persist.

A scaled approach ensures that healthy work design does not depend solely on individual managers.

Organisational Outcomes and Risk Reduction

Healthy work design and good job quality are associated with:

Lower stress related sickness absence	**Reduced presenteeism and fatigue related errors**	**Improved productivity and work quality**
Higher engagement and retention	**Greater adaptability during change**	**Reduced conflict and grievance activity**

By contrast, poor job design creates chronic risk exposure, which increases costs even where formal wellbeing support exists. Improving job quality is therefore both a health intervention and a core business risk reduction strategy.

Summary: What Good Looks Like

Good practice is evident where jobs are designed to be sustainable, predictable, and fair, enabling people to meet work demands without chronic strain or uncertainty.

Observable Indicators of Good Practice

- Work demands are achievable within agreed hours for most employees, most of the time.
- Employees have meaningful autonomy over how they organise and complete their work.
- Roles, responsibilities, and priorities are clearly defined and communicated.
- Changes to work are planned and explained, with attention to their impact on workload and uncertainty.
- Work schedules and expectations are predictable, with changes handled transparently.
- Decisions affecting pay, hours, and security are applied fairly and consistently.
- Job insecurity is minimised where possible and managed openly where it cannot be avoided.
- Wellbeing support complements healthy work design rather than compensating for its absence.

Implications for Policymakers and Policy Influencers

This section highlights that job quality is not simply an employment issue but a determinant of national health, economic participation and productivity. Policymakers should recognise that many of the challenges government seeks to address (including economic inactivity, long-term sickness, skills shortages and workforce productivity) are influenced by the design and quality of work itself.

Policymakers and influencers should:

- Recognise job quality as a driver of health, workforce participation and economic performance, not solely of employee satisfaction or engagement.
- Consider whether legislation, regulation, guidance and labour market reforms encourage work that is sustainable, predictable, fair and appropriately flexible.

- Challenge assumptions that wellbeing can be improved principally through support services when poor job design remains unaddressed.
- Use these principles to inform wider government priorities, including reducing health-related inactivity, improving job retention and supporting the ambitions of initiatives such as the *Keep Britain Working* review.
- Promote greater understanding amongst employers, particularly SMEs, that autonomy, predictability, fairness and role clarity are protective factors for both wellbeing and performance.
- Consider the impact of government policy on job quality, including how employment, welfare, skills and economic policies may strengthen or weaken security, control and fairness at work.
- Encourage public bodies and employers within their constituencies, sectors and networks to view good job design as a preventative health intervention as well as a productivity strategy.

This section encourages policymakers to see job quality as a strategic policy lever. Improving how work is designed can support healthier working lives, stronger workforce participation, higher productivity and more sustainable economic growth.

5

Worker Voice, Participation and Co-Design

Why This Matters (Clinical and Legal Basis)

From a workplace psychology perspective, lack of voice and perceived powerlessness are themselves psychosocial hazards. When employees are unable to influence decisions that affect their workload, safety, or working conditions, stress responses increase and coping capacity decreases - even where formal support mechanisms exist.

Clinically, participation and control are protective factors. The ability to raise concerns, contribute to solutions, and influence outcomes reduces threat appraisal, uncertainty, and learned helplessness, all of which are associated with anxiety, depression, disengagement, and burnout. Conversely, environments where employees are expected to feedback but see no change experience higher cynicism and psychological withdrawal (presenteeism).

Legally, UK health and safety law requires employers to consult employees on matters affecting their health and safety, including psychosocial risks. Meaningful consultation is not optional and cannot be replaced by one way communication or surveys alone. Failure to involve employees in identifying risks and controls weakens duty of care compliance.

Core Principle:

Psychosocial risks are identified and controlled most effectively when employees have genuine voice and influence over how work is designed; consultation without power does not reduce harm.

Evidence and Standards Underpinning This Guidance

The evidence base consistently shows that:

- Employee participation improves hazard identification, particularly for psychosocial risks that are not easily visible to senior leaders.
- Perceived voice and fairness are associated with lower sickness absence, better mental health outcomes, and stronger engagement.
- Interventions designed with employees are more likely to address root causes and be sustained over time than those imposed top down.
- Psychological safety—the belief that it is safe to speak up without negative consequences—is a prerequisite for effective risk management.
- International standards (including ISO guidance on psychosocial risk) explicitly require worker participation in risk identification, decision making, and review.

Importantly, the evidence warns that asking for feedback without acting on it can increase harm, as it reinforces perceptions of injustice and futility..

Practical Duty of Care Actions

Employers should create mechanisms that give employees real influence, not just opportunities to express views.

Core actions include:

- Consulting employees when identifying psychosocial risks related to workload, work patterns, roles, and relationships.
- Involving employees in the design and testing of solutions, particularly where work processes are changing.
- Being explicit about what decisions employees can influence and where constraints exist.
- Closing feedback loops by explaining what action will be taken - and why, if not (for example, "you said / we did / we could not because...")
- Ensuring that raising concerns does not result in penalty, marginalisation, or reputational harm.

Participation should be integrated into normal management and safety processes, not treated as a standalone initiative.

Proportionate Application for Small Employers (Under 50 Employees)

In small organisations, formal structures are less important than credibility and follow through.

Practical actions include:

- Discussing workload, stressors and improvement ideas in regular team conversations.
- Inviting staff to suggest changes to how work is organised and trialling feasible ideas.
- Being honest when changes cannot be made, rather than avoiding the conversation.
- Demonstrating, through action, that speaking up leads to consideration rather than consequences.

Because relationships are close and visible, inauthentic consultation is particularly damaging in small teams.

Scaled Application for Medium Employers (up to 500 Employees)

In medium sized organisations, employee voice needs structure, consistency, and protection.

Key actions include:

- Using a mix of consultation methods (team discussions, representative forums, safety committees) to capture diverse experiences.
- Involving employee representatives early in decisions that affect work design, workload, or job security.
- Creating clear escalation routes for concerns that cannot be resolved locally.
- Training managers to respond constructively to challenge and feedback.
- Monitoring whether concerns raised lead to action or systemic change, not just acknowledgement.

A scaled approach ensures voice is effective across functions and locations, not dependent on individual managers.

Organisational Outcomes and Risk Reduction

Effective worker voice and participation are associated with:

Earlier identification of psychosocial risks	**More effective and sustainable interventions**	**Reduced sickness absence and presenteeism**
Higher trust in leadership and management	**Fewer grievances and formal disputes**	**Improved safety, quality, and adaptability during change**

From a risk perspective, silencing or marginalising employee voice allows harm to escalate unnoticed, increasing both human and organisational costs.

Summary: What Good Looks Like

Good practice is evident where employees can meaningfully influence how work is designed and managed, and where speaking up leads to visible consideration or change.

Observable Indicators of Good Practice

- Employees are actively involved in identifying psychosocial risks affecting their work.
- Consultation happens before, not after, decisions that affect workload, roles, or working conditions.
- Feedback mechanisms are clear about what influence employees have.
- Actions taken in response to feedback are communicated and visible.
- Where action is not possible, reasons are explained transparently.
- Employees can raise concerns without fear of reprisal or negative consequences.
- Managers respond to challenge with curiosity rather than defensiveness.
- Work is designed with employees, not merely explained to them.

Implications for Policymakers and Policy Influencers

This section highlights that employee voice is not simply an engagement mechanism but a protective factor for health, safety, trust and organisational performance. Policymakers should recognise that workers are often best placed to identify emerging risks, unintended consequences and barriers to sustainable work, making participation an important component of effective labour market policy.

Policymakers and influencers should:

- Recognise worker voice as a source of intelligence about workforce health, job quality and emerging workplace risks, rather than solely as an employment relations issue.
- Consider whether legislation, regulation and public policy provide meaningful opportunities for workers to influence decisions that affect their working lives.
- Challenge assumptions that consultation and communication are interchangeable; effective participation requires genuine influence, not simply the opportunity to provide feedback.

- Use these principles to support wider government priorities, including improving workforce participation, supporting healthier working lives and strengthening trust in workplace institutions.
- Promote greater awareness among employers, particularly SMEs, of the benefits of involving employees in identifying risks and designing solutions.
- Consider how public bodies, regulators and government-sponsored initiatives can model good consultation and co-design practices in their own workforce decisions.
- Encourage employers and representative bodies within constituencies, sectors and networks to view employee participation as a preventative measure that improves both wellbeing and organisational performance.

This section encourages policymakers to see worker voice not as a procedural requirement, but as a practical mechanism for creating healthier workplaces, improving policy effectiveness and strengthening the relationship between workers, employers and society.

"Duty of care is a term we have always heard in workplaces. It has positive connotations. How organisations manage wellbeing strategically and operationally will always be a determinant of how successful they will be. Wellbeing and inclusion should be at the centre of how we design work. This is well known, but at times we need something to unite behind to have the national impact wellbeing work needs. This is exactly that. I am looking forward to the momentum this duty of care will bring and hopeful of the positive impact it will have on people's lives."

Idris Arshad, Head of People, UK Charity

6

Inclusion, Equity and Fairness

Why This Matters (Clinical and Legal Basis)

From a clinical and occupational health perspective, wellbeing outcomes are not evenly distributed across the workforce. Exposure to psychosocial risk, access to support, job security, and the consequences of harm vary systematically by factors including gender, race, disability, age, sexual orientation, neurodivergence, caring responsibilities, socio economic status, contract type and working pattern.

Research consistently shows that individuals in marginalised or disadvantaged groups are more likely to:

- experience higher workloads and lower control,
- be exposed to discrimination, harassment, or exclusion,
- have less access to informal support and flexibility,
- face greater consequences from insecure or poorly designed work.

Clinically, this results in unequal rates of stress related illness, burnout, and sickness absence. Treating everyone "the same" therefore reproduces inequality, rather than preventing harm.

Legally, employers have obligations not only to protect health, but also to avoid discrimination and to make reasonable adjustments where required. Failure to consider differential impacts can result in both health and equality law breaches. Equity in wellbeing is therefore a duty of care issue, not a discretionary inclusion initiative.

Core Principle:

Workplace wellbeing cannot be protected without equity; because work affects people differently, employers must actively identify and reduce structural sources of disadvantage rather than assuming a one size fits all approach.

Evidence and Standards Underpinning This Guidance

The evidence base demonstrates that:

- Psychosocial risks interact with social and demographic factors, producing unequal health impacts even where job roles appear similar.
- Organisational injustice, discrimination, and exclusion are independently associated with poorer mental and physical health outcomes.

- Inclusive and fair workplaces show lower sickness absence, stronger engagement, and better retention across all groups, not only those at higher risk.
- International guidance on psychosocial risk management recognises the need to identify vulnerable or disproportionately affected groups and to tailor controls accordingly.

Critically, evidence shows that generic wellbeing approaches often benefit those already best served, unless equity is explicitly addressed.

Practical Duty of Care Actions

Employers should ensure that wellbeing and risk prevention efforts are designed to reduce inequality, not inadvertently reinforce it.

Key actions include:

- Identifying which groups face higher exposure to psychosocial risks or lower access to control and support.
- Reviewing whether workplace policies and practices impact groups differently in practice, not just in principle.
- Ensuring access to support, flexibility and adjustments is fair, transparent, and not dependent on confidence or informal negotiation.
- Avoiding one size fits all interventions that assume equal starting points or experiences.
- Addressing structural issues—such as job insecurity, progression barriers, or biased decision making—that contribute to unequal outcomes.

Equity requires anticipatory action, not merely responding once harm has occurred.

Proportionate Application for Small Employers (Under 50 Employees)

In small organisations, inequities often arise informally rather than through policy.

Practical actions include:

- Being alert to who carries the heaviest workloads, least flexibility, or greatest insecurity.
- Ensuring that access to time off, flexibility, and support does not depend on personal relationships or confidence in speaking up.
- Making adjustments proactively where health, disability, caring roles, or other factors increase risk.
- Challenging informal norms that tolerate exclusion, stereotyping, or differential treatment.
- Having open, respectful conversations about what different people need to work safely and sustainably.

Because decision making is visible and personal, fairness is judged quickly in small teams.

Scaled Application for Medium Employers (up to 500 Employees)

In medium sized organisations, inequity is more likely to be structural and systemic.

Key actions include:

- Analysing wellbeing risks, absence, turnover, and grievances across groups to identify patterns.
- Ensuring policies on workload, flexibility, progression, and support are applied consistently across teams and functions.
- Embedding equality considerations into risk assessments, change programmes, and job design reviews.
- Training managers to recognise and address unequal impacts, rather than assuming neutrality.
- Designing support and interventions that are culturally appropriate and accessible to all groups.

A scaled approach ensures equity is built into systems, not left to individual discretion.

Organisational Outcomes and Risk Reduction

Addressing inclusion, equity and fairness as core wellbeing issues leads to:

Reduced health inequalities and stress related absence	**Greater trust in leadership and processes**	**Improved retention of under represented and high risk groups**
Lower grievance, disciplinary and discrimination claims	**Stronger organisational reputation and sustainability**	**Better overall workforce wellbeing, not just average outcomes**

Ignoring inequity allows preventable harm to concentrate in the same groups, increasing both legal and operational risk.

Summary: What Good Looks Like

Good practice is evident where wellbeing and risk prevention efforts actively recognise and reduce unequal impacts of work, rather than assuming all employees are affected in the same way.

Observable Indicators of Good Practice

- The organisation understands which groups face higher psychosocial risks and why.
- Work design, policies, and change processes are reviewed for differential impact.
- Access to support, flexibility, and adjustments is fair and transparent.
- Wellbeing initiatives are inclusive and culturally appropriate.
- Structural sources of disadvantage (e.g. insecurity, exclusion, bias) are actively addressed.
- Managers are confident in discussing and responding to different needs without stigma.
- Equality and wellbeing are treated as core governance and safety issues, not optional initiatives.

Implications for Policymakers and Policy Influencers

This section highlights that workforce wellbeing outcomes are not experienced equally across society. Policymakers should recognise that the same workplace practices can have very different effects on different groups, influencing workforce participation, health inequalities, social mobility and economic inclusion. Averages can conceal significant concentrations of harm amongst particular populations.

Policymakers and influencers should:

- Recognise that workforce health, economic participation and wellbeing outcomes are often shaped by structural inequalities, not solely individual circumstances.
- Consider whether legislation, regulation, public services and employment initiatives have different impacts on different groups, particularly those already at greater risk of disadvantage.
- Challenge assumptions that equal treatment always produces equitable outcomes; effective policy should consider differing needs, risks and barriers.

- Use these principles to support wider government priorities relating to health inequality, disability employment, social mobility, workforce participation and inclusive economic growth.
- Promote greater awareness amongst employers, particularly SMEs, that fairness, inclusion and access to opportunity are core duty-of-care responsibilities, not separate diversity initiatives.
- Consider how employment, welfare, skills, health and social policy can work together to reduce barriers that prevent people from entering, remaining in or progressing through work.
- Encourage employers and organisations within constituencies, sectors and networks to identify where workplace harm may be concentrated amongst specific groups and take action to address it.

This section encourages policymakers to view inclusion, equity and fairness as contributors to national productivity, workforce participation and public health. When preventable harm is concentrated in particular groups, the consequences extend beyond individual workplaces and affect society, communities and the wider economy.

7

Support as Back-Up, Not Substitute

Why This Matters (Clinical and Legal Basis)

From a workplace health perspective, support mechanisms (such as training, employee assistance programmes, physical wellbeing support, or wellbeing resources) are secondary controls. They are designed to help mitigate harm when risks remain, not to offset harm caused by poor work design, excessive demands, or unfair treatment.

Clinically, individual level support can reduce distress and aid recovery, but evidence consistently shows it has limited and short lived impact where underlying job design problems persist. Relying on support in the absence of prevention risks shifting responsibility onto individuals and normalising harmful conditions.

Legally, employers are expected to prioritise risk elimination and reduction at source. Offering support without addressing known psychosocial hazards does not meet duty of care expectations and may undermine trust if employees perceive support as performative or a substitute for action.

Support is therefore essential, but only when clearly positioned as back up.

Core Principle:

Support mechanisms are a necessary safety net, but they cannot compensate for work that is fundamentally unhealthy; support must reinforce prevention, not replace it.

Evidence and Standards Underpinning This Guidance

The evidence base supports three key conclusions:

- Preventative controls (workload management, autonomy, role clarity) are more effective at protecting health than reactive or individual support alone.
- Support mechanisms are most effective when they are:
    - evidence based,
    - accessible,
    - trusted,
    - and clearly complementary to healthy work design.
- Over reliance on apps, helplines, or resilience training in high strain environments is associated with cynicism, disengagement, and lower uptake.

International standards on psychosocial risk management emphasise that support measures must not displace primary prevention and should be evaluated for effectiveness, data privacy, and appropriateness.

Practical Duty of Care Actions

Employers should ensure that support provision is appropriate, proportionate, and bounded.

Core actions include:

- Making access to support clear, simple, and stigma free.
- Building manager capability so that support needs are identified early and handled appropriately.
- Ensuring training is role appropriate, focusing on recognising risk, responding constructively, and signposting - not diagnosis or therapy.
- Using external expertise (e.g. occupational health, clinical professionals) where issues exceed internal competence.
- Regularly reviewing whether support usage indicates underlying design problems that require structural action.
- Where support usage data is reviewed, it should be aggregated, anonymised and used to identify organisational patterns, not to monitor individual employees.

Support should never be positioned as "the solution" to systemic problems.

Proportionate Application for Small Employers (Under 50 Employees)

In small organisations, support often relies on informal mechanisms, which can be effective if boundaries are clear.

Practical actions include:

- Being explicit about where employees can seek help beyond the owner or manager.
- Ensuring managers understand when to listen, when to act on work design, and when to refer externally.
- Using low cost external resources (e.g. local occupational health advice, GP signposting, free debt/financial advice, mental health charities) where specialist input is needed.
- Avoiding pressure on managers to act as counsellors or mental health experts.

Clarity about limits is particularly important in close knit teams.

Scaled Application for Medium Employers (up to 500 Employees)

In medium sized organisations, support structures must be consistent, trusted, and governed.

Key actions include:

- Providing access to evidence based support options appropriate to different needs.
- Ensuring managers are trained to recognise risk and respond within their role, not beyond it.
- Being transparent about data use, confidentiality, and limits of support tools such as EAPs or apps.
- Monitoring uptake and outcomes to ensure tools are effective and equitable.
- Using aggregated data from support services as signals (not substitutes) for preventive action.

Scaled provision should strengthen, not dilute, accountability for work design.

Organisational Outcomes and Risk Reduction

When support is positioned correctly, organisations typically see:

Earlier access to help when issues arise

Reduced escalation of stress related absence

Greater trust in leadership intentions

More effective use of external expertise

More effective use of external expertise

Better alignment between support provision and actual risk exposure

Conversely, when support is used as a substitute for prevention, organisations face low uptake, poor outcomes, and increased cynicism.

Summary: What Good Looks Like

Good practice is evident where support mechanisms are clearly available, trusted, and effective—while responsibility for preventing harm remains firmly with the organisation.

Observable Indicators of Good Practice

- Employees understand what support is available and how to access it.
- Managers are confident in recognising risk and responding within appropriate boundaries.
- Support is positioned as help, not as a solution to poor work design.
- Training focuses on capability and referral, not diagnosis or therapy.
- External expertise is used appropriately when internal limits are reached.
- Digital tools and programmes are evidence based and privacy safe.
- Patterns of support use trigger review of workload or job design.
- Prevention and support are visibly linked, not treated as alternatives.

Implications for Policymakers and Policy Influencers

This section highlights an important distinction: support services can help people cope with difficulties, but they cannot remove the workplace conditions that create those difficulties in the first place. Policymakers should recognise that healthy, productive work is achieved primarily through prevention and good work design, with support acting as an important safety net rather than a replacement for employer responsibility.

Policymakers and influencers should:

- Recognise that support services, wellbeing programmes and mental health initiatives are most effective when combined with actionto improve work design, management and job quality.
- Challenge assumptions that increasing access to support alone will significantly improve workforce wellbeing if underlyingworkplace risks remain unchanged.
- Consider how public policy can encourage prevention alongside support, aligning with wider government ambitions around workforce participation, public health and economic growth.

- Use these principles to inform initiatives such as the Keep Britain Working review, ensuring that reducing health-related inactivity includes addressing workplace causes, as well as providing individual support.
- Promote greater understanding amongst employers, particularly SMEs, that wellbeing support compliment, not replace the management of workload, autonomy, role clarity and other psychosocial risks.
- Consider whether government- funded programmes, guidance and workplace wellbeing initiatives place sufficient emphasis on prevention, alongside treatment and support.
- Encourage employers and organisations within constituencies, sectors and networks to use patterns of support usage as indicators of underlying workplace issues that may require broader organisational action.

This section encourages policymakers to view support in the same way it is viewed in other areas of public health: as an importantcomponent of protection and recovery, but not a substitute for preventing harm from occurring in the first place.

8

Measurement, Monitoring and Learning

Why This Matters (Clinical and Legal Basis)

From a clinical and occupational health perspective, measurement is not neutral: what organisations choose to measure signals what they value and shapes what leaders and managers prioritise. If wellbeing is measured only through outputs such as absence, turnover or productivity, harm is detected late – after damage has already occurred.

Subjective wellbeing indicators (e.g. perceived workload, control, fairness, psychological safety) are leading indicators of future absence, turnover, risk and performance issues. They capture early strain, uncertainty and deterioration in work quality long before measurable harm appears. Ignoring these signals increases the likelihood of avoidable illness, presenteeism and long term absence.

Employers should avoid collecting feedback unless they are prepared to communicate what they have heard, what action will follow and where action is not possible.

Legally, employers are expected not only to assess risk, but to review and improve controls over time. Static or one off assessments do not meet the spirit of continuous risk management. Monitoring outcomes and adjusting practice accordingly is therefore central to an effective duty of care approach.

Core Principle:

Wellbeing can only be protected and improved when organisations measure real working experience, review it regularly, and use what they learn to change how work is designed, not merely to demonstrate compliance.

Evidence and Standards Underpinning This Guidance

The evidence base supports several consistent conclusions:

- Subjective wellbeing data correlates strongly with objective outcomes, including sickness absence, engagement, productivity and turnover.
- Employee surveys are most effective when used for diagnosis and learning, not benchmarking, performance management or communications alone.
- Measuring only individual symptoms (stress, burnout scores) without examining work design factors limits the organisation's ability to prevent recurrence.
- Continuous improvement approaches – regular review, feedback loops, refinement – are more effective at reducing risk than compliance led, static measurement.

Best practice guidance on psychosocial risk management emphasises ongoing monitoring, worker involvement, and learning from outcomes, rather than periodic audits.

Practical Duty of Care Actions

Employers should design measurement systems that reflect real experience of work, not just organisational intent.

Key actions include:

- Using a combination of quantitative and qualitative data, including:
  - employee reported workload, control and fairness,
  - absence, turnover and error patterns,
  - qualitative feedback from conversations or forums.
- Prioritising subjective measures as early warning signals, not dismissing them as "soft".
- Measuring both:
  - how people are experiencing work, and
  - what the organisation is doing to shape that experience.
- Reviewing findings regularly and linking them to concrete changes in work design, management practice or resourcing.
- Communicating outcomes and actions taken, closing the learning loop.

Measurement should support understanding and improvement, not reassurance or reputation.

Proportionate Application for Small Employers (Under 50 Employees)

In small organisations, measurement can be simple but purposeful.

Practical actions include:

- Regularly asking staff about workload, pressure points and what is making work harder or easier.
- Paying attention to patterns rather than isolated complaints.
- Linking feedback directly to changes in priorities, scheduling or staffing.
- Being open about what data is collected and how it will be used.
- Avoiding formal surveys if they add distance; informal but honest feedback is often more effective but still requires structure and follow-through, otherwise it can become anecdotal or inconsistent.

Consistency and follow through matter more than tools.

Scaled Application for Medium Employers (up to 500 Employees)

In medium sized organisations, measurement requires structure and integration.

Key actions include:

- Using periodic, carefully designed surveys that focus on work design factors, not just wellbeing symptoms.
- Combining survey data with operational metrics to identify emerging risk hotspots.
- Segmenting data cautiously to identify uneven impacts without stigmatising groups.
- Reviewing data at senior and managerial levels with clear accountability for action.
- Treating measurement as an input to risk management and improvement cycles, not an endpoint.

A scaled approach ensures learning happens at both local and organisational levels.

Organisational Outcomes and Risk Reduction

When measurement is used as a learning system, organisations are more likely to achieve:

Earlier identification of psychosocial risk	**More targeted and effective interventions**	**Reduced sickness absence and presenteeism**
Improved trust in leadership and processes	**Greater adaptability during periods of change**	**Stronger evidence of due diligence and continuous improvement**

Poorly used measurement, by contrast, can increase cynicism and disengagement without reducing harm.

Summary: What Good Looks Like

Good practice is evident where measurement reflects lived experience of work and directly informs ongoing improvements in how work is designed and managed.

Observable Indicators of Good Practice

- Subjective wellbeing data is treated as a legitimate and valuable indicator.
- Surveys and feedback are used to understand causes, not to assess individual resilience or performance.
- Measurement focuses on work design factors such as demands, control, clarity and fairness.
- Data is reviewed regularly and linked to specific actions.
- Employees are informed about what has been learned and what will change as a result.
- Measurement approaches evolve over time rather than remaining static.
- Leaders use data to ask better questions, not to defend existing practice.

Implications for Policymakers and Policy Influencers

This section highlights that what is measured influences what receives attention, investment and action. Policymakers should recognise that workforce wellbeing cannot be effectively improved without understanding how work is experienced in practice. Reliable data on job quality, psychosocial risks and employee experience is essential for informed policy, effective regulation and successful labour market interventions.

Policymakers and influencers should:

- Recognise that workforce experience and employee-reported data are valuable indicators of future productivity, health and labour market participation, not merely measures of employee sentiment.
- Consider whether national datasets, government reviews and policy evaluations adequately capture the quality of work and employee experience, rather than focusing solely on economic or employment outputs.
- Challenge assumptions that absence rates, employment figures or productivity statistics alone provide a complete picture of workforce wellbeing and organisational health.

- Use these principles to support wider government priorities, including the *Keep Britain Working* review, by ensuring policy is informed by how people actually experience work, not only by headline outcomes.
- Promote greater awareness amongst employers, particularly SMEs, of the importance of listening to employees, monitoring workplace risks and acting on what is learned.
- Encourage public bodies, regulators and government-funded organisations to use workforce data as a tool for learning and improvement rather than compliance or performance reporting alone.
- Support the development of evidence-informed policy by drawing on both quantitative data and the lived experiences of workers when evaluating workplace challenges and reforms.

This section encourages policymakers to view measurement as a tool for understanding and improving the realities of working life. Better decisions are more likely when policy is informed not only by outcomes such as sickness absence and economic inactivity, but also by the workplace conditions that often predict them.

9

Prevention, Not Promotion Only

Why This Matters (Clinical and Legal Basis)

From a clinical perspective, the strongest predictors of poor mental and physical health at work are persistent, preventable exposures: excessive demands, low control, unfair treatment, insecurity, and poorly managed change. These cannot be offset by wellbeing activities once harm is embedded in the system.

Health psychology and occupational medicine consistently show that primary prevention – removing hazards at source – has greater and more durable impact than individual level interventions alone. Where organisations focus primarily on wellbeing promotion without first reducing harm, employees are more likely to experience strain, guilt, or disengagement when initiatives fail to address lived reality.

Legally and ethically, duty of care requires employers to show that they take reasonable steps to prevent foreseeable harm, not merely to offer support after harm arises. Wellbeing framed as a safety, quality, and risk issue aligns with this obligation; wellbeing framed purely as culture or engagement does not.

Core Principle:

Reducing work related harm must always take precedence over adding wellbeing initiatives; promotion without prevention risks obscuring problems rather than solving them.

Evidence and Standards Underpinning This Guidance

The evidence consistently supports a hierarchy of controls approach to wellbeing:

- Primary controls (work design, workload management, autonomy, fairness) have the greatest preventive effect.
- Secondary controls (manager support, early intervention, training) mitigate harm when risks remain.
- Tertiary controls (support services, recovery interventions) aid healing but do not prevent recurrence on their own.

Research shows that organisations making incremental, evidence led changes over time achieve greater wellbeing gains than those pursuing perfection or quick wins. Conversely, wellbeing programmes that avoid addressing organisational causes tend to show diminishing returns and lower trust.

Best practice frameworks emphasise continuous improvement, learning from what works and what does not, rather than static compliance or curated narratives.

Practical Duty of Care Actions

Employers should explicitly prioritise prevention within their wellbeing approach.

Key actions include:

- Addressing known sources of work related harm before introducing additional wellbeing initiatives.
- Testing whether wellbeing activity is compensating for unresolved design problems.
- Treating wellbeing as a quality and safety issue, integrated into operational and management decision making.
- Setting realistic expectations: improvement over time, not instant transformation.
- Being transparent about what interventions are experimental, effective, or ineffective.
- Using learning and review cycles to adjust course rather than defend past decisions.

This approach requires discipline and honesty, not perfection.

Proportionate Application for Small Employers (Under 50 Employees)

In small organisations, prevention is most effective when it is practical and visible.

Practical actions include:

- Fixing obvious pressure points (e.g. chronic understaffing, unclear priorities) before introducing wellbeing activities.
- Making small, testable changes and reviewing their impact.
- Talking openly with staff about what is improving work and what is not.
- Avoiding wellbeing gestures that conflict with daily experience (e.g. promoting balance while normalising overwork).

Continuous progress in small settings depends on credible action, not polish.

Scaled Application for Medium Employers (up to 500 Employees)

In medium sized organisations, the challenge is often initiative overload without relief from pressure.

Key actions include:

- Reviewing the balance between preventative controls and promotional activity.

- Reviewing and stopping wellbeing interventions that do not address risk, show impact or meet employee needs.
- Embedding prevention priorities into planning, resourcing, and performance systems.
- Encouraging honest reporting on what is not working without blame.
- Maintaining long term focus while responding proportionately to short term needs.

A scaled approach ensures wellbeing evolves alongside the organisation, rather than becoming static or symbolic.

Organisational Outcomes and Risk Reduction

Organisations that prioritise prevention and continuous learning typically experience:

More sustainable reductions in stress related absence	**Lower presenteeism and burnout**	**Improved credibility of wellbeing efforts**
Stronger engagement and trust over time	**Better alignment between wellbeing, safety and performance**	**Reduced reputational, legal and operational risk**

Promotion without prevention, by contrast, increases the risk of initiative fatigue and disengagement.

Summary: What Good Looks Like

Good practice is evident where organisations focus first on reducing harm, learn continuously from what happens in practice, and adapt their approach over time.

Observable indicators of good practice

- Wellbeing activity follows (rather than substitutes for) work design improvement.
- Organisational causes of stress are identified and addressed before individual interventions are expanded.
- Wellbeing is treated as a safety and quality issue, embedded in decision making.
- Leaders are explicit that progress is iterative, not perfect.
- Interventions are reviewed honestly, including those that did not deliver impact.
- Learning leads to course correction rather than defensiveness.
- Short term support is balanced with long term prevention priorities.

Implications for Policymakers and Policy Influencers

This section highlights an important principle that extends beyond individual employers: improving workforce wellbeing depends more on preventing harm than on responding to it after it occurs. Policymakers should recognise that many national challenges—including economic inactivity, long-term sickness, rising healthcare demand and lower productivity—are influenced by preventable workplace conditions that can be addressed through better work design and management.

Policymakers and influencers should:

- Recognise prevention as a workforce health strategy, ensuring policy focuses not only on supporting people when they become unwell but also on reducing the workplace factors that contribute to ill health in the first place.
- Challenge assumptions that wellbeing can be improved primarily through programmes, services or awareness campaigns without addressing the organisational causes of harm.
- Use these principles to support wider government priorities, including the Keep Britain Working review, by encouraging approaches that reduce the causes of work-related ill health rather than solely managing its consequences.

- Consider whether legislation, regulation, guidance and public funding create sufficient incentives for employers to prioritise prevention, healthy work design and sustainable employment practices.
- Promote greater understanding amongst employers, particularly SMEs, that wellbeing initiatives are most effective when built upon strong foundations of job quality, fair treatment and effective management.
- Encourage public bodies, regulators and government-funded organisations to demonstrate the same prevention-first approach expected of employers.
- Support the sharing of evidence and good practice that helps employers identify and address workplace risks before they lead to sickness absence, disengagement or economic inactivity.

This section encourages policymakers to view workplace wellbeing through the same lens increasingly applied across public health policy: preventing foreseeable harm is typically more effective, sustainable and economically beneficial than responding after problems have become established.

Conclusion

These guidelines are founded on a simple but powerful proposition that the quality of work matters. Work is one of the most influential forces shaping the health, wellbeing, financial security and life chances of the UK population. As a result, workplace wellbeing should not be viewed as an organisational issue alone. It is a national issue with profound implications for public health, economic prosperity, productivity, social mobility and labour market participation.

The nine domains within this framework provide a practical, evidence-informed description of what good work looks like in practice. Together, they demonstrate that wellbeing is not created through isolated initiatives, support programmes or awareness campaigns. Rather, it emerges from how work is designed, managed and experienced every day. The quality of leadership, job design, employee voice, inclusion, fairness, prevention and governance all influence whether work acts as a source of health and opportunity or a source of harm.

For policymakers, parliamentarians, regulators, think tanks, charities, trade unions and other influencers, they provide a practical framework for understanding how policy decisions can strengthen or weaken those conditions. They are intended to help bridge a long-standing gap between workplace evidence and public policy, ensuring decisions affecting working people are grounded in a clearer understanding of what drives workforce wellbeing and performance.

The challenge facing the UK is significant. Rising economic inactivity, persistent health inequalities, long-term sickness absence and stagnant productivity are often discussed as separate problems. In reality, they share many of the same underlying causes. The quality of work available to people, and the extent to which work supports rather than undermines health, will play a critical role in determining whether these national challenges can be successfully addressed.

However, this should also be viewed as a source of optimism. Unlike many societal challenges, the drivers of healthy work are increasingly well understood. The evidence base is stronger than ever before. We know more about the relationship between work and health, between management and wellbeing, and between job quality and productivity than at any point in history. This creates an opportunity for policymakers and employers alike to act with greater confidence, clarity and ambition.

These guidelines are not intended to represent an endpoint. They are a starting point. A shared reference for what good work should look like, and a practical tool for those seeking to create it. They offer parliamentarians and policymakers an opportunity to challenge assumptions, deepen their understanding of modern working life, and ensure future policy is informed by the realities of how work affects people.

Used well, these guidelines can help create greater alignment between workplace practice and national priorities, including the ambitions of the Keep Britain Working review and wider efforts to improve health, participation and economic growth. Incremental improvements across thousands of workplaces have the potential to create substantial benefits for millions of workers, thousands of employers and the UK economy as a whole.

Ultimately, the future of workplace wellbeing will not be determined by wellbeing initiatives alone. It will be determined by the decisions made in boardrooms, workplaces, government departments and Parliament. By helping those decisions to be better informed, more evidence-based and more focused on prevention, these guidelines aim to contribute to a healthier workforce, stronger organisations and a more prosperous society. That is an opportunity none of us can afford to ignore.

A Call to Action

The Policy Liaison Group on Workplace Wellbeing was established to help bridge the gap between workplace practice and public policy, bringing together MPs, Peers, Ministers, employers, trade unions, charities, academics and workplace experts around a shared goal to improve the quality of work across the UK.

Our work has already engaged a wide range of parliamentarians and policy influencers, many of whom have participated in roundtables, contributed evidence and used PLG outputs to inform policy discussions and decision-making. We have also been encouraged by the support and engagement of Sir Stephen Timms MP and the Department for Work and Pensions' Keep Britain Working review team, who have recognised the value of collaboration between policymakers and workplace experts in addressing inactivity, productivity and workforce health. We were also very encouraged to be able to deliver these guidelines in person to 10 Downing Street.

We invite MPs, Peers, policymakers, advisers and those influencing public policy to join and support this work. By engaging with the PLG, contributing expertise and championing the principles set out in these guidelines, decision-makers can help build a stronger understanding of what good work looks like and how policy can support it.

The future health, productivity and prosperity of the UK will be shaped, in part, by the quality of work experienced by millions of people. Together, we have an opportunity to ensure that future policy decisions are informed by evidence, grounded in practice and focused on creating healthier, more sustainable working lives for all.

https://plgworkplacewellbeing.org/

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