



Northern Ireland  
Assembly

Committee for Finance and Personnel

# OFFICIAL REPORT (Hansard)

Absenteeism in the NICS — Health and  
Well-being Programmes: DFP Briefing

2 April 2014

# NORTHERN IRELAND ASSEMBLY

## Committee for Finance and Personnel

Absenteeism in the NICS — Health and Well-being Programmes:  
Department of Finance and Personnel Briefing

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**Members present for all or part of the proceedings:**

Mr Dominic Bradley (Deputy Chairperson)  
Ms Michaela Boyle  
Mrs Judith Cochrane  
Mr Leslie Cree  
Mr John McCallister  
Mr Ian McCrea  
Mr Mitchel McLaughlin  
Mr Adrian McQuillan  
Mr Peter Weir

**Witnesses:**

Professor Ken Addley	Department of Finance and Personnel
Ms Patricia McQuillan	Department of Finance and Personnel

**The Deputy Chairperson:** From the Department of Finance and Personnel (DFP), I welcome Patricia McQuillan, the assistant director of nursing and allied occupational health service; and Professor Ken Addley, the director of the Northern Ireland Civil Service occupational health service (OHS).

Before we start, can I ask you why the briefing paper was not received by the Committee until Monday afternoon when, according to protocol, we should have had it last Wednesday?

**Professor Ken Addley (Department of Finance and Personnel):** I can only say that the paper was sent up in the middle of last week for DFP to clear. Apologies if it was late in its arrival.

**The Deputy Chairperson:** It was sent to DFP.

**Professor Addley:** Yes.

**The Deputy Chairperson:** It should have been here with us in the middle of last week.

**Professor Addley:** It was sent through the DFP Assembly process.

**The Deputy Chairperson:** I understand what you are saying, but we should have had it here last Wednesday.

**Professor Addley:** I can only apologise for that, Chair.

**The Deputy Chairperson:** The Committee discussed this issue earlier, and there is some dissatisfaction among members that papers are not arriving in time. We intend to pursue the matter and will take action.

I ask you to begin your presentation.

**Professor Addley:** Thanks to the Committee for inviting us to update you on the role of health and well-being programmes in the Northern Ireland Civil Service. As members will know, sickness absence is a complex phenomenon that involves a range of components and contributory factors, and you heard some of that in the briefing from the Assembly's Research and Information Service. That includes matters that relate directly to health, but there are other factors such as how people are managed, the nature of the work they do, the organisational culture and, importantly, employee motivation and engagement. All those taken together generate a set of behaviours that ultimately impact on attendance at work. A holistic approach is required, and health and well-being interventions are part of a broader suite of measures aimed at maximising attendance and play an important role in assisting the management of sickness absence.

The health and well-being programmes in the NICS are developed in line with best practice and are consistent with the research in that area as well as recommendations in, for example, the World Health Organization's (WHO) healthy workplace framework, Dame Carol Black's report 'Working for a Healthier Tomorrow', the Boorman report on health and well-being in the NHS along with the National Institute for Health and Care Excellence (NICE) guidance on workplace health promotion. The programmes have senior management buy-in. They engage with employees, are multicomponent and cover a range of health and well-being issues, including mental health and musculoskeletal disorders, and they are aligned to the needs of the organisation and the community. The NICS also has a charter for health and well-being that gives a commitment to maintaining and improving the health and well-being of all its staff.

In the presentation this morning, I will outline in more detail the WELL programme, the cycle-to-work scheme and mental health first aid. In addition, we will touch on the role of the occupational health service, the welfare support service rehabilitation programme, the external counselling support service provided by Carecall and a condition management programme that is operating in the Department for Employment and Learning (DEL).

I will start with the WELL programme. I have a short video that I hope brings some life to what the programme is about and the people whom we are trying to reach. Unfortunately, we cannot play the music that is embedded in it, so rather than not run it at all, we will run it, and I will do my best to give some commentary.

**Mr Mitchel McLaughlin:** Are you going to sing?

**Professor Addley:** I am not going to sing. If I did, you would know why.

The WELL website was launched in September 2012 by the head of the Civil Service. At that launch, there were representatives from the HR staff and the trade union side. One of the main components of the programme is volunteer WELL champions, who are a core part of delivering the WELL programme in Departments. Their training has been accredited by SkillsActive and Volunteer Now, and we run a number of WELL dedicated health days. Those are linked into national health events such as No Smoking Day, Heart Week, and so on. There are a dozen or so of those national health events through the year that we particularly focus on and that our programme will link in to.

Departments also run their own health-promoting events. The video shows a particular example from the Department of Justice (DOJ). Minister Wilson launched the charter in April 2012, and these images show him before and after his health check. Engagement is a big part of what we are trying to do with the programme. We try to engage face to face with people or in other ways — for example, through the website. I will update you on the number of visits, but over 60% of staff have accessed the website. It is an Internet website so staff can access it from home, and we are particularly keen that that would be the case. A series of WELL roadshows has been run across the service. Over 80 have been delivered, and they provide information, advice and an opportunity for certain basic health checks. Those are very well attended.

We look at the modifiable health risks, such as nutrition, weight management — that is particularly important given the Chief Medical Officer's report published today — physical exercise, quitting

smoking, managing alcohol intake and managing stress. As I said, this is a multicomponent programme that looks at all those modifiable risk factors. A lot of the initiatives are generated through the WELL champions in various buildings and offices, and it is very much a bottom-up approach that also has support from the top. We share a lot of personal stories from people who have, through the programme, gone to their doctor because their blood pressure has been found to be high or they have had other health issues that they have been assisted with. The programme was one year old in September last year, and we had a WELL champions' convention that was supported by the head of the Civil Service.

I will move on to cover some of the items in the briefing paper, starting with the WELL programme and giving a little more detail. It is the corporate health and well-being programme for the 26,000 employees of the Northern Ireland Civil Service. It has a charter for health and well-being, which I mentioned. There is a WELL strategy and a WELL support team. Uniquely in a corporate approach to health and well-being, we have a network of volunteer WELL champions. We deliver WELL roadshows and, as you saw in the video, there is an interactive and innovative WELL website.

The aim of the WELL programme is to deliver the health, well-being and engagement programme, building on existing good practice, because when it was in development a number of years ago, we were aware that lots of things were happening to promote health in Departments, and we wanted to build on that. It is a multilevel strategy for positive organisational and individual healthy behaviour change, and an important component is the volunteer champions whom I mentioned. The support team supports the volunteer champions network and delivers key messages, and organises health interventions and activities. The various components are linked together through the interactive WELL website, which also has a section for WELL champions. Staff are able to go on and see who the WELL champions are, and WELL champions can add activities and events that they are going to run in their Departments.

The programme raises awareness among staff about common health conditions such as obesity, diabetes, heart disease, cancer, mental ill health and stress. Clearly, these have the potential to impact, and do impact, adversely on individuals, their families, performance at work and sickness absence. Advice is offered on how to improve health by undertaking positive health behavioural change, with interventions provided that encourage healthy eating, weight loss, quitting smoking, increased physical activity, cancer screening and building resilience. Employee engagement and commitment is addressed by supporting and empowering employees to get involved and to take an active interest in improving their health, well-being and motivation. We see the programme as something that is delivered by people for people in Departments rather than something that is done to people. We hope that that will help to create a more productive, attractive and corporately responsible place to work.

The programme plays an important part in empowering employees to make informed choices, and we recognise the importance that employee well-being has in creating and maintaining a motivated, engaged and productive workforce. In developing this well-being community in the Civil Service, it is also the intention that it will benefit not only the organisation and the quality of life of our workforce but the families of staff and the wider public health of the population.

One of the interventions that we run is known as the lifestyle and physical activity assessment (LPAA). We run that in the occupational health service. In 2012-13, over 700 participants came down for an assessment. You pedal on an exercise bike that is linked to a computer programme, and the grading of the weighting on the bike is increased, so you have to pedal a bit harder. That gives an indication of your aerobic fitness. It also assesses a range of other issues such as diet, weight, alcohol intake, smoking and level of physical activity. When staff complete the assessment, an indication is made to them on whether they need to make a healthy lifestyle behavioural change. We follow that up at six months. We find that quite a high number of staff make a change. At six months, over 70% are eating more healthily, 69% are taking more physical exercise, 64% have lost weight, 17% have reduced their alcohol consumption and four out of 21 smokers have made, and successfully maintained, a quitting attempt. That is quite a good out-turn for a programme of this type, which, for example, does not offer nicotine replacement therapy. It can be estimated that quitting has added 1.2 years — known as discounted life years — to the life of each of those four ex-smokers. In total, 4.8 years of life were saved for those four people who quit smoking following attendance at the programme. Research has also shown that smoking cessation can be directly linked to productivity gain at work.

Since its launch in September 2012, and in addition to the LPAA, the WELL programme has recruited and trained over 170 volunteer WELL champions across the organisation and from a range of grades. That training has been accredited externally by SkillsActive and Volunteer Now. You will have seen

from the video that we have delivered over 80 health and well-being events and engaged with over 5,000 staff at those events, 3,000 of whom indicated that they would make a positive healthy lifestyle change.

At its core, the programme is about engaging with staff and nudging them to make a healthy lifestyle change. The website has had over 30,000 staff interactions since its launch in September 2012, and over 16,000 staff members have engaged with the website, which is almost two thirds of the entire workforce. We send out health and well-being e-zines; to date, almost a dozen have gone out. They go out to all staff who have access to a computer, and, for staff who do not, to terminals.

A survey was carried out recently, and we can compare its data with data from a similar survey two years ago. It is 2013 versus 2011. There has been a 2% increase in the employee engagement index, which measures how engaged civil servants are with the organisation, and in the WHO-Five Well-being Index, which is a simple and basic measure of an individual's health and well-being.

You will be only too familiar with sickness absence. In 2009-2010, 11% of working days were lost. That came down to 10.6% in 2012-13. The figures oscillate. I have been in the Civil Service since 1992, and, when I joined, the number of days lost was in the region of 16 to 17 days, so it has been on a downward trend. The percentage of staff who took no sickness absence in 2009-2010 was 50.1%, compared with 52.3% in 2012-13, an increase of almost 4.5%. The percentage of staff absent with a mental health condition in 2009-2010 was 30.5% of all absence, compared with 29.8% in 2012-13, representing a modest decrease of 2.3%, but at least it is moving in the right direction.

We believe that the WELL model represents an innovative approach to delivering health and well-being in an organisation and could indeed serve as an example for others in the wider public sector in Northern Ireland.

If you are content, I will move on to the cycle-to-work scheme.

**The Deputy Chairperson:** That will come up during questions and answers. Patricia, do you want to add anything at this stage?

**Ms Patricia McQuillan (Department of Finance and Personnel):** I have nothing to add about the WELL scheme. Professor Addley has covered that comprehensively. I will deal with a later aspect of the paper, if you are content.

**The Deputy Chairperson:** Fair enough. Last week, we heard evidence from the Institute of Public Health about how schemes such as the WELL scheme can be more successful if there is buy-in from senior management. Is that the case in the NICS?

**Professor Addley:** In delivering a health and well-being programme in an organisation, it is extremely important, among other things, to have senior management buy-in. The WELL programme is supported by the head of the Civil Service, as you saw in the video. He is a robust supporter of the programme. Permanent secretaries are behind the scheme, as are HR directors. I am content that the level of senior management buy-in is what we would want it to be.

**The Deputy Chairperson:** Towards the end of your presentation, you cited statistics about how the WELL scheme has improved things for the staff. Has any evaluation been carried out to compare the costs of the programme with its contribution — for example, to a reduction in the number of working days lost?

**Professor Addley:** The cost of the programme over a year is approximately £4 a head. In my presentation, I said that, by reducing average sickness absence from 11 days to 10.6 days, the 0.4 day gained equated to £1.6 million. When we balance that against the indirect cost of sickness absence, you can see that it is a very cost-effective programme.

**The Deputy Chairperson:** You mentioned the cycle-to-work scheme. Has any work been carried out to increase the availability of the type of facilities that might encourage more people to participate — for example, the provision of secure, weatherproof cycle-parking facilities at workplaces, changing rooms and shower facilities?

**Professor Addley:** The cycle-to-work scheme is not directly under our remit. However, the information that I have to hand indicates that, as of December 2013, 12,000 civil servants were participating in the scheme. That equates to about 4.5% of the total staff. The average uptake in the UK of the cycle-to-work scheme is around 4%, although, interestingly, in those organisations that are predominantly male — fire and rescue services and engineering works — it tends to be 10% or more.

This information was provided in answer to a question previously asked: 111 NICS buildings have shower facilities installed. DFP's properties division is responsible for 37 of those, and my information is confined to the buildings that are under the remit of the properties division. Of those 37 buildings, 50% have covered cycle racks, and the number of staff employed in those buildings is almost 10,500. It is a big group of staff. There are other buildings that I do not have information about, but if you would like me to find out that information, I could do so and provide it to you.

**The Deputy Chairperson:** That would be useful.

To what extent has mental health first aid been rolled out to NICS staff?

**Professor Addley:** We are considering putting that programme in place rather than it being in place. Given the predominance of mental health issues, both in regard to sickness absence and the ill health retirement of staff, we feel that a programme is needed that will raise the awareness of mental health issues across the workforce. This programme seems to be a cost-effective way of doing that. We are working up a paper on mental health first aid to present to the HR directors' group as part of the NICS people strategy 2014-15 in order to outline the benefits of mental health first aid to the Civil Service.

Evaluations that have been undertaken in organisations in which mental health first aid has been delivered have shown that it is very positively received by staff. Staff have increased confidence in dealing with the issue of mental ill health. The programme covers depression and anxiety, other serious mental illness and suicidal behaviours and self-harm. The evaluation has also shown that it reduces stigma in the organisation among those who attended the sessions. I feel that the high reporting of mental health problems in the workforce would be a reason for us to look at this programme, which is being rolled out across the UK and is already being delivered in Northern Ireland. A number of people have been trained to provide the programme through the Public Health Agency.

**The Deputy Chairperson:** What has been done at NICS catering outlets to promote healthy eating, particularly in relation to the Caloriewise scheme?

**Professor Addley:** The WELL programme addresses healthy eating, and, as I said, the Chief Medical Officer's report published today indicates that the levels of overweight people and obesity continue to increase. Lots of initiatives are run in order to provide people with information and advice on nutrition. I am not sure how many catering facilities remain in the Civil Service, but my experience is that they provide opportunities to choose to eat from a salad bar, and there is a range of healthy options. The difficulty, as acknowledged by the Chief Medical Officer, is getting people to go to a salad bar rather than opting for chips.

The catering organisations are, of course, in it to make a profit. Although this is not the be-all and end-all, if people are not using the salad bar and food is being wasted, we need to do more to try to nudge people, help them to make an informed choice and move them towards healthy eating and away from those foods that we know are not good for them.

**The Deputy Chairperson:** Could any further steps be taken to ensure a more systematic approach to workplace health promotion?

**Professor Addley:** The WELL programme was put in place to develop a corporate model. As part of that development, we were trying to create a coherence in the NICS as an organisation. It is a big workforce of 26,000 people, and the employees are spread across the Province. In developing the programme, we tried to have an identifiable brand with a network of volunteers who are in offices and delivering programmes that people are interested in participating in. We also have the WELL website, which I already covered. It has a wealth of health advice and information, self-check tests, and so forth, and links to other sites, particularly for mental health issues. Its coherence indicates that the WELL programme is quite a good example of its type.

**Mr I McCrea:** Your presentation has been beneficial. You said that you wanted to encourage and empower employees. That is important, but there will always be those people who do not think that

this is for them, regardless of their level of health and well-being, whether it is mental health or general sickness, obesity or whatever. They may be too embarrassed to come forward and say that they want to benefit from the programme. How do you reach those people? I have probably answered the question myself, but have you looked at any way of ensuring that such people can be reached?

**Professor Addley:** You are absolutely right. In 2014, there can be very few people who do not know what they should be doing about what they eat, the amount of exercise they should take or whether they should continue to smoke. Ours is, in some ways, a light-touch programme that tries to encourage people; it is not a gymnasium-type approach whereby people would look through the door of a gymnasium and decide that it was not for them because everyone else looked in much better shape. We work in offices and buildings to deliver those health promotion messages in the context of where people work so that there is peer support, and so forth. We have to keep chipping away to get the message across and provide people with activities in which they can participate. We hope to increase the number of people who will see that, if they make some changes, they can extend not only the length but the quality of their lives.

**Mr I McCrea:** The work environment is important. People work in buildings, especially in rural Northern Ireland, where there may be damp in the walls, and the walls may not even have been painted in a long time. It may not be the best environment for people to work in. They go to work feeling worse, and they would rather stay at home. Is the working environment a factor? Is it about the four walls around you rather than the people you work with?

**Professor Addley:** That is another good point. It is not just about health; it is about other issues that impact on health and, importantly, well-being. Certainly, the physical state of a place of employment is very relevant. However, I believe that the Civil Service is a very good employer and, by and large, has very good premises. We have a robust network of health and safety advisers who make sure that there is compliance with all the requirements on the health and safety front.

For me, it is about people who do not work in offices but are outside on the roads, up mountainsides and in forests, whose jobs are in an environment that is a little more hazardous and harsh. Where your general point is concerned, I can say that yes, the work environment that people have to come into is extremely important in the physical sense but also psychologically, in how people feel about coming into work and carrying out the work that they do. We heard about customer-facing jobs, and, undoubtedly, in all organisations, an employee having a customer-facing role with a member of the public can create its own pressures and stresses. That is particularly the case when the role involves taking something from the individual such as rates, car tax or whatever — maybe car tax was not a good example to mention. That can create real difficulties for people, and there are a litany of issues around the whole psychological contract at work and what people expect to get out of it. That will feed in to job satisfaction, employee engagement, motivation to be at work and so forth.

**Mr A McQuillan:** It was a very interesting presentation. That is something that I would be encouraged to do. I always do a wee bit, fall off the wagon and then get back on it again. I think that the 170 WELL champions are the most important people in the cog. How do you keep them motivated and active and coming up with different programmes to keep people interested in and responding to what they are doing?

**Professor Addley:** Before I answer that, I want to say that, if you or any of the Committee members want to come down to our building and undergo the lifestyle and physical activity assessment, you would be very welcome.

**Mr Mitchel McLaughlin:** All of us.

**Mr Cree:** Good idea.

**Mr A McQuillan:** I think that that is a good idea, to tell you the truth.

**Professor Addley:** We can certainly do that so that you can get a feel for what it is.

**Mr Weir:** The computer says that you died in 1997.

**Professor Addley:** I do not know what way that would work, but I am sure that you could get in touch with us and we could get something set up. It can be a difficult enough issue to deal with — sorry, I have forgotten your question.

**Ms P McQuillan:** It was about the champions and keeping them motivated.

**Professor Addley:** Yes. One of the really innovative bits of the WELL programme was having volunteer WELL champions from the workforce. When we look at who those champions are, we see that they are from across all grades and genders. That is really good, because it is building the community for health and well-being in the workforce. It is not some big programme that rolls up in a bus, although those are quite good. This is a different approach.

How do we maintain them? There is a WELL support team that interacts with all the WELL champions and that provides the training for them and menus of opportunities to deliver programmes. There is a knowledge-sharing element to it so that different champions from different buildings can share what sort of events they have been able to put on. In some buildings, there really is huge buy-in to that process. In our own building in Great Victoria Street, the Lincoln Building, we have a WELL champion, and a nutritionist is coming in a few weeks to talk to staff. We have also been running other things. It is a six-storey building, and we are on the ground floor. Some of our staff will get up from their desk twice a day and walk to the top and back down again. So, those are very simple things. You do not need expensive equipment to do that. Lots of people out there are prepared to come in and talk to staff and to do those things free, gratis. It is about trying to build on that and to harness that energy. I had a picture from the WELL convention last September, which was the first anniversary of the programme, and the energy in the room from the almost 100 champions who were able to attend was really great. People want to be part of it and want to be part of trying to improve not just their own health and well-being but that of the people they work with.

**Ms P McQuillan:** You also have the local champion. Initiatives are happening in our building, and there are different types of initiatives in many other buildings. There is peer pressure. Four or five people might engage initially, and it suddenly snowballs, because other people see them doing it. We are hoping to get the people who maybe need to do it the most and the ones who are not interested on board.

**Mr A McQuillan:** It would give those who are not interested a wee bit of encouragement to go along and take part.

Do those 170 people have to do this on top of their work? If they are volunteering to do it on top of their work, how do they fit all that in?

**Professor Addley:** When we looked at how this might play in, we did not want to be too prescriptive and say that 2% of your time will be spent doing it. So, we decided to adopt a first-aider model. First-aiders do not have an element of their work time set aside for first aid provision; they provide that as and when. As I said, there is light-touch approach to it. Managers in local areas have bought in to it and have given the WELL champions the flexibility that is required to be able to put on events for staff who are working in that area. So far, we have not had any particular issues — at least, I am not aware of any. It is an important point for employers that somebody cannot be off doing this when they should be doing their job. So, it is a light touch, and it seems to work.

**Ms P McQuillan:** The human resources and departmental human resources (DHR) people have bought in to it as well. So, there is a process for people to apply and for support to be given through line management in DHR.

**Professor Addley:** I think that this links back to a question that the Deputy Chair asked about senior buy-in and commitment from the top. That is very much there in all Departments, so line managers know that they have the scope to facilitate the delivery of these types of things in the workplace.

**Mr McCallister:** It is interesting. I think that you are dying to come down to give us an MOT. That might be welcome, but I know that Peter is maybe a little nervous about that.

Given the savings that you have made and identified, do you see the programme being expanded? From memory, you have dropped the average absence from 11 days to 10.4 days. So, you have made gains and recouped some of the costs of running the programme. Is there a way that you could



expand this by saying, "Look, it is actually working"? Are you seeing a correlation between good physical health and mental health to the extent that we are seeing pretty good savings and absences reduce across the board because people's health is improving generally? Are you seeing any particular trends in the reasons for absence starting to change slightly?

**Professor Addley:** That is a good point. I need to be cautious in saying that what we are doing can be directly linked to changes in sickness absence. It is certainly part of a suite of measures, and it is important as far as the health element is concerned, particularly mental health problems. As I said, when I joined the Civil Service in 1992, the number of reported cases of mental ill health was not as high as it is now. There has been a real change in that not just in the Civil Service but across all organisations in Europe. I suppose that that reflects the degree of mental ill health in the community.

Where expanding the programme is concerned, it was to run for three years, and that three-year period ends at the end of March next year. We are in the middle of carrying out as extensive an evaluation of it as we can along the lines of the information that I gave you in the presentation. We will put that to the HR directors' group for it to determine whether it wants to continue with the programme.

A short timescale in the arena of health promotion, healthy behaviour and lifestyle change is three to five years. If you are looking to make inroads into other conditions and so forth, it will take a long time to work its way through. We would like to think that our programme is playing a role in reducing the reporting of mental ill health as a reason for sickness absence. As I may have indicated, the number of people who have not had any sickness absence has gone up a little bit. We are not a research organisation, but we look at primary research done in other areas where the provision of certain things will make other things happen. If we are replicating that, we would like to think that we could get those same benefits. Although we have evaluation as a key component of the WELL programme, there is an evaluation panel, which I chair, and we look at evaluating all the various components, particularly the engagement element. In delivering health promotion, we want to engage with people. So, we have engaged face to face with over 5,000 people so far in 18 months. There have been over 30,000 website hits, and two thirds of the workforce have access to the WELL website.

In answer to your question about expanding the programme, we will certainly evaluate it, and we will put forward the proposal to HR directors that it continue for a further period of time. We have put a lot of effort into building the brand so that people can identify with it, and we would like to think that the service will continue with it when it sees the results of the evaluation.

**Mr McCallister:** I entirely accept your point that three years to turn around behaviour and to get people to engage and take responsibility for their own health is a relatively short time. Have you had much buy-in or support from the Public Health Agency in delivering any of this? Has it made some of its professionals available? I would have thought that it might be very interested in looking at that type of programme. I think that a robust evaluation of anything like that is important. If it proves successful, we would want to keep it. In fact, we would want it to be an exemplar not only to other parts of the public sector but a model that large private sector employers could look at and say, "Is this something that we want to engage with? Do the benefits outweigh any of the potential costs?"

**Professor Addley:** In developing the model, the Public Health Agency was part of the team that I chaired, along with the Health and Safety Executive for Northern Ireland, staff representatives and the Ulster Business School. We were able to look at the research in the context of what seems to work with these programmes. We continue to liaise with the Public Health Agency about the programme content. Self-praise is no praise, and this is not for me but for the programme, but I think that the programme is a very good example of how a corporate programme could be put together. As was intimated in the presentation, I feel that it is a useful public sector model that others might want to look at. I appreciate your support for the programme going forward beyond the three-year period, which will end at the end of March 2015.

**Ms P McQuillan:** When the programme was developed and we were rolling it out at the early stages, people became aware of it, and people from outside the Civil Service approached us as they were interested in coming on board. However, the programme was built for the Civil Service, and the resource was there to deliver for the Civil Service only. So, we did not want to dilute that impact. I just want to let you know that others are interested in it and are looking at it.

**Mr Mitchel McLaughlin:** My question has been pretty well covered. I was indicating that I was satisfied.

**Mr Cree:** I have a particular interest in mental health, which you touched on a little. We are pretty good at developing procedures, policies and programmes, but I wonder to what extent mental health problems are generated in the workplace and by the workplace environment. There is stress, anxiety and all that sort of thing. How much is attributable to work? Should we not look at the way that we work, what we do and how the structures operate in offices?

**Professor Addley:** You are absolutely right that the impact of how we work, how it is constructed, how people are managed and so on will play in to their psychological state. When we measured the reporting of stress in the Civil Service, in the last survey, which was, I think, in 2009, we found that the level of reporting by people feeling very or extremely stressed was of the order of 20%. In that group, people who were saying that they found difficulty coping with stress dropped to about 10%. So, it depends how you measure it. We have to look at how work is organised, and we have to look at people's expectations of doing jobs. We have to make sure that line managers play a really important role in how they deal with their staff, particularly where issues of pressure and stress at work are concerned. There will be occasions when an individual will have difficulty that is solely related to their work, but, of course, people are under a lot of pressure outside work as well. There is that work/life balance component where people are kind of juggling things, and it can sometimes be difficult.

**Mr Cree:** I am looking at the managing sickness chart in the Northern Ireland Civil Service. It does not seem to be very user-friendly from the interviewee's point of view.

**Professor Addley:** What chart is that?

**Mr Cree:** It is the chart on how we manage sickness in the Civil Service, and it shows the various stages that are involved, including self-certification, interviews and all that sort of stuff. There is not really much in that to suggest that it is a caring organisation or that suggests a link to mental health in particular.

**Professor Addley:** I am sure that I have seen the document that you are referring to. Recently, there have been two online sickness absence courses for all staff in the Civil Service. There has been one for line managers and one for staff, and that takes them through the whole sickness absence process in a short online training package of about 20 minutes. In that package, the WELL programme is mentioned as a source of help and support, as is Carecall for external counselling, as well as the welfare service. So, although it takes people through the different processes and procedures, which, I guess, have to be set out in a step fashion, both those programmes indicate where staff can go to get assistance. Is there anything that you want to add, Patricia?

**Ms P McQuillan:** No, except to make a point on circumstances in which where people are struggling. Under the Carecall programme, which Ken mentioned, people are entitled to six individual one-hour face-to-face counselling sessions. Those are available to every civil servant and to their family. It is free of charge, and the Civil Service pays the costs. That is an excellent first port of call for people who might have some anxieties or stresses by getting in early and helping them to deal with those.

**Mr Cree:** Thank you for that. The trouble is, of course, that people do not like that because of the stigma that is attached to it. Although this is outside your brief, I have seen people coming into the benefits system with physical problems, and, by the time that they go through that system, they have mental problems. It is the system that is causing that link in the chain between stress, depression and anxiety. There are supposed to be mental health champions, but I have not seen too many of them about. If it happens outside work, there is no help.

**Professor Addley:** A model of illness that is topical at the moment is what is called the biopsychosocial model. You have the biology of the health condition itself, which is the illness or the disease. You have the psychological aspect of how a person is affected by that psychologically and how they deal with it, and you have the social aspect of it, which concerns their background, culture, what they are used to dealing with and how all that plays out. All those are in there, but, as you rightly point out, the benefits process is not within my bailiwick. However, I can understand what you are saying.

**Mr Cree:** Thank you for that.

**Ms Boyle:** Most of the areas that I wanted to ask about have been covered. However, I will follow on from a question that Ian asked about employees who are vulnerable and hard to reach. We are talking about reducing days off through sickness and ensuring emotional health and well-being, but is there a specific piece of work that you were undertaking with employers on encouraging employees to take time off? Obviously, a lot of people who are working may need to take time off, through ill health or whatever, but because of issues to do with being the sole earner in the house, they cannot afford to take time off work. Professor, was a wee bit of work done on encouraging people from the sector to go off sick?

**Professor Addley:** It is a fair enough question, but most of our work is geared towards preventing people going off sick, or, if they are off sick, facilitating an early return to work.

We carry out about 4,500 sickness absence assessments every year. From time to time, we have to say to people, "Actually, I don't think you should be at work". However, that decision is more likely to be taken at GP level, when an individual goes to their GP with a particular issue and the GP advises them that they should not be at work.

**Ms Boyle:** I perfectly understand that, but that is probably part and parcel of it — people will not go to the GP because of what they may be told, especially if they are the sole earner. I am aware of cases where that has happened.

I have one more question to ask, if you will allow me. In your stakeholder engagements with other sectors or whatever, have you identified any models of good practice that are already out there that employers implemented?

**Professor Addley:** Yes. It took two years to put the model together. We looked at what other organisations were doing and so forth. Sometimes things are not that transferable. It is easier to get a behavioural change in a small group of people than it is in a big group. So, when we found what we thought was transferable, we used that. The primary research for all this concerns senior commitment, involving employees in the design of a programme, identifying modifiable risk factors, engaging with staff, getting buy-in and, increasingly, trying to evaluate the benefits. That type of approach is fairly consistent. We have added to that by putting in the network of volunteer champions and the WELL website. Those are two key components that make our WELL programme in the Civil Service unique.

**The Deputy Chairperson:** Thanks very much, Ken and Patricia. Can I ask you in future to do your bit to ensure that any papers that may be relevant get through the process in good time so that the Committee receives them at the appropriate time? The Clerk will write to you about some follow-up issues that have arisen during this session, as you agreed to provide further information on those. Thank you very much.