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“THERE’S A FAST-CHANGING AGENDA BEYOND PAY AND REWARD, THAT REACHES OUT TO HUMAN RIGHTS AND THE ENVIRONMENT”

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THE PANDEMIC MAGNIFIED HEADLINE INEQUITIES, BUT ALSO LAID BARE THOSE CONCEALED ACROSS SOCIETY. THE CRISIS HIGHLIGHTED INEQUALITIES IN THE WORKPLACE THAT NEED ADDRESSING. MANY HEALTH AND WELLBEING BENEFITS ARE FUNDAMENTALLY NON-INCLUSIVE, FROM WOMEN EXPERIENCING GREATER MENTAL HEALTH ISSUES, DUE TO THE PRESSURE OF JUGGLING WORK AND CHILDCARE, TO FRONTLINE WORKERS HAVING THE LEAST ACCESS TO HEALTHCARE BENEFITS.

ARTICLE BY LOUISE ABBS, MANAGING DIRECTOR - PAM WELLBEING

A recent *Health at Work Report*^{*}, highlighted how the pandemic affected different sections of the population. This also revealed that seven out of ten (69 percent) black employees and five out of ten (50 percent) of Asian employees lost a loved one during the last year, compared to four-out-of-ten (38 percent) white employees. Men were three times as likely to have become drug-dependent in the last year (12 percent compared to four percent of women). Meanwhile, women were more likely than men to have been diagnosed with clinical anxiety or depression (28 percent compared to 21 percent).

Older workers, aged 55 and over, were most at risk of delayed access to front-line healthcare and the most likely to have diabetes, a heart condition or chronic musculoskeletal (MSK) pain, such as arthritis or the need for hip replacement surgery. While younger workers were the most likely to say they were being given little or no support to stay healthy and the most likely to have long COVID, which has affected one in ten (ten percent) employees in this age group. Overall, nine out of ten employees (86 percent) believe their employer has responsibility for their wellbeing, yet two out of five (19 percent) say their job has undermined their health or made them sick. This is despite employers investing record amounts in health and wellbeing over the past year and health becoming a boardroom issue. All of which means the days of attempting to roll out one-size-fits-all wellbeing strategies, or the benefit with the most appeal to the most people, are at an end. Even if you just have a handful of employees struggling with a particular issue, be it burnout, addiction, grief, loneliness or long COVID, to be a truly diverse workforce you need to make everyone feel

cared for. Not least as with the 'great resignation' underway, employees who don't feel cared for are prepared to walk.

The *Health at Work Report* shows that one-in-two (51 percent) employees who were given proactive help to stay healthy were less likely to want to work elsewhere, compared to one in twenty (six percent) of those employees given little support. Going forward, employers must not only offer a much more diverse range of wellbeing services but also promote them using language written to appear to different demographics. For example, when promoting mental health services, men respond better to positive messaging: "Be the best that you can be," rather than: "Do you need help?", which requires positively showcasing the benefits of talking to a counsellor, rather than negative images of someone looking depressed. Messaging needs to be delivered in different ways and by people from similar backgrounds. This also requires ensuring the healthcare providers you work with also employ a diverse range of individuals, so employees can be supported by professionals who they can relate to. This in turn requires reviewing data about how your wellbeing services are being utilised, to see which groups aren't aware of or don't see certain benefits as being relevant to them. Alternatively, relax eligibility requirements to make services available to non-permanent and non-full-time staff, or introduce subsidies to make services, such as blood testing, once only accessible to senior executives, available to everyone.

REFERENCES

^{*}Health at Work Report, PAM Group, October 2021

FOR FURTHER INFO
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