

Survey report
September 2025

Health and wellbeing at work

The CIPD has been championing better work and working lives for over 100 years. It helps organisations thrive by focusing on their people, supporting our economies and societies. It's the professional body for HR, L&D, OD and all people professionals – experts in people, work and change. With over 160,000 members globally – and a growing community using its research, insights and learning – it gives trusted advice and offers independent thought leadership. It's a leading voice in the call for good work that creates value for everyone.

Simplyhealth is committed to improving healthcare access for all, with a particular focus on providing affordable, targeted workplace healthcare. This helps address the key drivers of sickness absence – helping people stay healthy, remain in work, and recover faster if they fall ill. It simplifies access to healthcare by removing barriers and reducing costs, providing fast, 24/7 GP and mental health support, health cash plans, and a range of pay-as-you-go services. No GP referral or pre-approval is required, and the majority of plans cover pre-existing conditions. With over 150 years of experience and status as a B Corp, Simplyhealth reinvests profits to make healthcare more accessible for everyone.

Survey report

Health and wellbeing at work 2025

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1 Foreword

For 15 years, the CIPD and Simplyhealth have collaborated on the *Health and wellbeing at work* report, reflecting a shared commitment to improving workforce health. Ill health currently costs the UK economy £150 billion annually, with over 2.8 million people economically inactive due to long-term health conditions.

Encouragingly, more employers are developing standalone wellbeing strategies, with 74% believing senior leaders prioritise employee wellbeing – up from 61%.

Employers believe investment delivers measurable returns, including improved health and wellbeing (54%), increased employee engagement and reduced sickness absence (both at 39%), and enhanced performance (38%).

However, the report reveals another record high for absence levels: 9.4 days in 2025, up from 7.8 in 2023. These levels reflect broader societal trends, including an ageing workforce and a rise in long-term health conditions.

Mental ill health remains a leading cause of both short- and long-term absence with stress also a significant cause, as well as musculoskeletal issues.

The report shows the most common challenge for health and wellbeing next year is securing budget amid economic pressures. Cost-effectiveness and ease of access are the key factors organisations consider when selecting benefits.

Workplace healthcare must be more equitable, reaching all employees with accessible, preventative support that includes those with pre-existing conditions. Traditional benefits often create cost and access barriers, especially for lower-paid workers with multiple health issues. Simplyhealth works to remove these barriers, helping people stay well and recover faster, particularly those facing greater health inequalities.

Employers have an important role in supporting their people's health and are uniquely positioned to enable a preventative approach to health and remove barriers to healthcare access.



Paul Schreier
Chief Executive Officer,
Simplyhealth

2 Introduction

The CIPD's 2025 *Health and wellbeing at work* report, supported by Simplyhealth, examines health, wellbeing and attendance trends and challenges. Now in its 24th edition, the report presents evidence to help employers and their people teams make informed decisions about their health and wellbeing policies and interventions to improve employee and organisational outcomes.

HR teams are integral to the effective implementation of wellbeing interventions and we know people professionals feel a keen sense of responsibility for people's wellbeing. It is also important that people professionals prioritise and are mindful of their own wellbeing, which can be overlooked in a pressured and fast-moving operating climate.

The report is based on a survey of 1,101 HR and people professionals or management-level employees with major HR decision-making involvement or influence in their organisation.

3 Key findings

A sharp increase in sickness absence

- Average absence levels have increased to 9.4 days per employee per year, compared with 7.8 days in 2023 and 5.8 days in 2022.
- Mental ill health is the top cause of long-term absence (41% of respondents citing it within top three causes) and minor illnesses by far the main reason for short-term absence (78%).
- However, mental ill health is the second main cause of short-term absence (29%), with stress a major cause of both short- and long-term sickness absence (26% and 28%, respectively).

More organisations are taking a strategic approach to wellbeing

- The proportion of organisations with a stand-alone wellbeing strategy has increased from 44% in 2020 to 57% in 2025. This shows that more organisations are designing their wellbeing activity to support multiple aspects of wellbeing, such as positive values and principles, mental health and personal growth.
- Nearly three-quarters (74%) of respondents agree that employee wellbeing is on senior leaders' agendas, up from 61% in 2020. Line manager buy-in to wellbeing is also on the up, from 58% in 2020 to 75% in 2025.
- There is a considerable focus in some areas on supporting people if they are affected by wellbeing-related issues through the life stages, particularly in the case of caring responsibilities for young children (75% of organisations), bereavement (67%) and chronic health conditions and disabilities (67%).

Preventing stress and supporting mental health requires concerted action

- Nearly two-thirds (64%) of organisations are taking steps to identify and/or reduce stress in the workplace, but only half (50%) of organisations overall think their efforts are effective. Heavy workloads stand out as the top cause of stress-related absence (41% of those organisations reporting stress-related absence).

- The overwhelming majority of organisations are taking action to support employee mental health at work, with just 12% choosing not to take any steps. The top three measures are access to counselling services (43% of employers), phased return to work and/or other reasonable adjustments (43%), and offering an employee assistance programme (41%).
- Only a minority of organisations train line managers to support mental health (29%). Those that do so report more positive findings in terms of managers' confidence to spot the early warning signs of mental ill health and have sensitive conversations with employees; for example, 73% of employers who train managers agree that 'managers are confident to have sensitive discussions and signpost staff to expert sources of help if needed', compared with 57% of those who don't offer training.

Working from home can lower absence and boost productivity

- Over a third (36%) of organisations with employees working from home say that sickness absence rates have decreased as a consequence, compared with just 16% reporting an increase.
- Respondents are twice as likely to report that productivity has increased (33%) than decreased (16%) as a result of homeworking.
- Overall, over a third (35%) of organisations report that 'presenteeism' (working when unwell) has risen as a result of employees working from home.

Investment challenged by rising costs but the benefits are clear

- Investing in employee wellbeing is associated with opportunities for individuals and for the vast majority (90%) of organisations. As well as the chance to improve people's health and wellbeing (54% of organisations), key outcomes can be higher employee engagement (39%), less sickness absence (39%) and enhanced employee performance (38%).
- Finding the budget for employee wellbeing on top of rising business costs is the top challenge for wellbeing (39% of organisations).
- Cost-effectiveness is the main factor organisations consider when selecting health-related benefits (56%).

Most employers offer occupational health services and sick pay

- Overall, 69% of organisations provide occupational health (OH) services for employees, rising to 86% of large organisations with 250 or more employees.
- There is scope for organisations to benefit even more at a preventative and strategic level from the clinical expertise that OH offers, with few using OH services to manage health risks (31%) or develop a health and wellbeing strategy/policies (29%).
- Out of all organisations surveyed, two-thirds (66%) have occupational sick pay schemes for all employees, with nearly two-thirds (62%) believing that the Statutory Sick Pay (SSP) rate (currently £118.75) is too low and should be increased. Three-quarters (75%) agree that SSP should be payable on a flexible basis – that is, paid on a part-time basis in conjunction with wages – to support a phased return to work.

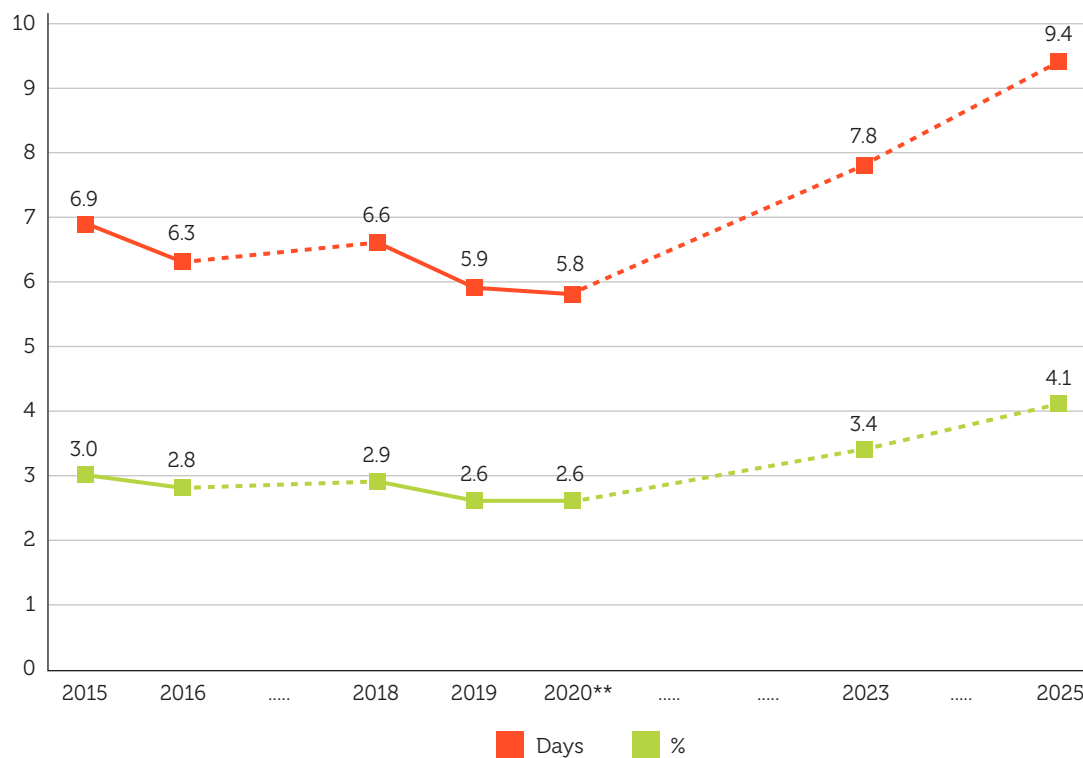
4 Absence and attendance management

Sickness absence rate reaches a record high

In our *2023 Health and wellbeing at work* report, we reported the highest level of sickness absence in more than 15 years. Now, in our 2025 report, we have recorded an even higher absence rate. We explore some of the potential factors behind this rise below.

The average level of employee absence rose to 9.4 days per employee, or 4.1% of working time lost (see Figure 1), marking another record high. This is an increase of 1.6 days compared with 2023, which was also a record high at that time. However, there is considerable variation between organisations.

Figure 1: Average* level of employee absence, per employee per annum



*5% trimmed mean.

**Data collected October to November 2019 before COVID-19 pandemic in the UK

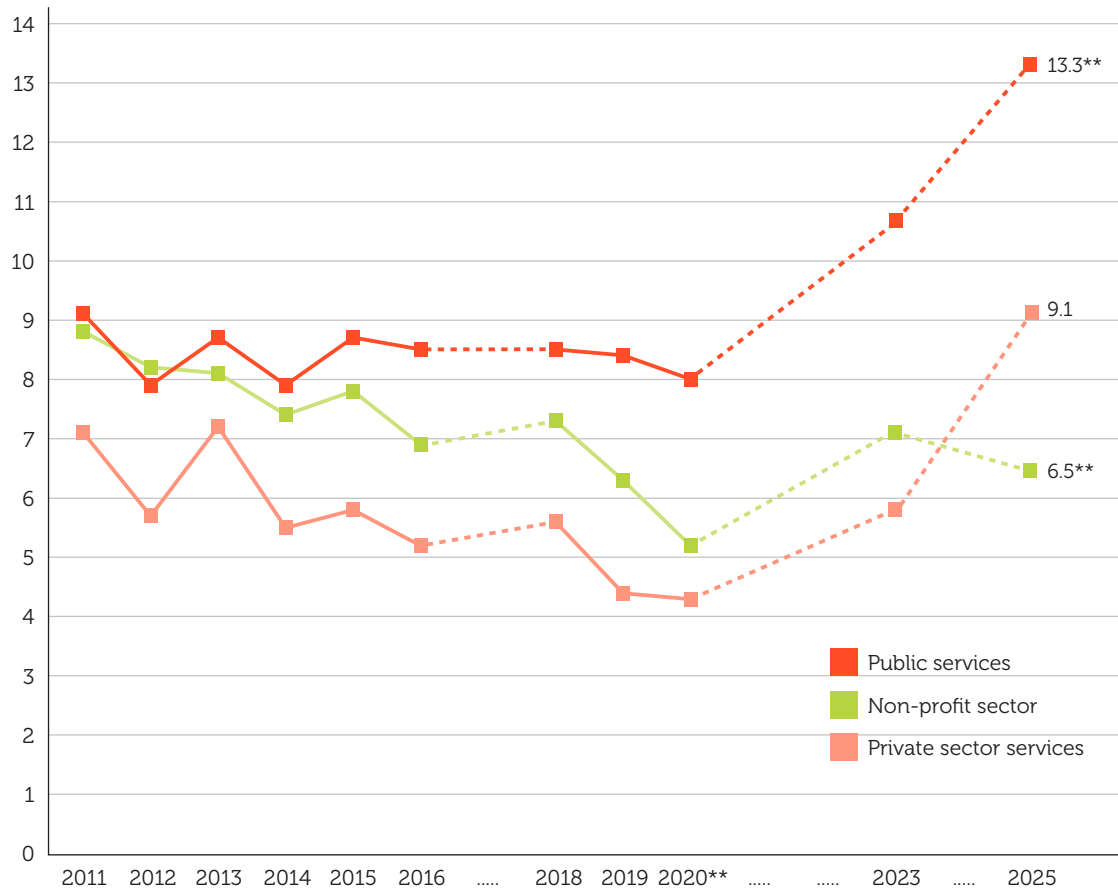
Base: 2025: n=305; 2023: n=290; 2020: n=365; 2019: n=446; 2018: n=443; 2016: n=736; 2015: n=396.

Absence levels have increased across all sectors

Employee absence rates have risen across the board but remain their highest in the public sector, although the small sample sizes and considerable variation within sectors mean these figures should be interpreted with caution (Figure 2).

As seen in previous years, smaller organisations tend to have lower levels of absence than larger ones (Figure 3).

Figure 2: Average number of days lost per employee per year, by sector*

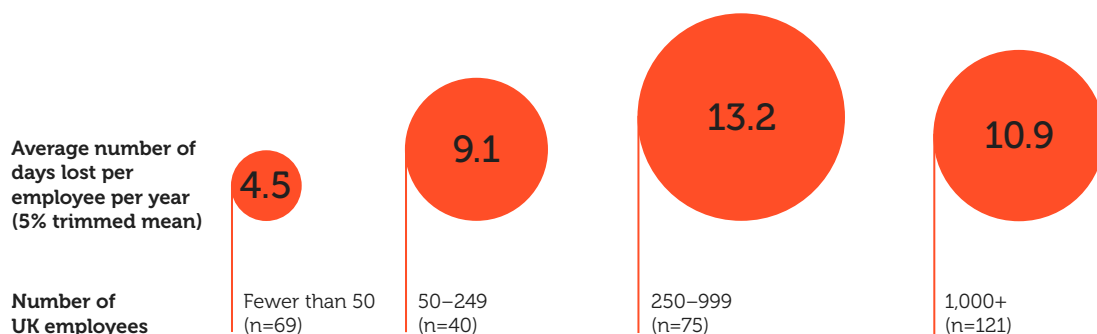


*5% trimmed mean

**small sample sizes so should be treated with caution

Base: private sector: n=247; public services: n=33; non-profit: n=25.

Figure 3: The effect of workforce size on absence levels (%)



Psychological ill health is a major cause of sickness absence

Minor illness remains the most common cause of short-term absence. However, psychological ill health, encompassing poor mental health and stress, features strongly as a cause of both short- and long-term absence.

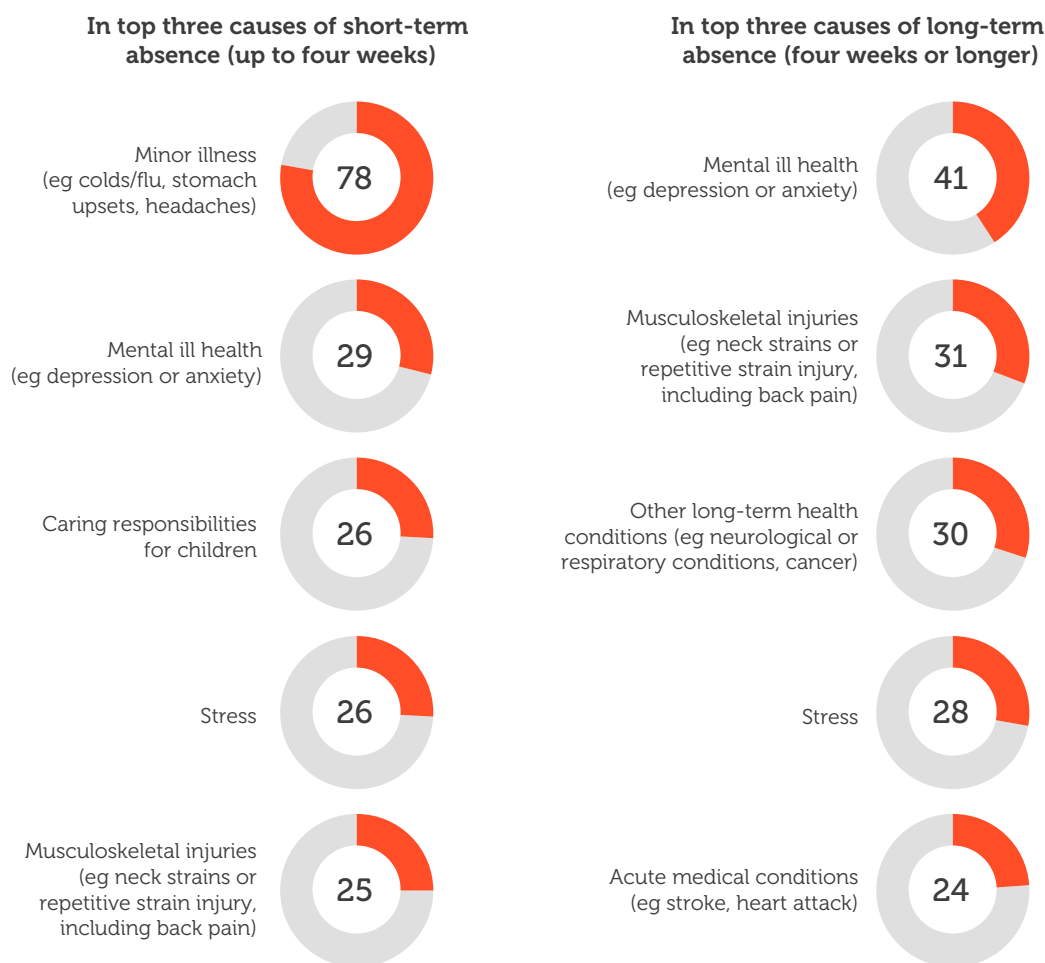
For example, mental ill health is the second main cause of short-term absence and by far the top cause of long-term absence, typically causing absence periods of four weeks or more (Figure 4).

Stress is the fourth most common main cause of both short- and long-term absence.

Public sector organisations and larger private sector organisations (with 250-plus employees) are particularly likely to include mental ill health among their top causes of long-term absence (51% and 50% respectively). More public sector employers also report that stress is among their top causes of long-term absence (41%).

Musculoskeletal injuries are also a major cause of sickness absence, particularly in the case of long-term absence (31%).

Figure 4: The most common causes of absence (% of respondents who include in their top three causes)



Base: n=1,101 (all respondents).

Why has employee absence increased?

The high absence rate revealed in this research raises some important questions. However, there are two crucial questions to answer: Are employees actually less healthy? Do organisations need to manage absence more effectively? The short answer to both questions is 'yes', but there are a lot of factors at play.

This report provides important data about the immediate causes of sickness absence. However, the underlying reasons for such a high absence rate are complex and it is important to look at the wider context affecting health and

work. First, many people are living and working longer. Chronic health conditions and disabilities can develop at any age but are often more commonly seen among older workers, which means people staying in work for longer may be more likely to experience them during their working lives. In 2023, more than 8 million people aged 16–64 reported a long-term health condition that limits the type or amount of work they can do.

Concerns about falling levels of economic participation in the UK and the contributory factor of long-term sickness absence prompted the UK Government Keep Britain Working Review. The discovery phase report points out there “has been a surge in the number of people with work-limiting health conditions between 2015 and 2024”.

To avoid high levels of sickness absence, employers need to understand and mitigate the main risks to people’s health. They also need to ensure that the work employees are required to do doesn’t exacerbate ill health and that they provide appropriate support to help them manage the impact their symptoms can have on their work. This is reflected in recent research conducted as part of the CIPD Good Work Index published in 2025, which found that around a quarter of employees reported their work has had a negative impact on both their mental and physical health.

There will inevitably be occasions where some individuals living with an ongoing health condition need to take time off work. How effectively organisations, and in particular the managers within them, keep in touch with absent employees and manage a sustainable return to work will have a direct impact on the length of sickness absence taken and on many individuals’ ability to remain in work.

What does this mean for HR?

- Analyse your absence data to help inform a deeper understanding of the health and organisational factors driving behaviour and attendance. Combine evidence from other sources (such as occupational health, the uptake and use of health benefits and services, employee surveys and management feedback) and use it to build a strategy based on the main health risks to prevent ill health where possible and avoid/reduce sickness absence.
- Develop a genuine reporting culture around sickness absence and encourage employees to have honest conversations about health issues. This will help you to put the right support in place to encourage attendance.
- Ensure that line managers are confident to keep in touch with absent team members in a sensitive and supportive manner and can conduct effective return-to-work interviews. Explore the CIPD’s guide for people managers for managing a return to work after a long-term sickness absence.
- Use the CIPD’s range of absence management tools to help you manage absence effectively.

5 Employee wellbeing and support

Most organisations act on wellbeing, but more can be done on ill-health prevention

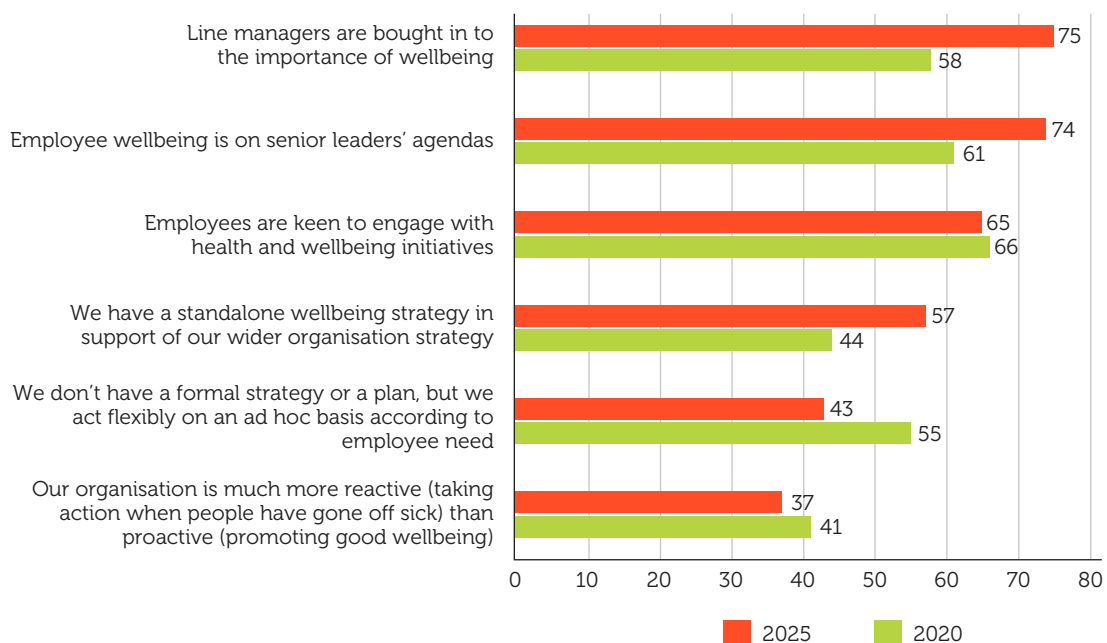
Overall, 75% of organisations said that they are taking some action to improve employee health and wellbeing.

Comparing this report with previous years, we have seen a gradual increase in the proportion of organisations with a stand-alone wellbeing strategy, now standing at 57% compared with 44% in 2020 (Figure 5). The percentage of HR professionals and managers reporting that line managers buy in to the importance of wellbeing has also continued to rise (75%, up from 58% five years ago) and more believe that senior leaders have employee wellbeing on their agenda (74%, up from 61% five years ago).

Despite these improvements, over a third (37%) still report that their organisation is much more reactive (taking action when people have gone off sick) than proactive (promoting good wellbeing) in their approach to wellbeing.

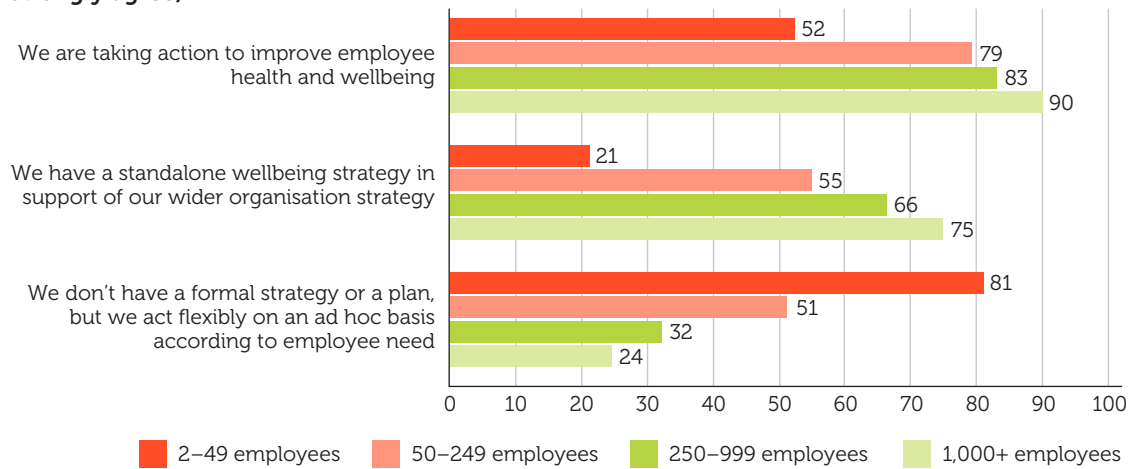
Understandably, larger organisations are more likely to take a formalised approach to employee wellbeing compared with smaller ones (see Figure 6). For example, very large organisations (1,000-plus employees) are three times more likely to have a stand-alone wellbeing strategy than very small employers with fewer than 50 employees.

Figure 5: The position of health and wellbeing in organisations (% of respondents that agree/strongly agree)



Base: all respondents: 2025: n=1,071–1,094; 2020: n=1,018. ('Don't know' responses excluded.)

Figure 6: Approach to employee wellbeing in organisations, by size (% of respondents that agree/strongly agree)



Base: n=1,067-1,092 (all respondents, with 'don't know' responses excluded).

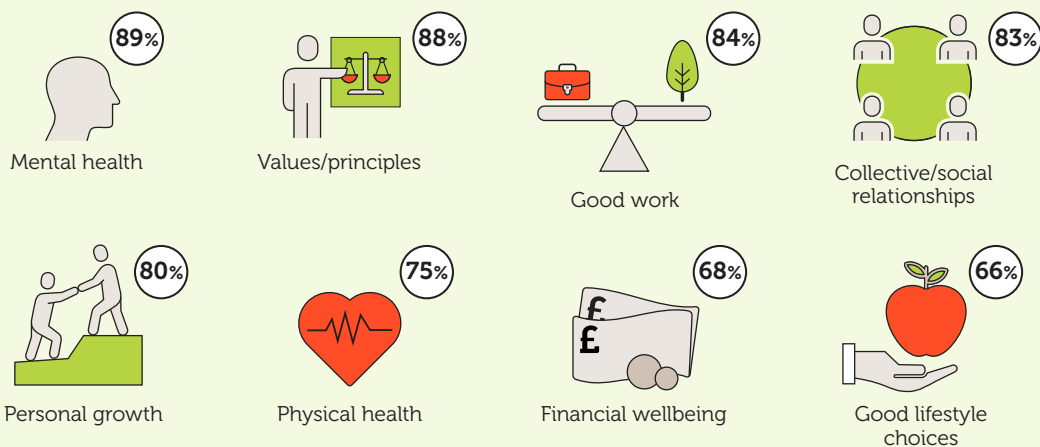
Most organisations increasingly take a holistic approach to wellbeing

Most organisations that support employee health and wellbeing are designing their activity to support multiple aspects of wellbeing (Figure 7). Mental health remains a key area of focus, as in previous years, with 89% of organisations' employee health and wellbeing activity including a focus on this important area to a large or moderate extent.

Meanwhile, comparing our 2025 findings with our 2023 findings, we see that more organisations are also focusing their activity on values and principles (88%, up from 74%).

See the [Appendix](#), Figure 26 for a full breakdown of organisations' activity across the eight dimensions of health and wellbeing.

Figure 7: To what extent, if any, is your employee health and wellbeing activity designed to promote...?



Base: n=791 (organisations that take steps to improve employee health and wellbeing).

What does this mean for HR?

- Develop a strategic and holistic approach to ensure health and wellbeing priorities are integrated across the business. A stand-alone plan is an opportunity to set out your organisation's aims and communicate the responsibilities of different groups, including a senior-level sponsor, HR, occupational health, managers and employees.
- Incorporate an understanding of employee lifecycle health issues as part of your organisation's health and wellbeing strategy, so you can develop appropriate interventions to support people at key stages of their employee journey.
- Ensure line managers are checking in regularly with people, spotting any early warning signs of poor wellbeing and referring to expert sources of help where needed. Deliver training and guidance to give them confidence to have sensitive and supportive conversations about wellbeing.
- Use CIPD resources to find out how your management approach aligns to behaviours that support health, wellbeing and engagement.
- Simplyhealth has also developed guides to help managers have comfortable conversations on key health issues such as women's health.

6

Managing stress and mental health

More concerted action is needed to tackle the main causes of stress, particularly high workloads and ill health

Overall, 64% of respondents report some stress-related absence in their organisation over the last year. This is more of an issue in public sector (84%) and larger private sector organisations (71% of private sector organisations with 250-plus employees).

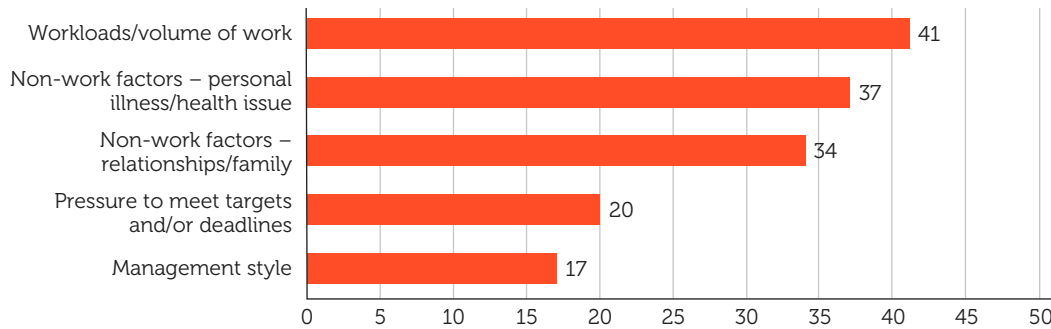
As in previous years, heavy workloads stand out as one of the most common causes of stress-related absence in the view of respondents (Figure 8). In our 2025 report, non-work factors are more commonly blamed for causing stress. Overall, 57% of organisations include one or more non-work factor (personal illness/health issues, relationships/family or financial concerns) among the top three causes of stress-related absence.

As in previous surveys, management style also ranks highly among the main causes of stress-related absence.

These findings reflect the multifaceted nature of people's mental health and how it's influenced by a wide range of personal and work-related factors. Organisations can't directly control issues outside of work that might be causing distress, such as personal illness or relationships. However, they can still put in place policies, such as flexible working and access to specialist

support such as counselling, to help people prevent and manage the impact of these external factors on work and their overall health.

Figure 8: The most common causes of stress-related absence (in top three causes, % of respondents)



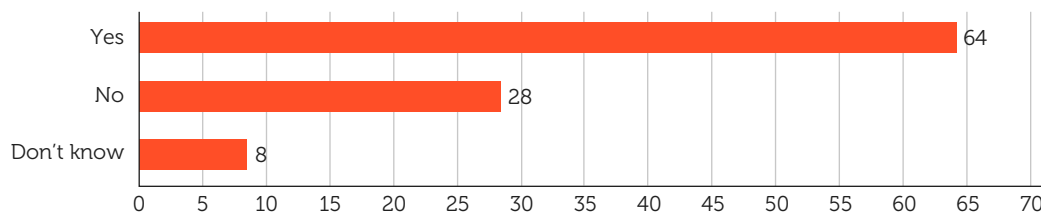
Base: n=654 (respondents in organisations that had stress-related absence).

Most organisations are taking steps to reduce stress but only half think their efforts are effective

Around two-thirds (64%) of organisations are taking steps to identify and/or reduce stress in the workplace (Figure 9).

Overall, half of organisations (50%) report their organisation is effective at managing work-related stress. Unsurprisingly, those that are taking steps to identify and reduce stress are more likely to report their organisation is effective at managing stress (66%) compared with those that aren't taking any steps (24%).

Figure 9: Is your organisation taking steps to identify and reduce stress in the workplace? (% of employers)



Base: n=1,101 (all respondents).

Offering flexible working options and improving work–life balance, and employee assistance programmes (EAPs) are the top two methods used to reduce stress (Figure 10).

Public sector and larger private sector organisations are the most proactive in their efforts to reduce stress. For example, public sector organisations are particularly likely to:

- identify the causes of stress through surveys/focus groups (75%)
- offer EAPs (70%)
- offer flexible working (69%)
- conduct risk assessments/stress audits (58%)
- train line managers to manage stress (57%)
- have a written stress policy/guidance (43%).

Figure 10: Methods used to identify and reduce stress (% of respondents in organisations which are taking steps)



Base: n=681 (organisations taking steps to identify and reduce stress in the workplace).

More proactive steps are needed to prevent the workplace risks of mental ill health

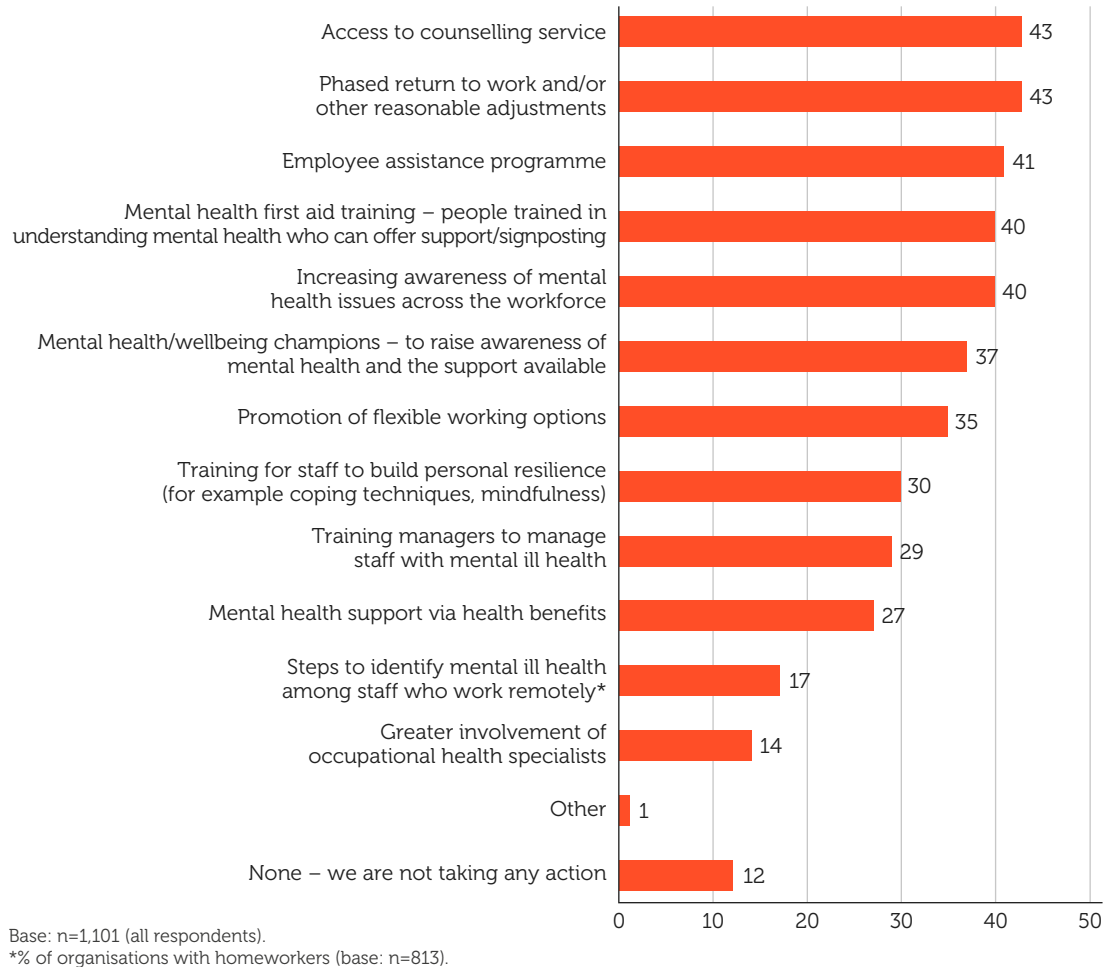
The majority of organisations are taking action to support employee mental health at work, with only 12% not taking any steps (Figure 11). The main focus of employers' activity tends to be more reactive than proactive, with just over two-fifths providing access to counselling services, phased return to work and employee assistance programmes, which are the top three approaches used by organisations.

Providing support when employees have already become unwell and are in need of help is very important, but it's also vital that organisations are proactive and take steps to promote good mental health and manage the main psychological risks to people. This means preventing ill health where possible and encouraging early intervention, for example by encouraging employees to take up health benefits and services where available.

With this approach in mind, it's encouraging to see that 40% of organisations are increasing awareness of mental health issues across the workforce. However, just 14% use the expertise of occupational health services in a proactive way, while 17% take steps to identify the mental health risks among remote workers. Around three in 10 (29%) are providing training for managers to manage staff with mental ill health, and yet managers still play a crucial role in supporting people's health and wellbeing through their people management role.

Public sector organisations are considerably more likely to offer a phased return to work for employees and/or other reasonable adjustments (67%), while larger private sector organisations are most likely to provide mental health support through health benefits (45%).

Figure 11: Actions taken to manage employee mental health at work (% of respondents)



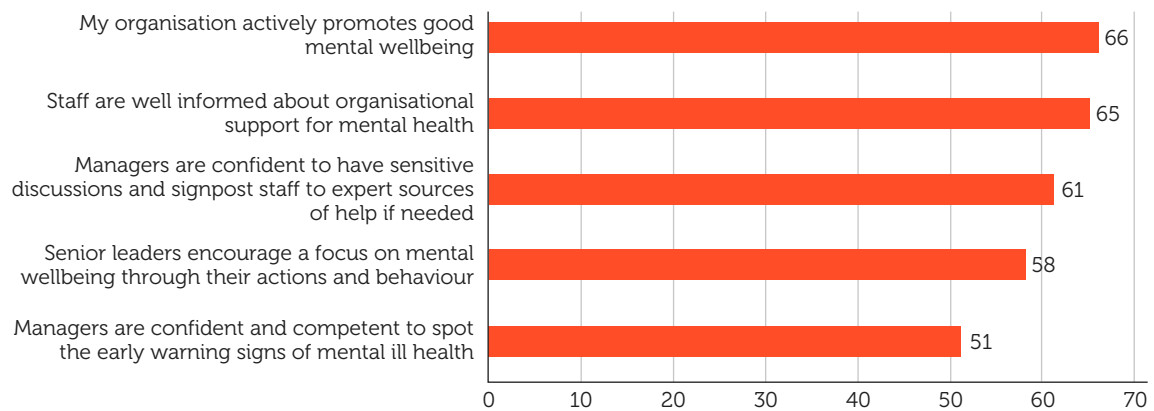
Senior leaders and managers are becoming more effective at supporting good mental health

This year we have seen a jump in the proportion of respondents reporting that senior leaders encourage a focus on mental wellbeing through their actions and behaviour and that managers have the confidence and competence to support and assist with mental health (Figure 12). This is consistent with our findings showing that more respondents believe that employee wellbeing is on senior leaders' agendas and that line managers are bought into the importance of wellbeing (see Figure 5 above).

Overall, two-thirds of respondents (66%) believe their organisation actively promotes good mental wellbeing and nearly as many (65%) believe that staff are well informed about organisational support for mental health (Figure 12). See [Appendix](#), Figure 28 for how organisations have improved mental health action and outcomes over the past five years.

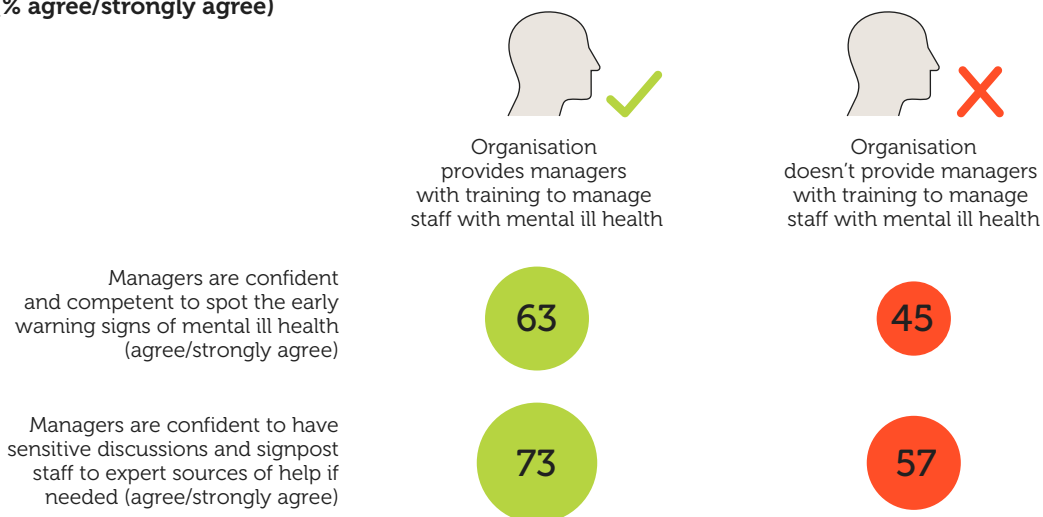
Providing training for managers to manage staff with mental ill health can also be valuable in helping to develop their skills and confidence (Figure 13). The findings show there are tangible benefits where organisations invest in line manager capability.

Figure 12: Effectiveness in promoting positive mental health (% of respondents)



Base: 2025: n=1,101.

Figure 13: Mental health training for managers and their skills and competencies (% agree/strongly agree)



Base: n=1,101 (all respondents).

What does this mean for HR?

- Promote greater awareness and understanding of mental health issues across the organisation with the aim of creating a more open culture where people feel safe to talk about mental wellbeing challenges.
- Develop a systematic and organisation-wide framework to support people's mental health and implement evidence-based approaches to identify and address the main psychological risks.
- Embed early intervention and access to specialist sources of help, such as occupational health and other health-related services, as soon as possible to help prevent work-related stress and mental health issues from escalating.
- Use the CIPD's [practical guidance](#) to improve support for those experiencing poor mental health or stress at work, and to help prevent poor wellbeing.

7 Supporting employees through all life stages

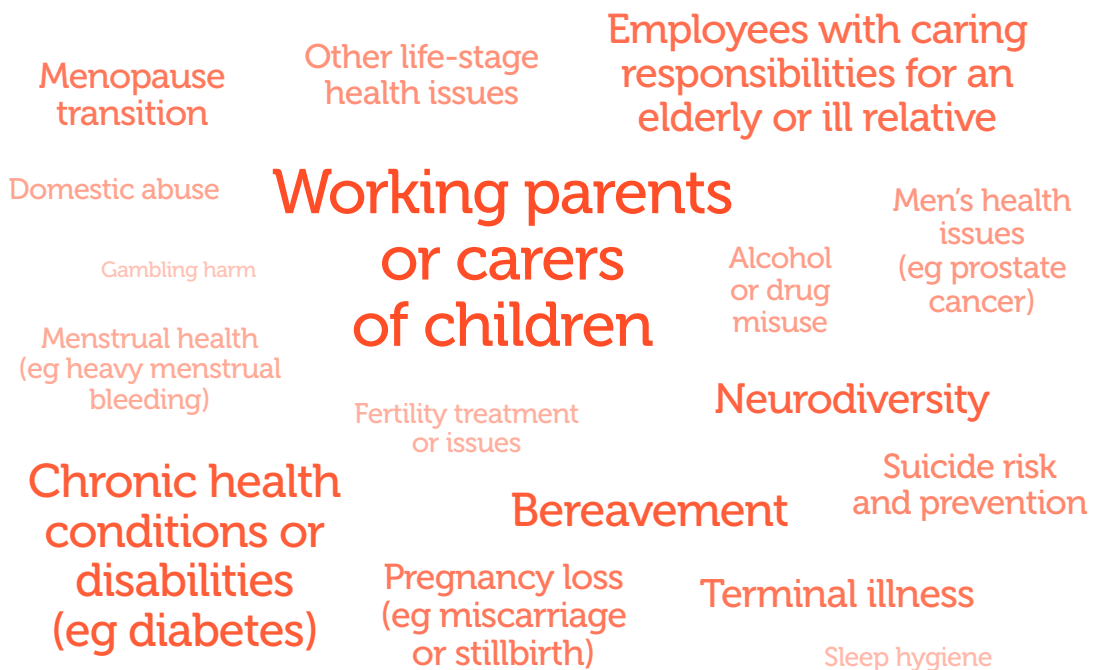
Organisations can encourage understanding and support for health and wellbeing challenges at different life stages

Taking a holistic approach means understanding that many people will encounter a range of potential health and personal challenges at different stages of their life that can impact on their wellbeing and work. In this report, we found that more organisations are providing support, but some health and wellbeing areas receive more attention than others.

For example, three-quarters of organisations with health and wellbeing activity offer a large or moderate level of provision for working parents/carers of children, and there is a good level of support for chronic health conditions or disabilities, neurodiversity and bereavement (Figure 14, and see [Appendix](#), Figure 29 for full findings).

The degree to which organisations offer a large or moderate level of provision for other wellbeing issues is more mixed, with sleep hygiene (healthy habits to encourage a good night's sleep) and gambling harm receiving the lowest level of provision (35% and 34%, respectively).

Figure 14: To what extent does your organisation's health and wellbeing activity include provision (for example, policies, guidance, awareness-raising or line manager training) for any of the following? (% reporting to a large or moderate extent)



Base: n=791 (organisations taking steps to improve employee health and wellbeing).

8 Working from home

Homeworking can help to lower sickness absence and raise productivity

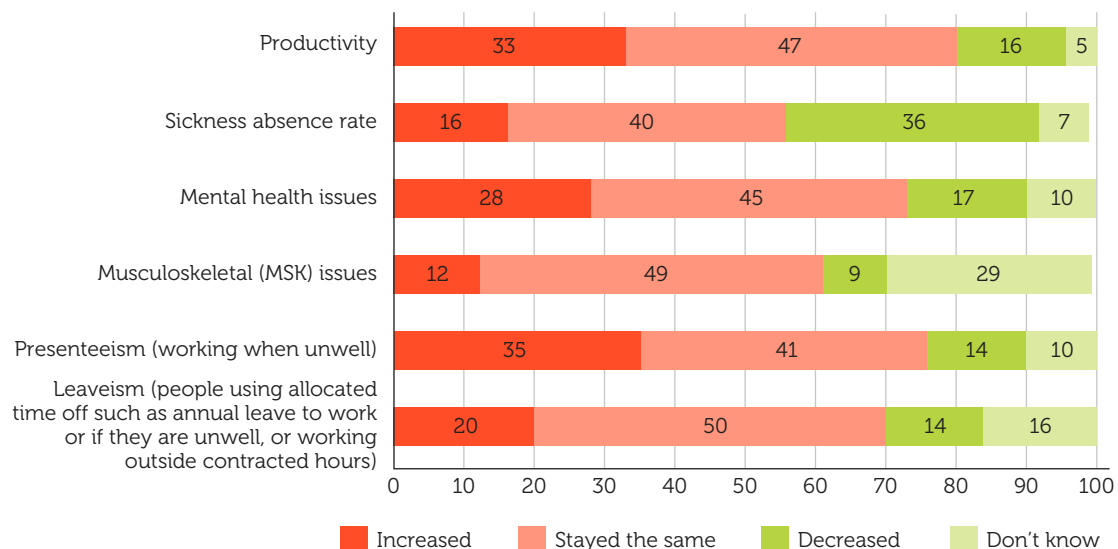
Over a third (36%) of organisations with employees who work from home report that sickness absence rates have decreased as a consequence, compared with just 16% who report they have increased (Figure 15).

Although homeworking is not possible in some jobs, including many frontline roles, where available, it can reduce sickness absence and support health in several ways. For example, it can play a role in reducing the spread of infectious illness and offer more opportunity for rehabilitation following illness or injury. Importantly, it can also help disabled people and those with health conditions to better manage the impact of their symptoms on their work. Further, by removing the need for a commute into the office, homeworking has the potential to boost energy and wellbeing as it can create opportunity for additional rest and improve financial wellbeing through lower travel costs.

Sickness absence has not decreased as a result of employees being more likely to work when unwell (ie 'presenteeism'). Respondents who reported that sickness absence had decreased due to homeworking were not more likely to report an increase in presenteeism.

Twice as many respondents report that productivity has increased as a result of employees working from home as report it has decreased (Figure 15).

Figure 15: Have you seen changes to any of the following as a consequence of employees within your organisation working from home? (%)



Base: n=813 (organisations that have employees who work from home).

Homeworking needs effective support to manage risks to mental health

Despite the positive findings in this area, there are additional health risks to be managed in relation to homeworking, particularly in relation to mental health. Respondents are significantly more likely to say that mental health issues have increased rather than decreased among homeworkers.

It can be more challenging to notice when employees could be experiencing poor mental health or stress if they are not physically present. Therefore, organisations need to take proactive steps to support the health and wellbeing of homeworkers.

Currently, this isn't a common occurrence, with just 17% of organisations with employees who work from home taking steps to identify mental ill health among remote staff.

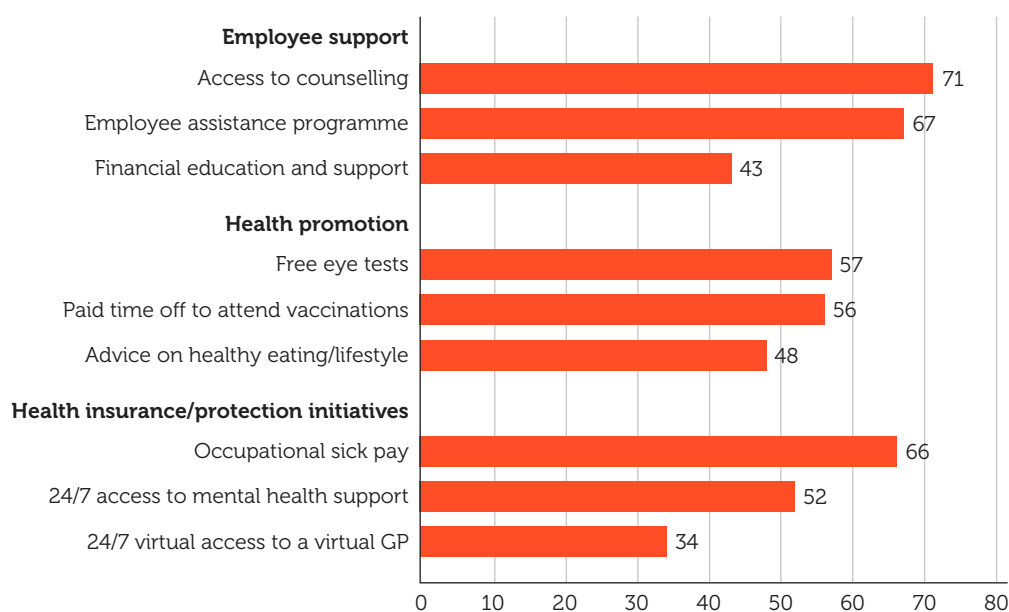
What does this mean for HR?

- Ensure you have the policies and practices in place to support homeworking, including effective onboarding and confident line managers who can support the health and wellbeing of remote teams.
- Ensure that health support provided by the organisation covers pre-existing conditions to ensure all employees can manage their health and work.
- To help manage the potential mental health risks of remote working, ensure that the support services, such as talking therapies, are easily accessible, can be accessed remotely in a way that works for people, and that employees can self-refer to them.
- Explore [CIPD resources](#) in this area to help you embed flexible and hybrid working in your organisation.

9 Wellbeing benefits and budgets

Counselling services and employee assistance programmes remain the most commonly offered benefits

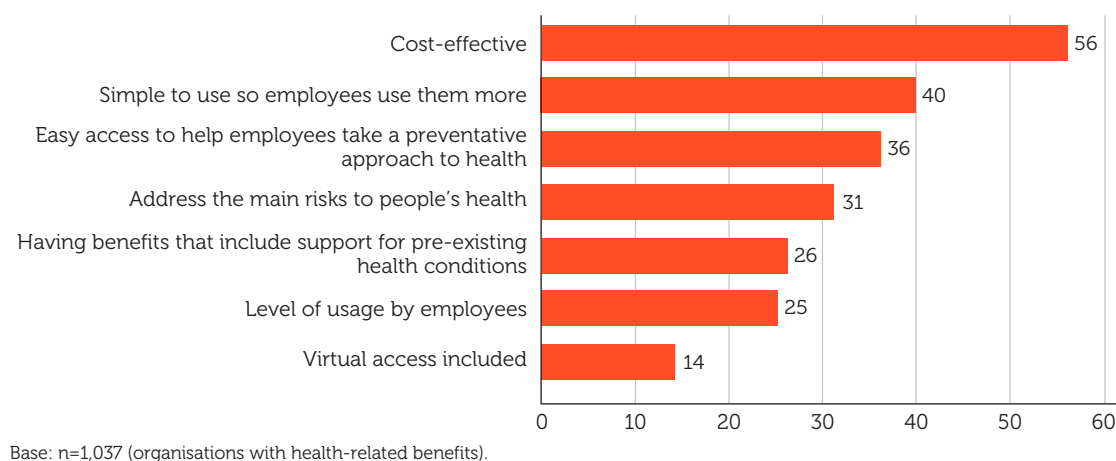
Most organisations, particularly larger organisations, provide a combination of wellbeing benefits to employees (Figure 16, and see [Appendix](#), Table 2 for full findings). As in previous years, access to counselling services, employee assistance programmes (EAPs) and occupational sick pay schemes are the most common benefits on offer.

Figure 16: Top three wellbeing benefits on offer for all employees (% of respondents)

Finances have a strong influence on wellbeing

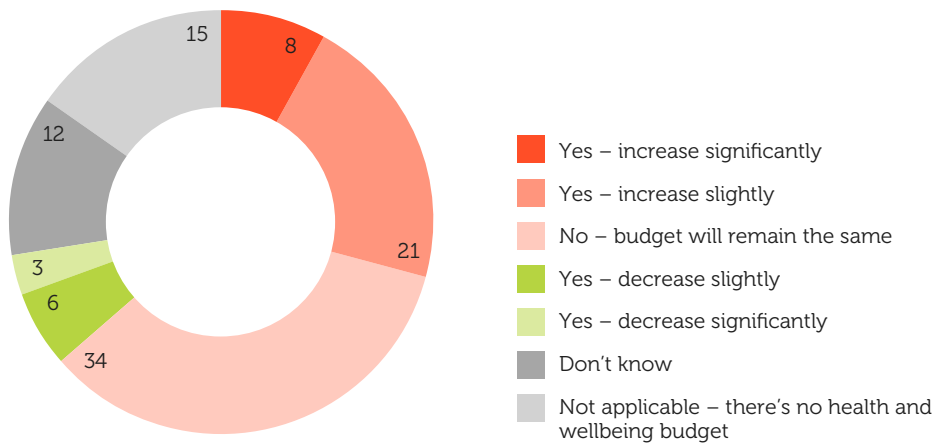
Cost-effectiveness is by far the most common factor organisations consider when selecting health-related benefits (Figure 17). This can be viewed in the context of rising business costs, such as the increase in employers' National Insurance contributions, that many employers are dealing with in a highly competitive external operating climate.

However, there are clearly other considerations that employers are taking into account when developing their health benefits offering, most notably taking time to consider their simplicity and accessibility. It's encouraging that many organisations also aim to address the main health risks of their workforce, as this approach will be crucial to improving health outcomes.

Figure 17: Key factors taken into account when selecting health-related benefits (% of respondents)

Many respondents are optimistic with regard to investment in wellbeing, with around three in 10 respondents (29%) expecting their organisation's wellbeing budget to increase over the next 12 months, with just 9% predicting a decrease (Figure 18). This is very encouraging given the obvious financial constraint that many organisations are experiencing and shows how important wellbeing investment is to them.

Figure 18: Do you expect your health and wellbeing budget to change over the next 12 months? (%)



Base: n=1,101 (all respondents).

However, respondents also think the most common challenge for health and wellbeing over the next year is finding the budget in view of rising business costs (Figure 19). This tops the list of challenges for all sectors, although it is of particular concern for public and non-profit sector organisations (public sector: 52%; non-profit: 57%; private sector: 34%).

Figure 19: What are the key challenges, if any, for employee health and wellbeing in your organisation over the next year? (select up to three) (%)

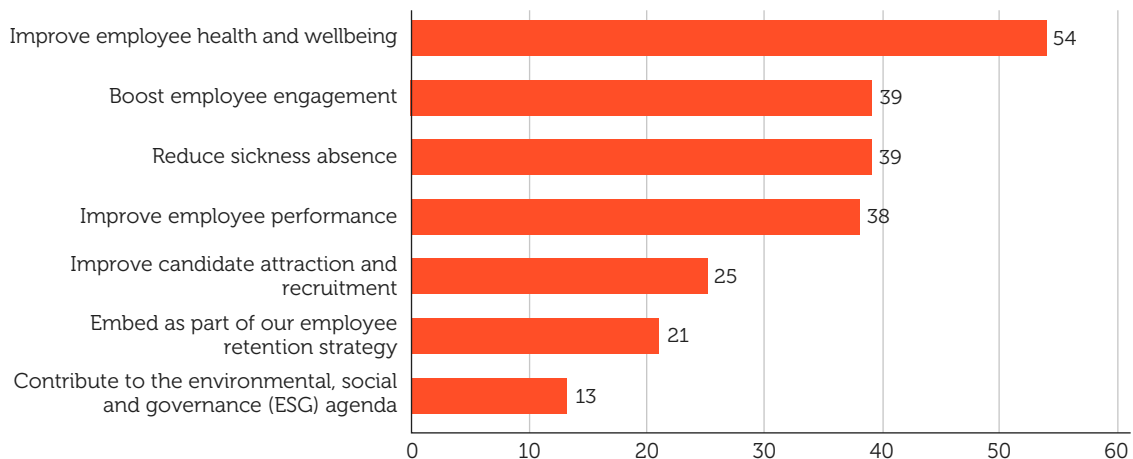


Base: n=1,101 (all respondents).

Investing in employee wellbeing can bring opportunities

There are opportunities associated with supporting employee wellbeing, according to respondents (Figure 20). Unsurprisingly, the most commonly identified opportunity is the chance to improve people's health and wellbeing, but there is also the potential to boost employee engagement, reduce sickness absence and improve employee performance in particular.

Figure 20: What are the key opportunities, if any, for employee health and wellbeing in your organisation over the next year? (select up to three) (%)



Base: n=1,101 (all respondents).

What does this mean for HR?

- Consult employees when developing your health benefits offering so that it meets each employees' health needs and circumstances, but also consider the whole workforce. This will help to maximise the return on investment and demonstrate value for money across your organisation.
- Individuals value different benefits at different life stages, so ensure your health benefits are reviewed through a diversity lens. Regularly monitor usage and satisfaction rates to ensure your benefits offering continues to meet employees' needs.
- Evaluate the impact of your organisation's health and wellbeing activity to encourage ongoing commitment from the senior team. What difference does it make to employee attendance and engagement levels? Can you demonstrate impact in other areas, such as improved performance and customer service?
- Read the [CIPD's Wellbeing at work factsheet](#) on health and wellbeing to develop a holistic programme and gain commitment from key stakeholders.

10

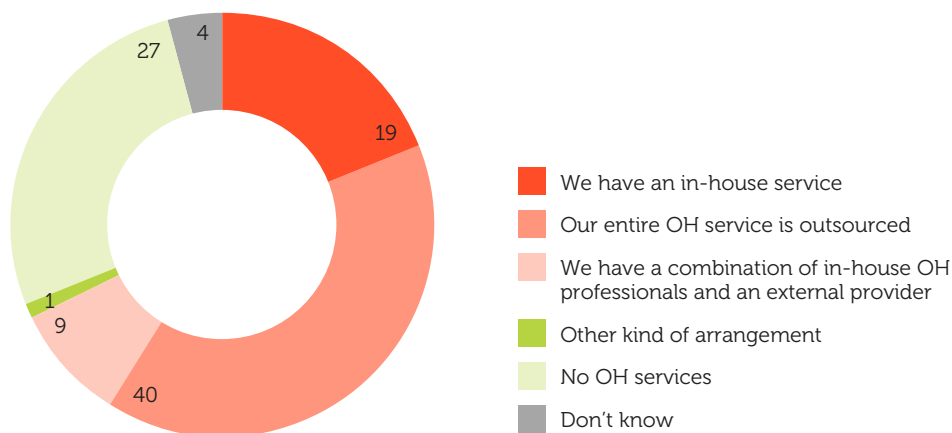
Occupational health and sick pay provision

In their role as clinical experts in how work impacts people's health, occupational health (OH) professionals can provide a range of specialist services, such as assessing employees' fitness to work and advising on effective reasonable adjustments. As such, OH is an important type of health service that employers can offer to help keep people well and provide access to specialist support when someone is ill, working alongside other interventions such as health benefits to support overall employee wellbeing.

Overall, 69% of organisations provide OH services for employees, rising to 86% of organisations with 250 or more employees. The smaller the organisation, though, the less likely they are to offer OH support, with 39% of small or medium-sized enterprises (SMEs) providing access for employees.

Organisations are twice as likely to outsource their entire OH service than have an in-house service (Figure 21).

Figure 21: Occupational health service arrangements (% of respondents)



Base: n=1,101 (all respondents).

More scope to enhance the use of OH services

HR and OH professionals are two of the key professional groups involved in supporting the health and wellbeing of people at work. Their combined expertise can be helpful to encourage a preventative and evidence-based approach to achieving positive health and employment outcomes.

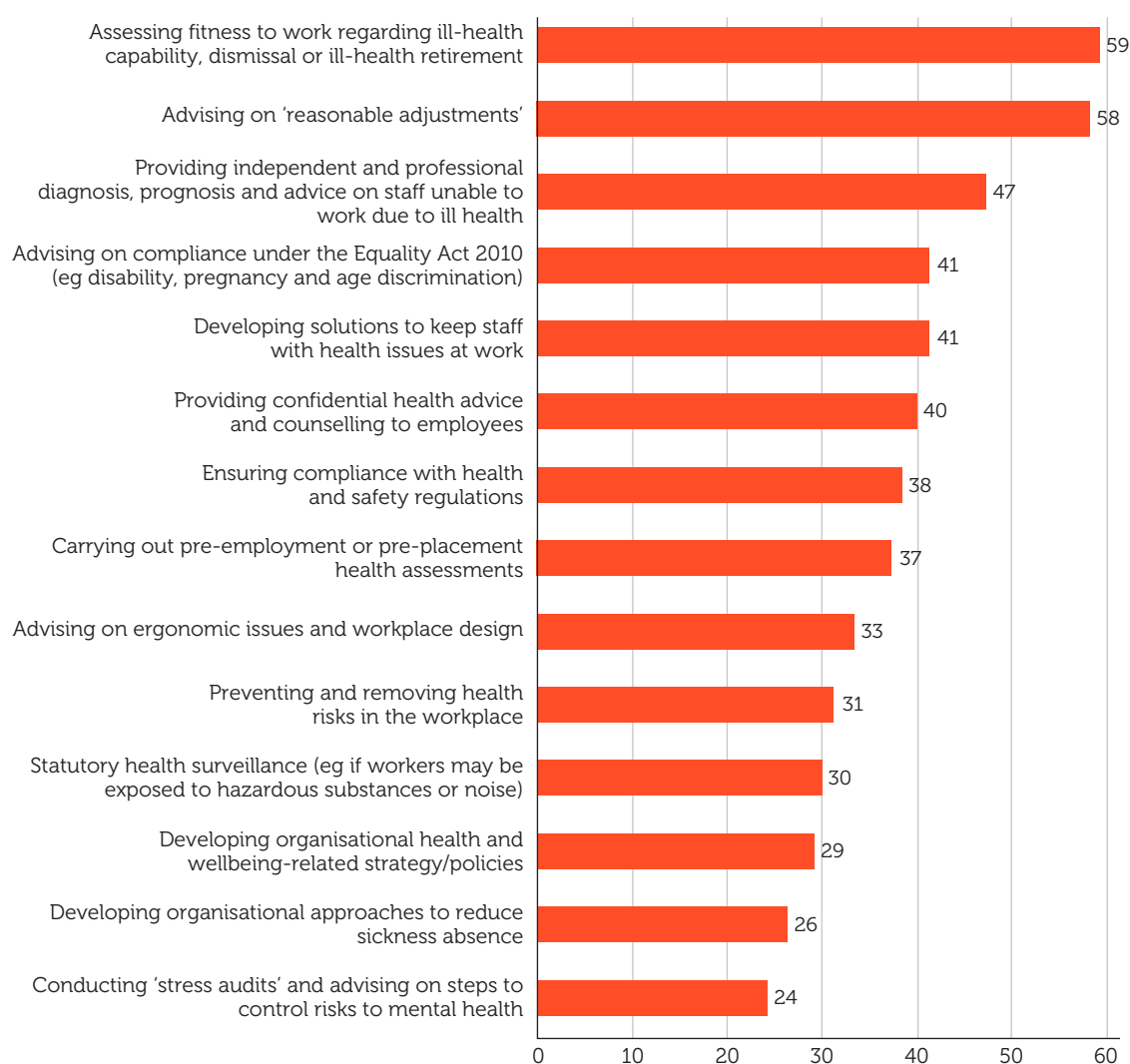
Many organisations use OH services across a range of areas to support employee health and wellbeing. However, our findings show there is scope for organisations to benefit even more at a preventative and strategic level from the specialist expertise that OH offers.

Most organisations use OH services in a reactive way – for example, to manage complex cases and long-term sickness absence – while few use them

to prevent and remove health risks, develop a health and wellbeing strategy/policies, develop organisational approaches to reduce sickness absence, or conduct 'stress audits' and advise on steps to control risks to mental health (Figure 22).

See the [Appendix](#), Figure 27 for findings on the stage and circumstances of referrals to OH services. Organisations most commonly make referrals for a specific purpose, for example assessment of fitness to perform a job following illness or injury, or when an employee takes frequent or persistent short-term absence due to a health issue.

Figure 22: The services provided by occupational health (% of respondents)



Base: n=676 (organisations with OH services).

Most organisations provide occupational sick pay schemes

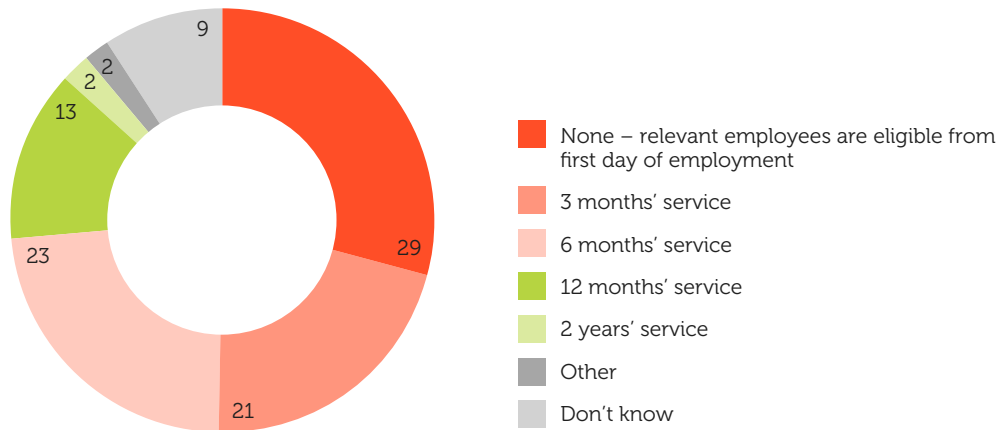
Payable to employees at a rate of £118.75 per week, [Statutory Sick Pay](#) offers a relatively low level of income support when someone can't work due to illness or injury. When employers enhance this statutory entitlement in the form of occupational sick pay, it therefore represents a valuable health-related benefit.

Two-thirds (66%) of organisations have occupational sick pay schemes for all employees. Overall, around three in 10 report that relevant employees are eligible for these schemes from the first day of employment, although this rises to 43% of public sector organisations (Figure 23).

Most organisations with occupational sick pay schemes (88%) provide qualifying employees with full pay for some or part of the period of absence. Around one in 10 provide full pay for less than a month, while two-fifths provide full pay for more than six months (Figure 24).

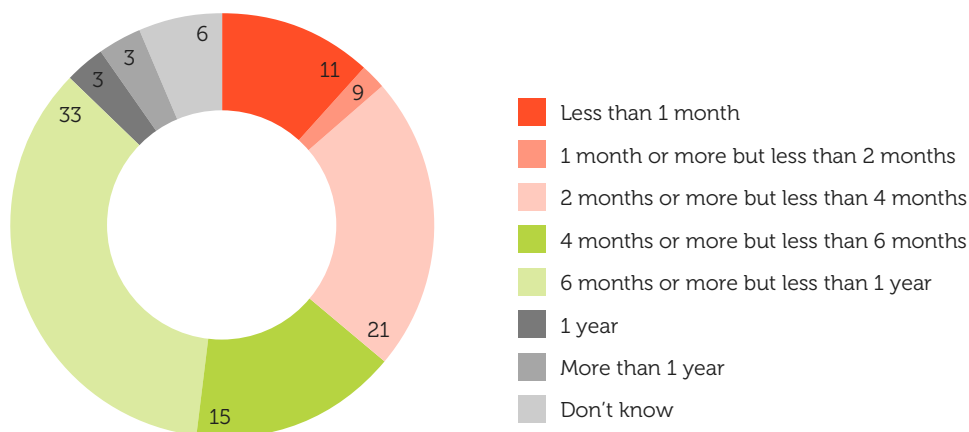
Public sector organisations are most generous (64% provide full pay for more than six months compared with 29% of the private sector and 35% of non-profits).

Figure 23: What length of service, if any, is needed for employees to qualify for occupational sick pay? (%)



Base: n=819 (organisations that offer occupational sick pay).

Figure 24: How long does your organisation provide full pay for? (%)



Base: n=718 (organisations that provide qualifying employees with full pay for some or part of sickness absence).

Statutory Sick Pay seen as too low and should be more flexible

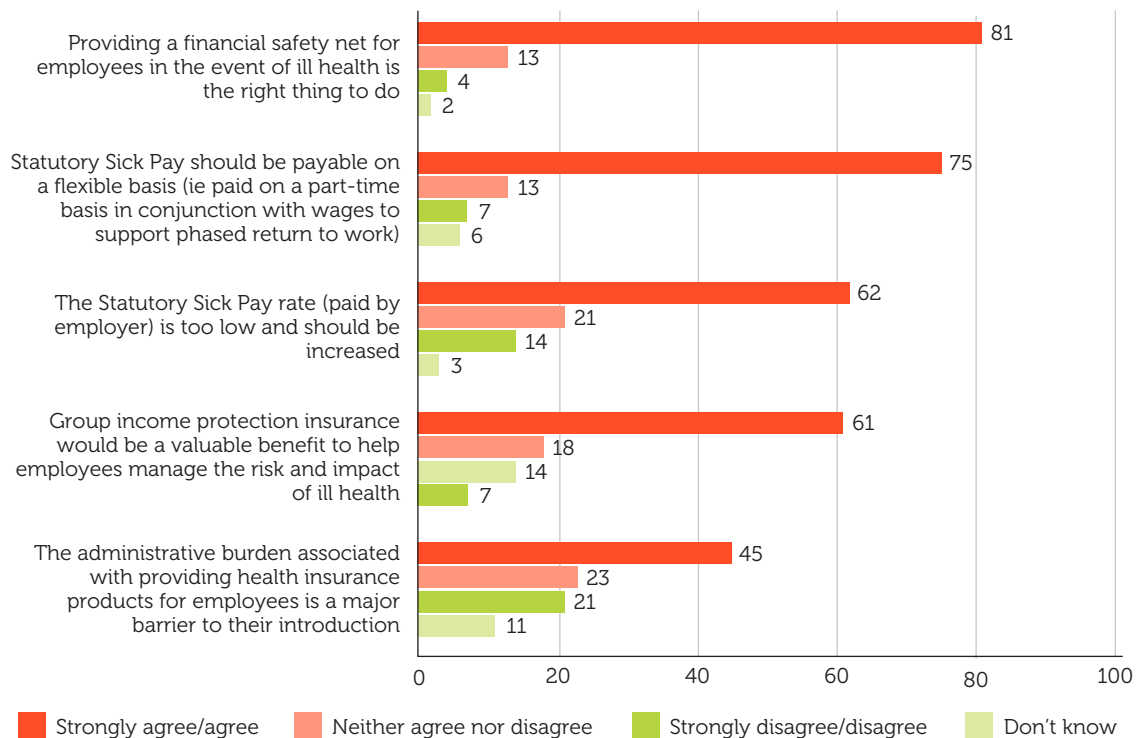
Most respondents (81%) agree that it is right to provide a financial safety net for employees in the event of ill health (Figure 25). Overall, just over six in 10 (62%) believe that Statutory Sick Pay (SSP) is too low and should be increased, although respondents in SMEs are less convinced (54%).

Because the current SSP regime is binary and cannot be paid on a part-time basis, it's not very effective at supporting disabled people and those with ongoing health conditions to reduce their working hours when unwell to help manage their symptoms.

Three-quarters of respondents (75%) agree that SSP should be payable on a flexible basis (that is, paid on a part-time basis in conjunction with wages to support a phased return to work, for example).

For many, the costs and perceived administrative burden associated with providing health insurance products are a barrier to their introduction. However, around three-fifths (61%) still agree that group income protection would be a valuable benefit to help employees manage the risk and impact of ill health.

Figure 25: Views on sick pay and insurance (% of respondents)



Base: n=1,101 (all respondents).

What does this mean for HR?

- Improve awareness and understanding of the broader value that OH services and other health benefits can offer the organisation, particularly in terms of assessing the main health risks to people. Ensure there is close collaboration between HR and OH professionals at a strategic level, such as developing evidence-based practices and interventions to support good mental health.
- Consider the stage at which referrals are made to OH in cases of sickness absence, and whether or not earlier referral could be helpful as part of a supportive case management approach to prevent long-term sickness absence.
- Consider the benefits of introducing an occupational sick pay scheme if your organisation doesn't already have one, as it could help to avoid unhealthy presenteeism and encourage more effective rehabilitation among sick employees. If you do have one, review the scheme's terms and conditions to ensure that it's effectively encouraging employees to return to work in a timely and sustainable way.
- Read the CIPD report *What should an effective sick pay system look like?* for practical advice on developing an occupational sick pay scheme.

11

Background to the survey

This is the 24th CIPD survey supported by Simplyhealth to explore issues of health, wellbeing and absence in UK workplaces. The survey was conducted online by YouGov from March to April 2025. The analysis is based on responses from 1,101 organisations.

The survey consists of 25 questions completed through an online self-completion questionnaire. The survey was last conducted in March and April 2023. Many questions remain the same as previous years, to provide useful benchmarking data on wellbeing, absence, work-related stress and mental health. This year we also explore attitudes and approaches to sick pay and revisit the topic of occupational health services, which was last explored in our 2020 survey. We also included new questions to explore the impact of working from home on absence, health and productivity.

Sample profile

The survey was administered to a random sample of members of the YouGov Plc UK panel of more than 2.5 million individuals who have agreed to take part in surveys and who met the sample definition.

The 1,101 respondents are HR professionals or management-level employees with major HR decision-making involvement or influence in their organisation, working full- or part-time in the UK, who also have direct involvement in, or knowledge of, health and wellbeing in their role within their organisation. The data is weighted by sector and business size to be representative of employers in the UK (see Table 1).

Just over three-fifths (62%) answered the questions in relation to their whole company/organisation, while 20% answered in relation to a single site and 18% in relation to a single division. A small minority responded for specific regions or parts of the business.

Table 1: Profile of respondents

	Unweighted base	Unweighted base %	Weighted base	Weighted base %
Size of organisation				
Fewer than 10 (excluding sole traders)	196	18	129	12
10–49	195	18	138	13
50–249	162	15	128	12
250–999	197	18	277	25
1,000+	351	32	429	39
<i>Total</i>	<i>1,101</i>	<i>100</i>	<i>1,101</i>	<i>100</i>
Sector				
Private	822	75	804	73
Public	174	16	230	21
Non-profit	105	10	67	6
<i>Total</i>	<i>1,101</i>	<i>100</i>	<i>1,101</i>	<i>100</i>
Industry				
Manufacturing	78	7	82	7
Construction	76	7	80	7
Retail	75	7	72	7
Financial services	59	5	63	6
Hospitality and leisure	48	4	42	4
Accountancy	14	1	12	1
Legal	15	1	14	1
IT and telecoms	61	6	58	5
Media/marketing/advertising/PR and sales	30	3	28	3
Medical and health services	146	13	155	14
Education	86	8	89	8
Transportation and distribution	30	3	33	3
Real estate	29	3	23	2
Other	220	20	208	19
Not applicable	134	12	140	13
<i>Total</i>	<i>1,101</i>	<i>100</i>	<i>1,101</i>	<i>100</i>

Note on abbreviations, statistics and figures used

In places, the report includes additional analyses conducted by the CIPD for comparison with previous years' findings.

Voluntary, community and not-for-profit organisations are referred to throughout the report as 'non-profit organisations'.

SME refers to organisations with 2 to 249 employees. Sole traders were excluded from the sample.

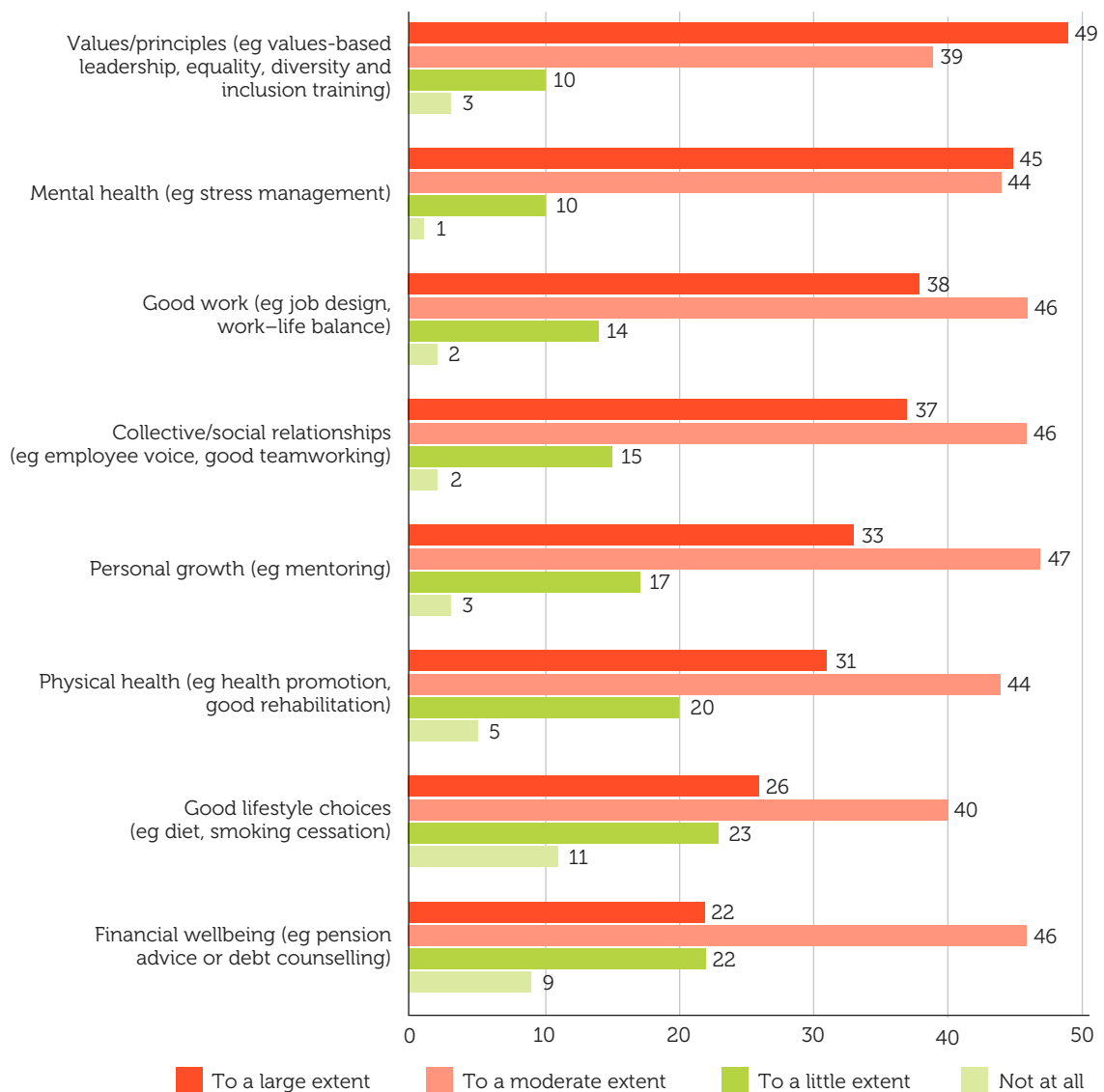
The 5% trimmed mean is used in calculations of average employee absence levels in order to avoid a few extreme cases skewing the results. The 5% trimmed mean is the arithmetic mean calculated when the largest 5% and the smallest 5% of the cases have been eliminated. Eliminating extreme cases from the computation of the mean results in a better estimate of central tendency when extreme outliers exist.

With the exception of average working time and days lost, all figures in tables have been rounded to the nearest percentage point. Due to rounding, percentages may not always total 100.

12

Appendix

Figure 26: To what extent, if any, is your employee health and wellbeing activity designed to promote...?



Base: n=791 (organisations that take steps to improve employee health and wellbeing).

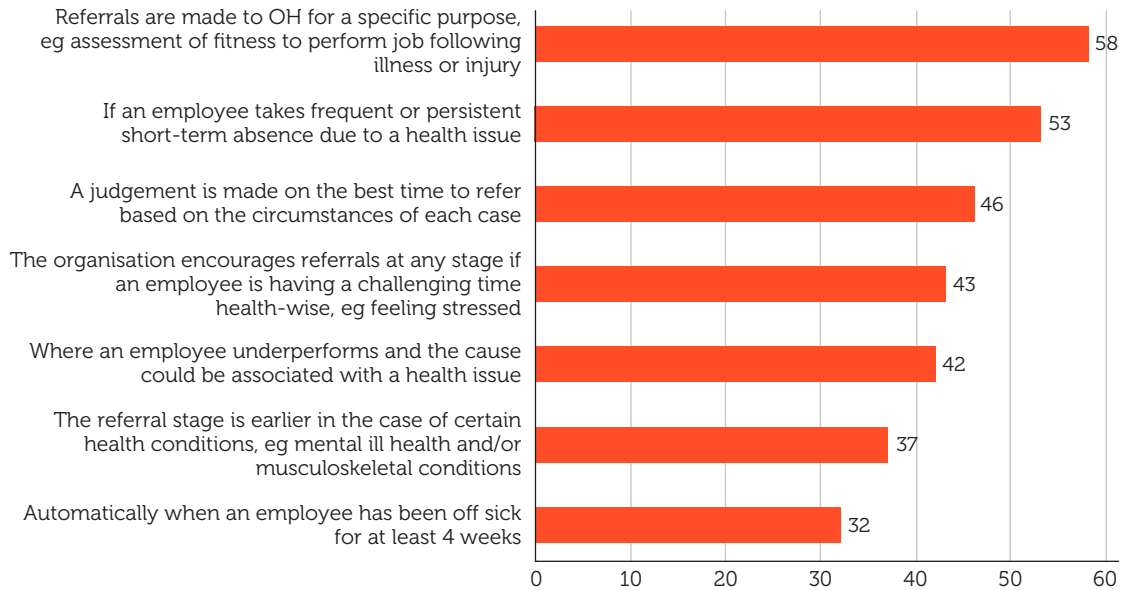
Table 2: Wellbeing benefits on offer, by sector (% of respondents)

	All respondents Base: 1,101	Public sector Base: 174	Non-profit sector Base: 105	Private sector Base: 822	Private sector SMEs (2–249) Base: 446	Private sector large (250+ employees) Base: 376
Employee support						
Access to counselling service						
For all employees	71	90	74	65	46	79
Depends on seniority	6	2	1	7	5	9
Employee assistance programme						
For all employees	67	80	71	62	39	78
Depends on seniority	6	2	0	7	4	9
Financial education and support (eg access to advice/welfare loans for financial hardship)						
For all employees	43	46	34	42	26	53
Depends on seniority	8	2	3	10	4	13
Access to physiotherapy and other therapies						
For all employees	35	35	29	36	21	46
Depends on seniority	11	5	7	12	7	16
Stop smoking support						
For all employees	28	32	20	28	18	35
Depends on seniority	6	2	1	7	4	9
Health promotion						
Free eye tests						
For all employees	57	64	60	55	42	63
Depends on seniority	8	3	2	9	5	12
Paid time off to attend vaccinations (eg COVID-19)						
For all employees	56	64	61	54	55	53
Depends on seniority	7	4	3	8	4	11
Advice on healthy eating/lifestyle						
For all employees	48	48	37	49	32	60
Depends on seniority	5	2	1	6	5	7
Free flu vaccinations						
For all employees	48	63	28	45	26	58
Depends on seniority	5	3	1	5	3	7
Health screening						
For all employees	35	31	19	37	23	47
Depends on seniority	13	6	8	15	10	18
In-house gym and/or subsidised gym membership						
For all employees	35	41	21	34	17	45
Depends on seniority	7	2	0	8	4	12
Programmes to encourage physical fitness (eg walking/pedometer initiatives such as a Fitbit or other fitness trackers)						
For all employees	35	33	18	36	22	46
Depends on seniority	7	3	3	9	4	12
Wellbeing days (eg a day devoted to promoting health and wellbeing services to staff)						
For all employees	32	32	25	33	23	39
Depends on seniority	7	4	3	8	5	11

Regular on-site relaxation or exercise classes (eg yoga, Pilates)						
For all employees	23	26	14	23	12	30
Depends on seniority	6	2	1	7	4	10
Access to complementary therapies (eg reflexology, massage)						
For all employees	17	9	17	19	13	24
Depends on seniority	8	2	1	11	5	15
Insurance/protection initiatives						
Occupational sick pay						
For all employees	66	87	77	59	46	67
Depends on seniority	13	3	8	16	11	19
24/7 access to mental health support and counselling						
For all employees	52	51	49	53	31	67
Depends on seniority	8	2	1	10	7	12
24/7 access to a virtual GP						
For all employees	34	10	30	42	23	54
Depends on seniority	9	1	1	12	8	15
Health cash plans (allowing employees to claim costs back)						
For all employees	27	14	30	30	17	40
Depends on seniority	10	2	4	13	6	17
Personal accident insurance						
For all employees	26	10	18	32	19	40
Depends on seniority	10	5	1	12	7	15
Private medical insurance						
For all employees	25	7	11	32	20	40
Depends on seniority	25	10	13	29	18	37
Group income protection/long-term disability/permanent health insurance						
For all employees	25	11	13	30	15	40
Depends on seniority	13	4	4	17	7	23
Dental cash plan						
For all employees	24	10	16	28	15	37
Depends on seniority	12	4	5	16	7	21
Critical-illness insurance						
For all employees	23	6	7	30	12	42
Depends on seniority	10	2	2	13	7	18
24/7 digital muscle and joint assessment and self-management						
For all employees	22	10	6	27	13	37
Depends on seniority	7	2	1	9	5	11
Self-funded health plans/healthcare trust						
For all employees	21	10	14	25	11	35
Depends on seniority	11	3	1	15	7	20
Discounted on-demand services, eg diagnostic scans, blood tests						
For all employees	20	6	13	24	14	32
Depends on seniority	8	2	1	11	3	16

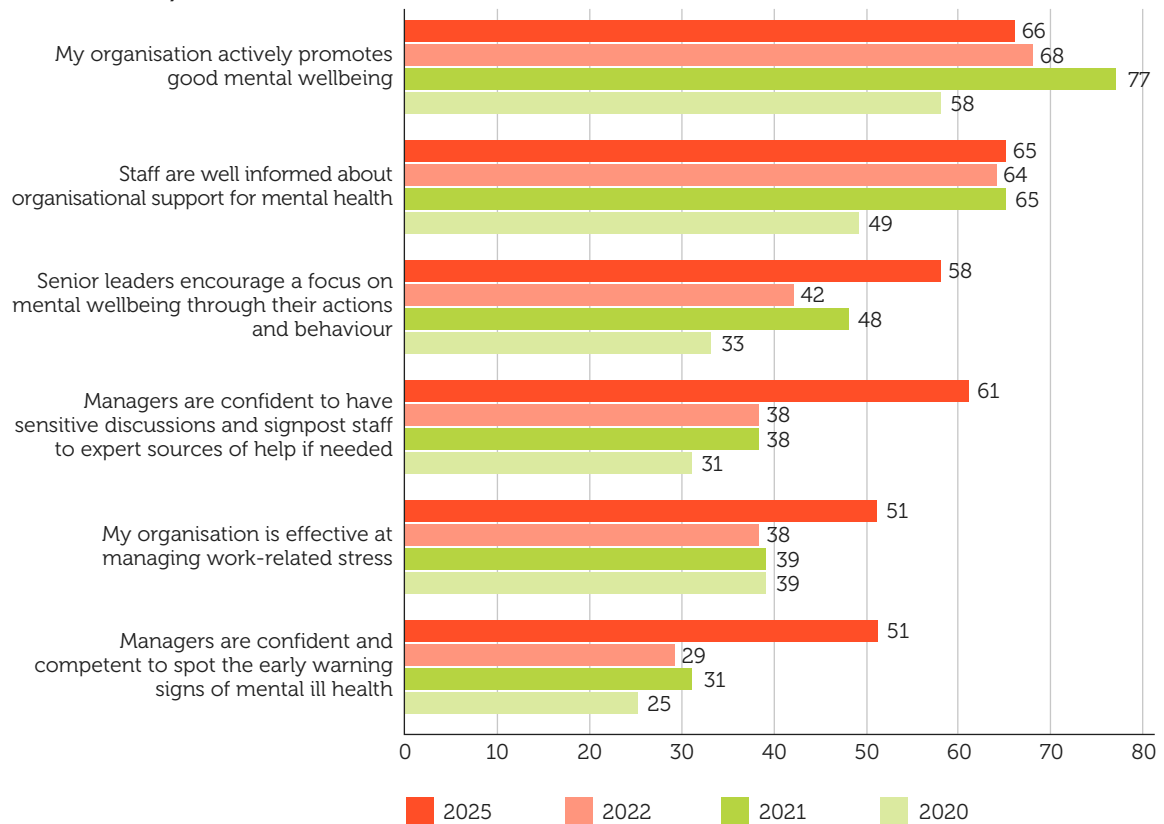
Base: n=1,101 (all respondents).

Figure 27: The stage and circumstances of referrals to OH services (% of respondents)



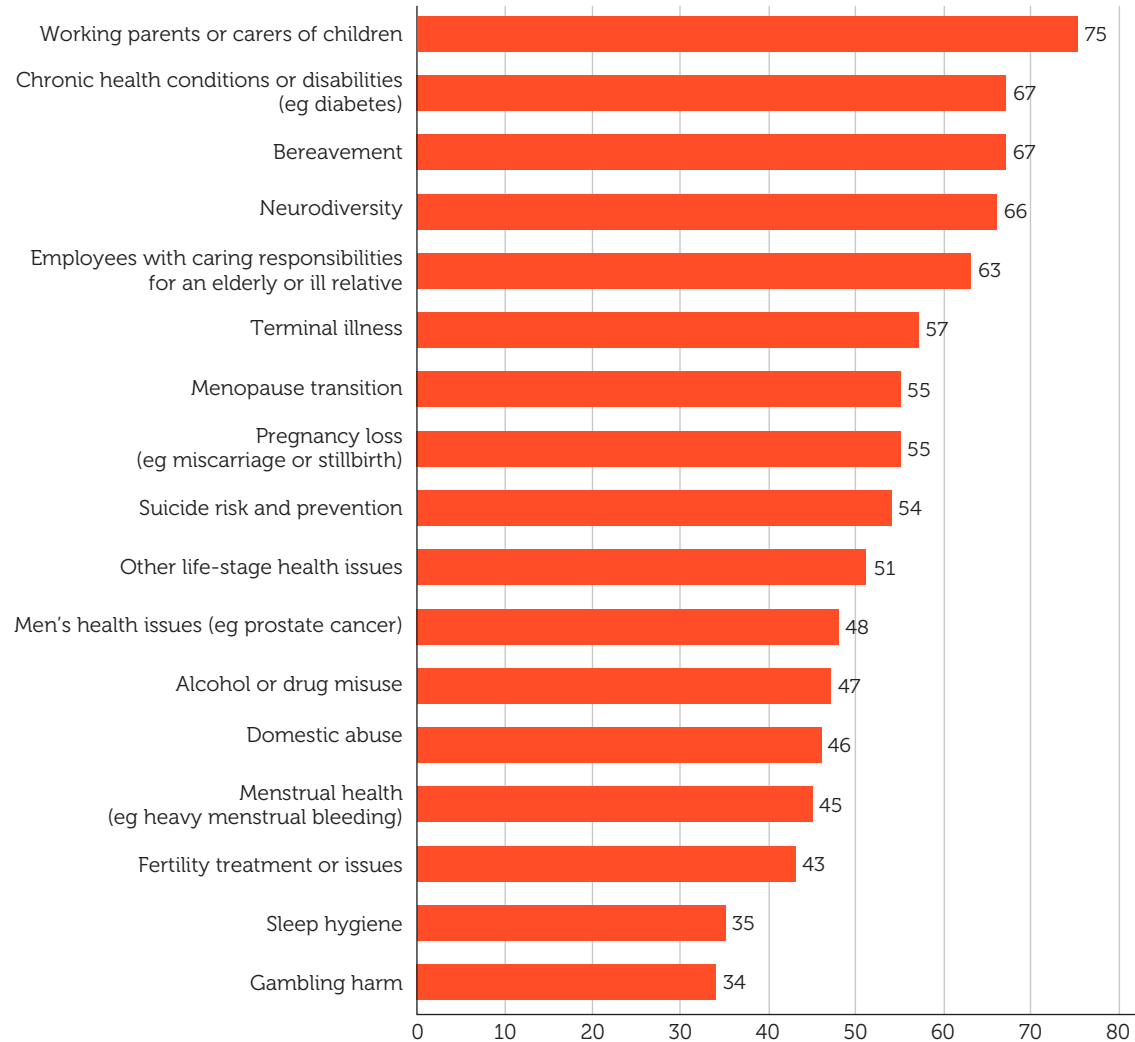
Base: n=676 (organisations with OH services).

Figure 28: Effectiveness in promoting positive mental health (% of respondents who agree with the statement)



Base: 2025: n=1,101; 2022: n=605; 2021: n=470; 2020: n=749.

Figure 29: To what extent does your organisation's health and wellbeing activity include provision (eg policies, guidance, awareness-raising or line manager training) for any of the following? (% reporting to a large or moderate extent)



Base: n=791 (organisations taking steps to improve employee health and wellbeing). ('Don't know' responses excluded.)



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