

Occupational Health and Employee Assistance Programmes in HMPPS

Priscilla Wong is Head of Occupational Health and Employee Assistance Programmes at the Ministry of Justice and is interviewed by **Dr Gary Saunders**, an Associate Professor of Criminology at the University of Nottingham.

Priscilla Wong is a specialist occupational health nurse practitioner. She has worked at the Ministry of Justice (MoJ) for five years as the Head of Occupational Health and Employee Assistance Programmes. Priscilla's main remit is occupational health (OH) and employee assistance programmes (EAP) policy, strategy, and clinical quality. Between 2006 and 2009, Priscilla worked as the in-house Occupational Health Manager at Wandsworth Prison. Priscilla has three years of occupational health experience in the heart of the operational environment, which has stood her in good stead for this strategic national role.

The interview took place on 20th July 2022.

GS: What are your views on wellbeing among governor grade prison staff? What do you think the main issues are?

PW: We are a massive organisation so views will be varied. The evidence we have about wellbeing comes from the Wellbeing Pulse Surveys, which were conducted in April 2021, July 2021, and January 2022. Overwork was a major issue raised in those surveys. The most recent results showed that Band 11 and Band 12, which are senior managers just below senior civil servant grade, were among the highest percentage of staff coming into work when they were feeling unwell. I think the main issue is that senior leaders face a multitude of work pressures. HMP are experiencing critical staffing shortages and unfilled vacancies, which puts pressure on existing staff. Also, the work that you [GS] presented at the Society of Occupational Medicine Webinar on prison governors' workplace health resonated with the findings of the Pulse Surveys. Themes such as lack of recognition, working long hours, increased

workloads, lack of reflection space, lack of support, and lack of freedom around finances for staff wellbeing. What was also interesting was the 'Fears for the Future' slide that you had about governors feeling that staff sickness was higher than usual, particularly during COVID. I suppose this was inevitable given the pandemic. However, there now appears to be a culture of a lower threshold for sickness. We see that in the workforce statistics and rising cases of absence. However, it also relates to things like regime pressures and lack of experienced staff. It's also unclear whether some governors will regain their motivation after working at such a pace for a sustained amount of time. A few years ago, I went to a governors' forum in Nottingham and did a presentation on structured professional support that was available at the time. Anecdotally, a couple of governors said to me, '...being a governor, the person who's the number one, can be a lonely place. You don't want to let your guard down because you feel that everyone is counting on you to be resilient. Counting on you to come up with all the answers and solutions.'

GS: What current system are in place to support wellbeing?

PW: Wellbeing is a huge area. There is a Head of MoJ Workplace Wellbeing who exclusively leads on wellbeing; but this is an overview of how my specific function, OH and EAP, ties into wellbeing in HMPPS. Back in December 2019, HMPPS published its People Plan and established a People sub-committee to oversee deliveries and set strategic direction. The HMPPS Wellbeing Group have set three main priorities. My function in OH and EAP is inextricably linked to that. The wellbeing priorities for 2022-2023 are to provide staff with support services, including those contracted out and locally provided services

and to promote staff services, so people know what's available and how to access them, using evidence to target services so that they have greater impact. That is our evidence base, which helps us to shape our OH and EAP products for our staff because they must be relevant. People in different business units and prisons and probation settings may want different things. We are always listening to what people feedback to us so that we can make those necessary changes. From January 2021, Reflective Sessions were introduced as a proactive and preventative mental health offering. The sessions, delivered by a qualified therapist from PAM Assist, provide a confidential space for governors to discuss the challenges of being a prison senior leader. They emphasise rewarding aspects and assist with navigating the more emotionally demanding and difficult parts with a view to reduce potential burnout and mental health related ill health. The feedback has been positive with 82 per cent of governors and 83 per cent of deputy governors participating. Of these, 95 per cent have continued to take part. Each prison is offered the opportunity to fund further sessions, on a group-only basis, beyond the senior team. A Wellbeing Toolkit for line managers has also been

created by the MoJ Wellbeing team and made available on My Learning to help facilitate wellbeing conversations. In addition, a scheme to roll out trauma risk management (TRiM) practitioners to every prison continues. TRiM practitioners are trained to identify staff who may be struggling after a traumatic event and offer on-site support to help relieve symptoms of post-traumatic stress. Practitioners offer one-to-one confidential support with follow-up checks. Over 1,000 mental health allies have also been recruited in the last year. These are volunteers who have been trained to support staff and managers. They offer confidential support, raise awareness, and challenge the stigma surrounding mental health. During the COVID-19 pandemic, a national network of regional prison staff support leads was established. They act as a single point of contact in the region and connect local services to form a strong support network for individuals. They

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join up local staff support teams such as the care team, mental health allies, chaplaincy, TRiM practitioners, HR wellbeing leads and wellbeing champions to ensure prison staff have access to support. Our EAP service also offers a trauma and critical incident support service that can be deployed within days if a critical incident has occurred. As soon as a line manager contacts PAM Assist, they can arrange for a trauma practitioner to attend the prison to speak to staff. In September 2020, working in collaboration with the Samaritans and the Zero Suicide Alliance, HMPPS introduced a staff self-harm and suicide prevention campaign called 'Reach Out, Save Lives'. Backed by the Lord Chancellor, the

campaign drives a consistent message about reaching out to support staff and aims to impact and challenge cultural norms around a publicly sensitive topic. HMPPS have also recently launched new initiatives called the New Colleague Mentor Scheme (NCM) and the Buddy Scheme, which are both part of the Supporting Each Other framework. They have been designed from staff feedback and exit survey feedback from across the prison service. The aim is to ensure new colleagues feel more supported, capable, confident, and safe. The Buddy Scheme will not replace line

manager interaction but will be an informal extra support to draw on the experience across our prisons to help new starters feel a sense of belonging. Many prisons are already running such schemes successfully. While there is no quick or simple fix to all employee problems, I'm confident that there is great innovation emerging from different disciplines within the public sector prison service, and not just from the formal OH and EAP spaces. The go-to-place for wellbeing support is the intranet which is used to get messages out there far and wide. Our OH and EAP providers both provide workplace wellbeing information platforms which staff can access and download onto their desktop, mobile phone or tablet device. There's a whole host of health promotion topics on there, such as support for people affected by the Ukraine war, to finance management, information on the menopause as well as advice to address common issues such as stress management

and musculoskeletal issues. There is practical guidance for line managers on how to refer employees to occupational health for support and a chat box. It's a really useful information hub to have. We also launched a new product called 'My Physio Checker'. Musculoskeletal issues are the second highest reason stated for staff absence. We really wanted to look at something that was going to assist individuals in the management of musculoskeletal issues, so individuals do not have to wait for their manager to refer them. For example, some shift workers might not see their line manager for weeks and when their line manager comes back, they might be busy. Furthermore, it's not always easy for line managers to get on a computer and make a referral on behalf of their employee. This can hold up the referral process and prolong staff absences. 'My Physio Checker' is a fast-track way for somebody to do a self-assessment on a clinically validated digital tool. It was launched in the last week of June 2022. In August 2022, 56 individuals accessed it. Some of these individuals had aches and pains and they've been able to use bespoke exercise sheets that have been created for them. Some employees have been referred to physio. We will continue to evaluate it, because we want it to be a product that staff find useful and will engage with. Line managers can still refer employees using the traditional route via the portal for work-related conditions. It's not replaced anything that was already in place. We have also put a new Post-COVID Syndrome Support Service in place so managers can refer employees if they are struggling to get back to work or with their health at work after experiencing COVID. This service is still being accessed by staff and still proving useful. We have also launched another digital assessment tool called 'My Health Condition Management', which is a proactive self-referral programme. It can be accessed by staff who have specific high-risk concerns. All this came about because of COVID. We wanted people to have access to clinical advice easily. It was designed for employees who have diabetes, asthma, obesity, those kinds of

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conditions that may exacerbate an existing metabolic syndrome or may cause it later in life. For those staff who are deemed 'high risk', they could be sent a free self-management pack, which includes a blood pressure machine, a blood sugar monitor, peak flow meters and/or a pulse oximeter along with videos and fact sheets on how to use them. For those staff who really need one-to-one monitoring and coaching, with their consent, they will be added to a separate health coaching programme. We've had some really good feedback where staff have commented that

they have lost weight or that they've managed to get their blood sugar under control. It used to be a telephone service but has now been put into a digital format so that it is more accessible for staff on a 24/7 basis.

GS: How does wellbeing support operate in practice?

PW: In terms of communications, most of the information about OH and EAP products can be found on the intranet. We also provide updates on these products when we attend national meetings, such as health and safety, employee relations, trade union and HMPPS Wellbeing Group to name a few. Aside from informing on utilisation

rates, we present the story behind them and provide user feedback. I think a good news story can sometimes stick better than metrics. We also send out updates via internal communications, posters and pens to prisons and probation. Those are generally the channels of promotion. We are also looking at wellbeing support utilisation. There are hotspots where utilisation is quite low. The account director from PAM Assist is reaching out to senior HR leads to promote wellbeing products. Our occupational health provider has bi-monthly HR regional meetings. This enables a two-way consultation, because sometimes there can be a disconnect between client and third-party provider. Since this mechanism of collaboration and communication was implemented, it's helped us iron out those niggles. It's a safe space for our business and the providers to talk about what's been going well, as well as what hasn't been going well.

Also, it provides opportunities to present and promote their products. If you simply tell people to go and look for information on the intranet, then chances are that they won't because everybody is busy with competing priorities. However, if you have somebody who speaks with passion and conviction from a provider side, and they manage to convince our internal stakeholders that these products and services are effective, they will be used more frequently. What EAP providers do is look at the industry metrics that they take. They look at large EAP clients and what their usage is across the EAP services. HMPPS, over the last 12-month period, represents 23 per cent of total use across services. The average for other large EAP clients is about 13 per cent. So HMPPS are using more of the EAP services than other similarly large organisations and that is discounting website activity.

GS: What are you learning from the feedback?

PW: What we're learning from the feedback is that whilst the metrics provide us with objective measures, personal narratives can also give powerful explorations of how individuals interact with service systems. That has an important role persuading stakeholders and having a business case for funding. One of the themes from the Post-COVID Syndrome Service was that some people reported being sceptical about using it. However, when they did use it, they often felt they benefited from it and admitted that they wish they'd have accessed it earlier. Similar sentiments have been reported about accessing counselling services. Perhaps culturally people feel that these products are not as confidential as we make out. This might be something that puts people off engaging with them. Also, when somebody has an experience which is suboptimal, they relay that experience — then it's a case of bad news travels faster than good news. Generally, with regards to EAP, people have mixed views towards them. For example, the Pam Assist provision that we have in place, some governors reported that many who use it thought it was good.

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GS: If money was not an issue, how would you improve wellbeing?

PW: I think employers can invest a lot of money and resources on services and products to improve wellbeing, but they will only prove their value if there is the right level of engagement and utilisation. I see two main challenges. One is communications. In an organisation of our size, there are a range of different messaging priorities that employee wellbeing must compete with. Within this context, communications about wellbeing can struggle to penetrate and land well. I think in terms of employee wellbeing services and products, we have a comprehensive suite of offerings in place already. If money wasn't an issue, then I would suggest developing a useful pragmatic strategy to promote the existence of these services. This would include the delivery of physical EAP and OH roadshows on a more frequent basis in prisons and probation units via a whole prison Wellbeing Day Events. I know some prisons actively put these in place but, needless to say, COVID-19 has significantly

disrupted the best of endeavours. If money was no object, and there was enough resource to cover staff to attend such events, employees would have the opportunity to speak to EAP and OH in real time. They would be able to ask questions about how their services benefit employees and this would provide reassurance and confidence in using them. Employees can learn about OH and EAP by reading the plentiful guidance on the intranet but let's be realistic, who has time to do that unless they have a specific need to use the service? Employees learn about the products from other colleagues who have had experience of using them and make a judgement based on what they hear. This is human nature and sadly when a negative story is relayed that sticks and it puts people off. The other main barrier is that staff

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are time poor and so the services don't get utilised to their maximum potential, such as the centrally funded workshops. When we are talking about staff being time poor and stretched, we are looking at much bigger picture considerations about adequate staffing levels. As you know, this is a theme frequently raised in your recent research study of prison governors and in Professor Gail Kinman's research on prison officers. If money was no object, we would be able to employ a sufficient number of prison staff so there would be no worries about not being able to run full regimes in prisons. This would then create protected time for employees and line managers to engage with training on health, wellbeing, and safety matters as well as preventative interventions such as reflective sessions and health promotion and wellbeing days and workshops. Of course, HMPPS are working extremely hard and innovatively to address staff shortages and have deployed ways of increasing prison officer

recruitment. For example, Unlocked Graduates, which is a two-year scheme that aims to recruit graduates into the prison service to work as frontline prison officers and complete their Masters degree. Furthermore, there is the Veterans' Recruitment Programme via the Advance into Justice Team and the Operational Support Grade Fast Track to Prison Officer Programme plus a new Justice Leaders Scheme.

The most important thing for staff is having a work-life balance. Having adequate staffing levels would minimise long hours and allow staff to switch off when they are not on duty. It would allow them to spend time with their loved ones, enjoy their hobbies and go on holiday. It would allow them to dedicate their precious time and energy on these things without intrusive work thoughts seeping in. This would inevitably improve their wellbeing. A good work-life balance, I'm sure you would agree, is one of the key factors that fortifies wellbeing for anyone.