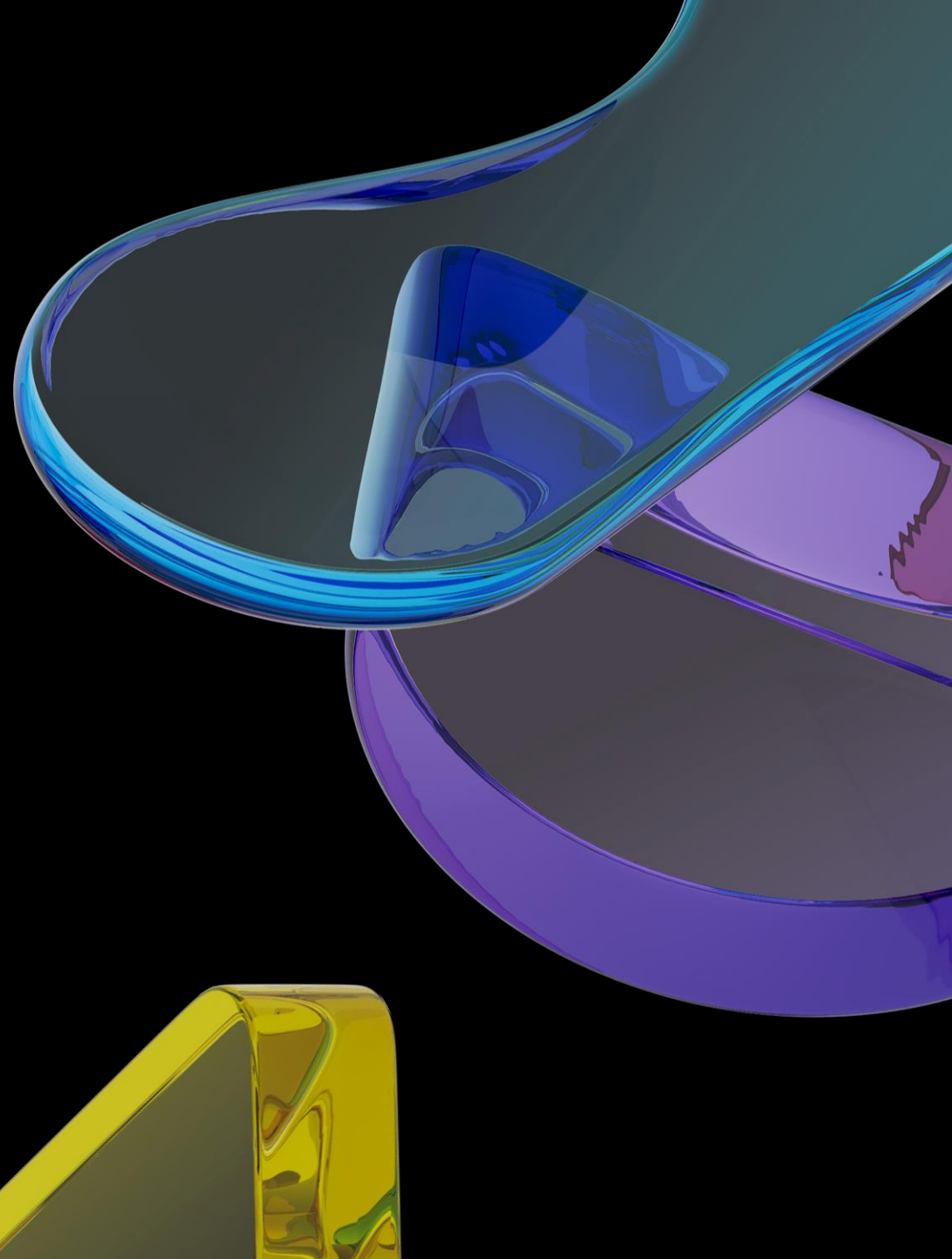




# The value of creating a culture of trust:

Exploring the impact of workplace health and wellbeing support on productivity

June 2026



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# Foreword

## **Kate Field, Global Head Human and Social Sustainability, BSI**

How to increase productivity is one of today's most critical questions. Businesses and governments around the world are still grappling with the long tail of the Covid-19 pandemic and the way this reengineered work for many, while also reckoning with demographic shifts and the profound changes that AI is bringing about.

In many economies, a central part of this question is ensuring that the working age population, is, in fact, in work. We are in an unprecedented moment of working life, where more older workers are in work. This means that we are having to navigate, for the first time, having a significant working population who are likely to face the normal physical and mental health changes of older life, from cancer to menopause.

At the other end of the age spectrum, we have a generation who may be entering the workplace with pre-existing mental-ill health and are generally more conscious of their health and wellbeing. As a society we are also seeking to ensure a more inclusive approach to those who are neurodiverse, of have faced other barriers to work through disability, chronic or long-term health conditions. Employers can be forgiven for feeling overwhelmed and at a loss at how to navigate this new working world.

And yet, as our research shows, the truth is they can adopt simple measures to support their workforce - ones that don't require systemic change or a fundamental restructuring of work

Of course, there is some small productivity loss to be expected when a member of a team is experiencing psychological or physical ill health, whether that is time off or presenteeism. Yet what happens next is not a given. What our research has found to be critical is how an employer handles this.



This makes the difference between a productivity gain or a productive loss worth thousands of pounds, with the financial benefits underpinned by the moral imperative we have to empower people to succeed.

If an employee feels confident about coming forward and talking to their employer about the challenges they are facing and likewise has an expectation that support will be forthcoming, it can have a profound impact. It can reduce the time they take off, increase their contribution when they are in work, or even determine whether they feel supported to stay in work.

Businesses are not powerless and want to do the right thing. We are all human and everyone has moments where their physical or mental wellbeing are not optimal. Yet the support an individual receives at these moments from their employer can make a critical difference.

Small changes to the way they work could be the difference between keeping them in post and creating a trust barrier that keeps them away from work, or risks losing them completely.

Leaders can proactively choose to foster a culture of trust by using existing best practice to guide them and help managers understand what support is appropriate. Relatively small steps, which reduce stigma and encourage openness and finding solutions together, can have an enormous impact in the long term, not only the individual but on the organization and wider society.

Productivity relates to more than absenteeism, presenteeism and worker retention. Still, there is no doubt that employees who are unwell, feeling psychologically unsafe, or struggling with physical or mental health face clear barriers to delivering work of a high quality, whether they are working in a manual or physical role, or in an office.

Absence is disruptive not just for the individual but for wider teams or businesses; presenteeism means less work is being completed or it is being delivered to a lesser standard. And employees leaving their jobs – or even the workforce – is not just an administrative burden, but has implications for loss of skills, relationships, institutional knowledge and of course the financial impact of back filling. Mitigating any one of these, let alone all, is surely a vital piece of solving the productivity puzzle.

As governments and businesses round the world grapple with a changing labour market and look to tackle ageing workforces, displacement of jobs from AI, or persistent youth unemployment, we hope this research makes clear the opportunity we all have to shape a future in which individuals can thrive at work, organizations can flourish and economies can grow.

# Foreword

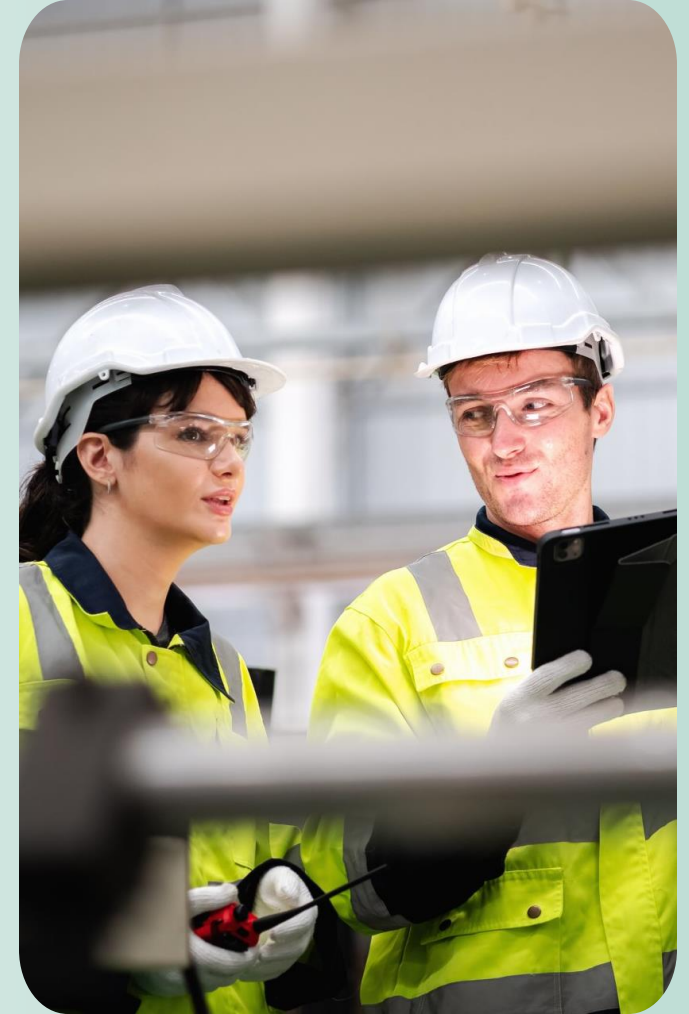
**Liam Daly, Senior Economist, Centre for Economics and Business Research (CEBR)**

When employees face health challenges, the costs are rarely confined to the individual. Reduced output, increased absence, and the risk of losing a valued member of staff can impose a significant and often underestimated burden on organizations. Yet the evidence presented in this report points to an encouraging counterweight: employers who take a proactive approach to employee health challenges reap a productivity premium worth, on average, over £1,200 per affected employee. At scale, this translates into a multi-billion-pound premium in each market examined.

At the heart of this finding is the concept of confidence. Employees who feel confident managing and disclosing health challenges consistently demonstrate superior productivity outcomes. Confident employees report fewer work absences, lower rates of presenteeism and a reduced risk of job separation.

Critically, this reframes the employer's role from passive obligation to active opportunity. Fostering a culture of trust and openness is a tangible and achievable goal. Workplaces with stronger standards-based provisions are consistently associated with fewer workplace absences among employees facing health and wellbeing challenges. Health, safety and wellbeing standards give organizations a practical framework to move beyond good intentions, embedding the behaviours, systems, and accountability that build genuine employee confidence.

The signal from the data is clear: confidence is the mechanism through which workplace culture translates into productivity outcomes. Employers who recognize this, and take deliberate steps to foster it, enable employees to thrive and create higher-performing organizations.



# Executive Summary

## Economic inactivity, ill-health and the productivity puzzle

- In the UK more than one in five working-age adults are classed as economically inactive<sup>1</sup> and more than half of workplace absence is understood to relate to mental ill-health. Productivity continues to be low.
- In the US, productivity is significantly higher, but around nearly 105 million US adults are outside the labour force<sup>2</sup>, a number that continues to rise.
- In Germany, participation in the labour market is growing, however the population is rapidly ageing.

There are many contributing factors to workplace absence or low productivity, but health and wellbeing (HW) challenges - specifically work and non-work related ill-health and poor mental wellbeing - clearly

play a role. Across all markets, support was more commonly available for physical HW challenges<sup>3</sup>, but an average of one in four (25%) reported no support services were provided. For psychological HW conditions, 35% reported that no support services were provided.

## Confidence and workplace productivity

Our primary research question was: how does confidence (to approach employers when faced with an HW issue, and to obtain a solution) relate to productivity outcomes? The results show that:

- HW challenges affect productivity in multiple ways, including greater absenteeism, reduced performance and increased risk of employment exit.

- Employee confidence plays an important role in shaping how employees respond when challenges arise, influencing whether and how they seek or support, thereby affecting the magnitude and nature of resulting productivity losses.
- Overall, while health and wellbeing challenges may result in some lost productivity, the total productivity loss associated with health and wellbeing challenges is higher among employees who report as less confident and lower among those who report being confident
- Therefore, there is a 'productivity premium' for businesses and the economy unlocked by employees being confident raising health and wellbeing challenges with their employers

## Unlocking the confidence productivity premium

Our study explores the position that productivity issues aren't just determined by the factors themselves (such as mental health or neurodiversity). It's as much about how an employer handles these issues, accommodates and works with employees, which determines the impact factors have on wellbeing and productivity. A key driver in this is how confident an employee feels in addressing problems with an employer, labelled as 'unlocking the confidence productivity premium'.

This is the annual value of improved productivity outcomes linked to employee confidence – in other words, the premium unlocked by building a culture of trust. As the data shows, this is a non-trivial opportunity for employers.

| Country | Psychological | Physical | Menstrual and/or menopausal | Neurodiversity |
|---------|---------------|----------|-----------------------------|----------------|
| DE      | £3,640        | £1,720   |                             |                |
| UK      | £410          | £1,590   | £190                        | £1,200         |
| US      | £780          | £580     |                             |                |

Table 1: Per employee confidence productivity premium by HW challenge

| Country | Psychological | Physical | Menstrual and/or menopausal | Neurodiversity |
|---------|---------------|----------|-----------------------------|----------------|
| DE      | £19.1         | £7.3     |                             |                |
| UK      | £1.3          | £5.5     | £0.3                        | £2.8           |
| US      | £16.7         | £11.1    |                             |                |

Table 2: Economy-wide confidence productivity premium by HW challenge (GBP, billions)

## The role of workplace wellbeing standards

Standards, for example, ISO 45001 or ISO 45003, are practical and clear guides, flexible enough to align to different types of workplaces and different employee and employer experiences. Importantly, while our research showed that employee familiarity with workplace wellbeing standards was limited, once the concept was discussed, employees felt they would be valuable in creating confidence<sup>4</sup>.

|                                 | DE  | UK  | USA | Total |
|---------------------------------|-----|-----|-----|-------|
| Very valuable                   | 32% | 39% | 48% | 40%   |
| Somewhat valuable               | 36% | 39% | 36% | 36%   |
| Neither valuable nor invaluable | 17% | 11% | 9%  | 12%   |
| Not very / not at all valuable  | 10% | 9%  | 6%  | 8%    |

Table 3: Perception of workplace standards, once discussed



## Conclusion and insights

- Building confidence among employees that support is available is critical to addressing the productivity puzzle.
- Early intervention can translate into long-term gains
- Structured provision can move the dial

For employers looking to foster greater confidence among employees, strengthening workplace provisions via HW standards is a practical means of building employee confidence, signalling that an organization is prepared and willing to offer support. See section 5 for more on this.

# Introduction

This study provides a comprehensive analysis of the implications of investing in workplace wellbeing for organizational performance, at a time when many economies are plagued by low productivity, high rates of absence, and demographic challenges.

Creating a culture of trust is increasingly recognized by many experts in people management as a fundamental driver of a productive, resilient, and engaged workforce. But beyond its intrinsic value to employees, it plays a central role in shaping business outcomes, influencing absenteeism, presenteeism, retention and overall efficiency.

As structural changes, including shifting demographics and technological advancement, reshape the labour market and workplace, understanding the factors that support or hinder employee health and wellbeing (HW) should be a strategic priority for businesses.

We examine the relationship between workplace wellbeing and productivity through a detailed assessment of employee experience, workplace readiness, and associated economic impacts. Drawing on primary research, the study poses the following questions:

- How does confidence (to approach employers when someone is faced with a HW issue) relate to productivity?
- Does confidence in approaching an employer mitigate the productivity loss associated with HW challenges?
- Is there therefore a 'productivity premium' that comes from being confident (i.e. is there a material impact on the business beyond the individual feeling more supported)?
- If so, what is the monetary value of this 'productivity premium' to businesses and national economies?

This analysis is complemented by an assessment of employers' readiness to provide support, alongside an examination of the role workplace standards play when HW issues arise. We then provide actionable insights for businesses and policymakers seeking to improve workforce outcomes and unlock productivity gains.



# Methodology

The study draws on a bespoke survey across three countries (Germany, UK and US), targeting individuals who reported experiencing specific challenges within the past five years.

Respondents were drawn from four economic sectors.

## The survey comprised three distinct modules

- An assessment of workplace readiness to provide support in response to HW challenges
- An examination of the relationship between employees’ confidence to approach their employer about HW challenges, their confidence in securing a resolution, and overall workplace productivity
- A review of the value of and to standards-based provisions in the workplace

|    | Total | Psychological health | Physical health | Menstrual and menopausal health | Neurodiversity |
|----|-------|----------------------|-----------------|---------------------------------|----------------|
| DE | 2,025 | 945                  | 1,080           |                                 |                |
| UK | 4,066 | 1,371                | 1,357           | 826                             | 512            |
| US | 2,004 | 1,179                | 825             |                                 |                |

Table 4: Survey sample (number of respondents by HW challenge and market)

|    | Built environment <sup>5</sup> | Healthcare | Hospitality (food and drink) | Retail and wholesale trade |
|----|--------------------------------|------------|------------------------------|----------------------------|
| DE | 592                            | 649        | 207                          | 577                        |
| UK | 1,121                          | 1,321      | 569                          | 1,055                      |
| US | 535                            | 547        | 408                          | 514                        |

Table 5: Survey size overview (number of respondents by sector and market)

# Section 01

## Economic inactivity, ill-health and the productivity puzzle

“A quiet but urgent crisis”. That was how the UK’s Keep Britain Working review leader Sir Charlie Mayfield described the parlous state of the labour market in the UK<sup>6</sup>. The review, which initially reported in late 2025, was convened to explore the productivity, work and unemployment challenge facing the country, one that has been prevalent for years but is understood to have grown since the Covid-19 pandemic.

He was sounding the alarm about a picture in which the UK unemployment rate stands at 4.9%<sup>7</sup>, and in which productivity continues to be low and has failed to recover from the financial crisis more than 15 years ago<sup>8</sup>. But the biggest challenge is economic inactivity. Research suggests more than one in five working-age British adults are economically inactive<sup>9</sup>, higher than in comparable economies, while the number of people out of

work because of health issues has increased by 800,000 since 2019. More than half of workplace absence is understood to relate to mental ill-health, with a 76% rise in the number of 16- to 34-year-olds with a mental health condition who are economically inactive due to long term sickness between 2019 and 2024.

This is particularly pronounced among young people. As detailed in the interim report on Young People and Work by Sir Alan Milburn<sup>10</sup>, one in eight young people aged 16 to 24 in the United Kingdom are not in education, employment or training, and nearly 60% of that cohort are economically inactive.

The UK is not the only comparable economy struggling with this issue, although of the three covered by this report, its productivity and inactivity bind is the most significant.

In the US, productivity is significantly higher, but unemployment stands at 4.3%<sup>11</sup>, with nearly 105 million US adults understood to be

outside of the labour force<sup>12</sup>, a number that continues to rise. A Federal Reserve note recently highlighted that US “labor force growth has been slowing and could be near-zero starting this year”, driven by weak population growth and declining labor force participation<sup>13</sup>.

Meanwhile, in Germany, the picture is more positive in some respects, but challenges remain. The employment rate in Germany is well above the EU average at 77.2%,<sup>14</sup> and participation in the labour market is growing rather than shrinking. However, the population is rapidly ageing; almost a quarter of workers are now between age 55 and 65<sup>15</sup>. Ensuring participation remains high, while also managing the health considerations of older workers, is a critical priority.

In addition, Germany experiences high absenteeism due to ill-health, with Oliver Bäte, the chief executive of Allianz SE, labelling Germans the “world champions in sick leave”<sup>16</sup>



for taking an average of 20 sick days a year, compared to the EU average of eight. The German government is seeking to introduce a new law that would allow workers to take 25, 50 or 75 per cent of a sick day, in an effort to address this.

### Behind the numbers – an individual and societal issue

While the picture varies between the three economies studied, maintaining and supporting the health and wellbeing of those in the labour market, and supporting those outside of it to return, is a critical policy and economic priority in each of them.

Economic inactivity and people leaving employment affects individuals in myriad ways; work can provide purpose, social interaction and, crucially, financial security. Economic inactivity is not merely an individual issue but a whole-society one, especially in countries with ageing populations. A smaller pool of workers

constrains tax revenue and puts pressure on public finances. As efforts to boost economic growth continue, addressing rising economic inactivity is key.

Equally, this comes against a backdrop of significant change for the labour market. The pandemic fundamentally shifted expectations, with remote or hybrid models becoming more normalized, particularly in the knowledge economy.

Equally, while we are only on the cusp of the AI age, [BSI research in 2025](#) found that 41% of business leaders in an international survey said it was already enabling headcount reductions. Nearly a third reported that their organization now explores AI solutions before considering hiring a human (31%), with two fifths expecting this to be the case within five years.

## Health and wellbeing as a critical factor

There are many factors contributing to this picture, but health and wellbeing challenges clearly play a role, shown by the UK inactivity figures but also by prior BSI research.

In our [Lifting the Second Glass Ceiling review](#), we explored issues including the impact of menopause and the factors driving experienced women out of the workplace. Drawing on the views of 6,500 working women across seven countries, the research found that one in five women globally (21%) anticipated ending their careers early. Crucially, these departures were not always driven by personal choice, with cited barriers including physical health (cited by 27%) and menopause (21%). Despite this, the majority of respondents said they have never heard their employer talk about common issues affecting women, including menstruation (56%), while

only 28% said they would be comfortable discussing menopause with a male line manager.

Similarly, [BSI's 2025 Global Workforce Entrants Study](#), which explored the experiences and priorities of people who have entered the workforce since the pandemic began, found that mental health was a consideration for many in the type of work they did. More than one in five (22%) said social anxiety would impact their decision to take on a new fully on-site role. This jumped to one in four for those who already work in remote roles.



# Section 02

## Workplace support

Our [Lifting the Second Glass Ceiling](#) report explored awareness of and to employer support around areas including menstruation, miscarriage and fertility issues. For this research we wanted to broaden the picture to understand what support those experiencing health and mental health challenges felt was in place.

Across all markets, availability of support was highest in relation to physical HW challenges. This may reflect organizations generally being more familiar with, and better equipped to accommodate, physical health needs.

Still, an average of one in four across markets (25%) of those experiencing physical HW challenges reported no support services were provided, indicating scope for improvement. Of over 1,300 respondents with psychological HW conditions, 35% reported that none of the specified support services were provided.

|                            | DE  | UK  | US  | Total |
|----------------------------|-----|-----|-----|-------|
| Workplace adjustments      | 49% | 61% | 62% | 57%   |
| Managerial support         | 26% | 43% | 44% | 38%   |
| Environmental improvements | 28% | 21% | 28% | 26%   |
| None of these              | 30% | 20% | 30% | 24%   |

Table 6: Perceptions of employer support available for physical health challenges

|                            | DE  | UK  | US  | Total |
|----------------------------|-----|-----|-----|-------|
| Workplace adjustments      | 37% | 48% | 41% | 42%   |
| Managerial support         | 29% | 40% | 35% | 35%   |
| Environmental improvements | 24% | 20% | 26% | 24%   |
| None of these              | 39% | 29% | 38% | 35%   |

Table 7: Perceptions of employer support available for psychological health challenges

In the UK, the largest shortfall in provision relates to menstruation and menopause, with 49% of affected respondents surveyed reporting that no support services were available. Only 24% reported receiving managerial support, while just 39% reported workplace adjustments being offered when these challenges arose.

Of those in the UK facing neurodiversity-related HW challenges, 52% reported that workplace adjustments were implemented, 39% received managerial support and 28% reported environmental adjustments. Of over 500 respondents with a neurodiversity-related HW challenge, 25% reported that none of the specified support services were provided.

In the US and Germany, the data suggests relatively lower organizational readiness to support employees facing psychological HW challenges compared to the UK. In the two markets, an average of 38.5% of respondents reported that no support services were available when psychological challenges arose. This points to a substantial gap between the prevalence of psychological strain in the workforce and the availability of formal workplace support mechanisms.

|                                           | No support offered by employers |     |     |       |
|-------------------------------------------|---------------------------------|-----|-----|-------|
|                                           | UK                              | DE  | USA | Total |
| Physical health challenges                | 20%                             | 30% | 23% | 24%   |
| Psychological or mental health challenges | 29%                             | 39% | 38% | 35%   |

Table 8: Proportion suggesting their employer offered no HW support

Across industries, there was variation in the extent of service provision.

This pattern suggests comparatively stronger institutionalized occupational health and safety frameworks in the healthcare and built environment sectors, whereas employees in the retail and food and drink sectors are more likely to encounter challenges without to formalized support mechanisms. A similar pattern was observed for psychological health challenges.

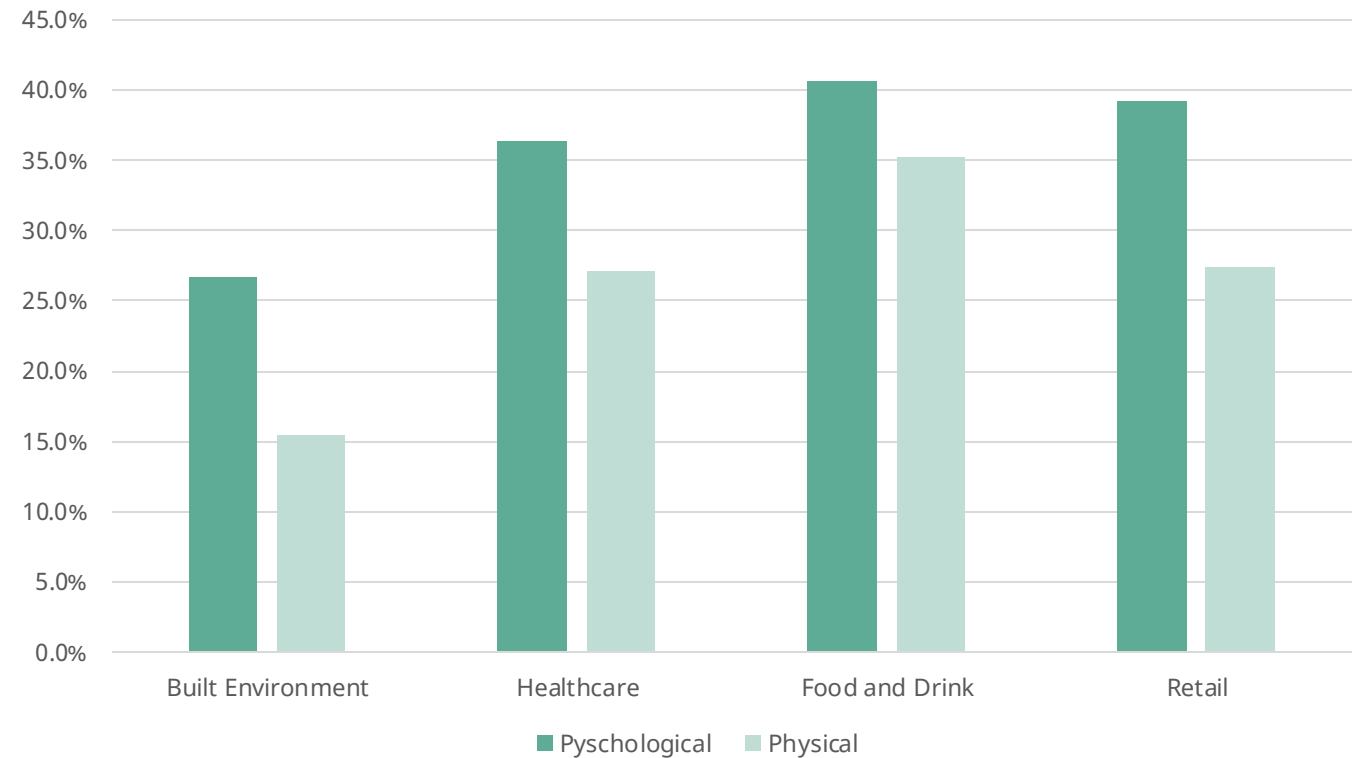


Figure 1: Average share of respondents reporting no employer support services, by sector and HW challenge

# Section 03

## Stigma and disclosure: research review

Research consistently identifies people's confidence in approaching employers about their HW issues as an important determinant of employee behaviour. Vickers highlights the dilemma faced by employees with invisible chronic illnesses, where decisions around disclosure are shaped by anticipated stigma and workplace response<sup>17</sup>. This concealment-disclosure tension has important implications for confidence in seeking support when HW challenges arise.

Later work by Corrigan et al. highlights perceived stigma as a key barrier to people with mental health conditions seeking help<sup>18</sup>. In workplace settings, where health needs run up against pressure to perform, the effects of stigma may be even more pronounced.

A study of workers with chronic illness found that disclosure is a key precursor to receiving support<sup>19</sup>. In this context, the literature highlights that confidence may play a key role in determining whether an individual discloses personal challenges to an employer and, in turn, receives support and maintains productivity at work.

Confidence in managing and disclosing HW challenges at work is partly an individual attribute, reflecting personal beliefs, experiences, and coping capacity, but it is also strongly shaped by structural and contextual workplace factors such as organizational culture, managerial behaviours, and the availability of formal support systems – essentially whether work is undertaken in a culture of trust.

The World Health Organization highlights that workplace mental health is driven by these broader psychosocial conditions, with stigma reduction and strong organizational supports central to improving wellbeing and engagement<sup>20</sup>.

Where workplaces are characterized by stigma, low psychological safety, or unclear support pathways, confidence in disclosing health issues or seeking help is lower. In contrast, clearly defined standards, well-implemented policies, trained managers, and reliable support systems can strengthen confidence and engagement. More broadly, confidence is shaped by expectations about how HW challenges are treated at work and the extent to which robust standards are embedded.

## Sharing with confidence

Having explored the importance of this topic, and examined the state of current provision, we now explore the relationship between workplace wellbeing and productivity through a detailed assessment of employee experience, workplace readiness, and associated economic impacts.

Employee confidence formed the independent variable in the principal study analysis. Our primary research focused on two dimensions<sup>21</sup>:

- Confidence to approach employers when faced with an HW issue
- Confidence to obtain a solution from an employer

Across all three markets, a strong positive correlation is observed between both confidence metrics. Those who feel confident approaching their employer about HW concerns are also more likely to feel confident a solution can be identified and implemented. Confidence to approach can be understood as a necessary first step before resolution can occur.

Importantly, confidence to approach is more directly shaped by employer action, through workplace culture, psychological safety, and responsiveness, whereas confidence in finding a solution depends more on the nature of the issue. For this reason, our analysis uses confidence to approach an employer with an HW challenge as the primary independent variable.

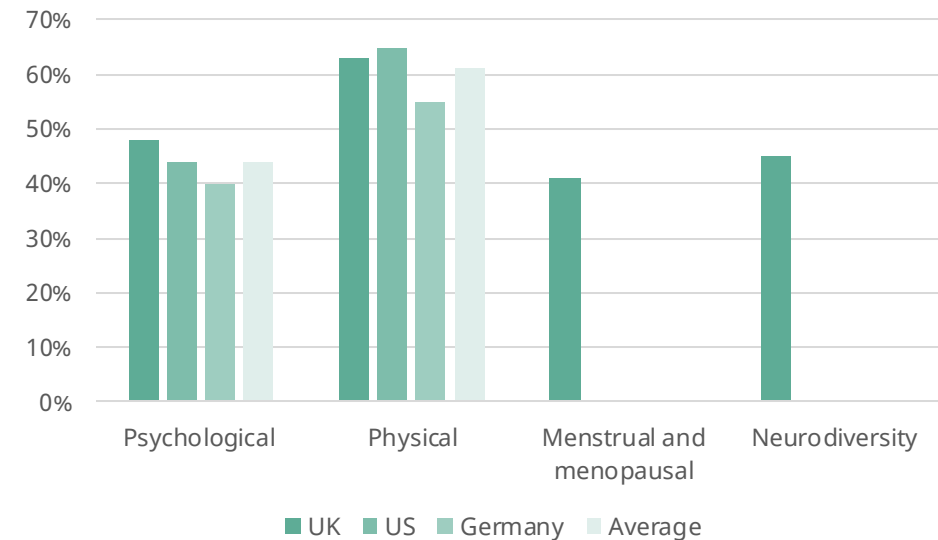


Figure 2: Share of respondents confident to approach their employer with a HW challenge

Across all markets, those experiencing physical conditions were consistently more confident to approach employers than those experiencing psychological ones, which may reflect that these challenges are less visible. The share of respondents reporting high confidence was broadly even across the UK, US, and Germany (averaging for 54% for psychological challenges and 76% for physical challenges).

In the UK, the share of respondents reporting confidence approaching employers with experience of menstrual and menopausal challenges (50%) as well as neurodiversity-related challenges (53%), was lower than for physical and psychological challenges.

This may reflect a combination of stigma, limited workplace awareness, and a lack of established disclosure pathways, prompting employees to be less likely to view these issues as appropriate or safe to raise at work.

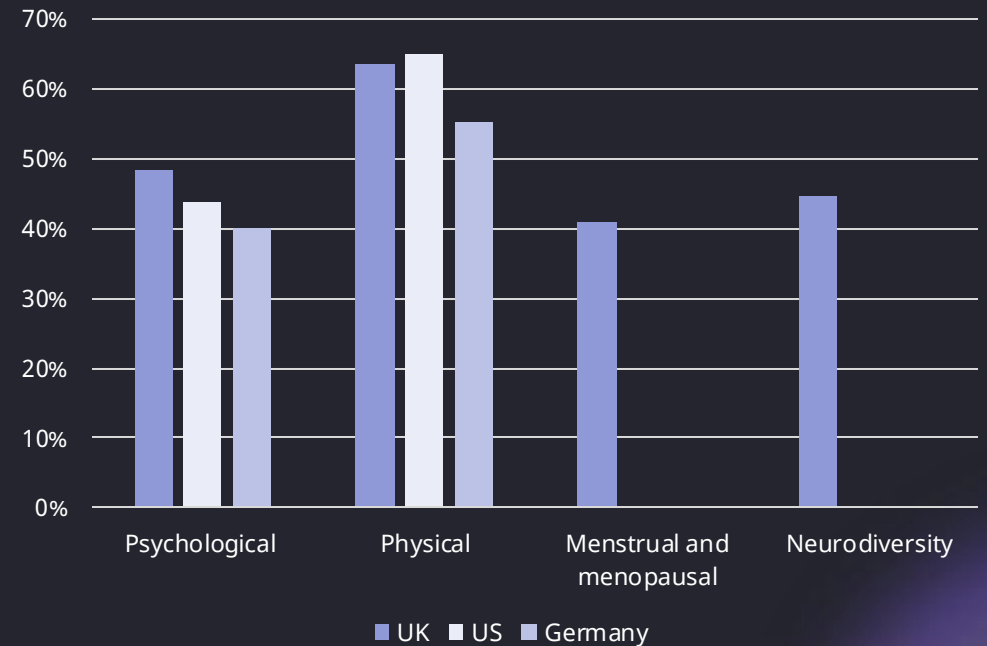


Figure 3: Share of UK respondents reporting as confident to approach employers (by HW challenge)

The built environment sector saw the highest share of respondents reporting as confident to approach employers. This was consistent across different HW challenges. This may be because safety-critical, compliance-driven environments such as construction tend to embed formal reporting processes and legal accountability, making disclosure more routine, expected, and protected than in less regulated sectors. The healthcare sector follows this pattern.

In contrast, the food and drink and retail sectors often feature more transient workforces, flatter or less formalized management structures, and higher customer-facing pressure, all of which may make it more difficult for workers to raise concerns about HW with employers.

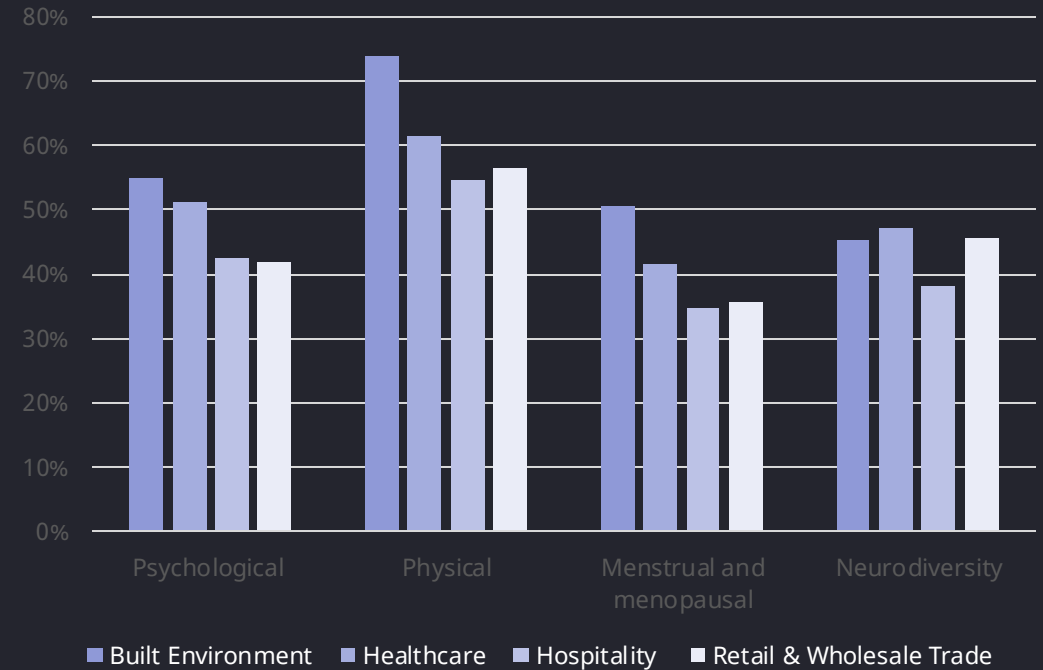


Figure 4: Share of UK respondents classed as confident (by HW challenge and sector)

## Confidence as a driver of workplace productivity

Turning to the primary research question: how does confidence to approach an employer about HW challenges relate to productivity outcomes?

We looked at three dimensions, including the incidence and duration of absenteeism (time away from work) and presenteeism (reduced productivity while at work due to health), or whether a HW challenge ever resulted in job separation or extended leave.

The results show that:

- Health and wellbeing challenges affect productivity in multiple ways - greater absenteeism, lower performance and increased risk of employment exit

Employee confidence plays an important role in shaping how people respond when challenges arise, thereby affecting the magnitude and nature of resulting productivity losses

- Overall, while health and wellbeing challenges may result in some lost productivity, the total productivity loss associated with health and wellbeing challenges is higher among employees who report as less confident and lower among those who report being confident
- Therefore, there is a 'productivity premium' for businesses and the economy unlocked by employees being confident raising HW challenges with their employers
- The premium has been estimated by combining impacts across three channels:

- Lost workdays due to absenteeism
- Reduced output while at work due to presenteeism
- The expected cost associated with job separation / extended leave is linked to the HW challenge.

Respondents reported the number of annual absences attributable to a HW challenge, and the additional time required to complete tasks when working while unwell. They also indicated whether an HW challenge had caused them to ever leave a job, from which expected turnover-related costs were estimated.

Overall, the total productivity loss associated with HW challenges is higher among employees who report as less confident.

## Absenteeism

While a higher proportion of confident employees reported taking at least some time off, employees with low confidence accumulated more days of absence over the year (an average of 2.6 (UK), 1.7 (US), and 7.3 (Germany) additional absence days per year). They may be less likely to take time off, but when absences occur, they tend to be longer in duration.

From an employer perspective, this matters. Longer-lasting, less frequent absences are typically more disruptive than shorter ones. They are harder to plan for, often require cover or work reallocation, and can disrupt team continuity, particularly in roles where responsibilities are not easily shared.

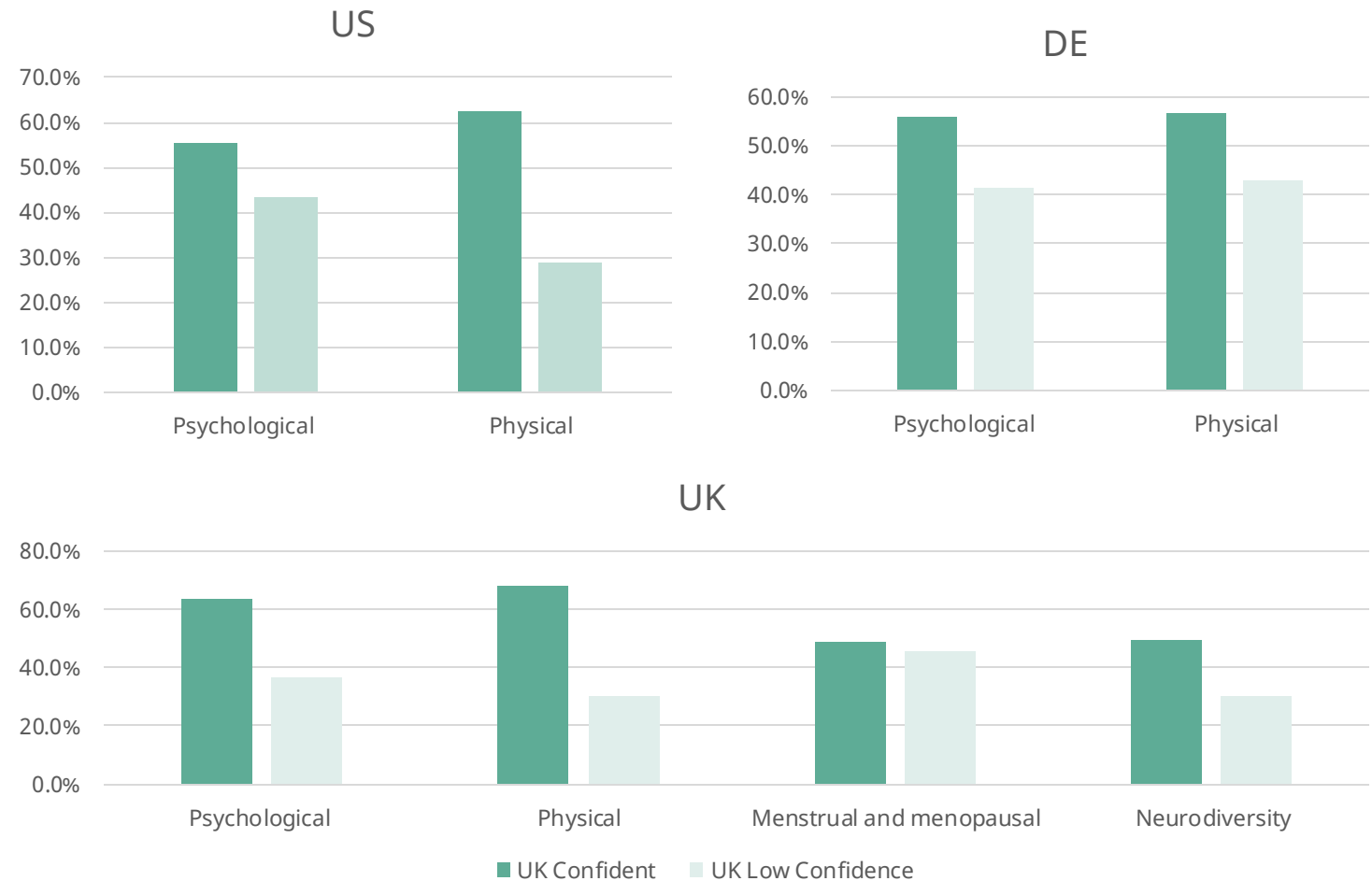


Figure 5: Rates of absenteeism for confident and non-confident employees

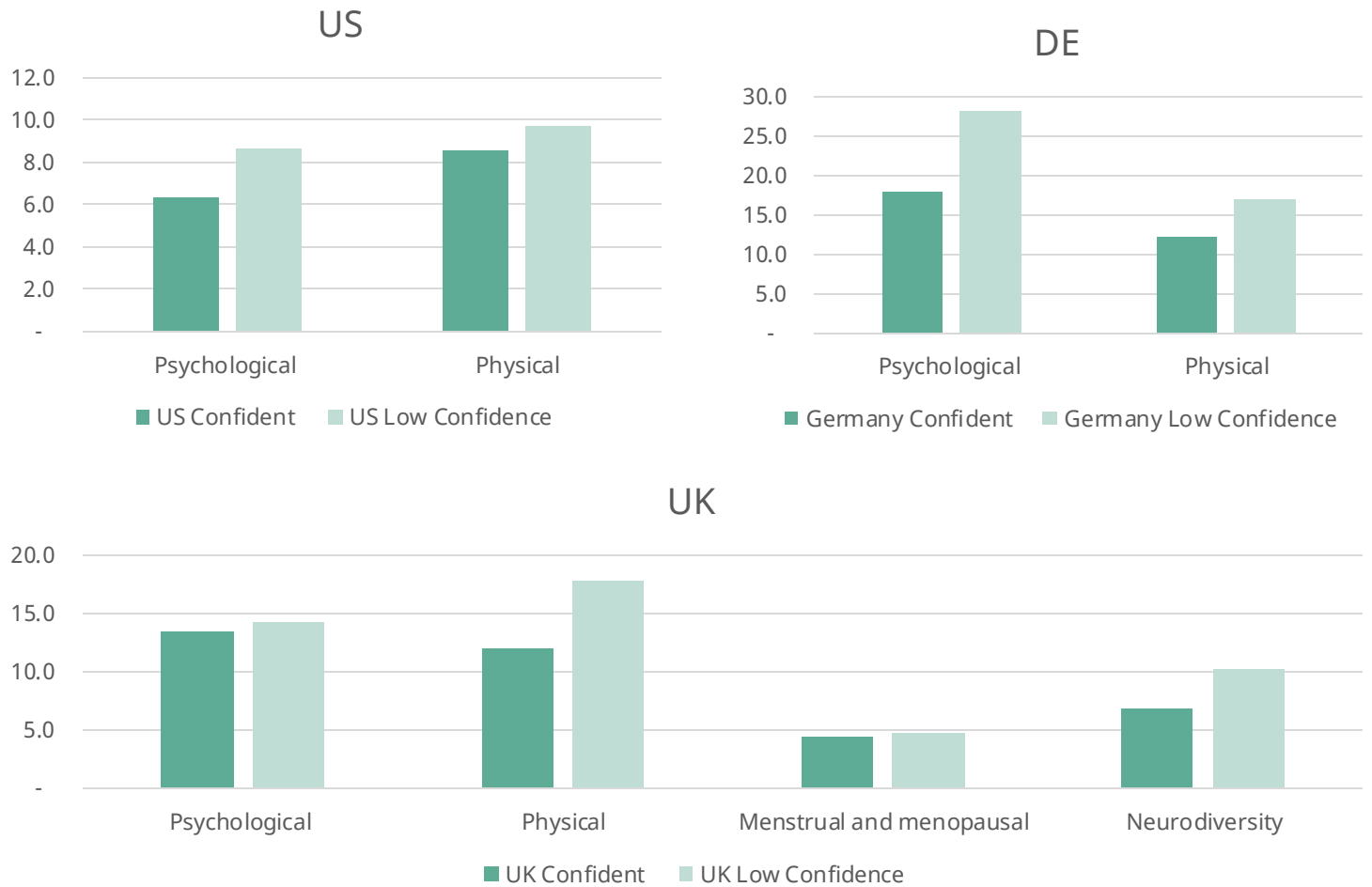


Figure 6: Duration of absenteeism for confident and non-confident employees (days)

## Presenteeism

With presenteeism, while employees may be physically working, they are not necessarily delivering to the required level, nor motivated to contribute. As with absence, working despite diminished productivity can have a knock-on effect on colleague workloads or deadlines being met, and can create a low morale, disengaged workforce. If challenges are not being dealt with, they can eventually lead to workplace absences or even job exit.

Across all markets, presenteeism rates were higher among employees with low confidence. This may reflect a reduced ability or willingness to seek appropriate adjustments, time off, or support when faced with a health challenge. Equally it could reflect constraints, such as fear of negative consequences, uncertainty about available support, or perceived barriers to engaging with employers on HW issues.

In the UK, the risk of presenteeism for an employee with low confidence experiencing a psychological challenge was, on average, 9.5 percentage points higher than confident counterparts. Notably, the intensity of presenteeism, measured as the extent of productivity reduction while working in a reduced capacity, was found to be broadly consistent regardless of reported confidence.

In other words, employees lose roughly the same amount of productivity when working while unwell regardless of confidence, as confidence may affect the decision to work but not the severity of illness or its impact once they are working.

This distinction matters because it suggests that the productivity here arises primarily through a higher incidence of presenteeism rather than more severe impairment. In practice, this means that interventions that improve confidence to raise and address

HW issues, such as clearer reporting channels, supportive management practices, and ible workplace adjustments, have the potential to reduce productivity losses at scale by lowering the number of employees working while unwell, even if the underlying health challenges remain unchanged.

Taken together, the results suggest that presenteeism represents an important channel through which lower confidence translates into reduced productivity.

Notably, rates of presenteeism are relatively high across all respondents, typically above 60%, indicating that working while affected by HW challenges is common. This suggests that a substantial share of productivity loss may be occurring “in work” rather than through absence, meaning the true economic and wellbeing costs are likely to be understated if focus is placed on absenteeism alone.

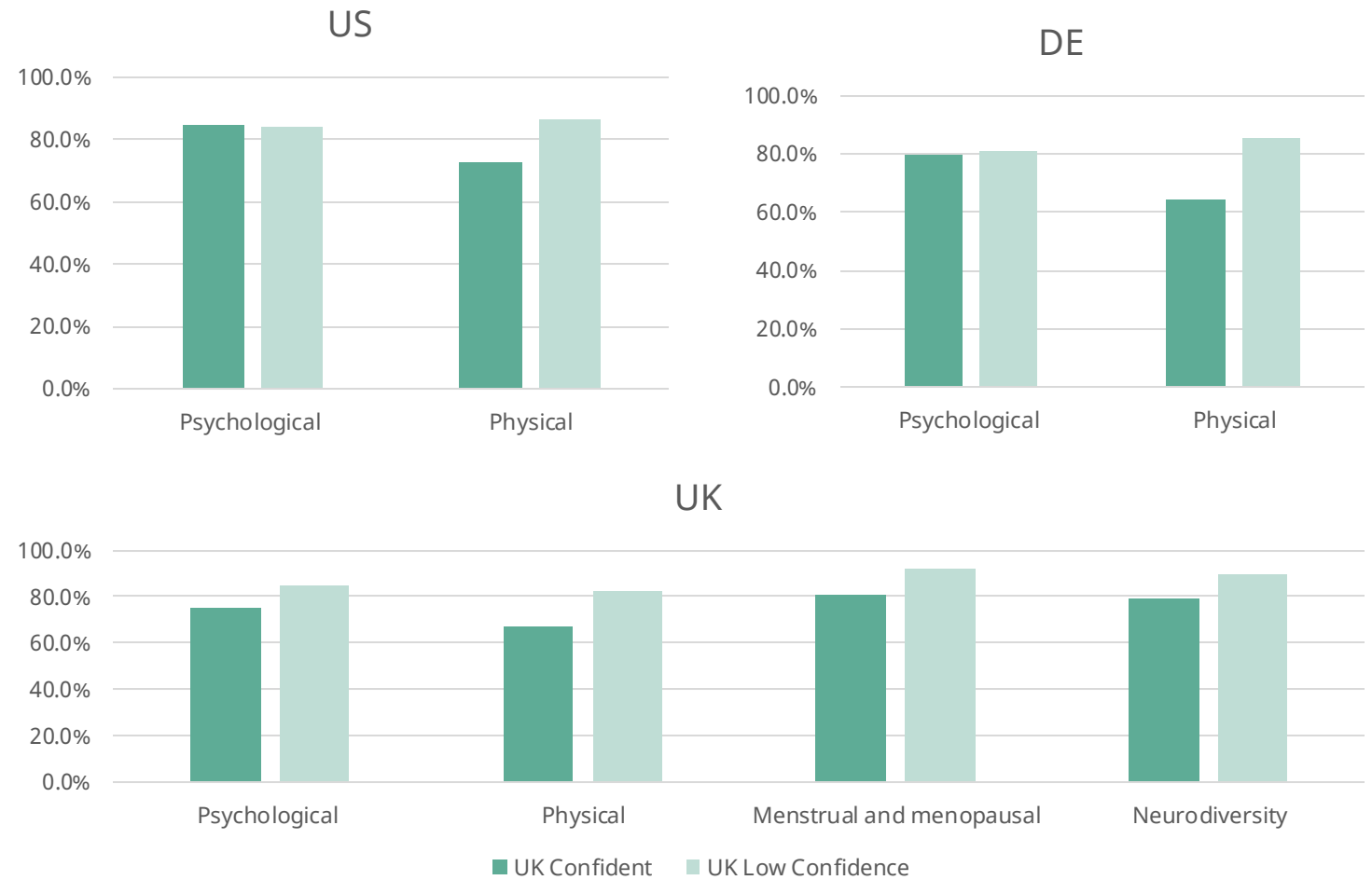


Figure 7: Rates of presenteeism for confident and non-confident employees

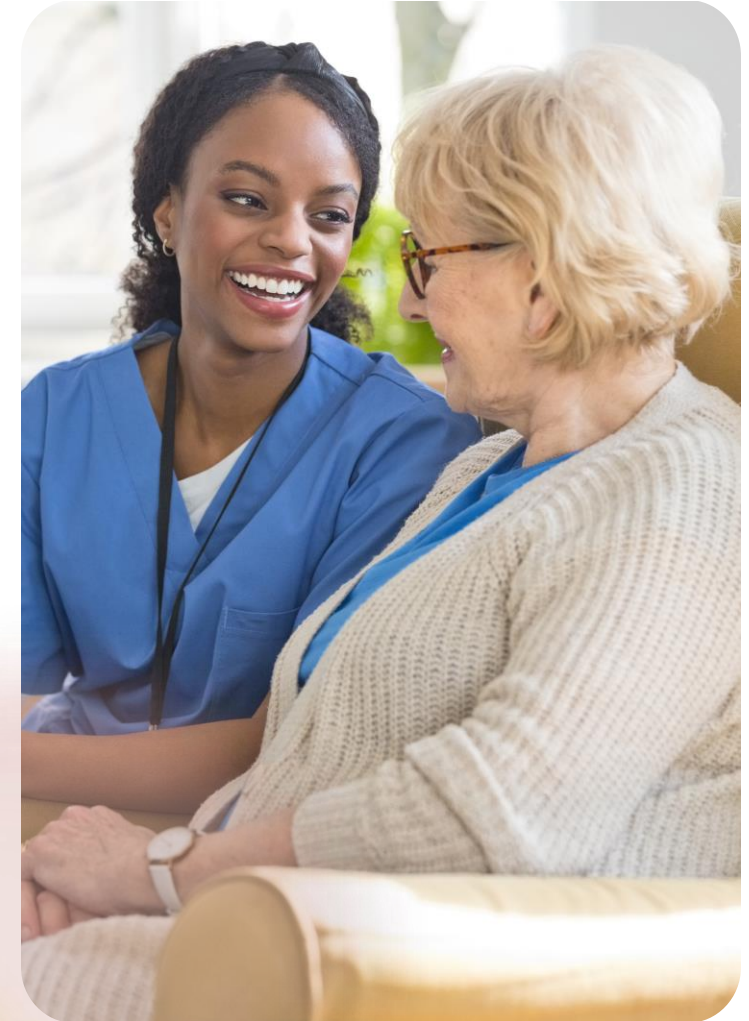
## Job separation

Workers were asked whether they had ever taken an extended period of leave due to a HW challenge (excluding maternity or paternity or due to bereavement). Rates were significantly higher among employees with low confidence. For example, in the UK, 49% of employees with low confidence and a psychological HW challenge reported either leaving a job or taking extended leave, compared to 41% of confident employees. Among those experiencing a neurodiversity-related challenge, the difference was more pronounced (57% to 35%).

The association with higher rates of job separation suggests that low confidence may contribute to unresolved workplace challenges and lower engagement. People prefer to leave roles rather than remain in situations where issues persist or are not adequately addressed.

This matters because it highlights a more persistent and costly pathway through which low confidence affects labour market outcomes. Extended leave and job separation represent longer-duration disruptions that are difficult and costly for employers to absorb.

Employers face recruitment and training costs, loss of firm-specific knowledge, and reduced team stability. Job separation may also reflect a breakdown in early intervention, where issues that might have been managed through timely adjustments or support instead escalate.





|                                 | HW-specific workplace provisions present | No HW-specific workplace provisions |
|---------------------------------|------------------------------------------|-------------------------------------|
| Psychological health            | 11.2                                     | 16.4                                |
| Physical health                 | 11.7                                     | 17.4                                |
| Menstrual and menopausal health | 4.4                                      | 6.9                                 |
| Neurodiversity                  | 5.2                                      | 5.6                                 |

Table 9: Average number of work absences - UK

|                      | Provisions | No provisions |
|----------------------|------------|---------------|
| Psychological health | 6.7        | 8.3           |
| Physical health      | 6.9        | 25.3          |

Table 10: Average number of work absences - US

|                      | Provisions | No provisions |
|----------------------|------------|---------------|
| Psychological health | 10.9       | 30.4          |
| Physical health      | 12.9       | 15.6          |

Table 11: Average number of work absences - DE

# Section 04

## Unlocking the confidence productivity premium

To estimate the monetary impacts of the variation in productivity outcomes linked to HW challenges and confidence, we calculate the average productivity gain associated with confidence. This is defined as the difference in employer costs - driven by absenteeism, presenteeism, and increased risk of job separation - between employees with higher confidence and those with lower confidence.

**Absenteeism days** are estimated using self-reported survey data.

**Presenteeism days**, which are not directly observable, are estimated as a multiple of observed absenteeism days<sup>22 23</sup>. We also factor in the intensity of presenteeism. The survey data indicates that when productivity in work is compromised, the loss is equivalent to 23% of

an assumed 8 hour working day, or 1 hour 50 minutes of lost work per day<sup>24</sup>.

**Job separation** risk is derived from survey responses indicating whether individuals have ever left a job or taken extended leave due to any HW challenge, capturing the likelihood of experiencing at least one such event over their working life. This is then converted into an annual estimate by assuming the risk is constant over time and spreading the observed lifetime incidence across the average number of working years.

A staff replacement cost multiplier is used to quantify the additional costs of replacing an employee, including recruitment, onboarding, and early-stage productivity losses. This is typically estimated to range from 50% to 200% of annual salary depending on role<sup>25,26</sup>. We adopt a conservative value of 0.5, implying replacement costs equal 50% of annual salary once transition costs are included.

Having estimated the confidence productivity premium at the individual level, we then consider its aggregate impact at the market and sectoral level. To scale up these costs, we draw on employment data and prevalence rates for each class of HW challenge.

The results reveal that unlocking the confidence productivity premium is a non-trivial opportunity for employers.



## UK

The premium is greatest among workers with physical HW challenges, followed by those with neurodiversity-related challenges at £1,600 and £1,200 per year per employee, respectively. In both, the larger premium is driven primarily by reduced work absences, suggesting that confidence differences may be particularly consequential where employees face challenges that disrupt regular attendance and require flexible responses from employers.

While the premium is lower for those experiencing psychological health issues and menstrual or menopausal challenges, at £400 and £200 per year per worker respectively, this still represents a meaningful opportunity for employers. Beyond the financial benefits, there is a moral imperative to help employees address such issues.

Scaled-up to the UK at the whole-market level, the confidence productivity premium associated with psychological challenges and physical health challenges to UK employers is £1.3bn and £5.5bn, respectively. For menstrual and menopausal health challenges and neurodiversity-related health challenges it is £271m and £2.8bn, respectively.



## US

Here, the confidence premium is higher among workers experiencing psychological HW challenges (£780) than among those with physical challenges (£580). The economy-wide productivity premium is estimated to be worth £16.7bn for psychological challenges and £11.1bn for physical challenges.

This is driven by a greater increase in the average duration of absenteeism among low-confidence individuals experiencing psychological issues. The implication is that people who feel confident talking to their employer take less time off work when they're struggling with mental health issues. Confidence acts as an important buffer, resulting in fewer absences compared to people who feel less confident to speak up.

In the US, presenteeism rates are similar for confident and low-confidence individuals. The confidence premium is mainly driven by differences in absence, rather than people working while unwell.



## Germany

Germany's confidence productivity premium is also higher among workers experiencing psychological HW challenges. However, the premium associated with confidence is significantly larger (£3,640 for psychological HW challenges and £1,720 for physical challenges) than in the UK and US.

This appears to be driven by Germany's higher overall level of work absences. In our survey, German employees with a psychological condition who reported as confident recorded an average reduction of 22 absence days per year compared with low-confidence employees, compared with reductions of 14 days in the UK and 7 days in the US. WHO data showing higher overall absence rates in Germany supports this finding<sup>27</sup>. Because overall absence levels are higher in Germany, the difference in absence days between confident and low-confidence employees is also larger in absolute terms, amplifying the estimated productivity premium associated with confidence.

The corresponding aggregate costs for psychological and physical HW challenges are £19.1bn and £7.3bn, respectively.

|                                 | Per employee | Economy-wide (GBP, billions) |
|---------------------------------|--------------|------------------------------|
| Psychological health            | £410         | £1.3                         |
| Physical health                 | £1,590       | £5.5                         |
| Menstrual and menopausal health | £190         | £0.3                         |
| Neurodiversity                  | £1,200       | £2.8                         |

Table 12: Confidence productivity premium - UK

|                      | Per employee | Economy-wide |
|----------------------|--------------|--------------|
| Psychological health | £780         | £16.7        |
| Physical health      | £3,640       | £11.1        |

Table 13: Confidence productivity premium - US

|                      | Per employee | Economy-wide |
|----------------------|--------------|--------------|
| Psychological health | £3,640       | £19.1        |
| Physical health      | £1,720       | £7.3         |

Table 14: Confidence productivity premium - DE

# Section 05

## The role of workplace wellbeing standards

The modelling makes clear the value of workplace HW support and identifies the premium available if employees are confident that they can come forward and that help would be on offer.

Creating an environment in which employees feel confident about support on offer and comfortable coming forwards is not achieved simply by an employer telling them they should feel this way. True confidence – and therefore the associated premium – requires more than just words or tick-box exercises. This is where workplace wellbeing standards, such as those published by ISO or BSI, have a critical role to play.

Crucially, such standards are practical and clear guides, flexible enough to align to different types of workplaces and different employee and employer experiences.

Importantly, while many workplaces will have these in place, these may not always be visible or explicitly communicated to employees. Generally, employee familiarity with standards (generally, as opposed to specific ISO or BSI standards) was limited, yet once discussed, employees felt they would be valuable in creating confidence.

|                                               | DE  | UK  | US  | Total |
|-----------------------------------------------|-----|-----|-----|-------|
| Very familiar                                 | 49% | 61% | 62% | 57%   |
| Heard of them, but not sure what they include | 26% | 43% | 44% | 38%   |
| Not familiar at all                           | 28% | 21% | 28% | 26%   |

Table 15: Familiarity with workplace wellbeing standards / best practice guidance implemented by your employer

|                                 | DE  | UK  | US  | Total |
|---------------------------------|-----|-----|-----|-------|
| Very valuable                   | 32% | 39% | 48% | 40%   |
| Somewhat valuable               | 36% | 39% | 32% | 36%   |
| Neither valuable nor invaluable | 17% | 11% | 9%  | 12%   |
| Not very / not at all valuable  | 10% | 9%  | 6%  | 8%    |

Table 16: Perceptions of value of workplace standards / best practice guidance for employee wellbeing and performance

While awareness of formal standards could be enhanced, the perceived value of standards is high, suggesting employees recognize the importance of structured approaches to workplace wellbeing. This points to a clear communication gap: organizations may already be implementing standards, but their impact could be strengthened by making them more visible and better understood.

The research instead focused on lived experience of workplace support. Respondents were asked whether specific HW-related provisions were available. For example, relevant to menstrual health, did they have to private toilets, discreet changing areas, quiet recovery spaces, or had their employer made efforts to raise awareness?

We then examined whether perceived to these provisions is associated with better productivity outcomes, providing an indirect measure of the value of standards through

their impact on employee experience and performance. We compared reported absences among those who perceived that no provisions were in place against counterparts who reported that three surveyed provisions were in place<sup>28</sup>.

Across the UK, US and Germany the findings showed a consistent pattern. In workplaces with HW-related supports and practices in place, employees reported fewer workplace absences. This suggests that implementing provisions in the workplace can mitigate the workplace productivity loss that arises due to HW challenges.

The magnitude of these associations varies by market and HW challenge but is directionally consistent. In each, a perceived absence of support is linked to higher levels of workplace absence, suggesting that having standards-based workplace provisions in place could play a central role in mitigating workplace absence.

In turn, embedding structured HW practices could therefore help mitigate productivity losses by improving the availability and perceived ability of workplace support.

|                                 | DE   | UK  | US   |
|---------------------------------|------|-----|------|
| Psychological health            | 21%  | 49% | 268% |
| Physical health                 | 180% | 47% | 25%  |
| Menstrual and menopausal health |      | 58% |      |
| Neurodiversity                  |      | 7%  |      |

Table 17: Percentage increase in absence rates for employees who perceived no relevant support provisions to be available

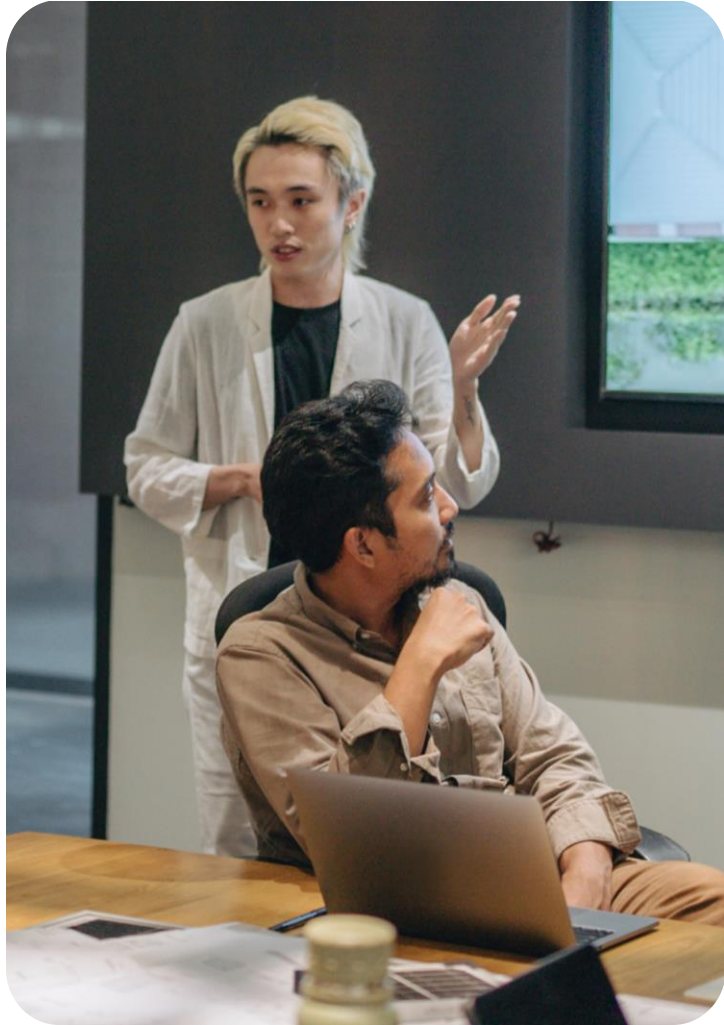
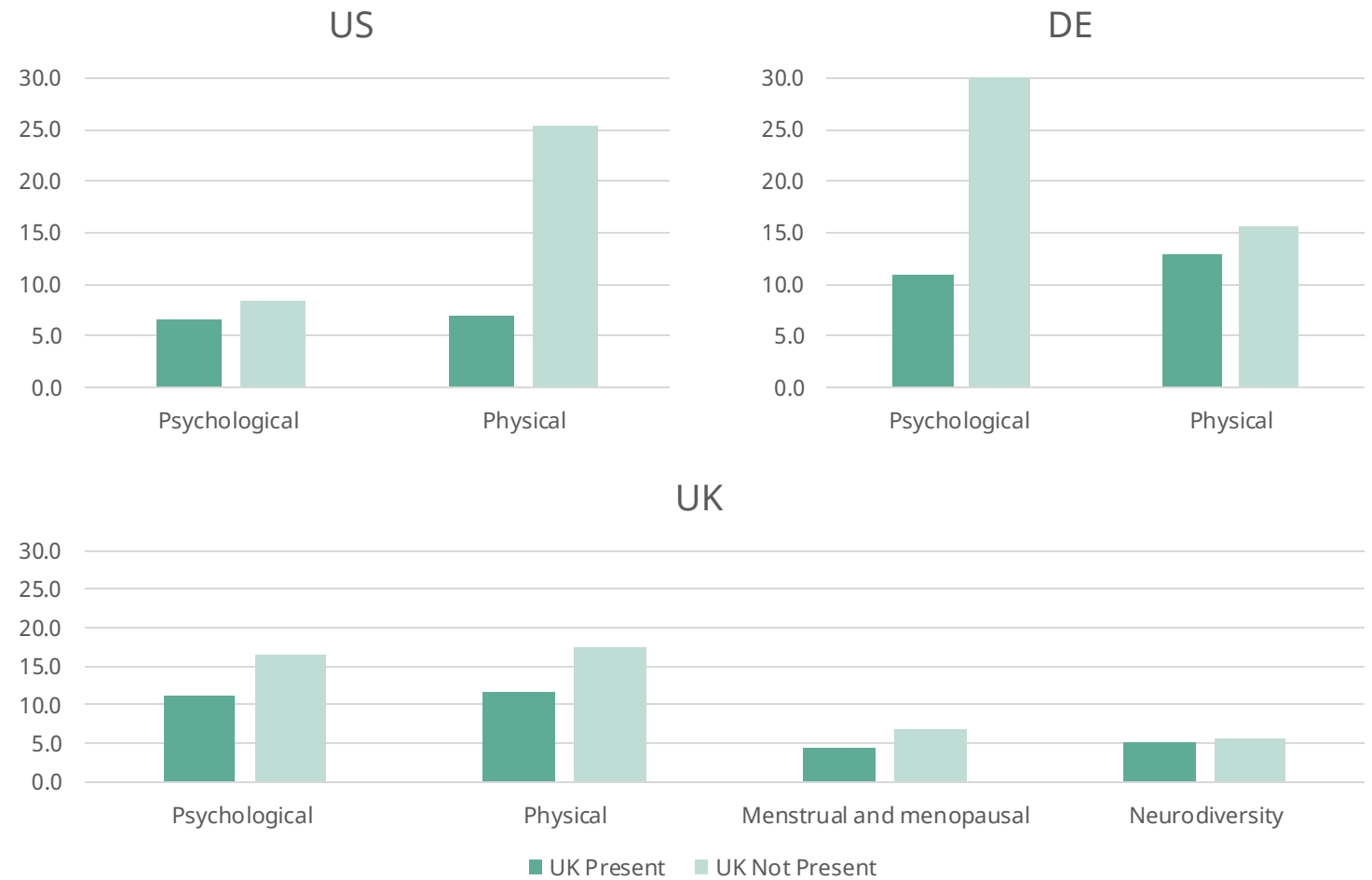


Figure 8 - Workplace absences with and without provisions

# Section 06

## Conclusion and key insights

A clear and consistent narrative emerges linking workplace confidence and availability and awareness of support with improved productivity outcomes. While everyone has moments where their physical or mental wellbeing are not optimal, the support they receive at these moments from their employer could be the difference between them needing merely a brief moment to recuperate or a protracted absence or even exit from work – impacting not only the individual but the organization and wider society.

Lower confidence to approach employers with HW challenges and lower expectation of ing support is consistently associated with higher productivity losses, driven by longer periods of absenteeism and a higher presenteeism risk. From the research we can draw the following conclusions:



## Build confidence that support is available

We all have times when our health or wellbeing impacts our ability to work. But our research shows that confidence in how this will be handled at work is critical - and has real economic impact. Employees who feel less confident approaching their employer tend to have bigger productivity losses, from both more time off and greater presenteeism. Low confidence also means employees are more likely to leave their job or take long periods of leave when health challenges arise.

This means that having support on offer is not enough. Going further to remove stigma and ensure employees are comfortable talking about ill-health or wellbeing challenges and reassured that they will receive support is vital.

## Early intervention can translate into long-term gains

Employees who feel less able to approach their employer are more likely to experience extended absences or job separation. This suggests problems escalate when issues are not raised or support is not forthcoming. As a result, low confidence not only amplifies day-to-day productivity losses but also contributes to more severe and sustained disruptions to workforce participation. Thus, employers do have the power to shape outcomes even if the fact someone is unwell is out of their hands, by prioritizing early intervention.

This requires a mindset shift, towards long-term thinking. Supporting employees with health and wellbeing challenges may feel like an outlay beyond an employer's direct obligations, but only when viewed from a short-term perspective. As our data makes clear, there is a not insignificant potential premium to be gained, but it must be seen as an investment in the future.

## Structured provision can move the dial

Employers generally want to do the right thing, but, currently, support remains inconsistent. This is especially the case looking beyond physical health, as many workers report receiving no support at all when needed. Yet where clear workplace support is in place, it brings identifiable benefits. In these cases, absence is lower, showing that structured provision, often underpinned by formal health and wellbeing standards, can help build confidence and reduce productivity losses.

Workplace wellbeing standards and related workplace provision represents an effective lever for reducing productivity losses associated with HW challenges, while also improving overall workplace responsiveness and resilience.

## Generating the confidence premium

Ultimately, most employees want to be productive and contribute to a company's success, especially on arrival in a role. They do not want to be impeded by health and wellbeing challenges. Similarly, most employers are well-meaning and genuinely want to support the health and wellbeing of their team. But they are facing competing priorities, a changing world of work, and ongoing political uncertainty. Truly delivering health and wellbeing support and generating that premium can feel daunting.

For employers looking to foster greater confidence among employees, strengthening workplace provisions via HW standards is a practical means of building employee confidence. It signals that an organization is prepared and willing to offer support.

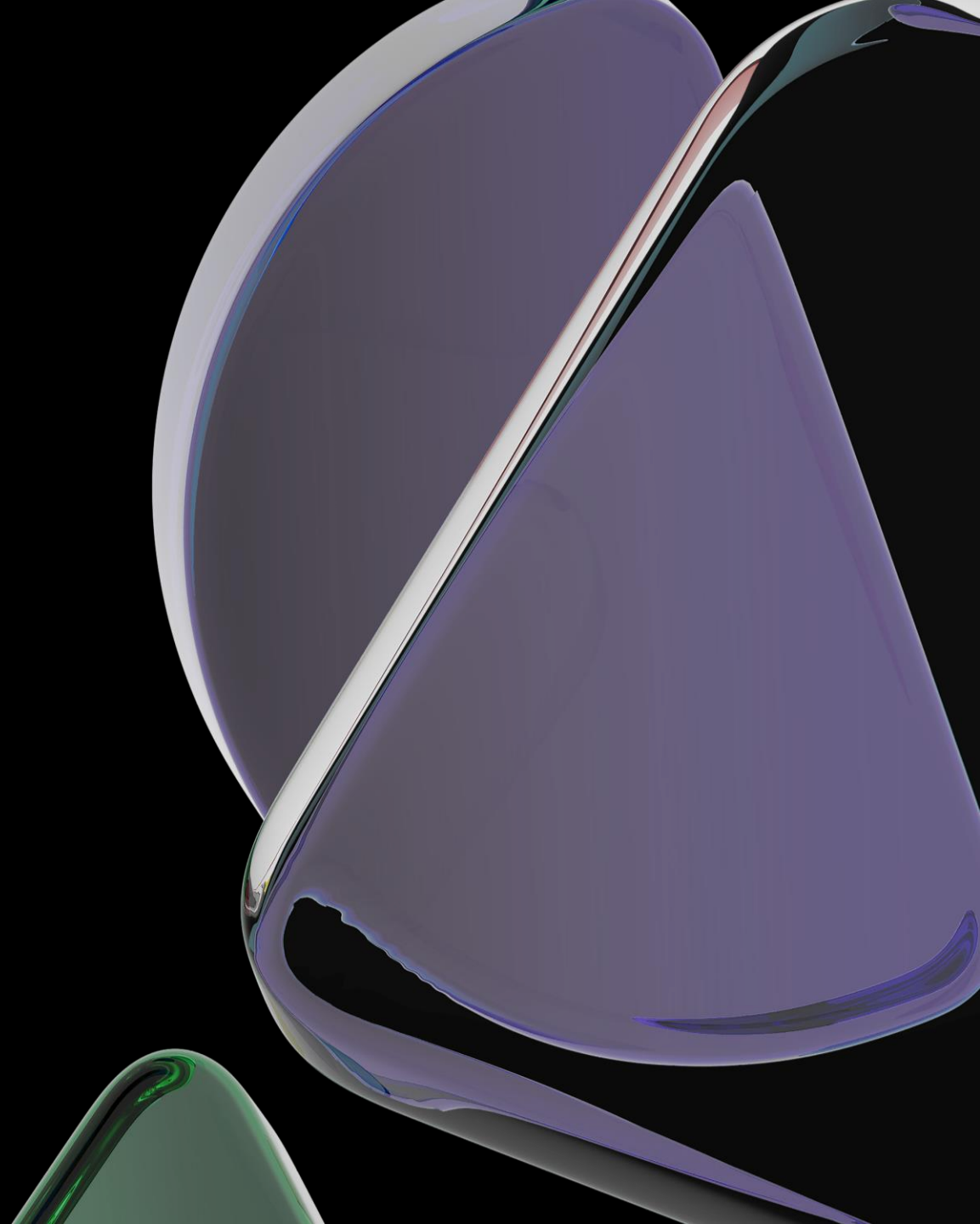
This is where standards can be a vital tool to build a culture of trust.





# Practical Support Guides

Detailed guidance for supporting health and wellbeing challenges in the workplace



# Supporting employees with psychological health challenges – A practical guide for employers

## What good looks like

- Inclusivity: Actively challenge stigma, discrimination and harmful behaviours
- Compassion: Enable open, supportive conversations about mental health
- Awareness: Train employees to recognize warning signs and intervene early
- Proactive management: Address workload, pressure and workplace stressors
- Flexibility: Adapt roles, hours and expectations where needed
- Leadership accountability: Make mental health a visible leadership priority
- Peer support: Enable safe spaces for employees to support each other

## How to build a culture of trust

Drawing on key standards on psychological health and safety at work ([BS EN ISO 45003](#)) and suicide and the workplace ([BS 30480](#)), Kate Field, Global Head of Human and Social Sustainability at BSI, identifies three priority areas for employers to foster a supportive, adaptable and mentally healthy workplace.

Review your current approach against this guide and identify one action you can implement this quarter to build employee confidence.

## Encourage trust by reducing stigma

Create an environment where employees feel safe to speak up early

- Train managers to respond consistently, empathetically, and without judgement
- Create clear, confidential routes for employees to disclose mental health challenges
- Actively challenge stigma by not tolerating dismissive, harmful, or stigmatizing language
- Encourage open dialogue on mental health by sharing stories of recovery and resilience
- Raise awareness of mental health and suicide prevention interventions to normalize support

## Put the right support in place

When employees do speak up, ensure the right support is consistently available

- Provide workplace adjustments, including flexibility in working patterns and workload management
- Enable regular, supportive manager check-ins
- Offer to specialist support (e.g. EAP, occupational health, counselling)
- Create supportive working environments, including quiet or recovery spaces where possible

## Identify risks early and act before they escalate

Take a proactive approach to managing the workplace factors that affect mental health

- Proactively assess workplace stressors, recognizing that different workers face unique stressors based on cultural, personal, organizational or social factors
- Train managers and colleagues on how to identify unmet needs in those around them, recognize warning signs and take proactive steps to intervene
- Monitor patterns in absence, workload, and engagement to spot emerging risks

# Supporting employees with menstrual or menopausal health challenges – A practical guide for employers

## What good looks like

- Supportive physical environment. Employees can manage symptoms with dignity through to appropriate facilities and comfortable working conditions
- Open, stigma-free culture: Menstrual and menopausal health is handled respectfully and without embarrassment or judgement
- Informed and confident managers: Line managers understand symptoms (e.g. fatigue, pain) and feel equipped to respond consistently and supportively
- Visible leadership commitment: Senior leaders champion menstrual and menopausal health, set expectations, and ensure accountability
- Early, flexible support: Adjustments (e.g. workload changes) are offered early to prevent issues escalating into absence or reduced performance

## How to build a culture of trust

Drawing on the Menstruation, menstrual health and menopause in the workplace guide ([BS 30416](#)), Kate Field, Global Head of Human and Social Sustainability at BSI identifies three priority areas for employers to create more inclusive workplaces.

Review your current approach against this and identify one action you can implement this quarter to build confidence. If you're keen to do more, [download BS 30416](#) at no cost.

## Build trust in a supportive culture

Create an environment where there is no stigma surrounding menstruation and peri/menopause. While policies are key, they must be supported by a culture that actively normalizes and supports these experiences. Proactive interventions can include:

- Increase understanding of how symptoms (e.g. fatigue, pain, brain fog, hot flushes) can affect confidence and performance, encouraging empathy and support
- Encourage open, respectful conversations so employees feel safe to raise concerns early
- Clearly define senior leader responsibility for supporting employees, and consider appointing a senior sponsor or advocate
- Establish champions who can raise awareness, provide peer support and embed good practice
- Create supportive working environments, including quiet or recovery spaces if possible

## Create a supportive physical environment

Ensure the workplace environment enables employees to manage symptoms with dignity and comfort. This can include:

- Quiet spaces for rest and recovery
- Easy to toilet, washing and changing facilities
- Free to menstrual products and hygienic disposal
- Thermal comfort (e.g. ventilation, fans, flexible temperature control)
- Suitable uniforms and PPE (comfortable, breathable, adjustable where possible)

## Put the right support in place

When employees do speak up, ensure the right support is consistently available.

- Provide employees with to guidance on managing symptoms (e.g. lifestyle changes, medical support, practical coping strategies) and signpost to relevant internal and external resources
- Offer workplace adjustments, including flexibility in working patterns and workload management
- Enable regular, supportive manager check-ins. Provide clear guidance on ing job demands and agreeing flexible working adjustments.

# Supporting employees with physical health challenges – A practical guide for employers

## What good looks like

- An inclusive, able environment: Workspaces are designed so everyone can move, work and recover with dignity, comfort and independence
- Early, practical support: Adjustments are offered quickly (e.g. flexibility, ergonomic changes, task redesign) to prevent issues escalating into absence
- Informed and confident managers: Line managers understand how physical health conditions can affect work and feel equipped to respond consistently and supportively
- A culture of openness and trust: Employees feel safe to raise physical health challenges, knowing they will be listened to and supported without stigma

## How to build a culture of trust

Drawing on recommendations in Design for an able and inclusive built environment ([BS 83001](#)) and Occupational health and safety management systems ([ISO 45001](#)), Kate Field, Global Head of Human and Social Sustainability at BSI identifies three priority areas for employers to create more inclusive workplaces.

Review your current approach against this and identify one action you can implement this quarter to build confidence. If you're keen to do more, download BS 8300-1 and ISO 45001.

## Create a space that's inclusive by design

Go beyond meeting the minimum requirements to:

- Create workspace that can be easily and safely used by everybody with dignity
- Provide choice that is convenient and avoids separation or segregation
- Recognize that everyone benefits from improved ability, including disabled people, older people and people who do not consider themselves to be disabled.

## Proactively manage health risks at work

Take a preventative approach to physical health and wellbeing

- Identify and reduce workplace risks (e.g. manual handling, repetitive tasks, poor ergonomics)
- Ensure work activities, equipment and environments are fit for purpose and regularly reviewed
- Encourage early reporting of discomfort or injury, before it worsens
- Use data (e.g. absence trends, injury reports) to identify patterns and take action

## Put the right support in place

When employees do speak up, ensure the right support is consistently available.

- Provide employees with to guidance on managing symptoms (e.g. lifestyle changes, medical support, practical coping strategies) and signpost to relevant internal and external resources
- Offer workplace adjustments, including flexibility in working patterns and workload management
- Enable regular, supportive manager check-ins. Provide clear guidance on managing job demands and agreeing flexible working adjustments.

# A practical guide for employers – Supporting neurodiverse employees including those with autism, ADHD and dyslexia

## What good looks like

- A sensory-supportive environment: Workspaces reduce distraction and overload, with to calm, flexible spaces
- A culture where difference is valued: Neurodiversity is normalized, stigma is challenged, and inclusion is part of everyday behaviour
- Personalized support that unlocks strengths: Adjustments are tailored early, helping individuals perform at their best

## How to build a culture of trust

Drawing on Design for the mind. Neurodiversity and the built environment ([PAS 6463](#)) and Occupational health and safety management. Psychological health and safety at work. Guidelines for managing psychosocial risks ([BS EN ISO 45003](#)), Kate Field, Global Head of Human and Social Sustainability at BSI identifies three priority areas for employers to create more inclusive workplaces.

Review your current approach against this and identify one action you can implement this quarter to improve support and build employee confidence. If you're keen to do more, download PAS 6463 free of charge.

## Create a physical environment that supports sensory needs

Ensure the workplace enables neurodiverse employees to work comfortable, without unnecessary sensory overload. This can include:

- Reduce overstimulation by avoiding overly bright colours, cluttered spaces, or visually busy environments
- Provide to calm, quiet or low-stimulation spaces for focus and recovery
- Manage noise levels, minimizing background noise and offering noise-reduction options (e.g. headphones, quiet zones)
- Prioritize natural light over harsh artificial lighting, and reduce flicker where possible
- Provide to outdoor or nature spaces as a retreat for calm and decompression

## Clear communication creates a culture where all minds can thrive

Communication is central to building trust and enabling neurodiverse employees to succeed. Organizations that actively normalize difference create more inclusive and productive workplaces. Proactive interventions can include:

- Leaders visibly demonstrate understanding, flexibility, and commitment to adjustments
- Share and celebrate best practice examples and case studies across the organization
- Provide clear, consistent updates on policies, processes, and available support
- Use simple, structured and unambiguous communication (e.g. clear instructions, written follow-ups)

## Put personalized support and adjustments in place

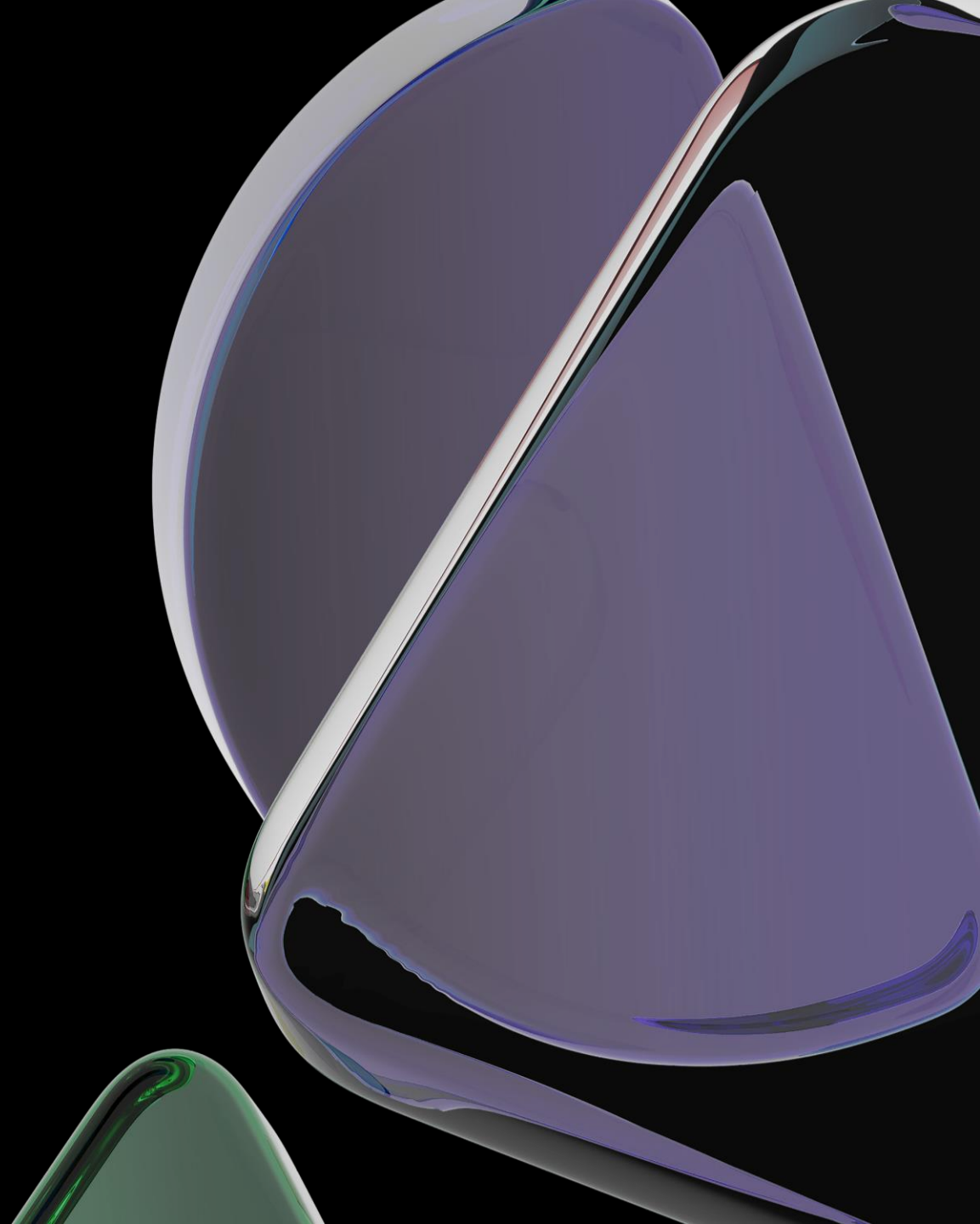
Neurodiverse employees often thrive when support is tailored to their individual strengths and needs. Practical actions include:

- Offer reasonable adjustments, such as flexible working patterns, task structuring, or alternative ways of working
- Enable regular, supportive check-ins focused on wellbeing and performance, not just outputs
- Provide managers with guidance on how to co-create adjustments with employees



# Case Studies

Discover the benefits of standards and learn how our clients are implementing them



# Addressing menstrual equity in the workplace

## Oxford Brookes University (OBU)

OBU wanted to encourage conversations around menstrual health and offer support to those impacted. OBU had already taken steps to raise awareness of menopause in the workplace. Expanding focus to menstrual equity, it aimed to highlight barriers to for menstrual products and secure funding for campus-wide initiatives.

### The challenge:

The OBU Menstrual Equity and Menopause Group was formed to support those impacted by menstrual health and menopause. In 2023, BSI invited the group to help develop BS 30416, a standard for addressing this issue in the workplace. In integrating the standard across the organization, OBU needed to ensure any actions taken or communication aligned with the university's core values of sustainability and inclusivity.

### The solution:

Adoption of BS 30416 allowed OBU to better structure its efforts, gain stakeholder support and introduce further initiatives to support menstrual equity across its campus. This empowered staff, students and the local community to openly discuss their experiences with menstrual health and menopause, fostering a broader societal shift towards an inclusive, supportive approach to the topic within workplaces and beyond.

BS 30416 empowered staff and students at a critical time, in which only 12% of organizations provide support for menstruation and menstrual health, but addressing the women's health gap has been projected to have the potential to boost the global economy by \$1 trillion annually by 2040.

[Read the full case study here.](#)



# Strengthening safety culture across complex construction projects

## Beard construction

A commercial and industrial construction company employing around 380 people, Beard delivers refurbishment and new-build projects across multiple sectors. With multiple live sites and a complex supply chain, Beard needed a robust approach to managing health, safety and wellbeing.

### The challenge:

Previously certified to OHSAS 18001, Beard had established procedures in place, but audits were largely desktop-based, offering limited insight into how health and safety was managed on site. Manual, paper-driven processes made it difficult to capture data consistently, while high contractor turnover presented challenges in building a strong, unified safety culture. Increasing client expectations and competitive tender requirements highlighted the need for a more

formal, proactive and demonstrable health and safety management system.

### The solution:

ISO 45001 offered a natural progression, providing a more forward-looking framework that focuses on risk prevention, leadership involvement and worker engagement. Implementing the standard strengthened top management commitment, improved consultation with the workforce, and supported Beard's transition to an integrated management system alongside ISO 9001 and ISO 14001.

### The impact:

- Reduced incidents and dangerous occurrences
- Stronger safety with open, no-blame reporting
- Increased workforce engagement through regular safety meetings

- Improved supply chain behaviours and contractor relationships
- Better use of technology to manage inspections and reporting
- Accident frequency rate reduced from 0.22 to 0.07
- Lost time injury reduced from 0.37 to 0.17
- RIDDOR incidents reduced from 6 to 3
- Hazard observations increased to 2,499, reflecting proactive risk management

[Read the full case study here.](#)

**"ISO 45001, combined with BSI's auditing approach, has helped us build a stronger, safer and more competitive business."**

**Joshua Harmer-Woodage,**  
SHE Manager, Beard Construction

# Embedding psychological health and safety

## London Luton Airport (LLA)

Prioritizing employee wellbeing at one of the UK's busiest airports.

LLA has approximately 950 employees, with thousands more employed as part of the airport's ecosystem. The Covid pandemic shone a light on psychological health and wellbeing in the workplace, prompting LLA to assess and evaluate the measures and processes required to ensure it was, and continues to be, an understanding and supportive place to work.

## The challenge:

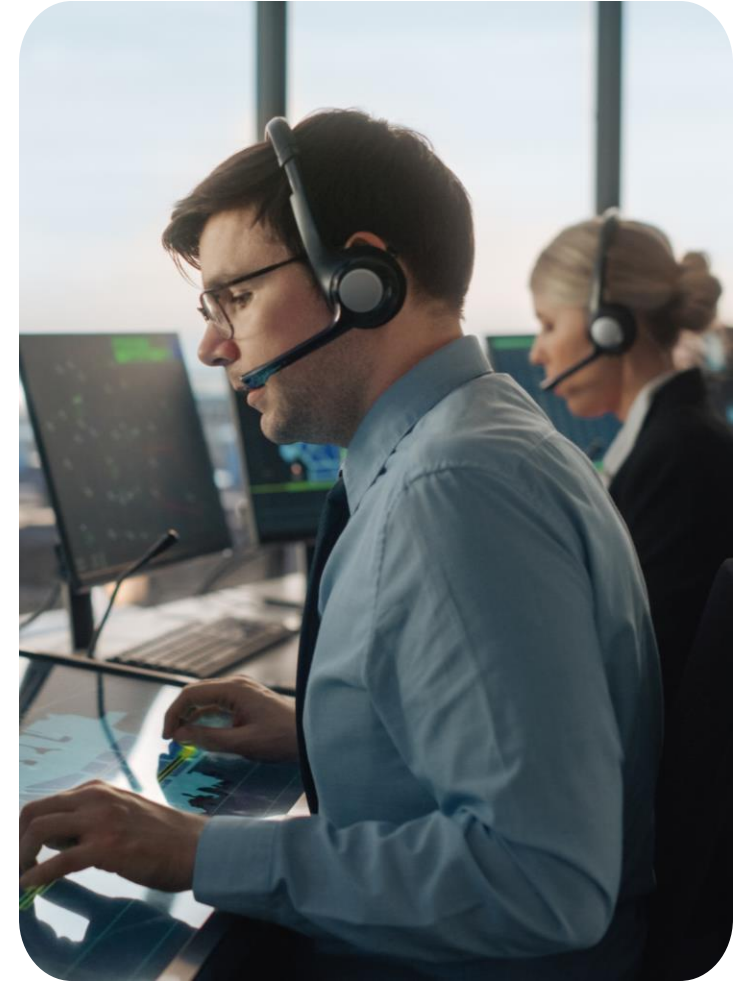
Turning initiatives into everyday actions: the vital work of LLA's Health & Safety team.

The team has always seen psychological wellbeing as key to reducing incidents and accidents. It also knew from experience

during Covid that managers are key to a successful wellbeing management

However, greater clarity and structure was needed if the airport was to evolve the management of wellbeing, stress and mental health impacts to a more proactive, risk-based approach that managers would embrace.

LLA needed to address several specific challenges to successfully embed psychological health and safety across operations. This included aligning wellbeing support for shift and day workers and managing any potential impact of increased recruitment and employee resilience as the airport continues to grow.



## The solution:

Encouraging engagement and acceptance through a structured and collaborative approach. This involved line manager training on the risks of poor workplace wellbeing, recognizing signs of stress and managing wellbeing conversations to identify risks and implement mitigations.

The Psychological Health and Safety at Work Standard (ISO 45003) has enabled LLA to build on the Occupational Health and Safety at Work (ISO 45001) management system it had already implemented. As it worked towards certification, LLA completed extensive gap analyses and risk assessments.

Collecting comprehensive, department-specific wellbeing data has also enabled the analysis of trends across departments, making the impact of wellbeing truly tangible.

## The benefits:

In the year since achieving ISO 45003 certification, LLA has experienced multiple benefits:

- Improved organizational resilience
- Positive feedback from employees
- Reduced stigma means employees are understanding the importance of taking a break when needed to avoid crisis
- Enhanced proactive and reactive support meaning more employees feel able to return to work sooner
- Taking a risk-based approach to assessing and managing workplace wellbeing

[Read the full case study here.](#)

"ISO 45003 has given invaluable practical guidance and structure to our approach to managing the psychological health and safety of our employees."

Emma Meenan,  
Head of Health and Safety,  
London Luton Airport

# Products and Services

## Standards services

Utilize best practice frameworks and guidelines to develop credible health and wellbeing strategies.

Find out more [here](#).

- [Occupational health and safety management systems \(BS ISO 45001:2023\)](#)
- [Psychological health and safety at work – Guidelines for managing psychosocial risks \(BS ISO 45003:2021\)](#)
- [Menstruation, Menstrual Health and Menopause in the Workplace \(BS 30416\)](#)
- [Suicide and the Workplace \(BS 30480\)](#)
- [Occupational health and safety management: Guidelines on performance evaluation \(BS ISO 45004:2024\)](#)
- [Ergonomic principles related to mental workload – Part 2: Design principles \(BS ISO 10075-2\)](#)
- [Provision of lone worker services. Code of practice \(BS 8484:2022\)](#)
- [Ergonomics – General approach, principles and concept \(BS ISO 26800:2011\)](#)



# BS 30480 Suicide and the Workplace

## The UK's first standard dedicated to addressing the risk of suicide and its impact in the workplace

The standard was informed by lived experience and expert input and published by BSI as the UK National Standards Body. It aims to provide organizations with practical and evidence-based recommendations to help plan for, respond to, and support people affected by suicide or those with thoughts of suicide in the workplace and beyond.

[Research](#) shows one in four adults has contemplated suicide and one in 13 has attempted it. For every suicide death, at least 135 people, including colleagues, clients, and communities alike, are estimated to be directly or indirectly affected. This means suicide touches nearly every workplace at some point, whether through loss of a colleague,

supporting someone in crisis or managing the complex emotional and operational aftermath. Yet organizations are not necessarily equipped to address this issue openly and effectively.

This landmark standard is free to download and offers clear guidance for organizations of all sizes and sectors, including public bodies, charities, social enterprises, businesses and commercial enterprises. In addition, BSI has published a practical first steps guide to support which assists organizations in taking action in a manageable way.

In this first six months the standard has been downloaded over 12,000 times across 133 countries and territories and has had positive feedback from a number of organizations.

[Discover the free standard here](#) and a [practical first steps guide here](#).

“Adopting BS 30480 has given us a clear, evidence-based framework... It has helped us normalize conversations about suicide and staff mental health, reduce stigma, and give colleagues the confidence and language to respond compassionately and safely. We’re already seeing increased openness, stronger cross-team collaboration, and staff feeling more supported in managing emotional load.”

– Marie Greenhalgh

Relationships Director, Inclusion Education

# Products and Services

## Assurance services

We exist to have a positive impact on society. One of the ways we do this is by providing independent expertise to your training and auditing needs. Our specialists have a deep understanding of the unique needs of industries, regulations and best practice. Our assurance offerings include training courses, professional qualifications, gap assessments, auditing, and certification

We offer assurance services against key standards, supporting organizations with prioritizing their people and their own impact in areas such as:

- [Occupational Health & Safety at Work \(ISO 45001\)](#)
- [Psychological Health and Safety at Work \(ISO 45003\)](#)

BSI provides assurance services that recognize that ways of working have changed. Our hybrid audits and remote training solutions each combine our capabilities with our integrated technology to provide a seamless, full-service experience with a more consistent, flexible approach while reducing carbon emissions. These provide a more sustainable and streamlined approach to audit and training delivery.

Combining physical face to face audits and remote audits and remote and on-demand training with our integrated technology enables BSI to optimize and deliver the best solutions for your organization and people

## Consulting services

Our focus on health, safety and workplace well-being empowers our clients to meet the needs of any workforce during every life stage. This in turn will manifest in a highly engaged, more productive workplace culture reducing absenteeism, increasing talent retention, and protecting brand reputation. Workplace health is organizational wealth.

## Related services:

- Well-being and Total Worker Health® solutions
- Strategy and culture transformation
- Ergonomics solutions
- Industrial hygiene and indoor air quality programs
- Customized training solutions

Find out more [here](#).

# Footnotes

<sup>1</sup>[UK labour market statistics](#), House of Commons Library, May 2026

<sup>2</sup>[CES](#), US Bureau of Labour Statistics, ed May 2026

<sup>3</sup>Respondents had experienced one of the following physical health conditions: Age-related physical health problems, Asthma, Arthritis, Diabetes, Endometriosis, Headaches and Migraines, IBS or Musculoskeletal disorders (non-arthritis)

<sup>4</sup>Respondents were asked about familiarity with workplace wellbeing standards / best practice guidance generally, rather than specific ISO or BSI standards

<sup>5</sup>Built environment includes those employed in skilled trades; technology, IT and software; construction and building engineering; architecture and urban design

<sup>6</sup>[Keep Britain Working: Final report](#), DWP, November 2025

<sup>7</sup>[Unemployment](#), ONS, ed May 2026

<sup>8</sup>[Productivity](#), Commons Library, May 2026

<sup>9</sup>[UK labour market statistics](#), Commons Library, May 2026

<sup>10</sup>[Young people and work: interim report](#), DWP, May 2026

<sup>11</sup>[Labor Force Statistics](#), US Bureau of Labour Statistics, ed May 2026

<sup>12</sup>[CES](#), US Bureau of Labour Statistics, ed May 2026

<sup>13</sup>[Labor force growth, breakeven employment, and potential GDP growth](#), The Fed, April 2026

<sup>14</sup>[Labour Market Information: Germany](#), EURES, February 2025

<sup>15</sup>[Germany's Workforce Sees Record Share of Older Employees 2025](#), Probus News, ed May 2026

<sup>16</sup>[News](#), The Times, January 2025

<sup>17</sup>[Life at work with "invisible" chronic illness](#) (ICI). Vickers, M. H. (1997), Journal of Workplace Learning, 9(6/7), 244–251

<sup>18</sup>[The impact of mental illness stigma on seeking and participating in mental health care](#), Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). Psychological Science in the Public Interest, 15(2), 37–70.

<sup>19</sup>[Work limitations and employer adjustments for employees with chronic illness](#), Munir, F., Jones, D., Leka, S., & Griffiths, A. (2005). International Journal of Rehabilitation Research

<sup>20</sup>[Mental health at work: Policy brief](#), World Health Organization, 2022

<sup>21</sup>Respondents were asked to rate confidence levels using a scale from 1 ("not confident at all") to 5 ("fully confident"), with 3 indicating "neither". For both, respondents who reported a score of 2 or below were classified as exhibiting low confidence. Those scoring 4 or above were classified as exhibiting confidence

<sup>22</sup>[Health, absence, disability, and presenteeism cost estimates of certain physical and mental health conditions affecting U.S. employers](#), Goetzel, R. Z., Long, S. R., Ozminkowski, R. J., Hawkins, K., Wang, S., & Lynch, W. (2004).. Journal of Occupational and Environmental Medicine

<sup>23</sup>[Presenteeism in the workplace: A review and research agenda](#), Johns, G. (2010).. Journal of Organizational Behavior, 31(4), 519–542

<sup>24</sup>Respondents were asked to report on how much extra time routine work took while working despite being unwell. The weighted average across the whole sample was 1hr 50 minutes.

<sup>25</sup>[The myth of replaceability: Preparing for the loss of key employees](#), SHRM Executive Network Dyerly, R, January 2025

<sup>26</sup>[The cost of brain drain](#), Doteveryone, 2019

<sup>27</sup>[Absenteeism from work due to illness, days per employee per year](#), World Health Organization Regional Office for Europe