



Meeting of:	Cabinet
Date of Meeting:	16/11/2020
Relevant Scrutiny Committee:	Corporate Performance and Resources
Report Title:	Q2 Sickness Absence Report 2020/2021
Purpose of Report:	To update Members of the Cabinet on the sickness absence statistics for the 6-month period from 1 April 2020 to 30 September 2020
Report Owner:	Report of the Executive Leader and Cabinet Member for Performance and Resources
Responsible Officer:	Rob Thomas, Managing Director
Elected member and Officer Consultation:	The overall sickness absence figures are reported quarterly through the Corporate Performance Indicators
Policy Framework:	This is a matter for Executive decision by the Cabinet
Executive Summary	
<p>The report sets out the sickness absence figures for the 6-month period 1st April 2020 to 30th September 2020 as part of the agreed performance management arrangements.</p> <p>There has been a significant decrease in absence levels during the first half of 2020/2021 compared with the same period for the previous financial year. The absence rates are set out in paragraph 4.1 and show a decrease from 4.74 days lost per FTE (April to September 2019) to 3.40 days lost per FTE (April to September 2020). The target for quarter two (April to September 2020) was set as 4.15 days lost per FTE.</p> <p>An analysis of the figures in each directorate is set out in paragraph 4.4 of the report and an analysis of the reasons for absence is set out in paragraphs 4.10 to 4.19.</p> <p>Although pleasing that absence levels have decreased, the decrease is largely due to the ongoing global pandemic. It is important to note that the Council and other organisations have not dealt with a situation like this before, and therefore, there is little comparative data based on previous year's results.</p> <p>There continues to be review of absence cases which takes place on a monthly basis between the HR Business Partnership and Occupational Health teams, particularly reviewing staff with absences over 4 weeks and those who have regular absences to</p>	

provide early intervention and support. Absence is discussed at Directorate Management Teams as part of their service-based action plans.

To continue to support our teams whilst they undertake their duties supporting those most vulnerable in the community the Council will be rolling out a comprehensive package of wellbeing support during November with the focus on physical, mental and financial wellbeing during an unprecedented time. This is in addition to the support currently available via Care First and Occupational Health.

We are mindful that early interventions and supportive frameworks can have a positive impact on future absence and line managers are encouraged to engage with their teams to support them in taking adequate periods of rest and communicate all support available.

Our Health and Safety Teams are also working with the Organisational Development Team to roll out ergonomic risk assessments to all those employees working from home to ensure they have the appropriate equipment available. Wellbeing sessions will focus on stretching and posture of this group, support by our inhouse Healthy Living Team.

The Council continues to support its staff through a number of initiatives listed in paragraphs 5.2 to 5.4

Figures for the comparison for the rest of the Welsh authorities will not be available until later in the year, but these will be shared when available. The annual target for the Vale of Glamorgan Council is set as 9.2 days lost per FTE.

The performance management approach to absence management will continue throughout 2020/21 with further updates provided to Cabinet and Scrutiny as required.

1. Recommendations

- 1.1 That the report and the six month (Quarter 1 and 2 of 2020/21) sickness absence figures provided in Appendix A be noted.
- 1.2 That Members note progress in relation to the Care First Employee Assistance Programme as attached in Appendix B.
- 1.3 That the report be referred to Corporate Performance and Resources Scrutiny Committee for consideration, with any comments referred back to Cabinet for further consideration.

2. Reasons for Recommendations

- 2.1 To bring matters to the attention of Members of the Cabinet in line with corporate objectives
- 2.2 To inform Members of the Cabinet of the progress in relation to the Employee Assistance Programme.
- 2.3 To enable the Scrutiny Committee to maintain a continued focus on the management of sickness absence throughout all services of the Council and to make recommendations to Cabinet, as appropriate

3. Background

- 3.1 The levels of sickness absence within the Council are reported to Cabinet every six months.
- 3.2 This report sets out the sickness absence information for the period 1st April 2020 to 30th September 2020, including corporate and school employees. It also includes details of sickness absence figures for the previous year; 1st April 2019 to 30th September 2019.
- 3.3 This report acknowledges the work and commitment of all managers, employees and trade union colleagues in relation to the continual management of sickness absence.

4. Key Issues for Consideration

- 4.1 The overall sickness absence rates [i.e. working time lost per Full Time Equivalent (FTE)] over the period 1st April 2020 to 30th September 2020 are set out in the table below with comparative data for the same period in 2019.

	April to September 2019	April to September 2020
Total days/shifts lost (per FTE)	4.74	3.40
Target	3.71	4.15
Total number of FTE days/shifts lost	16950	11987

- 4.2** The total days/shifts lost per FTE for the period April 2020 to September 2020 indicate a decrease in absence levels of over 1 FTE days lost.
- 4.3** The following table provides information on the FTE days lost per person based on Q2 and Q4 figures since 2015/16. (The total number of FTE days lost is shown in brackets)

	Q2 (Apr-Sept)	Q4 (Oct-Mar)
2015/16	4.28 (16029)	9.56 (37076)
2016/17	3.76 (14246)	8.80 (33020)
2017/18	4.45 (16446)	10.14 (37513)
2018/19	3.71 (13623)	9.12 (33707)
2019/20	4.74 (16950)	10.50 (37330)
2020/21	3.40 (11987)	

- 4.4** As referenced in the previous Cabinet report on attendance and sickness absence, the latest CIPD survey on absence management, now re-branded “Health and Well-being at Work” March 2020, states that the average number of days lost in Public Administration is 8.0 sickness days per employee. This is a change on the previous survey where local government was specifically identified.
- 4.5** It also identifies that Public Education absence rate averages 5.5 days lost per person.
- 4.6** As a comparison the average number of days lost in the Private Sector is 4.3, with Manufacturing and Production recorded as 6.3.
- 4.7** Sickness absences also increases with the size of the organisation, with the following data based on all organisation groups

1-49 employees	2.7 FTE days lost
50-249 employees	4.5 FTE days lost
250-999 employees	6.0 FTE days lost
1000-4999 employees	7.7 FTE days lost

5000 + employees	9.2 FTE days lost
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Sickness absence by Directorate

4.8 The following shows a summary of absence levels within each Directorate. A more detailed breakdown of absence in each Service area is included within **Appendix A**. Note figures may not add up due to rounding.

	April to September 2019	April to September 2020	
	Total days / shifts lost per FTE (total days lost in brackets)	Total days / shifts lost per FTE (total days lost in brackets)	2020 Q2 Target
Environment & Housing	6.54 (4329)	6.08 (4031)	5.29
Learning and Skills	5.21 (1503)	2.55 (518)	4.05
Managing Director and Resources	2.64 (1073)	3.02 (1243)	2.23
Social Services	7.81 (4255)	5.67 (3287)	6.76
Totals - excluding Schools	5.87 (11161)	4.89 (9078)	4.83
Schools	3.46 (5789)	1.74 (2909)	3.37
Totals - including Schools	4.74 (16950)	3.40 (11987)	4.15

4.9 Overall there has been a decrease in absence levels across all directorates compared with the performance in the same period in 2019/2020.

4.10 In relation to the target figures, Environment and Housing, Managing Director and Resources and the Corporate Figure (excluding Schools) are all above their target figure. Learning and Skills, Social Services and Schools are under the quarterly target figure for April to September 2020.

4.11 The performance management approach to absence will continue in 2020/2021 alongside the range of measures as set out in paragraph 5.1.

Reason for absence

4.12 The reasons for sickness absence across the authority (including in Schools) over the period April to September 2020 are listed below. The

figures include both the total FTE days lost and percentage as requested by Scrutiny Committee. Stress Related absence is now recorded as non-work and work related.

	Absence Reason	Long Term Days	Short Term Days	Total Days Lost	%
1	Stress Non-Work Related	2926.40	289.15	3215.55	26.8%
2	Other Musculoskeletal	1863.23	287.26	2150.49	17.9%
3	Stress Work Related	1751.30	120.26	1871.56	15.6%
4	Viral Infection	554.44	507.48	1061.92	8.9%
5	Operations and Recovery	916.40	86.34	1002.74	8.4%
6	Stomach Ailments	424.71	225.28	649.99	5.4%
7	Headache, Migraine etc	514.14	126.31	640.45	5.3%
8	Back Problems	261.70	99.46	361.16	3.0%
9	Chest Problems	99.47	123.85	223.32	1.9%
10	Heart Problems	198.39	6.95	205.34	1.7%
11	Pandemic	192.30	0.60	192.90	1.6%
12	Undisclosed	119.80	26.08	145.88	1.2%
13	Genito-Urinary Problems	93.00	23.93	116.93	1.0%
14	Pregnancy Related	48.15	50.84	98.99	0.8%
15	RTA / Whiplash	25.00	25.00	50.00	0.4%
	Grand Total	9988.43	1998.79	11987.22	100.0%
	% Absence	83%	17%	100%	

4.13 In reference to the length of absence, members will note from the above table that 83% of all absence for April to September 2020 was categorised as long term (i.e. over 4 weeks in duration), compared with 17% short term absence. This shows an increase in the long-term absence percentage, although is actually related to a significant reduction in short-term absences in comparison to the same period in 2019 where 74% of all absence was categorised as long term, compared with 26% short term.

4.14 Stress (non-work related) continues to be the most common reason for sickness absence at 26.8%. This is followed by Other Musculoskeletal (17.9%) and Stress (work related) (15.6%). Stress in the Council has reduced from 29.2% in 2017/18 to 28.8% in 2018/19. Recording Stress as two separate reasons provides us with more specific data and will assist with understanding the reasons for the absence as well as looking at ways to assist the health and welfare of employees and inform Occupational Health and the Employee Counselling service to achieve this objective.

4.15 It is considered that the ongoing Covid-19 global pandemic has played a large part in the overall lower absence levels so far in 2020. This may well be the reason that specifically short-term absence has fallen based on previous years' data. "Presenteeism" as identified in the CIPD report has been observed in 89% of organisations with 25% reporting an increase. With more staff working from home since the pandemic started in March 2020, the level of Presenteeism is likely to increase further, however, this is difficult to measure and quantify. The Council considers it very important that staff are given the support during these difficult times and we are

working with colleagues within Health & Safety, Occupational Health and Organisational Development & Learning to support our staff who are working from home.

- 4.16** As part of the ongoing support to the Council and Schools, a small team within the Human Resources function receive requests for Covid testing, which are then sent to the NHS Clinical Testing Unit (CTU). This has enabled potential Covid cases to be processed quickly, and also enables tests to be held locally. Tests are available for all staff, pupils and staff family members. The requests are processed 7 days a week, with the Human Resources team undertaking a rota from 8am to 8pm Mon-Sun.
- 4.17** The Human Resources Business Partnership team continues to work closely with Occupational Health and Managers on an individual case management basis and the prompt action of Managers is prioritised to keep absence within target.
- 4.18** Members will be aware that in all cases of stress or anxiety, employees are automatically referred to occupational health for advice, offered counselling support and managers are offered training and support in completing stress risk assessments. A revised Mental Health & Wellbeing Policy which incorporates detailed advice and guidance as well as the responsibilities of managers, Occupational Health and staff in recognising and dealing with stress. The policy also provides clear expectations in responding to issues of stress and associated mental health issues. The policy was launched in January 2019 and since then nearly 40 employees have received training to become Mental Health Champions. The role of the Mental Health Champion is to promote health campaigns, encourage colleagues to participate in the Council's wellbeing initiatives, involvement in events and collaborate work and sign posting colleagues to relevant services.
- 4.19** The Council's Employee Assistance Programme (Care First) continues to be promoted throughout the Council. Further information on this initiative is set out in paragraphs 5.2 to 5.3 of this report and in **Appendix B**. Further work will take place during Q3 and Q4 to promote the various Care First scheme's available to staff.
- 4.20** A table with the five most common absence reasons for each Directorate is set out below for the period April to September 2020. Data includes the FTE days lost and percentage of absence in each of the reasons.

Environment and Housing Services					
	Reasons	Long term	Short Term	Total	%
1	Stress Non-Work Related	1028.66	31.43	1060.09	26.3
2	Stress Work Related	603.00	77.34	680.34	16.9
3	Other Musculoskeletal	495.00	144.84	639.84	15.9
4	Operations and Recovery	301.84	46.77	348.61	8.6
5	Viral Infection	200.66	136.51	337.17	8.4
	Grand Total	3378.86	652.14	4031.00	100.0

	Overall %	83.8%	16.2%	100.0%	
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Learning and Skills					
	Reasons	Long term	Short Term	Total	%
1	Stress Non-Work Related	122.36	15.01	137.37	26.5
2	Other Musculoskeletal	114.88	0.00	114.88	22.2
3	Heart Problems	107.00	0.00	107.00	20.7
4	Operations and Recovery	88.10	0.00	88.10	17.0
5	Viral Infection	8.33	30.57	38.90	7.5
	Grand Total	3378.86	652.14	4031.00	100.0
	Overall %	88.7%	11.3%	100.0%	

Managing Director & Resources					
	Reasons	Long term	Short Term	Total	%
1	Stress Non-Work Related	323.82	60.50	384.32	30.9
2	Stress Work Related	247.00	32.00	279.00	22.5
3	Other Musculoskeletal	110.00	28.24	138.24	11.1
4	Operations and Recovery	109.92	14.54	124.46	10.0
5	Viral Infection	4.00	98.67	102.67	8.3
	Grand Total	3378.86	652.14	4031.00	100.0
	Overall %	71.9%	28.1%	100.0%	

Social Services					
	Reasons	Long term	Short Term	Total	%
1	Stress Non-Work Related	916.12	98.40	1014.52	30.9
2	Other Musculoskeletal	664.23	89.26	753.49	22.9
3	Stress Work Related	403.62	3.16	406.78	12.4
4	Operations and Recovery	236.15	14.00	250.15	7.6
5	Stomach Ailments	131.00	63.38	194.38	5.9
	Grand Total	3378.86	652.14	4031.00	100.0
	Overall %	84.0%	16.0%	100.0%	

Schools					
	Reasons	Long term	Short Term	Total	%
1	Stress Non-Work Related	535.44	83.81	619.25	21.3

2	Stress Work Related	497.68	7.76	505.44	17.4
3	Other Musculoskeletal	479.12	24.92	504.04	17.3
4	Viral Infection	281.77	161.27	443.04	15.2
5	Headache, Migraine etc	205.16	17.28	222.44	7.6
	Grand Total	3378.86	652.14	4031.00	100.0
	Overall %	85.8%	14.2%	100.0%	

Absence due to non-work related stress as shown in the above tables is the most common reason for absence in all five Directorates.

4.21 The top three reasons for **Long-term** absence for April to September 2020 and a comparison with the same period in 2019 are set out below;

	Absence Reason	April to September 2019
1	Stress Non-Work Related	28.0%
2	Other Musculoskeletal	20.7%
3	Operations and Recovery	17.2%
	Absence Reason	April to September 2020
1	Stress Non-Work Related	29.3%
2	Other Musculoskeletal	18.7%
3	Stress Work Related	17.5%

For April-September 2020 a stress reason now occupies two of the top three reasons for long term absence. In 2019, Stress Work Related was fourth in the list of reasons at 9.8%. This has increased considerably for 2020.

4.22 The top three reasons for **Short-term** absence for April to September 2020 and a comparison with the same period in 2019 are set out below;

	Absence reason	April to September 2019
1	Viral Infection	32.4%
2	Stomach Ailments	14.1%
3	Other Musculoskeletal	11.3%

	Absence reason	April to September 2020
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1	Viral Infection	25.4%
2	Stress Non-Work Related	14.5%
3	Other Musculoskeletal	14.4%

For April-September 2020 viral infection remains the highest reason for short term absence. In a change from 2019, Stress non-work related is the second highest reason for short term absence which has increased from 11.1% to 14.5%.

Performance Management

- 5.1** The main performance management elements of the management of sickness absence is set out below:
- A full report containing the breakdown of sickness absence levels per FTE across all Directorates and services continues to be reviewed by the Council's Strategic Leadership Team each month and any required action is taken.
 - All Directorates continue to review absence levels within Directorate Management Teams on a monthly basis and in accordance with a service based action plan.
 - The focus on absence has been based on the scrutiny of priority absence reports within each directorate and service area. This has been helpful in focusing attention and support on particular absence cases.
 - Managers and Supervisors continue to receive sickness flagging reports on a monthly basis from Human Resources Employee Services.
 - Long-term sickness absence cases continue to be dealt with on an individual case management basis. Human Resource Business Partners work closely with managers to maintain communication with employees, along with Occupational Health, to support employees' wellbeing and their return to work.
 - The Human Resources Service continues to hold a dedicated review of the top 50 on-going long-term absence management cases from across the Council on a monthly basis.
 - A review of the current Attendance and Wellbeing Policy is currently underway.

Employee Assistance Programme

- 5.2** The Care First Employee Assistance Programme remains available to all employees and continues to be publicised within the workplace, although a relaunch will take place during Q3 and Q4. Quarterly reports have been

received on a scheduled basis and an update of the service is shown in Appendix B

- 5.3** The service continues to be promoted through staff circulars on Staffnet, via Occupational Health and as part of the promotion of the Staff Charter. This service is also promoted as part of the new 'Welcome to the Vale' induction programme which has continued to take place remotely.

Positive Health Promotion

- 5.4** Work is continuing to develop positive health support as follows:

- Flu vaccinations were offered to all employees during Sept–Dec 2019 and a total of approx. 1,600 vaccinations have been administered to employees. The 2020 sessions have already commenced, and data will be provided in the end of year sickness report. Currently the team have prioritised all critical business functions and have completed teams within social care, waste and our most vulnerable schools.
- Further support for the Occupational Health Team is currently being considered to strengthen the support to staff during the pandemic.
- A new Occupational Health booking system is currently being procured, which will enable administration time of the nurses and doctors to be reduced, and thereby increasing the number of appointments. Implementation will take place during Q3 and Q4.
- The Occupational Health service offers health screening to all employees every Thursday (subject to other work commitments). This includes height, weight, BMI, Blood Pressure, Cholesterol and Blood Sugar Tests. Appointments can be made via iDev and if employees do not have access to iDev their manager can book one on their behalf or they can contact OH direct to make the appointment for them. This has temporarily been suspended since the start of the pandemic, but it will resume in the near future.
- An extended Wellbeing package will be rolled out to all employees across the Council during November focusing on physical, mental and financial wellbeing. This includes online virtual fitness sessions, yoga and stretching in addition to sessions on mindfulness, resilience and coping at times of change.
- Promoting the completion of ergonomic risk assessments for all those moved to working from home. Ensuring the provision of appropriate resources to work safely and minimise musculoskeletal issues.
- The Council now has nearly 40 trained (via Time to Change Wales) mental health champions whose primary role involves:
 - Promoting health campaigns e.g. World Mental Health Day;
 - Encouraging colleagues to participate in the Council's wellbeing initiatives / challenges;
 - Involvement in events and collaborative working with other Champions across the Council and other organisations;

- Role modelling and promoting a healthy culture within the workplace;
- Organising activities which will now take place online, such as online Yoga classes.
- Signposting colleagues to relevant services.

Summary

5.5 The management of sickness absence continues to be a high priority for the Council and an important 'Corporate Health' indicator. The half year figure of 3.40 days lost is under the target figure of 4.15 days and also lower than the 4.74 at this stage from the previous year. The annual target figure for 2020/2021 has been set at 9.2 days lost per FTE. The continued hard work and support from the Strategic Leadership Team, Human Resources, Managers and Trade Unions will be important to keep track of absence levels within the Council.

6. How do proposals evidence the Five Ways of Working and contribute to our Well-being Objectives?

6.1 Long-Term

Sickness reporting is reportable as part of the Public Accountability Measures (PAM's) which has been developed by the WLGA led task and finish group. It demonstrates how authorities are contributing to the well-being goals. Sickness has been identified as contributing to a Prosperous Wales and Healthier Wales. Reporting accurate data will help the Council account for future trends and the need to undertake regular reviews of the policies that impact on sickness rates.

6.2 Prevention

The management of sickness absence together with wellbeing initiatives will help support service delivery including the meeting of corporate / service objectives.

6.3 Integration

The management of absence identifies a range of issues that affect all areas of the Council's workforce. The objectives aim to identify what can be achieved when absence is managed effectively.

6.4 Collaboration

A key factor in managing sickness absence is the support from Corporate Management Team, Managers, HR, Occupational Health and Trade Unions.

6.5 Involvement

Regular reporting and management of absence ensures that we are open and transparent in relation to our approach to sickness absence. Any changes to the Attendance and Wellbeing Policy will be subject to the

usual consultation process with Cabinet, Scrutiny, Managers and Trade Unions.

7. Resources and Legal Considerations

Financial & Employment

- 7.1** The incidence of high levels of absence has significant resource implications and places constraints on the continued delivery of high-quality service provision. The need to continue to maintain reasonable levels of absence will be important as the Council responds to ongoing financial pressures, especially during the current pandemic

Legal (Including Equalities)

- 7.2** All legal implications including the Equality Act, Human Rights Act and General Data Protection Regulations have been considered within the implementation of policy provisions.

8. Background Papers

None.

Appendix A - Sickness Absence Breakdown Service Area (20/21)

Period - 01-APR-2020 to 30-SEPTEMBER-2020

Directorate	Service	Average FTE	Short Term Days Lost per FTE	Long Term Days Lost per FTE	20-21 Days Lost per FTE	20/21 Annual Target	19-20 Days Lost Per FTE
Environment and Housing Services	Building Services	155.03	0.77	6.01	6.78	12.50	16.10
	Director's Office - EHS	31.83	0.14	4.12	4.26	5.90	6.88
	Housing Services	65.50	0.97	8.59	9.56	9.00	13.68
	Neighbourhood Services and Transport	240.80	1.50	5.59	7.08	14.50	15.93
	Shared Regulatory Services	169.39	0.62	2.41	3.03	7.50	10.23
Environment & Housing Services Totals		662.55	0.98	5.10	6.08	11.18	13.83
Learning & Skills	Additional Learning Needs and Wellbeing	46.69	0.61	1.81	2.41	9.00	9.58
	Director's Office - L&S	12.68	0.00	1.81	1.81	5.90	10.04
	Standards and Provision	63.74	0.35	2.79	3.14	11.50	13.91
	Strategy, Community Learning and Resources	79.98	0.10	2.18	2.27	9.00	12.29
Learning & Skills Totals		203.08	0.29	2.26	2.55	9.47	12.17
Resources	Director's Office - RES	21.00	0.57	2.71	3.29	5.90	0.24
	Financial Services	115.92	0.80	4.09	4.89	5.90	7.84
	Human Resources Service	40.51	0.02	2.89	2.91	5.90	5.98
	ICT Services	41.58	0.55	0.48	1.03	5.90	5.76
	Legal and Democratic Services	50.87	0.28	0.96	1.25	5.90	9.94
	Policy and Business Transformation	55.22	3.38	1.78	5.16	5.90	12.59
	Regeneration and Planning	85.95	0.22	0.91	1.13	5.90	3.83
Resources Totals		411.06	0.85	2.17	3.02	5.90	6.99
Social Services	Adult Services	216.96	1.16	6.22	7.39	15.00	18.08
	Children and Young People Services	193.60	0.47	2.14	2.61	12.00	11.41
	Director's Office - SS	11.00	0.00	0.00	0.00	5.90	5.55
	Resource Management and Safeguarding	158.06	1.16	6.30	7.46	13.00	17.27
Social Services Totals		579.62	0.91	4.76	5.67	13.29	15.36
Corporate Total - Excluding Schools		1856.31	0.85	4.04	4.89	10.36	12.58
Schools		1671.36	0.25	1.49	1.74	8.00	8.22
Total Including Schools		3527.67	0.57	2.83	3.40	9.20	10.51

Appendix B – Care First Employee Assistance Programme Q2 2020-2021

1. The Care First Employee Assistance Programme remains available to all employees and continues to be publicised within the workplace since its launch in June 2016.
2. Quarterly reports have been received on a scheduled basis and an update of the service is shown below.
 - Care First EAP continues to be promoted throughout the Council; employees can self-refer or be referred by their line manager / Occupational Health.
 - The comparison of figures between years 1, 2 and 3 highlight a drop-in use of the service
 - However, the most recent quarterly report for June'20 - Aug'20 indicates an increase in the number of contacts for the same period last year. This is likely to be attributed to COVID-19.
 - Care First are now recording any COVID-related contacts, of which there were 7 during the last quarter.
 - The number of registered Zest users has increased to the highest ever i.e. 100, again this is likely to be attributed to COVID.
 - There were 23 new users of the service this quarter.

SERVICE	TOTAL 17/18	TOTAL 18/19	TOTAL 19/20	QUARTER 1 1/06/20 - 31/08/20
Total No. of contacts	308	260	167	67
* to 24/7 telephone counselling line	133	114	109	41
* for telephone information	8	11	13	3
* face-to-face counselling	165	129	39	21
* on-line counselling	2	6	6	2
No. of new clients	93	77	72	23
Male	22	15	18	6
Female	71	62	54	17
No. personal issues	90	61	68	39
No. work-related issues	41	21	39	13
COVID-related	n/a	n/a	3	7
Management support	1	0	0	0
Information Specialist	6	6	1	1
Lifestyle home / work	42/43	40/18	52/28	23/3
Total Zest registered users	58	75	Data not available	100
On-line CBT Service	1	0	0	0