Ministry of Justice

HM Prison & Probation Service

Policy name: Occupational Health and Employee Assistance Programmes Policy Framework

Reference: N/A

Re-Issue Date: 26 October 2026 **Implementation Date**: 31 October 2019

Replaces the following documents (e.g., PSIs, PSOs, Custodial Service Specs) which are hereby cancelled: PSI 07/2013 and PI 46/2014 - Occupational Health

Action required by:

☒	HMPPS HQ	☒	Governors
☒	Public Sector Prisons	☒	Heads of Group
☐	Contracted Prisons	☐	Contract Managers in Probation Trusts
☒	Probation Service	☐	
☒	HMPPS Rehabilitation Contract Services Team	☒	HMPPS-run Immigration Removal Centres (IRCs)
☐	Other providers of Probation and Community Services	☒	Under 18 Young Offender Institutions

Mandatory Actions: All groups referenced above must adhere to the Requirements section of this Policy Framework, which contains all mandatory actions.

For Information: The Occupational Health (OH) and Employee Assistance Programme (EAP) User Guides support this Policy Framework and are accessible via the MoJ and HMPPS' intranet sites. These user guides provide detailed information regarding the OH and EAP services for HMPPS and MoJ and provide guidance as to when to access them and how. Information within the user guides

is wide. It includes information on legal requirements, equality and diversity, health and safety requirements, occupational immunisation advice, complaints procedures, clinical practitioner qualifications, security clearance and medical standards for fitness to work. Both the OH and EAP user guides are necessary as separate documents from the Policy Framework as there would be too much information to confine it to one single Policy Framework.

Heads of departments and managers must ensure that any new local policies that they develop because of this Policy Framework are compliant with relevant legislation, including the Public-Sector Equality Duty (Equality Act, 2010).

How will this Policy Framework be audited or monitored: Reviewed annually by policy lead enabling feedback loops to relevant stakeholders should any change be necessary.

Resource Impact:

EAP - All MoJ and HMPPS directly employed staff and Independent Monitoring Board volunteers are eligible to use EAP as and when they want it. Employees can self-refer, and line managers may also refer team members to EAP with the employee's consent. The resource impact will be the time it takes to make the referral and appointment and for the individual being referred to engage with these.

Occupational Health (OH) - All MoJ and HMPPS directly employed staff are eligible to use OH where there is a health issue impacting on attendance and/or performance, for a workplace assessment or if health surveillance is required. Line managers can refer their staff members for OH advice using the OH portal. The resource impact will be the time it takes to make the referral and appointment and for the employee to engage with these. Line managers should take time to read and carefully consider the OH report and determine the appropriate working arrangements, reasonable adjustments and support, taking account of the advice alongside the wider circumstances and relevant legal obligations.

Contact: HRServices@justice.gov.uk

Deputy/Group Director sign-off: Dave Mann, HR Director, Director HR People Services.

Approved by OPS for publication: 31 October 2019 - Sonia Crozier and Michelle Jarman-Howe, Joint Chairs, Operational Policy Sub-board.

Revisions

Date	Detail of updates
March 2020	• Paras: 5.2 – Employees cannot self-refer for this intervention – it is only available via an initial Occupational Health referral. Amendment made to correct prior oversight.
November 2021	• Evidence section updated with recent data and statistics. • Added responsibilities of MoJ and HMPPS Occupational Health and Employee Assistance Programme Team. • Added MoJ Occupational Health services. • Added Reference List.
October 2023	• Policy review due. • Accessibility checked. • Contents page updated. • Workforce statistics updated. • Physiotherapy, Post Covid syndrome service and My Health Condition management self-referral modes for HMPPS updated. • Added Reflective Sessions service. • Safety Impact Assessment redone and cleared (29/08/2023)
February 2025	• Dan Davies' previous job title and department name has changed so updated to Deputy Director. • Section 5.2 specific to MoJ removed and amalgamated in Section 5 as provider is now the same for HMPPS and MoJ.
August 2026	• Annual review of policy framework. • Section 2 (Evidence) updated with contemporaneous evidence and Workforce statistics data. • Reference list updated to reflect changes in Section 2. • Updated and review Equality Impact Assessment 11/08/2026 with Race and Disability Team • Updated with Government Legal Department amends. Page 2 re: consent. Sections 4.1,4.2,4.3 and 8
October 2026	• Minor amendments to sections 4.3 and 4.4 following review by HR Deputy Director, HR Case Work and Senior HRBPs.

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1. Purpose

1.1 The Policy Framework aims to outline the Occupational Health (OH) and Employee Assistance policy statement, describe the OH and Employee Assistance Programme (EAP) services available to our staff and define the responsibilities of MoJ and HMPPS key stakeholders.

1.2 The policy applies to all directly employed MoJ and HMPPS staff who hold an MoJ or HMPPS staff number and line managers who should manage and support the health and wellbeing of potential and existing employees fairly and effectively.

2. Evidence

There is clear evidence for OH and EAP to provide employee health support. Sickness absence rates are:

- Civil Service average: 8.2 days lost per FTE (2025)
- MoJ average: 10.7 days lost per FTE (2025)

MoJ remains materially above Civil Service average (~+2.5 days) and wider labour market benchmarks (Civil Service sickness absence, 2025: report - GOV.UK)

2.1 Occupational Health (OH) plays a critical role in safeguarding the health and productivity of the workforce. With rising levels of work-related illness and absence, investing in OH is essential for individuals, employers, and the wider economy. Work-related ill health remains a significant and growing challenge across the UK workforce, with an estimated 1.9 million workers affected, resulting in around 35.7 million working days lost due to work-related ill health each year (HSE, 2024/25).

2.2 Stress, depression and anxiety account for approximately 52% of all cases, making them the single largest driver of workforce absence (Working days lost in Great Britain - HSE). This is particularly relevant to operational environments such as prisons and probation, where exposure to risk, trauma and high workload is inherent to roles.

2.3 The *Keep Britain Working* Review reinforces the need for earlier, employer-led intervention to prevent ill-health-related workforce exit, positioning OH as a critical enabler of retention, productivity and reduced absence (Keep Britain Working: Final report - GOV.UK). Investment in OH and EAP supports this shift by delivering earlier support, faster return-to-work outcomes and reduced long-term absence, generating measurable cost avoidance and productivity gains.

2.4 The Society of Occupational Medicine (SOM, 2022), and by more recent UK evidence via PAM_Group_2025_Health_at_Work_Report_final.pdf, highlight the business case for OH and EAP services, which directly aligns with MoJ strategic priorities on workforce sustainability, productivity and operational delivery. Key drivers include:

- An ageing workforce and rising long-term health conditions, increasing the need to retain experienced staff and reduce health-related exits from employment.
- Growth in work-related ill health, particularly mental health conditions, which are now the leading driver of sickness absence and present a material risk to workforce capacity in operational settings.
- High levels of sickness absence and economic inactivity linked to ill health, reinforcing the need for early intervention, rehabilitation and sustained in-work support

- Changing models of work, including hybrid and flexible working, alongside the continued demands of frontline operational roles, introducing new risks relating to mental health, fatigue and ergonomics
- Increasing complexity of workforce health needs, including multimorbidity, neurodiversity and chronic conditions, requiring coordinated, multidisciplinary and preventative approaches
- Emerging and ongoing public health risks, including infectious disease and workforce burnout, which directly impact operational resilience and service continuity
- A shift towards OH as a strategic function, supporting prevention, attendance, retention and productivity, rather than a solely reactive, referral-based service

2.5 Access to OH and EAP

Access to OH and EAP supports delivery of wider workforce and economic objectives by:

- **Reducing the economic and operational impact of sickness absence and worklessness**, through earlier intervention, prevention and timely return-to-work support.

- **Supporting longer, healthier working lives**, helping to narrow the gap between work participation and pension age in the context of an ageing workforce.

- **Increasing labour market participation among people with disabilities and long-term health conditions**, including supporting sustainable return to work following conditions such as Long COVID.

- **Improving organisational productivity and performance**, by reducing absence, supporting presenteeism management and enabling employees to remain effective in work.

- **Providing specialist, multidisciplinary support for complex health needs**, including multi-morbidity, mental health conditions and chronic illness, reflecting increasing workforce health complexity.

- **Strengthening workforce resilience in high-demand operational environments**, by supporting wellbeing, retention and sustained attendance.

(Society of Occupational Medicine, 2021)

2.6 HM Prison and Probation Service workforce statistics indicate 64,114 FTE staff in post as at 31 December 2025 (GOV.UK, 2026). The most recent detailed sickness absence data (year ending 30 September 2025) shows an average of 12.3 working days lost per FTE. Mental ill health remains the leading cause of absence, accounting for 41.2% of days lost (rising to 58.0% for probation officers), followed by musculoskeletal conditions (17.9%). Together, these account for 59.1% of total absence.

There is no newer published AWDL figure yet (as of May 2026). The next release referenced in the official guidance (March 2026 data) is expected but not yet available in published outputs.

3. Outcomes

Through the provision of OH and EAP, the aims are to:

- Provide healthy workplaces and work to protect people from harm
- Provide early intervention to help manage sickness absence

- Improve opportunities to help staff to recover from illness while at work
- Consider adjustments which enable staff with disabilities or neurodiversity (either temporary or permanent) to carry out their duties
- Use the workplace to promote individual health and wellbeing
- Enhance employee wellbeing and engagement
- Promoting the physical and psychological wellbeing of its employees.

4. Requirements

4.1 Legal Requirements

- Under the Health and Safety at Work etc. Act, 1974 there is a general obligation for MoJ and HMPPS to ensure so far as is reasonably practicable the health, safety and welfare of all members of staff
- Additionally, under the Equality Act 2010 there is a duty to implement reasonable adjustments for staff with disabilities
- Under the 1977 Safety Representatives & Safety Committee Regulations there is a duty on MoJ and HMPPS to consult with recognised union-appointed health and safety representatives on health and safety matters affecting the employees they represent.
- Managers must ensure that decisions concerning attendance, capability, deployment, performance management or workplace requirements are taken in accordance with the Equality Act 2010 and must consider whether an employee is disabled within the meaning of the Act and whether reasonable adjustments are required.

4.2 Managers

Should take *all reasonably practicable steps* to ensure that the health of their staff is not adversely affected by their work and their duty of care is maintained through:

- Proactively considering the effect of work activities on health, learning needs and other disabilities, so enabling the introduction of appropriate measures to eliminate/ minimise any adverse impact.
- Managers should take reasonable steps to identify, assess and address potential work-related stress risks and work-related ill-health issues and should promptly consider appropriate support, workplace adjustments and referrals where concerns arise.
- Ensuring risk assessments are undertaken that consider work-related health hazards and address where appropriate.
- Providing appropriate information, instruction and training to staff with regards health risks.
- Ensuring the early intervention and management of work-related ill-health issues.
- Implementing the appropriate working arrangements, reasonable adjustments and support for staff who are identified at particular risk for example creating and reviewing workplace adjustment policies and/or action plans.
- Obtain guidance from People and Capability, Fire, Health and Safety, Staff Safety, Diversity and Inclusion, Government Legal Department and Staff Fitness policy leads as appropriate.
- Ensuring that staff are aware of MoJ and HMPPS OH and EAP arrangements.
- Occupational Health recommendations provide clinical advice to support management decision-making. Recommendations will be carefully considered by managers alongside operational requirements, available evidence and legal obligations, including the duty to make reasonable adjustments.

4.3 Employees

MoJ and HMPPS Employees are responsible for:

- Informing their manager where a health condition, disability, neurodiverse condition or workplace-related health issue may affect their ability to perform their role safely or effectively, or where workplace support or reasonable adjustments may be required.
- Co-operating, engaging constructively and communicating with managers to support the consideration, implementation of appropriate measures and workplace adjustments that support health, safety and workplace inclusion.
- The care of their own health and wellbeing.
- Taking reasonable steps to support their own health and wellbeing and engaging with available support where appropriate.
- Engaging appropriately with OH processes, including attending scheduled appointments where appropriate, and making use of EAP and other support services where they choose to do so.

4.4 Human Resources*

Are responsible for:

- HR provides policy/process advice and support.
- Performance management, monitoring and reviewing the OH and EAP services
- Promoting the services offered by OH and EAP.
- Working in partnership with the Head of OH and EAP in the development and implementation of appropriate OH policies.
- Advising and supporting managers and staff with regards OH i.e. referral arrangements, ill-health management, rehabilitation and reasonable adjustment implementation.
- Monitoring sickness absence trends to inform early intervention and management of ill-health conditions that might arise from or may be exacerbated by work.
- Driving innovation and service improvement through the OH and EAP contract provision.

*The HR Business Partnering Team, HR Casework and MoJ Workplace Adjustment Services are also options supporting managers for complex cases.

4.5 Health & Safety

Are responsible for:

- Advising managers following the assessment of health risks and the identification of the appropriate control measures.
- Providing and assisting with information and training to managers and staff to aid the identification and management of health risks.
- Working in partnership with the Head of OH, HR Service Delivery and diversity, equality and inclusion groups in the development and implementation of appropriate occupational health policies.
- Guiding managers through the implementation of appropriate working arrangements, reasonable adjustments and support for staff who are identified at particular risk.

- Monitoring near-miss and accident statistics, to inform early intervention and management of ill-health conditions that might arise from or may be exacerbated by work.

4.6 MoJ and HMPPS OH and EAP Team

Is responsible for:

- Managing the strategic direction of the OH and EAP service and leading on OH and EAP policy and strategy.
- Leading the management of the national OH and EAP contracts for MoJ, prisons and probation service.
- Providing policy, strategic and clinical advice and support on work-related health matters to senior stakeholders and at ministerial level.
- Advising, drafting and briefing official correspondence i.e. Parliamentary Questions, Freedom of Information Requests and Ministerial Correspondence.
- Leading the strategy to manage communicable disease outbreak amongst the HMPPS employee population.
- Innovating OH and EAP services to promote health and wellbeing so as to protect all staff whilst at work, taking account of the working environment and associated activities.
- OH and EAP clinical and service delivery contract management including serious escalations relating to providers' performance and outcomes.
- Quality assurance of OH and EAP contracts.
- Working in partnership with Human Resources, Health & Safety colleagues, staff networks and Diversity and Inclusion in the development and implementation of appropriate OH policies and strategies.

5. Occupational Health Services

MoJ and HMPPS National Occupational Health contract

The services listed below are accessed by management referral only:

- Prison officer pre-employment assessments at national Fitness Centres
- Performance and Attendance management referrals for advice on fitness for work and reasonable adjustments due to ill health, disability and/or following an accident/injury at work
- Fast track Trauma referrals
- EMDR and CBT (Eye Movement Desensitisation Reprocessing and Cognitive Behavioural Therapy)
- Immunisations and vaccination history checks
- Health Surveillance
- Case conference referrals
- Physiotherapy via OH portal
- Workstation and workplace ergonomics
- Dyslexia and other neurodiverse conditions assessments.
- Occupational Therapy
- Advice on eligibility for ill-health early retirement
- Ill-health retirement
- Sick Leave Excusal (HMPPS only)

By self-referral

- Body Fluid Exposure & Sharps Injury Support
- My Physio Checker via Optima Health app
- My Health Condition Management

The MoJ OH User Guide and the HMPPS OH User Guide on the company intranet provides comprehensive description of the services and how to access these.

6. Employee Assistance Programme (EAP) Services

6.1 The EAP services listed below can be accessed via self-referral or by the line manager with employee consent.

6.2 The EAP provides focused programmes to assist in the identification and resolution of employee concerns which affect, or may affect, performance. Services include:

- Employee self-referral to 24/7 confidential telephone helpline staffed by qualified counsellors
- Counselling Services, including therapeutic interventions
- Telephone, face to face or online counselling sessions
- Bullying and harassment support
- Management support services
- Support and advice on personal matters e.g. health, relationships, family, bereavement, financial, emotional, legal, anxiety, alcohol, drugs and other issues.
- Support for work matters - work demands, working relationships, work/life balance, stress and other related issues
- Reflective Sessions
- Trauma and Critical Incident Support (off site and on site or by telephone).
- Health and wellbeing promotion, such as wellbeing and mental health related workshops and training programmes
- Mediation (can provide as well as Civil Service Mediation Service)
- Wellness app accessible by mobile, tablet and desktop devices.

6.3 Employees may refer to the EAP User Guide on the intranet for comprehensive description of services, including links to other sources of assistance including staff networks and how to access these.

7. Reflective Sessions

7.1 Reflective Sessions aim to be a preventative measure for adverse experience that may lead to or potentially negatively influence the experiences we have in life at work and vice versa work on life.

7.2 The sessions intended outcome is to reduce the likelihood that staff experience adverse effects as a result of working directly with prisoners, people on probation or high-risk cases. The sessions engage the worker(s) with active reflection time, focusing on the demands of the working environment. Enabling an individual or group to gain further insight into the preventative options for accumulative negative effects that are potentially experienced in their roles.

Reflective Sessions are funded by HMPPS for its employees. MoJ can access the service also by local funding but by firstly contacting HRServices@justice.gov.uk

8. Confidentiality

8.1 Occupational Health, EAP and Reflective Session providers will handle personal and health information confidentially and in accordance with UK GDPR and the Data Protection Act 2018. Information will only be shared where there is an appropriate lawful basis to do so and where sharing is necessary, proportionate and subject to appropriate confidentiality safeguards. Wherever practicable, employees will be informed of such disclosures.

References:

- GOV.UK (2021) Government response: Health is everyone's business - GOV.UK
- GOV.UK (2026) Keep Britain Working: Final report - GOV.UK
- GOV.UK (2026) HM Prison & Probation Service workforce quarterly
- HSE (2025) Working days lost in Great Britain - HSE (2025)
- PAM Group (2025) PAM_Group_2025_Health_at_Work_Report_final.pdf
- Society of Occupational Medicine (March 2022) Occupational Health: The Value Proposition