A Wellbeing Support Plan helps us understand what we need to do to stay well at work and details what our line managers can do to support us.

Complete the Wellbeing Support Plan template to create a set of realistic actions to support your wellbeing.

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| **Your name:** Jane  | **First meeting or review:** 01/08/2020 |
| **Service/Directorate:** Peoples Services | **Date completed:** 24/07/2020 |
| **Managers name:**  | **Review date:** 14/08/2020 |

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| **Engage** | **What is the reason for the support plan?**Recently been feeling very low and anxious both in work and outside of work. Struggling to sleep and concentrate.  |
|  | **Details or examples**Increased workload in last 2-3 months which is causing stress and anxietyWorking longer hours which is having an impact on home lifeStruggling to stay motivated and do normal daily activities Recent ill health diagnosis of a family member is having an impact  |
|  | **What do you know about the wellbeing services that you can access through the school?**I know that we have mental health first aiders as I have accessed one of them for support once at work when I was feeling really upset and anxious |
| **Support** | **What could you do to support yourself to stay healthy at work?** Try to take more control of workload and working hours. access relevant support like the employee assistance programmeLet me take lunch at 3.30 every day as I like to eat late |
|  | **What can your manager do to support you to stay healthy at work?**By letting me know what support there is that might help, making time to allow me to look at the support availableSupport me with regular check ins about my wellbeing and workAllow me time if I need to use support services i.e counselling ,appointments Provide me with more regular feedback on my work/outcomes rather than waiting every few months in my GPC as this can make me feel very anxious before my GPC meetings.  |
| **Action** | **What actions are you going to take?** Book a doctor’s appointment to discuss with them how I am feeling and the impact that it is having on my daily lifeTry to talk to family/friends and explain how I am feeling so that they can support me Look into the better together support and signposting to see what support I can access Contact the employee assistance programme that my manager has suggested to see what advice/support they can provide me Make sure that I am taking regular breaks in work and not working too late/early – send time sheets to manager weekly for the next month  |
|  | **What action can your manager take to assist you at work?** Check WLB sheets weekly to ensure that Jane is taking regular breaks and not working long hours Arrange a meeting with Jane to go through current workload demands and see if anything can be done to reduce pressures Set a wellbeing review check in with Jane after her doctor’s appointmentProvide Jane with the time to review support available so that she can access the services she can contact for further support Make time for counselling sessions if referred |

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| **Summary of actions proposed**JaneStick to 37 hours per weekContact EAPBook appointment with GPSchedule regular breaks in working dayLunch at 3.30ManagerRegular support meetings to review workload, give feedback and WLBReview workload to see if it is reasonable and a pressures can be liftedSupport time for counselling sessions | **Actions agreed**JaneStick to 37 hours per weekContact EAPBook appointment with GPSchedule regular breaks in working dayManagerMeet every Friday for four weeks to support, give feedback and ensure the pan is workingReview workloadUp to 8 counselling sessions supportedTime given after this meeting to review available support |
| **Reason for not taking any actions**A 3.30 lunch break can’t be given because of service demands. This would also mean Jane works more than 6 hours without a break and this would endanger her wellbeing | **Agreed review date for each action and details of subsequent progress**Support meeting every Friday for four weeks starting 31st July**.** |

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| **Employee signature** |  | **Date** |  |
| **Manager signature** |  | **Date** |  |
| **Copy to Personal File**All information will be treated in confidence in accordance with the Data Protection Act 2018. Information will only be used to provide employee support. This form may be shared with other management and advisory services such as your school’s Occupational Health or Health and Safety provider where appropriate. |  | **Date** |  |