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 anxiety  Working longer hours which is having an impact on home life  Struggling 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 programme  Let 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 available  Support me with regular check ins about my wellbeing and work  Allow 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 life  Try 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 appointment  Provide 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**  Jane  Stick to 37 hours per week  Contact EAP  Book appointment with GP  Schedule regular breaks in working day  Lunch at 3.30  Manager  Regular support meetings to review workload, give feedback and WLB  Review workload to see if it is reasonable and a pressures can be lifted  Support time for counselling sessions | **Actions agreed**  Jane  Stick to 37 hours per week  Contact EAP  Book appointment with GP  Schedule regular breaks in working day  Manager  Meet every Friday for four weeks to support, give feedback and ensure the pan is working  Review workload  Up to 8 counselling sessions supported  Time 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** |  |