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Evaluation of the Outcomes for Employers Participating in the Corporate Health Standard and Small Workplace Health Award: Final Report



Evaluation of the Outcomes for Employers Participating in the Corporate Health Standard and Small Workplace Health Award

Final Report

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

This evaluation was commissioned in October 2011. The fieldwork was carried out between December 2011 and February 2013. Many of the issues highlighted in this report have since been resolved.

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Executive Summary

1. In October 2011, the Health Improvement Division of the Welsh Government contracted the Institute for Employment Studies (IES) to conduct an evaluation of both the Corporate Health Standard (CHS) and the Small Workplace Health Award (SWHA). The main aim of the evaluation was to look at the outcomes of the Awards in terms of reduced sickness absence, improved employee retention, improved engagement and motivation of employees and improved company profile.
2. The research consisted of five key elements including:
 - Element 1: Initial telephone interviews with 16 new applicants of CHS and SWHA and follow-up interviews with a subsample of these.
 - Element 2: In-depth longitudinal case studies with five new applicants of CHS and SWHA, consisting of interviews with staff and an employee survey administered early on in the implementation of Award criteria and again six months later.
 - Element 3: Telephone interviews with 21 organisations that already held the CHS or SWHA, some of whom had progressed through different levels of the Award.
 - Element 4: Face-to-face interviews with Public Health Wales (PHW) staff who deliver the Awards on behalf of the Welsh Government to discuss recruitment issues during the fieldwork period.
 - Element 5: Telephone interviews/email surveys with eight other award programmes within the UK and abroad to understand uptake of their awards during the recession.
3. Due to an unusually low level of recruitment of new employers onto the Awards, particularly the SWHA, during the period of the evaluation, it was only possible to conduct longitudinal case study work with a small number of newly participating organisations. The findings presented are mostly qualitative in nature and rely to some extent on retrospective reports from Award-holding organisations.

Starting point of participating organisations

4. Most of the organisations that participated in this research started the Award application from a strong base in terms of the policies and procedures in place and the general working environment, with good communication between staff and managers, low levels of stress and opportunities for flexible working. Some organisations were already running health and well-being initiatives and/or providing information on this topic to staff. Ultimately, many of the employees in these organisations were considered 'health aware' prior to getting involved in the Award, so sickness absence levels were low and retention was generally good.

Motivations behind getting involved in the Award

5. Most organisations were not driven to take part in the Award in order to improve organisational outcomes such as absence levels and staff retention as these were good before they started. Instead they got involved to send a signal to staff that the organisation cared about their health and well-being, and because the Award offered a framework on how best to manage and formalise this area of work. Organisations that were already doing a lot of work in this area saw the Award as a way of checking the appropriateness of what was in place and gaining some recognition for their hard work to date. For smaller organisations, the Award also offered a chance to bring staff together to focus on something outside of their usual responsibilities.

Changes made and challenges

6. Despite the strong starting point of many of the organisations, a number of changes were made in order to fulfil the criteria for the Awards. Mostly employees reacted positively to these changes. Whilst some were initially sceptical, they usually came round to see that their organisation was genuinely committed to making a difference. However, almost all employers mentioned some employees who were resistant to change, and accepted that it was impossible to get everyone involved. Most organisations found making these changes straightforward, but the main

barrier they faced was a lack of time. Mostly work carried out in this area was an add-on to the day job, so there were occasions when other job tasks took priority.

Impact and benefits obtained from the Awards

7. The main impact of participation related to improvements to the way health and well-being was managed in the organisations; a more joined-up way of working which led to a greater understanding of what was in place already, what could be better utilised and promoted, and clearer and more consistent messages on this topic to staff. Generally, the Award-holding organisations did not report any impact in terms of improved organisational outcomes such as sickness absence, staff retention, staff engagement and company profile, mainly because these had been good to begin with, and the case studies did not reveal any improvements in these areas. Where reductions in staff absence and staff engagement were reported, they were often attributed to other organisational activities alongside or in place of the Award. Nonetheless, many believed that the Award had increased staff awareness of health issues and some reported that at least a few employees had adopted healthier behaviours. In smaller organisations, respondents were aware of increased dialogue amongst staff on health and well-being topics and how some had taken up regular exercise and healthy eating. However, it was often a minority of employees who got involved and a few felt that these changes had partly been influenced by other factors beside the Award.

Sustainability and moving up levels of the Award

8. Most of the organisations that had held the Award for some time found it easy to sustain their work on staff health and well-being. The only threat faced by some in the public sector was a cut in resources. Often progression up the levels was seen as a natural continuation of the work already done, a way of maintaining momentum and a way of ensuring that employees continued to see that the organisation cared about their health and well-being. It was not usually sought to improve organisational

outcomes such as sickness absence, staff retention, company profile and staff engagement as these were already at a good level, so no quantitative benefits were reported.

Views on the process of obtaining the Award

9. Participants in the Awards were positive about the application process, and were complementary about the documentation involved, and the support received from PHW practitioners and independent assessors. Participants appreciated being signposted to other agencies, and having the chance to share best practise with Award-holding organisations. The only improvement suggested by a minority was to reduce the length of the action plan so that it is less burdensome and repetitive. Some of the larger organisations told how they were put off from applying for the gold level of the CHS by the requirement for an alcohol policy which forbids drinking during the day. The costs of participation in the Awards were not considered prohibitive.

Management of the Awards by Public Health Wales

10. The interviews with PHW staff revealed a number of internal issues during late 2011/12 and early 2012/13 which affected the recruitment of employers onto the Awards and subsequently the evaluation. The main issue was that practitioners were asked to halt all recruitment following concerns (primarily regarding Workboost Wales¹) that providing advice on health and safety to employers could put PHW at risk of litigation. The block was in place for several months and was not communicated to the Welsh Government officials involved with the evaluation. The unfortunate result was that the evaluation was allowed to continue, when in hindsight it should have been postponed. Recruitment of employers was also affected by severe understaffing amongst practitioners in the early stages of the evaluation. When asked, the practitioners said they would welcome more support from the Welsh Government in recruiting employers and a degree

¹ Workboost Wales delivers free occupational health, safety and return to work advice to SMEs in Wales, and is part of the Welsh Government's workplace health programme, Healthy Working Wales. The service is delivered by Public Health Wales.

of flexibility concerning the targets. Although the team manager was consulted, the practitioners said they would have appreciated being more involved in the design of the evaluation.

Research on other award schemes

11. Most of the other awards schemes contacted had seen a change in the number of participating organisations over the last three years. Although this was in part attributed to the recession, the direction of the impact varied; some told how the recession had led to an increase in participation whilst others thought it had led to a decrease. In the UK, some believed the recession made it harder to recruit smaller, private sector employers whilst others believed that it was large public sector employers who found it particularly difficult to engage at this time. Whilst a range of marketing methods were used to recruit employers onto the awards, what proved most effective varied in the different regions and countries.

Conclusions

12. The findings of this research indicate that the Awards are yet to have a demonstrable impact on organisational outcomes such as staff absence levels, retention, engagement and company profile, because organisations that currently engage in the Awards start from a good base so there is little room for improvement. However, the research certainly indicated that at least some employees benefit from engaging in more healthy activities, although it was hard to say whether it was the Award per se that made a difference or whether the organisations would have put some of these initiatives in place anyway. Nonetheless, participants were extremely positive about the impact of the Awards on the way in which they managed staff health and well-being and how the framework encouraged more joined-up working in the organisation and better communication to staff. Almost all said that they would recommend the Award to other organisations.

Recommendations

13. There were three main limitations to the evaluation as delivered: (1) only five organisations were recruited to take part in a pre- and post-Award methodology, instead of 15 as originally planned, (2) no large organisations (with 250+ employees) took part in longitudinal data collection and (3) the interval between the two measures was short, only six months, meaning that there was little time for the Award to impact on organisational outcomes such as sickness absence. Any future evaluation in this area should seek to increase the number of organisations included in the pre- and post-Award methodology, particularly amongst those with more than 100 employees, and include an additional measure on organisational outcomes at least 12 months after the Award has been obtained. However, given the strong starting point of most of the organisations that took part in this research (both new applicants and Award-holders), we suspect that even with these improvements, it would be difficult to identify any impact on organisational outcomes with the types of organisations that currently engage in the Awards.
14. The impact of the Awards is likely to be greater, and therefore more easily measured, for employers that are less engaged in the subject of staff health and well-being, so careful consideration should be taken of ways for PHW to better engage these types of employers. The Welsh Government may like to commission new research into this area, or seek ideas from the other award organisations that kindly contributed to this research.
15. One of the aims of this evaluation was to test and pilot a two-wave employee survey and assess whether it should be rolled out as part of ongoing monitoring of the Awards. Whilst the survey worked well, we believe this should be restricted to organisations with at least 50 employees and that careful consideration should be given to how survey results are fed back to participating employers. Organisations may be unwilling to distribute the survey if they do not receive anything in return.

1 Introduction

- 1.1 In October 2011, the Health Improvement Division of the Welsh Government contracted the Institute for Employment Studies (IES) to conduct an evaluation of outcomes of both the Corporate Health Standard (CHS) and Small Workplace Health Award (SWHA). These Awards are granted to businesses and organisations that demonstrate that they meet national standards in how they manage staff health and well-being. Different levels of Awards are available (bronze to platinum for the CHS, and bronze to gold for the SWHA). The Welsh Government owns the rights to the Awards and contracts Public Health Wales (PHW) to deliver them, both in terms of recruiting organisations onto the schemes and supporting organisations during their application. The final assessments for the gold level of the SWHA and all levels of the CHS are carried out by independent assessors subcontracted by the Welsh Government².
- 1.2 The purpose of the evaluation was to look at the outcomes of the Awards in terms of:
- Reduced sickness absence
 - Improved employee retention
 - Improved engagement and motivation of employees, and
 - Improved company profile.
- 1.3 In addition, the evaluation was tasked with assessing the economic costs for businesses of applying for the Awards and the additional outcomes achieved by applying for a higher level of Award (e.g. from bronze to silver, silver to gold etc.).
- 1.4 Following an evaluation of the CHS conducted by BMG Research in 2008³, this evaluation also sought to pilot and, where necessary, revise an online staff survey for continual monitoring of both the CHS and the SWHA.

² Since October 2012, all levels of the Small Workplace Health Award have been assessed independently.

³ Corporate Health Standard Evaluation Research Report (2008) Prepared for Welsh Assembly Government by BMG Research.

This report

- 1.5 This report describes the findings from the evaluation. It is organised into the following chapters:
- Chapter 2: Methodology and research participants
 - Chapter 3: Starting point of participating organisations
 - Chapter 4: Motivations behind getting involved in the Awards
 - Chapter 5: Changes made as a result of the Award
 - Chapter 6: Challenges involved in implementing changes
 - Chapter 7: Impact and benefits obtained from the Awards
 - Chapter 8: Sustaining and progressing through levels of the Awards
 - Chapter 9: Views on the process of obtaining the Award
 - Chapter 10: Interviews with Public Health Wales
 - Chapter 11: Research on other award schemes
 - Chapter 12: Summary and conclusions
- 1.6 Please note that, throughout this report, the term 'Award' is used to denote either the CHS or SWHA.
- 1.7 Due to an unusually low level of recruitment of new employers onto the Awards, particularly the SWHA, during the period of the evaluation, it was only possible to collect pre- and post-Award data from a small number of newly participating organisations. The findings presented are mostly qualitative in nature and rely to some extent on retrospective reports from Award-holding organisations.

2 Methodology and research participants

- 2.1 The original methodology for the evaluation of the Award consisted of three key elements:
- Element 1: Initial and follow-up telephone interviews with new applicants of CHS and SWHA.
 - Element 2: In-depth longitudinal case studies with new applicants of CHS and SWHA.
 - Element 3: Telephone interviews with organisations holding the CHS or SWHA for more than one year and/or progressing from one level of Award to another.
- 2.2 The initial plan was to carry out 30 telephone interviews in Element 1 (10 CHS, 20 SWHA), 15 case studies in Element 2 (5 CHS, 10 SWHA) and 12 telephone interviews with Award-holding organisations in Element 3. These figures were based on averages supplied by the Welsh Government, of 25 new organisations applying for the CHS and 65 for the SWHA each year. Given the short amount of time available for the evaluation (around 18 months in total) and the need for a pre- and post-intervention methodology, it was proposed that all of the initial case study interviews should be completed by May 2012. For data protection purposes, permission needed to be sought from newly participating organisations for contact details to be passed from PHW to IES.
- 2.3 Between November 2011 and March 2012, IES received just seven contacts from PHW, of which only one was an applicant for the SWHA. This meant that progress with Elements 1 and 2 of the evaluation was slow. At that stage it was unclear whether the problem was due to fewer employers participating in the Award than usual or employers not wanting to pass on their contact details to the evaluation team.
- 2.4 In July 2012, it was agreed between the Welsh Government and IES that the methodology should be adjusted as follows:
- Extend Element 3 of the evaluation to include telephone interviews with three private sector organisations holding the SWHA for more

than one year and those holding either Award for less than one year.

- Add Element 4: face to face interviews with PHW staff to discuss the reasons for the low number of new applicants (both in terms of those participating in the evaluation and the schemes overall).
- Add Element 5: review the available literature on the impact of the recession on uptake of other workplace health awards/schemes within the UK and abroad or, if literature was not available, seek views on this issue from award organisers.

2.5 To speed up the process of recruiting employers onto the evaluation, honorary contracts with PHW were provided to two members of staff at IES so that they could contact newly engaged organisations directly.

Element 1: Initial and follow-up telephone interviews

2.6 In total 16 new applicants for the Award (10 applicants of the CHS and 6 applicants of the SWHA) took part in initial telephone interviews between December 2011 and July 2012. On each occasion, the individual interviewed was the person responsible for the Award application in the organisation (hereafter labelled the 'employer representative') and the interview took place within a couple of months of the employer stating its intent to engage with the Award.

2.7 The initial interviews with new applicants covered: how the organisation heard about the Award; motivations behind engaging with the Award; policies, procedures and initiatives already in place, and; any changes made to date⁴. In addition, participants were asked for feedback on the guidance information and support they had received from PHW. Crucially, the initial interviews also provided an opportunity to invite the employer to take part in Element 2, the case study research.

2.8 The organisations were from a range of sectors and sizes. Those aiming for the CHS included six large public sector organisations in local government, criminal justice, defence, healthcare and education, and four private sector organisations in the financial sector, training,

⁴ Discussion guides and other research materials are available from the Welsh Government upon request.

manufacturing and retail. The sizes ranged from 54 employees to around 5,500. All but three of the organisations had more than 250 employees. Four of the organisations were branches of larger UK or, in one case, international organisations. Those organisations aiming for the SWHA consisted of a private sector training company, two charities, two not-for-profit organisations and one museum. Two of these were branches of Welsh or UK organisations, whilst one was part of a network of agencies. All of them except for one had less than 15 employees.

- 2.9 Five of the organisations that took part in initial telephone interviews went on to take part in case study research. With the remaining 11, follow-up contact was made with all but one six months after the initial interview. Seven organisations (six CHS, one SWHA) agreed to take part in follow-up interviews to understand their progress with the award, challenges faced and (where relevant) changes made and benefits obtained. Of the 11 organisations, only three had obtained their Award six months after the initial contact. Two were still in the process of going for the Award and expected to take the assessment within the next six months. The remaining six employers were either not proceeding with the Award or had put their application on hold. Where possible, these employers were asked for feedback on the reasons why they had not proceeded as planned.

Element 2: Case studies

- 2.10 Five organisations took part in the case study element of the research (three applicants of the CHS and two of the SWHA). The CHS applicants included one public sector organisation in healthcare and two private sector organisations in training and finance. All three had less than 150 employees. The two applicants of the SWHA included a not-for-profit organisation and a museum; both with fewer than 15 employees (see Table 2.1 for more details).
- 2.11 Initial visits were made to the case study organisations shortly after the initial telephone interview, so early on in the employer's journey

towards the Award. On this occasion, face-to-face interviews were conducted with the employer representative for the Award, at least one other member of the working group and two employees not involved in the Award application. Discussions centred on any changes made/observed to date and the general health of the workforce.

- 2.12 Follow-up telephone interviews were made with the case study organisations six months after the initial visit. Within the period of the fieldwork, two of the case studies had been awarded the SWHA bronze, one had been awarded the CHS gold, one had been through the CHS mock assessment and the other had withdrawn its application for the CHS. In the organisation that had withdrawn its application, only the employer representative was available for interview. In all others, separate telephone interviews were held with the employer representative, one or two employees and, in some cases, an additional member of the working group. The follow-up interviews focused on changes made/observed in the organisation and benefits obtained, both at the organisational and individual level.
- 2.13 In addition to taking part in interviews, case study organisations were asked to provide organisational data on outcomes at the pre- and post-level time points, including data on staff sickness absence and retention. Please note that the way in which these data were collected varied. In most cases, data were provided for the six month period prior to the initial case study visit (January to June 2012) and the six month period following the initial visit (July to December 2012).
- 2.14 Case study organisations were asked to collect data on the costs of their participation in the Award using guidance provided by IES. In making their calculations, they were asked to include direct costs and staff costs for: visits and assessments from a Workplace Health Practitioner (PHW); mock and final assessments; any gap analysis conducted; meetings of the working group responsible for CHS/SWHA, and; changes made to meet the criteria of the Award (including any initiatives carried out and the cost of staff participating in these). Data on costs was provided by three of the case study organisations, including the one which withdrew its application for the CHS. For

confidentiality purposes, one organisation was unable to provide the data.

- 2.15 Feedback from employees within the case study organisations was sought using a standardised questionnaire administered at two time points; shortly after the initial visit (Survey 1, the pre-measure) and six months following this (Survey 2, the post-measure). The organisation that withdrew its application for the CHS only took part in Survey 1, whilst another CHS applicant chose only to take part in Survey 2. The questionnaire was adapted from the pre-existing BMG survey to include more items on attitudes concerning the organisation's approach to staff health and well-being and IES' five-item Employee Engagement Scale⁵. A Welsh version of the survey was available. Online links to the survey and paper copies were administered by the employer representative within each organisation. To maintain anonymity, survey responses at the two time points were not linked so it was not always clear whether the same employees had replied on each occasion.
- 2.16 The response rates for Survey 1 (the pre-measure) ranged from 14.8 per cent to 75.0 per cent, whilst the rates for Survey 2 (the post-measure) ranged from 31 per cent to 100 per cent. Please note that not all of the organisations completing the second wave had been assessed for the Award at that stage. The characteristics of the participants varied slightly in each wave, confirming that the sample was not the same on each occasion.
- 2.17 **Limitations in case study data:** The number of achieved case studies was far lower than originally proposed, which has made it difficult to observe any trends in impact across the different sources of data. In addition, the low response rate to the employee survey in some cases, and the fact that different employees engaged in Survey 1 and Survey 2, means that comparisons across the surveys should be treated with caution. Nonetheless, the case studies did provide useful detailed feedback from employer representatives and employee interviewees on

⁵ Robinson, D., Perryman, S. and Hayday, S. (2004). *The Drivers of Employee Engagement*. IES Report 427.

the starting point of the organisation and the eventual impacts of the Award.

Table 2.1: Case studies

	Case Study 1	Case Study 2	Case Study 3	Case Study 4	Case Study 5
Award	CHS	CHS	CHS	SWHA	SWHA
Obtained during research	No - dropped out	No	Yes - gold	Yes - bronze	Yes - bronze
Size	100	54	150	12	10
Public or private	Public	Private	Private	Public	Not-for-profit
Type of business	Healthcare	Training	Finance	Museum	Elderly care
Survey 1 response rate (%)	48.0	14.8 ⁶	-	75.0	70.0
Survey 2 response rate (%)	-	31.5	62.0	83.3	100.0
Time 1 data on sickness absence	Yes	Yes	Yes	Yes	Yes
Time 2 data on sickness absence	No	Yes	Yes	Yes	Yes
Time 1 data on turnover	No	Yes	Yes	Yes	No
Time 2 data on turnover	No	Yes	Yes	No	No

Element 3: Interviews with Award holders

2.18 In total 21 Award-holding organisations (12 holders of the CHS and 9 holders of the SWHA) were interviewed by telephone between March 2012 and September 2012. Of these, five held the Award at bronze

⁶ Please note that in this organisation, the main contact accidentally sent a preview version of the survey to employees which could not save the data. When this was realised, the live version of the survey was sent to subgroup of 25. As such the adjusted response rate is 32.0 per cent.

level, with the remainder at silver or gold. Six of the organisations had been assessed within the last 12 months. The aim of these interviews was to find out about the organisation's experience of applying for the Award, the benefits obtained, the relative benefits of gaining higher levels of the Award (where relevant) and challenges faced in sustaining a focus on employee health and well-being.

- 2.19 The Award holders were from a range of sectors and sizes. Those holding the CHS included emergency services, colleges, housing associations, local authorities and other public sector bodies. None were from the private sector. Three of the CHS Award holders were medium-sized organisations with fewer than 250 employees. The remainder were all large with between 500 and 17,300 employees. Those holding the SWHA included seven private sector organisations in manufacturing, food production, social care, training and garden maintenance, and two charities. Of these, only one was a micro organisation with less than 10 employees and the remainder had between 10 and 49 employees.

Element 4: Interviews with PHW

- 2.20 As mentioned previously, IES received fewer contacts for organisations participating in the Awards (particularly the SWHA) than originally anticipated. It later transpired that the number of organisations recruited onto the Awards was particularly low during the period of the evaluation. In January and February 2013, face to face interviews were held with seven members of PHW staff (including managers and Workplace Health Practitioners) to find out why recruitment activity had been low and to seek views on whether the delivery of the Awards could be improved.

Element 5: Research on uptake of other employee health and well-being award schemes

- 2.21 A literature search was conducted to identify any research on the uptake of other employer workplace health and well-being awards within the UK and abroad. Google, Google Scholar, the online catalogues of Wiley, Jstor and ScienceDirect and the online libraries of Brighton University and University of Sussex were searched using a range of terms including combinations of the following: corporate/workplace/employer health awards/competition, employee health/well-being, healthy workplace, participation/uptake/responses, change in participation, crisis. Whilst this unveiled some literature on the effectiveness of health promotion in the workplace, none of this provided any insight on the uptake of such employer awards in recent years.
- 2.22 It was decided that the best approach for understanding the impact of the recession on other awards was to contact the organisers of these schemes directly. A Google search identified seven workplace health awards in the UK and seven abroad in Singapore, Hong Kong, New Zealand, the USA, Canada, and Germany (please see Appendix 1 for the list of identified award schemes). Employer representatives from all 14 schemes were contacted and invited to take part in either a short telephone interview or short email questionnaire. The aim of these was to find out how these other schemes were delivered and marketed and the number and type of organisations participating in recent years. In total, eight award employer representatives provided feedback (two via interview and six via questionnaire). This included four awards within the UK.

3 Starting point of participating organisations

- 3.1 Prior to discussing the changes made and the impact of the Award, it is important to consider the starting point of the organisations that participated in the research. This is because the extent of the impact is likely to depend on the policies and provision already in place. Organisations with good initial systems may experience less impact than those with poor systems.
- 3.2 The exact starting point of the organisations included in the research varied to some extent, although many did already have policies and processes that addressed staff health and well-being before engaging with the Award. In addition, many described how their staff had some prior awareness of health issues or how the organisation had a caring culture prior to getting involved in the Award. This section starts by discussing the findings from across all organisations included in the research prior to discussing some of the more in-depth data obtained from the case study organisations.

Some policies and procedures around staff health and well-being

- 3.3 Many of the organisations had a range of relevant policies in place prior to applying for the Award, including comprehensive sickness absence policies and procedures. Many recorded statistics on absence, had formal procedures that were followed in the event of absence, had return to work policies and were able to offer phased return to work for employees where required. Some already used the Bradford Factor⁷.
- 3.4 A number of the organisations (both large and small) were branches of UK-wide organisations/franchises/government agencies or part of a consortium. These organisations were required to adhere to group-wide policies and had access to support and information from head office such as occupational health and health and safety services. For example, Case Study 4, a small museum, was part of a group of

⁷ The Bradford Factor is used in human resource management as a means of measuring worker absenteeism. The factor gives a rating to each employee over time based on the number and length of their absences. It highlights employees who have frequent short absences which are considered more disruptive than longer absences.

museums in Wales. Although it had a certain amount of independence, it used group-wide policies and drew on the parent company for support with finance, facilities and marketing. The employer representative suspected that all the necessary policies were in place prior to applying for the SWHA as they had recently been audited by a health and safety consultancy. Case Study 1, applying for the CHS, was hosted by a large public sector organisation and used this organisation's policies for staff, tailoring these slightly to its office-based environment. Employees were able to access the host organisation's occupational health (OH) department and fast-track services for NHS staff such as physiotherapy.

- 3.5 Some of the organisations had contracts with the Welsh Government and as part of this were expected to demonstrate high standards in how they looked after employees.

Already some initiatives aimed at staff health and well-being

- 3.6 Many of the employer representatives believed that their organisations were managing staff health and well-being well prior to getting involved in the Award. A number felt that the main task required to obtain the Award was to evidence what was in place already. For example, a large public sector organisation told how it had a robust policy for staff engagement and well-being, already carried out a number of activities and initiatives to support staff health and well-being and had a working group in place. Similarly, the employer representative from a large defence organisation was confident that all the organisation needed to do was evidence its activities in a portfolio.

“I went through all the criteria and we actually met all of that already. It's just a case of slotting that into the portfolio and making sure we continuously meet those... I'd rate us five out of five and I don't mean that flippantly. I just think that we really do put our people first.” (Large defence organisation, new applicant of CHS)

“It only took us a couple of months to achieve the Award. We had a lot of stuff in place so it was just a matter of it being checked.”
(Small private care home, SWHA Award holder)

- 3.7 In fact, a few of the organisations had obtained the Award some years previously, but this had lapsed over time or become invalid due to company mergers or separations. As such, a number of the organisations had been influenced by the Award before taking it up again. For example, a large emergency services organisation had achieved the silver level of the CHS in the 1990s. Although this had lapsed after a few years, the organisation kept abreast of the standard and used it to benchmark practice. In Case Study 1, a medium-sized public sector organisation, the bronze level of the CHS had previously been obtained by a parent company. This had lapsed following a merger, so the organisation decided to apply for it in its own right at the gold level.

“We’d done a lot of work in our own right which we felt and feel that we want to be recognised for.” (Employer representative, medium-sized public sector organisation, Case Study 1, applicant of CHS)

Good awareness and culture of health and well-being

- 3.8 As mentioned in the previous chapter, the organisations included in this research came from a range of sectors. In the main, however, the larger organisations were from the public sector whilst the smaller ones were from the voluntary, education or health and social care sectors.
- 3.9 A number of the organisations undertook work activities that focussed on health. Some of the charities sought to address health issues amongst the general public. For example, one of the charities applying for the SWHA carried out health promotion activities for older people, so was keen to ‘practise what they preach’ in relation to staff. Other organisations (e.g. training providers, care homes) were required to consider the health needs of their clients/customers and advise them on how to improve health. Case Study 2 delivered government-funded

learning for apprentices and the unemployed, part of which included teaching about healthy behaviours and using the Change for Life campaign. The employer representative of this organisation saw that it was a natural progression to offer the same advice and support to staff.

“I came across it somewhere and I thought, ‘Oh, we do that. We do that. We’re doing that. But we weren’t doing it with staff.’ We were doing all of it for learners, and it was like, well, now is the time. Come on. Let’s put the boot on the other foot... I know that we consider our learners all the time but this is going to prove that we do consider our staff as well.” (Employer representative, medium-sized private training provider, Case Study 2, applicant of CHS)

- 3.10 As a result of their involvement in health-related work, many employer representatives described their staff as ‘health-aware’ prior to getting involved in the Award. Most said that staff absence levels were low prior to them getting involved in the Award.

“Because we’re in this business, a lot of our work is related to healthy lifestyles and sustainable living, so we’re constantly just on a social level talking about decent food, eating healthily, exercise, and this comes up quite a bit... because of the work and the nature of the business, [staff] are pretty aware of the benefits of eating well and exercising..” (Micro-sized not for profit organisation, new applicant of SWHA)

“Our staff is made up of a lot of health professionals, which is another reason why you have this culture and ethos of good health and well-being.” (Employee, medium-sized public sector organisation, Case Study 1, applicant of CHS)

- 3.11 In some of the emergency and defence services, there was a requirement on staff to demonstrate their fitness in order to carry out their role. For example, in a large emergency services organisation, the employer representative told how the nature of the organisation made it fairly easy for them to maintain good sickness absence levels. There

were already lots of activities and sports groups in place, and by the very nature of their job staff had to consider the impact of alcohol on the public.

“If you’re an [employee] and you’re fat, overweight and unhealthy you can’t do your job. So I think the very nature of the organisation helps to keep people involved in looking after their health... Our organisation is always looking at alcohol policies, drink driving, all those things so almost by the very nature of the job that we do, a lot of those health messages come back into the organisation because staff are actually going out there and doing things with the public.”
(Large emergency services organisation, CHS Award holder)

- 3.12 A number of the employer representatives believed that their organisations had a caring organisational culture prior to getting involved in the Award, particularly the small voluntary sector organisations.

“We are a caring organisation. We do look after our staff and we want to make sure that they are looked after as they are our most important resource.” (Employer representative, medium-sized public sector organisation, Case Study 1, applicant of CHS)

In-depth data from the case studies

- 3.13 In the case study visits, it was possible to find out more about the starting point of the organisations engaging with the Award. Although the sample was small, the findings echoed those described above.

Policies and initiatives in place

- 3.14 A number of the case study organisations already had some health and well-being policies and initiatives in place prior to applying for the Award. These covered physical activities, work-related stress, smoking and alcohol misuse, healthy eating and other staff engagement activities.

Case Study 1 – CHS

This medium-sized public sector organisation had previously obtained the CHS as part of a different organisation, so had a number of initiatives in place already. A working group had been set up and staff had been provided with information on healthy behaviours through notice boards, booklets and a weekly newsletter. The company had put up posters on smoking and alcohol and substance misuse. To encourage physical activity, employees were allowed an extra half hour lunch period once a week and the company had drawn up local walking routes, set up the Cycle to Work scheme and installed showers and bike racks. A holistic therapist came to the office once a month to offer reflexology and head massage, paid for by staff. Seven members of staff had received training in mental health first aid and all staff had received training in manual handling.

Case Study 2 – CHS

This medium-sized private training organisation already had a notice board for staff with information on health and well-being topics and an internal newsletter which provided information on healthy eating. Whilst the company had no mental health policy, two members of staff had been trained as mental health first aiders. The company also offered manual handling training to staff, which was particularly important for those teaching about social care. One of the employees told how the company used to have a five-a-side football team, which the organisation had supported by allowing players to use flexi-time to leave work early for matches.

Case Study 3 – CHS

This medium-sized financial organisation had a number of initiatives in place prior to applying for the CHS. The only thing that was felt to let it down at the time of the initial visit was its facilities, as there was no canteen, no showers and no good eating facilities nearby. Initiatives that had been run included a no-smoking and weight-loss group for staff. In terms of mental well-being, the company carried out and acted on stress surveys and offered a free counselling service. Some staff had been trained in mediation and the company supported employees with financial concerns by inviting in financial, mortgage and pension advisors. To improve staff engagement, the organisation got involved in events such as 'It's A Knockout' and sponsored a number of charitable events, many of which were physical challenges such as the Three Peaks Challenge. It also ran family events for staff and dedicated some time once a month to celebrate recent birthdays with cards and cake. In terms of physical activity, the company had a staff football team, which the organisation supported by paying for the rent of pitches, and subsidised Bootcamp fitness classes for staff each week.

Case Study 4 – SWHA

This small museum had a few health and well-being initiatives in place prior to applying for the SWHA. It ran skill-sharing activities for staff, whereby employees were invited to share hobbies outside of work such as Tai Chi, bell-ringing, knitting, shorthand writing and making face cream. The manager had received training on stress awareness and said he had supported a few members of staff with stress issues outside of work. They also provided information to staff on back pain and stress through posters and general discussions in meetings. A few of the staff took part in weekly Gladiator Training sessions where they learnt how to fight in the style of Roman gladiators.

Case Study 5 – SWHA

This small not-for-profit organisation was the only case study that had not carried out much work in this area to date, although some staff had formed a regular weigh-in group and got involved in an abseiling challenge supported by the organisation.

3.15 In the staff survey, employees were asked to give their opinion on the policies and initiatives on health and well-being that were in place prior to or early-on in the application for the Award (Survey 1). Please note that Case Study 3 did not participate in Survey 1. The majority of employees in each of the other case studies felt that the policies and initiatives on health and well-being were relevant to them, although there was some uncertainty amongst a minority and in Case Study 1, a medium-sized public-sector organisation, 9 per cent disagreed that they were relevant. However, a reasonable proportion of employees in each case study disagreed that they had time to participate in these initiatives. For example 32 per cent of the participants from Case Study 1 disagreed with this and four out of eight participants from Case Study 4.

Flexible working practices

3.16 All of the case study organisations offered flexible working to support employees' work-life balance, albeit sometimes unofficially. For example, Case Study 5, a small not-for-profit organisation, offered flexible working practices whereby staff could start/finish early or late and allowed staff to organise their own work schedules. One of the employees told how this reduced his levels of stress; commuting a long distance to work, it helped that he could coincide his journey with visits to clients' properties. The employees interviewed from other case studies also appreciated the company's approach to flexible working, which was seen as supporting them to stay healthy. All confirmed that

their organisations were supportive of employees with families or other care responsibilities outside of work.

“[The initiatives are] mingled then with a good basis around flexible working, a recognition that sometimes you might work very late and actually you can get in later the next morning, but nothing is written down, and that is hugely, in terms of health and wellbeing, corporate health standards, that is enormously beneficial to people.”

(Employee, medium-sized public sector organisation, Case Study 1, applicant of CHS)

“I mean, if I have two hours out I might work on a bit in the evening anyway, but that’s my choice to do that, but they are really flexible if you need to go and do something. If you’ve got a child off over the summer holidays, and no one to look after them, then they’ll give you a work from home day, or something like that, so it’s good.”

(Employee, medium-sized private training provider, Case Study 2, applicant of CHS)

Supportive organisational culture

- 3.17 The organisational culture was also considered good in the case study organisations, by both employer representatives and employees. Employees got on well with each other, supported each other and were able to talk openly about any concerns. In the smaller organisations, the workforce was seen as a bit like a family.

“A lot of the sporting type activities come off the back of the fact that they just want to have a laugh together... The culture of it is there’s a lot of banter, there’s a lot of joking going on so you can voice any concerns quite easily.” (Employer representative, medium-sized finance organisation, Case Study 3, applicant of CHS)

“It’s quite a close knit group to be honest. Everybody’s quite friendly and we have a good social atmosphere as well.” (Employee,

medium-sized private training provider, Case Study 2, applicant of CHS)

“It’s an organisation where people can talk openly and freely, which is important.” (Employee, medium-sized public sector organisation, Case Study 1, applicant of CHS)

Senior management commitment to health and well-being

- 3.18 In all of the case study interviews, employer representatives and employees felt that senior managers were committed to employee health and well-being. In Case Study 1, the employer representatives were impressed that senior managers maintained their buy-in during a period of restructuring and uncertainty over the future of the organisation. In some of the case studies, certain members of senior management led by example and took part in physical activities themselves. In Case Study 2, a few of the senior managers were described by an employee as ‘fitness freaks’. In Case Study 3, interviewees told how the Chief Executive deliberately carried out her personal training in the staff car park so employees could witness how she prioritised fitness.

“I think we do have a good focus here and I don’t think it’s something that’s just overlooked or done just for the sake of ticking a box or for otherwise. They can encourage us to do stuff, but I think the fact that they put money into it as well shows that there is a real... They don’t have to. Our football pitch that we hire once a week isn’t cheap... They don’t have to do that. They do it because it’s something they want to encourage.” (Employee, medium-sized financial organisation, Case Study 3, applicant of CHS)

- 3.19 In Survey 1, employees were asked whether they agreed that senior managers and line managers were committed to staff health and well-being. In contrast to what was found in the interviews, views were fairly mixed, except in Case Study 5 where all six respondents agreed that senior management were committed. In Case Study 1, a medium-sized

public sector organisation, 18 per cent disagreed or strongly disagreed with the statement. These views may have been influenced by the organisational restructuring being undertaken at the time. Views were also fairly mixed on whether line managers encouraged participation in health and well-being initiatives. On the whole, employees that took part in the survey believed that their organisation really cared about their health and well-being, although there was some uncertainty in all four case studies and in Case Study 1, 27 per cent disagreed with the statement

Communication and consultation with staff

- 3.20 In the case study visits, interviewees were asked how employees were communicated with and consulted on staff health and well-being issues. In all the interviews, both employer representatives and employees said that managers took an open-door approach and were approachable.

“I feel comfortable that, if I had any issues, I’d know who to go to, who to speak to and various things would be set in place.” (Working group member, medium-sized public sector organisation, Case Study 1, applicant of CHS)

“Because we’re all sat quite close together, so we’re always chatting and stuff, so yes everybody will be in the loop... the manager’s really approachable.” (Employee, small not-for-profit organisation, Case Study 5, applicant of SWHA)

“We’re always very open door here. We don’t close our doors on the staff and we’re always very involved with everyone who works here because we’re such a small team.” (Employee, small museum, Case Study 4, applicant of SWHA)

- 3.21 The only concerns we heard about communication were in Case Study 3, one of the larger organisations, where one of the two employees interviewed was not aware that her organisation offered a counselling service or that the weight-loss group was available to all staff. Although

it was not possible to confirm this through our own survey, the company had recently completed its own staff survey in which over 60 per cent of respondents (from a response rate of 46 per cent) stated that they did not know about the counselling or other employee assistance programme in place, health screening or health checks and the dedicated health and well-being intranet site. This led the authors of the survey to conclude that communication channels needed to improve and that they did not inform staff in a way that was engaging and relevant to them.

- 3.22 In IES' employee survey, participants from four of the case studies were asked to rate their agreement with a number of statements regarding communication and consultation on health and well-being issues. In three of the case studies, the vast majority agreed that their organisation provided enough information on its health and well-being policies and initiatives (in Case Study 4, a small museum, four out of nine respondents were uncertain about this). However, there was some uncertainty and disagreement concerning the effectiveness of the methods of communication, particularly in the smaller organisations. In both Case Study 4 (small museum with nine participants) and Case Study 5 (small not-for-profit organisation with six participants), two employees said they were uncertain about this and one disagreed that the methods were effective. In both of these organisations, the majority of participants tended to agree that they were able to voice their concerns and opinions on health and well-being issues whilst those in larger organisations were less certain. For example, in Case Study 1, 27 per cent disagreed that they felt able to voice concerns whilst 11 per cent were uncertain. Again, these findings may relate to concerns about the organisational restructuring being undertaken in Case Study 1 at the time.

Health of the workforce

- 3.23 All of the case study organisations were involved in low-risk activities, primarily office-based functions. The only concerns that interviewees raised about the workplace related to the location of the business;

some told how staff had to drive to work and there were few healthy eating facilities nearby. Generally working hours and stress levels were considered reasonable, although in Case Study 1, staff were worried about how the organisational restructuring would affect their jobs.

“Nobody’s come forward to say that they’re stressed. Nobody’s gone off sick saying they got stressed. It doesn’t mean they’re not.”

(Working group member, medium-sized private training provider, Case Study 2, applicant of CHS)

“This is not a hugely stressful place to work at all. People aren’t shouting down the desk at you. There are lots of things that relieve... lots of flexibility that enables you to manage your day yourself.” (Employee, medium-sized financial organisation, Case Study 3, applicant of CHS)

- 3.24 In two of the larger case studies, employees were considered healthier than average, which was helped by the fact that most were under 35 years of age. Many took part in regular physical exercise and displayed healthy eating habits at work.

“So I’d say at least 50 per cent of our workforce is very, very health focused.” (Employer representative, medium-sized financial organisation, Case Study 3, applicant of CHS)

“I would say we are better than some places I have worked at. In fact, better than most places I’ve worked at.” (Employee, medium-sized financial organisation, Case Study 3, applicant of CHS)

“We’re a health-conscious bunch of people. Go in the fridge, you won’t see any rubbish there. Sugar is a contraband here, it’s hidden away in cupboards.” (Employee, medium-sized public sector organisation, Case Study 1, applicant of CHS)

- 3.25 However, in the other three case studies, interviewees felt that some staff could be a bit healthier. Although some took part in healthy activities, there were others who smoked and were less active.

“I think there’s a bit of a split, really. We’ve got our fitness freaks that do all the cycling, and all that kind of stuff. We’ve got quite a few people that are into that, and then you’ve got the rest of us. We’ve got all the smokers and drinkers, I suppose.” (Employee, medium-sized private training provider, Case Study 2, applicant of CHS)

“You’ve got people who’ve played sport or still play sport and you’ve got those who have never had any interest in doing so in the past. It is quite varied.” (Employer representative, small museum, Case Study 4, applicant of CHS)

- 3.26 In Survey 1, employees were asked to rate their own physical and mental health. Across all four case studies that took part, at least 65 per cent of staff rated their physical health as good or very good prior to the organisation taking part in the Award. Only two employees (out of six) in Case Study 5 rated their physical health as poor. Similarly at least 65 per cent across the four case studies rated their mental health as good or very good. In Case Study 3, 74 per cent of those who took part in the company-run survey rated their overall health as excellent or very good.
- 3.27 Employees were also asked in Survey 1 to rate to what extent their work and workplace affected their health and well-being. The majority of participants in each of the four case studies disagreed that their working environment had a negative impact on their health, although in Case Study 4, a small museum, four out of nine participants were unsure about this or agreed with the statement. The majority in each case study also disagreed that their working environment was unpleasant and that they felt unable to cope with pressure.
- 3.28 Survey 1 revealed that there was some uncertainty amongst staff regarding how difficult it was for them to balance their work and home

life, in contrast to some of the views expressed by the interviewees. For example, in Case Study 1, a medium-sized public sector organisation, 17 per cent agreed that they found it difficult to balance work and home life and in Case Study 4, a small museum, two out of eight employees said they found it difficult to get the right balance.

Sickness absence and turnover

- 3.29 In all of the case studies, data and views were collected on sickness absence in the period before engaging with the Award. In all cases, it was felt that sickness absence was low and that staff had a good work ethic.

“There’s not a lot of sickness. It’s a nice environment to work in, so people tend to stay. They are committed to their jobs and stuff.”
(Employee, small not-for-profit organisation, Case Study 5, applicant of SWHA)

“Nobody ever goes off sick... We don’t go off sick, we come to work.” (Employee, medium-sized public sector organisation, Case Study 1, applicant of CHS)

- 3.30 The data provided by the employer representatives confirmed that sickness absence levels were low, as shown in Table 3.2 below. Short-term sickness absence levels ranged from 0.5 to 2.1 days per employee.

Table 3.2: Pre-Award absence figures

	Case Study 1	Case Study 2	Case Study 3	Case Study 4	Case Study 5
Size (no. of employees)	100	54	101-126	12	10
Period	April 2011 – Mar 2012	Jan to June 2012	Jan to June 2012	Jan to June 2012	April 2011 – Mar 2012
Overall days lost	93	27	200	18	62.5
Overall days lost short-term absence	93	27	115	18	20.5
Average short-term absence (days)	0.9	0.5	1.0	1.5	2.1
Per cent no absence	-	81.1	-	41.7	40.0
No. people leaving over period	-	3	6	2	-

3.31 Turnover was also reported to be low, and one employer representative actually complained that his organisation had a problem with low turnover.

Staff engagement

3.32 In the case study visits, most interviewees reported that staff engagement was high prior to applying for the Award, except in Case Study 1 where it was suspected that the organisational restructuring had negatively affected staff engagement. Most of the employees interviewed were positive about their jobs.

“... it’s fun. I enjoy my job... I’ve done a lot of things here that I can’t imagine being able to do in a lot of other places.” (Employee, small museum, Case Study 4, applicant of SWHA)

“I love it here. That sounds really sad, but it’s confidential so it’s fine. It’s a company that I wanted to work for way before I even got the job, so, yes, I’d definitely recommend it... Because it’s like a family... If you’ve got problems with anything there are so many managers you can go to, and they’ll help you, so, yes, it is a bit like

a family.” (Employee, medium-sized private training provider, Case Study 2, applicant of CHS)

3.33 In the staff survey, employees were asked to rate their agreement with a number of statements related to engagement on a scale of 1 to 5 where 1=strongly agree and 5= strongly disagree. Table 3.3 below shows the mean scores across all four case studies that took part in Survey 1. Please note that scores closer to 5 indicate higher levels of engagement. For case studies 2, 4 and 5, overall engagement scores were high, around or above 4.0. Case Study 1, the organisation being restructured at the time, showed the lowest levels of staff engagement.

Table 3.3: Survey 1: Employee engagement

	Case Study 1	Case Study 2	Case Study 4	Case Study 5
I speak highly of this organisation to my friends	3.6	4.7	4.1	4.2
I would be happy for my family and friends to use this organisation’s products/services	3.9	4.9	4.3	4.3
This organisation really inspires the very best in me in the way of job performance	2.8	4.4	3.6	4.0
I try to help others in this organisation whenever I can	4.5	4.6	4.5	4.3
I volunteer for things outside my job that contribute to the organisation’s objectives	3.1	3.5	3.4	3.3
Overall engagement score	3.6	4.5	4.1	3.9
No. of respondents (N) =	40	6	8	5

3.34 However, the survey also revealed that there was a fair amount of uncertainty around whether what was offered in terms of health and well-being made it more likely that employees would continue to work for the organisation. For example, in Case Study 1, a medium-sized public-sector organisation, 32 per cent were uncertain about this whilst 23 per cent disagreed or strongly disagreed that this made a difference

(again this may relate to the organisational restructuring in place at the time).

Summary points

3.35 Most of the organisations that participated in this research started the Award application from a strong base, in terms of the following:

- They already had some policies and procedures related to staff health and well-being, in particular good absence management procedures.
- Many were able to obtain support on OH and health and safety from their parent or umbrella organisations.
- Some had been influenced by the Award previously when part of another organisation.
- A number of the organisations carried out work in the area of health or required staff to be fit and healthy, so staff were already health aware.
- The organisations had a caring culture towards staff.

3.36 The in-depth research with case study organisations revealed that:

- Good health and well-being policies were in place and initiatives had been carried out in four of the five organisations. For most employees these were considered relevant, although a few were concerned that they did not have sufficient time to participate in the initiatives.
- The organisations offered employees flexible working to support them to stay healthy.
- Most employees felt that consultation and communication on health and well-being issues worked well in their organisations.
- The organisational culture was good, and staff got on well, although some questioned the commitment of senior managers and line managers to staff health and well-being.
- The majority of employees rated their own physical and mental health as good or very good.

- Levels of sickness absence were low prior to engaging in the Award, whilst staff engagement was generally high.

4 Motivations behind getting involved in the Award

- 4.1 A number of the organisations were aware of the impact of improved staff health and well-being on organisational outcomes.

“I think people work well if they’re motivated and healthy... I’m fully aware of how negative the impact of ill-health can be on an organisation. And conversely I know what a fantastic environment it is to work in if people are well and happy and motivated and I think those things are really linked.” (Small not for profit organisation, SWHA Award holder)

- 4.2 However, for the vast majority of organisations, sickness absence and staff retention levels were good prior to getting involved in the Award, so these in themselves were not motivating factors. Some of the large public sector organisations had experienced poor sickness absence in the past but had started to tackle this before applying for the Award. Only a handful of organisations got involved specifically to reduce sickness absence, one of which undertook the CHS alongside a number of other initiatives.

“There were some concerns around current levels of sick absence within [the branches] within Wales... It was part of a strategy to improve well-being, staff engagement and reduce absence.” (Large public sector organisation, CHS Award holder)

- 4.3 The main motivations behind applying for the Award were to:
- Show employees that their organisation cares about staff health and well-being
 - Obtain guidance on how best to manage staff health and well-being
 - Gain buy-in amongst senior managers
 - Bring staff together and improve team work
 - Check that steps already taken were appropriate
 - Gain recognition for the work already done

- Improve the company's profile with clients, peers and the general public.

To show employees that the organisation cares

- 4.4 Some of the employer representatives told how their organisations were genuinely concerned about the health and well-being of their employees. In Case Study 3, a medium-sized financial organisation, the employer representatives were keen to point out that they got involved in the CHS not to gain an award but to ensure that staff were given the best provision possible. For this reason, they deliberately chose not to publicise that they were going for the Award to their employees.

"I'm not saying we're hiding it but I didn't want that to be the focus... ultimately they need to know it's for them rather than for any big corporate thing that we can get hold of." (Employer representative, medium-sized financial organisation, Case Study 3, applicant of CHS)

- 4.5 However, for many other organisations the main driver behind going for the Award was to explicitly demonstrate to employees that they cared about their health and well-being. Some were keen to make it clear that senior managers cared. The employer representative from Case Study 1, a medium-sized public sector organisation, described the CHS as representing a 'statement of intent'.

"I feel that it's an important aspect to say that we're looking after the health of all our staff members here, both physical and mental health. So we wanted to get involved to give something back to the staff to say we are being proactive." (Large prison, new applicant of CHS)

"I just want to make sure that staff feel that the organisation cares about their health and well-being." (Employer representative,

medium-sized private training provider, Case Study 2, applicant of CHS)

“I think achieving the standard is basically highlighting to staff that the commitment we’ve got from the top, like from the top of the organisation throughout the whole organisation.” (Large public sector organisation, CHS Award holder)

“As a public sector organisation, we want to demonstrate that we are meeting the standards. That will help senior managers demonstrate that they do care and they do value people.” (Large emergency services organisation, new applicant of CHS)

- 4.6 For some of the new applicants for the Awards, this was particularly important given the recession and the fact that many of their employees were facing redundancies and pay freezes. For example, in a large emergency services organisation, the employer representative thought that the time was right to go for the CHS as the organisation was being restructured and there were likely to be job losses.

“It is important to make sure our staff who are here feel that they’re valued and have opportunities to maintain their health and keep healthy within the environments in which they are working.” (Large emergency services organisation, new applicant of CHS)

“These days if you can’t offer them a pay rise or something concrete in their pay packet at least [through CHS] we can offer them some other benefits.” (Large public sector organisation, new applicant of CHS)

“Our organisation here now is going through a period of change. We’re being restructured at the moment so we wanted to make sure our staff are being looked after now more than ever.” (Employer representative, medium-sized public sector organisation, Case Study 1, applicant of CHS)

- 4.7 One of the case study organisations specifically labelled this motivation as being about increasing staff engagement.

“Yes, definitely about staff engagement and making it an attractive place to work, yes, definitely.” (Employer representative, medium-sized financial organisation, Case study 3, applicant of CHS)

- 4.8 Some of the employer representatives from large employers hoped that by setting up a working group with employer representatives from across the organisation, employees would recognise attempts to improve employee health and well-being as part of an organisation-wide initiative rather than something led by OH or HR.

To obtain guidance on how best to manage staff health and well-being

- 4.9 Many interviewees were attracted to the framework that the Awards offer for managing staff health and well-being. This was seen as particularly useful in a couple of organisations that had merged with other departments/agencies and needed to start rebuilding their work in this area.

“It gives you a structure in terms of what you should be looking to achieve and how to implement it.” (Large emergency services organisation, CHS Award holder)

- 4.10 Even those organisations that had already done a lot on staff health and well-being were often keen to learn how to formulate their work into a more strategic plan. For example, a small training provider, which had recently joined a consortium, was looking for advice on how to document some of its procedures.

“I think with the Award, although we were doing quite a bit, it may not have been a structured approach. By going down the Award route, you are working to a more structured approach.” (Small private training organisation, SWHA Award holder)

- 4.11 Some of those already providing initiatives on staff health and well-being were specifically seeking guidance on how to coordinate their work. The employer representative of a large local authority told how they were aiming to bring together their work from all the different departments on employee health and wellbeing, and saw the CHS as a useful structure and model to work towards. In Case Study 3, a medium-sized financial organisation, the employer representatives told how they were seeking advice on how to organise their activities properly rather than having them run on an ad-hoc basis by a range of different staff.

To gain buy-in amongst senior managers

- 4.12 Some larger organisations hoped that their involvement in the Award would raise the profile of employee health and well-being in the organisation, particularly amongst senior managers. The employer representative of a large local authority told how the Award helped him convince the Chief Executive and Directors of the necessary changes. Similarly, employer representatives from two other large organisations told how the CHS helped them to get senior management on board.

“Yes, I do find that the corporate health standard is a fabulous document really and it does make senior managers think. You know, that if I kept going and saying, well I want this and I want that, there is this nudging along going on, because it’s a Welsh Government target and people want to. People like targets, don’t they?” (Large health board, CHS Award holder)

“Introducing it as a complete package identifies to our senior management team what they could be doing to improve.” (Large emergency services organisation, new applicant of CHS)

To bring staff together and improve teamwork

- 4.13 Some of the smaller organisations took an organisation-wide approach to the Award, whereby all employees (or as many as possible) were

involved in the application process. The aim of this was to bring staff together to focus on something that was for their own benefit rather than simply for the benefit of the organisation. The employer representative from a small private training organisation saw obtaining the Award as one way of giving staff accreditation for all the hard work they had put into the company. In a small charity, the employer representative said that bringing staff together to work on the SWHA was a useful way of integrating new staff into the organisation. Case Study 5, a small not-for-profit organisation, specifically hoped that the SWHA would allow staff to come together to focus on something outside of their normal work duties. The employer representative in Case Study 4, a small museum, said that he was more interested in this aspect of the SWHA than any changes in organisational outcomes such as sickness absence, which were already good.

“To be honest, I didn’t think about it from that [sickness absence] angle, as in a big organisational goal. It was really more the team building part, that people are doing activities together that’s going to support the development of them as a team. Because it’s fine to be working together but it’s taking people out of that normal situation.”
(Employer representative, small museum, Case Study 4, applicant of SWHA)

“I think it will be bringing the team together. We are quite a good working team, I think it’s something else to focus on rather than just their daily workload, giving them some sort of purpose, something that they can be involved in and take forward themselves, rather than me saying, ‘Right, we need to do this and get on with it.’ Having some sort of buy in, something that they can be proud of at the end of, that they’ve worked for.” (Chief Officer, small not-for-profit organisation, Case Study 5, applicant of SWHA)

To check steps taken already were appropriate

- 4.14 As mentioned previously, some organisations had undertaken work in the area of staff health and well-being prior to getting involved in the Award. Interviewees from these organisations were primarily interested in checking that the work completed was appropriate. For example, a medium-sized housing association had previously obtained the Award when part of a local authority and maintained the changes, even though the Award was invalidated when it became a new organisation. The employer representative saw the CHS as an opportunity to prove to themselves, staff, the wider community and stakeholders that what they were doing was correct. Case Study 5, a small not-for-profit organisation, had made a lot of changes to its policies and procedures over the last few years following a period of recovery and subsequent restructure, and wanted to check that everything was now in place.

“And it helps us as well because I think I said this before, to actually know that you have got the right things in place and you are doing the health and safety stuff really it gives you like an assurance. I think these things are good to be going through even if you don’t get the Award at the end.” (Chief Officer, small not-for-profit organisation, Case Study 5, applicant of SWHA)

“We thought it would be a challenge for us to look at what we had in place already and find out if we were meeting the standard. We might think that we’re doing it correctly but we don’t actually know until we follow a process.” (Large private healthcare manufacturer, new applicant of CHS)

“Sometimes, even if you’ve got everything in place, it’s nice to know that you’re doing it right.” (Small private care home, SWHA Award holder)

To gain recognition for the work already done

- 4.15 Many of the organisations that had already undertaken some work in this area were hoping for some recognition for their achievements. A few were clearly motivated to gain as many accreditations as possible; besides the Award, some organisations had obtained Investors in People, the Green Dragon Environmental Standard and ISO accreditation.

“I think we recognised ourselves that we did a lot for health and well-being prior to getting the Award, and I think we just saw it as getting recognition and bringing together all the things we do into a more strategic plan.” (Large public sector organisation, CHS Award holder)

“As an organisation we set ourselves quite high standards, and if there are any accreditations or standards out there, we will try and aim for those and try and prove that we are doing the best that we can in whatever field we are working on.” (Medium-sized housing association, CHS Award holder)

To improve the company's profile

- 4.16 Some organisations undertook the Award to improve their company profile, including their reputation amongst clients, peers and the general public. A few of the organisations had close links with the Welsh Government and thought that holding the Award would show they were adhering to its agenda. For example, the employer representative of a small private training provider with a contract to deliver Government-funded work-based provision told how the Welsh Government expected it to show high standards and obtain employer awards and accreditations.

“I think it was probably triggered off by the fact that we were going for a Government contract and it would look good in the tender contract.” (Micro not-for-profit organisation, new applicant of SWHA)

- 4.17 Others wished to improve their reputation amongst clients. For example, in a micro-sized gardening company, the employer representative explained their motivation as follows:

“We needed to say that we were a quality company and that we cared about the environment and our staff and health and safety, so we needed some badges to illustrate this to our clients.” (Micro private gardening company, SWHA Award holder)

- 4.18 Some of the public sector organisations were aware that their peers had received the Award and therefore felt pressure to hold it themselves.

“There’s a little bit of keeping up with the Joneses.” (Large emergency services organisation, new applicant of CHS)

- 4.19 A minority of employer representatives hoped the Award would make their organisation a more attractive employer. Two of the case study organisations applying for the CHS specifically mentioned that they thought it would help with recruitment.

“We’ve got a very good reputation locally and I think it’s just showing that we’re even better than what you think because we go that one step further as well with staff.” (Employer representative, medium-sized private training provider, Case Study 2, applicant of CHS)

“The most important thing for my business is to be able to recruit numbers of high-quality caring people....[The Award] seemed like a sensible thing to do to make us a more attractive employer, to be able to say to existing and potential employees that we take their health and well-being seriously. The Award was evidence of that.” (Small private training organisation, SWHA Award holder)

“In the wider community, obviously it shows that we value our staff and hopefully it will encourage new members of staff to come on

board.” (Large emergency services organisation, CHS Award holder)

Employee views on organisations’ motivation

- 4.20 The employees interviewed in the case studies were all in favour of their employer providing this type of support. They recognised that it made business sense for the organisation in terms of increased productivity and reduced absence. Some also believed that activities organised by the employer could make a difference to staff, particularly to those not naturally inclined towards a healthy lifestyle. One of the employer representatives from Case Study 3, a medium-sized financial organisation, said that the activities run by her company prevented her from being lazy and encouraged her to do more fitness. Other employees saw that, whilst the employer could not do everything, it had an important role to play in supporting employees to stay healthy.

“I don’t believe in my organisation doing everything for me but I do believe the organisation has to have a dialogue with you, a conversation. If there are issues then you should be able to go and have them sorted out. So yes, I think it’s joint [responsibility].”
(Employee, medium-sized public sector organisation, Case Study 1, applicant of CHS)

“I know that some people don’t like people fussing them and pandering to them... but unless you’ve got people encouraging you, some people aren’t going to do anything. They’re just going to sit there and just go, ‘Well, I’ll have to sit here then all day.’... But if you’ve got someone to encourage you, I think it helps, if you’re not that way inclined anyway. I think it’s a good incentive.” (Employee, small museum, Case Study 4, applicant of SWHA)

- 4.21 However, an employee from Case Study 1, a medium-sized public sector organisation, said that employer-led initiatives would only work where there was a foundation of good working conditions, where

flexible working was provided, staff were treated fairly and relationships between staff and managers were good.

“But I think the biggest thing is very much around this culture of having a work/life balance, and that’s probably one of the most important things, because if you work in an organisation that does all the other things, the education, the promotion, the provision of information, and access to facilities, but they still expect staff to work ridiculously long hours, that is perhaps then defeating the purpose slightly.” (Employee, medium-sized public sector organisation, Case Study 1, applicant of CHS)

Summary points

- Most organisations were not driven to take part in the Award in order to improve organisational outcomes such as absence levels and staff retention as these tended to be good already.
- One of the main drivers was to signal to staff that the organisation cared about their health and well-being. This was particularly important in those organisations where staff were facing redundancies and job changes as a result of the recession.
- Another key driver was to obtain guidance on how best to manage staff health and well-being. For those starting from scratch, this was about how to start building their work on health and well-being, whilst for others this was about coordinating and formalising some of the processes already in place.
- Employer representatives from larger organisations hoped that the Award would help them get senior management buy-in to the area of health and well-being, as it demonstrates that other organisations are working in this area.
- Employer representatives from smaller organisations hoped that by getting most employees involved in the application, it would give them a chance to focus on work for their own benefit and bring staff together.

- Those organisations that had already carried out some work in this area saw the Award as a way of checking what was in place was appropriate and gaining some recognition for their hard work to date.
- Some of the organisations were driven to participate in the Award because they thought it would improve their reputation with clients, in some cases the Welsh Government, and peers. A minority hoped that it would improve staff recruitment by making their organisation a more attractive employer.
- In the case study organisations, employees were generally in favour of the organisation going for the Award, and thought it would encourage some staff to take up a healthier lifestyle.

5 Changes made as a result of the Award

- 5.1 In the interviews with employer representatives, we heard about a range of changes made in organisations in order to fulfil the criteria for the Award. These covered a number of areas including:
- Changes to responsibilities
 - Improvements to communication
 - Implementation of initiatives that focused on different healthy lifestyle topics.

Changes to responsibilities and policies

- 5.2 Most organisations set up a working group in order to obtain the Award, which included employer representatives from different areas of the business. Many told how this helped to gain interest from the whole organisation and ensure that staff were properly consulted.
- 5.3 A few organisations introduced new policies or made slight changes to existing ones. Most already had a sickness absence policy in place but a minority started to use their sickness data in a different way, examining the main reasons for absence in order to see what sort of initiatives were required.

Improvements to communication

- 5.4 Communication channels were improved in many of the organisations through use of the intranet, email and newsletters. Even those that were offering initiatives already reported improvements to the way in which these were communicated to staff.
- 5.5 Many organisations set up notice boards for displaying information on staff health and well-being and ran monthly events on health promotion, which tied in with National Awareness Days. Often these events/campaigns included raising money for a related charity, such as Rock up in Red for the British Heart Foundation and Movember, which raises money for testicular and prostate cancer. A number of the

organisations made links with charities in order to gain more information on staff health and well-being topics.

Initiatives focused on different healthy topics

- 5.6 A range of initiatives were introduced across the organisations to encourage staff to be more physically active. Some set up their own fitness classes, such as Zumba, Boxercise and Tai Chi and many formed walking groups. A minority purchased pedometers so that employees could see how active they were in the workplace. Some organisations set up schemes to encourage physical activity outside of work, such as the Cycle to Work scheme or reduced membership fees for local fitness centres. In a small private sector training organisation, all employees were awarded a 'health and education grant' of £100 which could be used towards the cost of gym membership or use of leisure facilities.
- 5.7 In terms of smoking, some organisations set up smoking cessation support groups, and many engaged with the No Smoking Day event. In a minority of organisations, managers received training on how to identify and manage alcohol and substance misuse.
- 5.8 Some of those organisations with on-site canteens worked with their caterers to ensure that healthy food options were provided. Otherwise, information on healthy eating and healthy recipes were provided to staff through newsletters and posters.
- 5.9 A few organisations ran stress risk assessments or stress surveys. Some organisations formed close links with MIND in order to obtain more information and guidance for staff. A minority arranged for holistic therapists to come to the premises to offer therapies such as reflexology and massages.
- 5.10 In some of the larger organisations health checks were made available to staff including tests on lung capacity, diabetes, blood pressure, cholesterol and cancer screening.

Changes in the case studies

5.11 In the case study interviews, it was possible to go into greater detail on the changes made in the organisations and how these had been received by staff. Some of the main changes are described in accompanying boxes.

Case Study 1 – CHS

Although this medium-sized public sector organisation dropped out of the CHS application during the research, a few changes were made prior to this. The organisation started by reinvigorating its pre-existing working group and checking what services were already available to staff through their host organisation. This alerted them to some physiotherapy and CBT support which they went on to publicise to staff. They also improved their communication on healthy lifestyle topics by adding information to television screens in the foyer and improving the style of the weekly round-up newsletter. Although the sickness absence policy did not change, data was sought from HR on the three main causes of sickness absence so that they knew where to focus their activities. The organisation ran a stress awareness day where employees were given information on mental health and mental health first aiders made themselves available to speak to staff about any issues. The organisation also put up posters on MSDs and ensured employees were up-to-date with their manual handling training. Staff took part in a number of charitable events over the research period including charity runs, Movember and Dare to Wear Pink for breast cancer.

Case Study 2 – CHS

This medium-sized private training provider underwent a mock assessment for the bronze level of the CHS during the fieldwork period. A working group was put in place with six members of staff, including a senior director, and a survey was distributed to employees to find out what sort of initiatives they would like to see. New policies and guidelines were added on stress, work-life balance, nutrition and physical activity and others were tweaked to make the health element clearer. The organisation sent out monthly briefing papers on different healthy lifestyle topics (although they had been planning to introduce this anyway). It also set up a notice board with various bits of information such as healthy recipes and offers from local gyms, put up posters in the kitchen and other communal areas on healthy eating, and compiled booklets on healthy topics for use by learners and staff. A box of fresh fruit was provided to staff each week by one of the senior managers. Two walks were arranged in lunchtime for staff to join and a family walk was arranged over one weekend. The organisation set up the Cycle to Work scheme and provided information on cycle routes in the local area. A smoking cessation group was also set up.

Case Study 3 – CHS gold

This medium-sized financial organisation obtained the gold level of the CHS a few weeks after the end of the fieldwork period. The organisation already had a lot in place focusing on staff health and well-being so many of the changes were around formalising these activities. They set up a working group with 12 employer representatives from different areas of the organisation and carried out a staff health and well-being survey to find out what sort of initiatives staff would find useful. They formalised some of their procedures into written policies on mental health promotion, work-life balance and nutrition. To improve the communication of initiatives already in place, they set up an intranet page, placed adverts around the building and invited employees to take part via email. They also added health and well-being as a permanent agenda item in team meetings and set up new notice boards on health and well-being topics. They ran a calendar of health events with a new topic or campaign each month, such as Rock up in Red for the British Heart Foundation, Movember and Breast Cancer Awareness. They continued to run the Bootcamp training and support a five-a-side football team but introduced a new Boxercise class for staff. The company also revised its support on nutrition; they received feedback that the sessions on weight loss were not particularly good so introduced a new course on the broader area of nutrition. The organisation continued to run a number of engagement activities with staff and introduced new ones such as a monthly Bake Off cake competition for staff, a staff pantomime, and a Halloween fancy dress competition. Staff were provided with online training on health and safety, the first element of which was on stress awareness. At the time of the follow-up interviews, the organisation was about to move into new premises which would further support staff health and well-being by providing bike racks, showers and a new canteen with healthy food options.

Case Study 4 – SWHA bronze

This small museum obtained the bronze level of the SWHA during the research period. Unlike the other case studies, this organisation did not set up a working group as little work needed to be done. There was no need to change the policies as they had everything in place already and their approach to sickness absence management was considered good. Instead the manager and another member of staff led the application for the Award. Staff were consulted on the choice of healthy lifestyle topic and chose 'physical activity'. Some pedometers were purchased and used during a weekend company event. The number of steps taken by staff was compiled and added together (it was calculated that they walked the distance from the site to London). The organisation ran a skill-sharing event for staff and volunteers on gladiator training and archery and continued to run regular gladiator training sessions for staff. They also arranged a couple of walks around the local area. These took place in work time before the museum opened. Employees were also provided with information on back pain and alcohol consumption.

Case Study 5 – SWHA bronze

This small not-for-profit organisation obtained the bronze level of the SWHA during the research period and subsequently started working towards silver. It put together a working group consisting of five members of staff which met bimonthly to discuss health and well-being issues. Information from this was fed to staff through the organisation-wide meetings, at which health and well-being was included as a permanent agenda item. They reviewed all of their policies but did not need to introduce any new ones. However, minor changes were made to the return to work questionnaire to ensure that it addressed MSD issues and the company decided to include its alcohol policy under its Code of Practice for contractors working on clients' homes. They focused on 'alcohol' as the healthy lifestyle topic, so provided information and leaflets on this to staff in a team meeting. They also made staff aware of the MyDrinkaware website and allowed them time each morning to log their alcohol consumption on this. Prior to the SWHA, some members weighed themselves together once a week but this gained more momentum during the research; more people got involved, including the Chief Executive, and information was distributed to staff on healthy eating. After gaining the bronze level of the Award, staff received refresher training on health and safety and took part in the Rock up in Red event to raise money for the British Heart Foundation. The organisation planned to introduce further changes including the installation of showers to encourage staff to exercise at lunchtime, participation in the Stair Climb Challenge for the British Heart Foundation and a manual training course for office-based staff.

Employee reactions to the changes

5.12 In most cases, employer representatives of the organisations reported that staff responded positively to the changes made.

"I thought it would just be, yes, we've got an award but it is, as I said, the buy-in for it has been a lot bigger than I expected, and the want for more, the want to be involved as well, to be coming up and

doing topics that they think they might be interested in.” (Small food manufacturer, SWHA Award holder)

- 5.13 This was confirmed in the interviews with employees in the case studies, who told how a number of staff participated in the initiatives and found the activities enjoyable.

“It’s nice to get out and do something physical as well and chat and have a laugh and all the rest of it. So [the lunchtime walk] just improves everybody’s frame of mind as well I think.” (Employee, medium-sized private training provider, Case Study 2, applicant of CHS)

“I think [the initiatives] are really good. I’m not sure everyone buys into them, but you can’t make everyone do everything, like the quiz and stuff, not everyone joins in that, but that’s not everyone’s cup of tea. But I think they try and vary the activities and the information they provide to people to try and cover the range of personalities and interests of people. So I think it’s handled quite well.” (Employee, medium-sized financial organisation, Case Study 3, applicant of CHS)

- 5.14 A number of the employer representatives (from all organisations in the research) spoke of initial scepticism amongst staff who thought that the organisation was only seeking accreditation but how, with time, this had subsided.

“I think there was an initial thought that it was only to get the Award, but we’ve continued with it afterwards and people can see that there is a genuine philosophy.” (Large college, CHS Award holder)

“At first, I think people were like, ‘Whose business is it if I want to go and have 30 fags a day, and not eat any fruit?’ ... I think people naturally were like that at first, but especially with the training side of it... we know we’ve got to do it with learners, so it makes sense to be doing it with us, and I think people are taking it on these days,

and a lot more than I ever thought they would.” (Employee, medium-sized private training provider, Case Study 2, applicant of CHS)

Summary points

- Despite the good starting point of many of the organisations, a number of changes were made in order to fulfil the criteria for the Awards.
- Most set up a working group consisting of employer representatives from across the organisation whilst a few introduced new policies or tweaked existing ones. A minority told how they started to use their sickness absence figures to guide their work in this area.
- Many improved the communication of staff health and well-being by introducing a number of new channels, including staff notice boards, an intranet page and newsletters. Often health campaigns and events were tied in with National Awareness Days.
- Many introduced new initiatives in the workplace that focussed on physical activity, healthy eating, smoking cessation, alcohol and substance misuse, and stress and mental well-being. A minority of larger employers provided health checks to staff.
- Employees tended to react positively to the changes made in the organisation. Whilst some were initially sceptical, over time they began to realise that the organisation was trying to improve staff health and well-being.

6 Challenges involved in implementing changes

6.1 The main challenges organisations faced in trying to make improvements to staff health and well-being included:

- Insufficient time
- Reaching and meeting the needs of all employees
- Ensuring style is not dictatorial
- Resistance to change amongst some staff.

Insufficient time

6.2 Most of the employer representatives felt that they had sufficient time and resources to complete the actions required by the Award. However, some told how finding time to organise initiatives, rather than money, was what challenged them the most. Most did not work on health and well-being full time so had to fit this in with other job priorities, and often this work was an add-on to the day job.

6.3 Some organisations were reactive in the type of work they did, such as those in the emergency services. This meant that there were occasions when other priorities got in the way of work on health and well-being. For example, the employer representative from a small care home told how:

“...service users’ needs, those would take priority over the staff unfortunately. So if there’s a problem with a service user, any current activities I’ve got need to be put on hold to deal with that.”
(Small care home, SWHA Award holder)

6.4 In a small private gardening company, the employer representative explained that it was also difficult for employees to find the time to participate in initiatives because of other work priorities.

“We want to involve the staff but those are the guys who are actually generating the work or doing the work that we’ve generated to provide invoices and therefore income and it’s a constant battle of

time commitment and availability.” (Small private gardening company, SWHA Award holder)

- 6.5 Some of the smaller, private sector organisations could not afford for staff to participate in activities during work hours so relied on them to give up their free time (e.g. during lunch or after work). A few of those with flexi-time arrangements found that some staff preferred to skip their lunch break and leave early rather than participate in lunchtime activities.

Reaching and meeting the needs of all employees

- 6.6 In some organisations employees were scattered across different locations and/or had different working hours. One of the challenges in these organisations was ensuring that campaigns and initiatives reached all employees.

“I would say the biggest obstacle really was just the size of the site. Because we were 300 staff, if I had somebody who was absent or somebody who was part-time, I had to make sure that that person was just as engaged as the next person.” (Large public sector organisation, CHS Award holder)

“I think it’s harder for our business because the majority of our staff work remotely, away from the office, in clients’ homes. So we have to actively, carefully consider how we engage with them through team meetings, newsletters, employee forums etc. to make sure they get the messages that we’re trying to share with them.” (Small care-sector organisation, SWHA Award holder)

- 6.7 Similarly, some organisations found it difficult to get all of their staff together at the same time to take part in initiatives. For example, in a medium-sized housing association, the employer representative told how it was difficult to get trades staff involved in health and well-being initiatives as they usually worked off site. In a large emergency services

organisation, the fluctuations in staff availability had even made it difficult to set up a working group.

- 6.8 It was recognised by employer representatives in some of the large organisations that what appealed in one part of the company did not necessarily appeal in another. For example, in a medium-sized housing association, whilst health checks were popular with trades staff they did not appeal so much to the office workers, who tended to prefer the relaxation therapies and stress awareness courses. In a large college, a smoking cessation group proved very popular in one part of the campus but not in other parts. This made it important for organisations to try different things to see what suited each group of employees best.

“One of the other difficulties is that what works on one campus won’t necessarily work on another campus... so it’s difficult to judge what people want, because it varies from campus to campus.” (Large college, Award holder)

Ensuring style is not dictatorial

- 6.9 A minority of interviewees described the fine line between *encouraging* staff to alter their behaviour and *dictating* how they behave. An employer representative from a micro-sized charity was hesitant to progress to the bronze level of the SWHA because he felt “embarrassed” to ask colleagues to be more healthy.

“I think it’s none of my business to ask them to get involved. The employer’s responsibility is only to make sure that the work environment doesn’t make their health worse. Anything else is crossing the line between OH and personal lifestyle choices.” (Micro-sized charity, new applicant of SWHA)

“We don’t want to ram [health] down people’s throats... Where do you cross the line so that you’re not ramming it down their throats? I don’t think our staff would appreciate that.” (Large retail organisation, new applicant of CHS)

Resistance to change amongst a minority of employees

- 6.10 Many of the interviewees told of employees in their organisations who were resistant to living more healthily even after being made aware of the benefits. One employer representative, from a large emergency services organisation, told how this led them to communicate health messages in more innovative ways such as through Bluetooth messaging, Facebook and Twitter.

“I’m of the opinion that probably 90 per cent of staff know what they should be doing but only 60 per cent actually do it, so how can we convince that other group?... It’s about being innovative and continually changing how you do that.” (Large emergency services organisation, CHS Award holder)

“I think it’s just human nature that people will always moan about things, that they think certain things should be done... I think that’s just natural human nature that you can’t please everyone. So some people don’t like physical activities, some people don’t like quizzes, some people don’t believe in the nutritional side of things, but it’s just your personal preference. I don’t think you can do much to combat that. They try really hard to vary it, and to cater for the majority of people, but you’ll always get a small percentage of people that don’t have any buy-in to it. But that’s up to them.” (Employee, medium-sized financial organisation, Case Study 3, applicant of CHS)

- 6.11 Linked to this, a number of interviewees reported disappointing levels of take up in some of their health initiatives.

“We’ve found that it’s difficult to maintain a level of lunchtime walking. You get certain gangs that will join and will start and then all of a sudden they’ll drift away.” (Large local authority, CHS Award holder)

- 6.12 In a large public sector organisation, the employer representative told how initial staff enthusiasm for initiatives often waned. Learning from this experience they had decided not to ask employees for their suggestions any longer, but instead to focus on the issues identified by the sickness absence data.

Cost

- 6.13 Although cost was rarely mentioned as a difficulty, some public sector organisations were reluctant to be seen to be spending large sums of money on staff health and well-being initiatives when employees were losing their jobs. Some were also concerned that this could receive negative press attention.

“I think it can be a very hard balancing act. I think there does need to be a demonstration of the employer’s willingness to have good employee health and well-being but at the same time I think there needs to be a realistic approach on what the public view [public sector] staff as receiving... It’s a fine line between what’s going to be beneficial to the [organisation] and what could be seen as negative.”
(Large local authority, CHS Award holder)

- 6.14 The employer representative from Case Study 5, a small not-for-profit organisation told how all its funding was allocated to client work, so there was no spare cash for running initiatives. However, it already had good links with a number of charities so was able to access most support for free. A number of other employers also mentioned how they linked in with local health boards/agencies in order to access cheaper support.

Reasons for not pursuing the Award

- 6.15 As mentioned previously, some of the organisations that signed up to the Awards later decided not to progress with their application. Where these organisations took part in follow-up interviews, employer representatives were asked to elaborate on the reasons why. Mostly

the reasons were around a lack of resources to carry out the necessary actions and lack of commitment from senior staff and other managers.

Example 1: A micro-sized charity decided not to progress with the SWHA because of the work required to amend their policies, although information on healthy eating had already been provided to staff and they had started providing fresh fruit and fruit juice. The employer representative did not believe that changing paperwork would ultimately have any impact on staff behaviour.

Example 2: In a large public sector organisation, a poor report on performance had diverted resources away from the CHS application. Staff were simply too busy making improvements in the organisation to focus on it at that time, although they hoped to look at it again in the future and still had the standard 'in their minds'. For example, they had started a smoking cessation programme for staff and planned to introduce healthy food options in their new canteen.

Example 3: A large health manufacturing company that was applying for the CHS had not made progress due to pressures on staff time. A new health and wellness champion had been appointed who was supposed to lead the CHS application, but he had not managed to arrange a working group, despite the fact that senior management were on board with the scheme. The interviewee suspected that there was some fear amongst managers that the CHS would force them to make big changes, when in actual fact all they were required to do was evidence what was in place already. The main issue for the organisation was a lack of time.

“I am personally just waiting on him to set up the committees or the groups. Until he does that we can’t do anything else with the CHS... We can have plans to do that but the business takes priority, earning money takes priority at the end of the day and at the moment people are extremely pushed. We’ve had huge redundancies here so people are being used to their full remit in the areas that they work in already, I think that’s the biggest problem, nobody has spare time.” (Large health manufacturer, new applicant of CHS)

Example 4: In a large emergency services organisation, progress with the CHS application had been slowed by the need to carry out a staff survey to meet the criteria for the silver level. The working group could not get agreement from the senior management to go ahead with this, leading the employer representative to suspect that they were not fully on board. In addition, a new industry-based programme for employee health and well-being was introduced during the period of the research, which the organisation decided to go for instead. This was considered more appealing because it allowed the organisation to be benchmarked against other similar organisations. The employer representative also thought it would be simpler to complete as it was online rather than paper-based. Like other organisations, they lacked time to carry out the work.

“It feels a bit like, well, if you can do it in your own time then yes, carry on. But there’s been no top-down, ‘This is what we’re going to do. I think it’s really important.’” (Large emergency services organisation, new applicant of CHS)

Summary points

- One of the main barriers to making improvements to staff health and well-being was insufficient time among the key staff involved. Mostly work in this area was an add-on to the day job, so there were occasions when other job tasks took priority.
- In some organisations it was difficult to ensure that both communication and initiatives reached all employees as they were scattered across different locations or worked off site. In larger organisations, employer representatives had learned that what appealed to some employees did not necessarily appeal to others, so the challenge was about ensuring that a range of provisions were made available.
- A number of the employer representatives reported how they had to be careful about the style they took when communicating healthy messages and initiatives so that they did not appear to dictate to employees how they should behave and consequently put them off engaging.

- Despite enthusiasm from most staff, there were usually a few in each organisation who were resistant to change and therefore difficult to engage in health and well-being activities.
- Cost was generally not considered an issue, but some of those from large public sector organisations told how funds were more restricted following the recession and how they needed to be careful that spending in this area did not receive negative press attention.
- A few of the new applicants that participated in this research did not pursue the Award, primarily because they lacked time to devote to fulfilling the Award criteria.

7 Impact and benefits obtained from the Awards

- 7.1 Most of the interviewees, from both Award-holding organisations and those that gained the Award during the period of the research, were positive about the benefits obtained through their participation in the scheme. Nearly all of the interviewees said that they would recommend the Award to other organisations and some had already done so. Only one organisation, a large public sector organisation, was uncertain about what the CHS had brought it as most things had been in place prior to putting in an application.

“I wouldn’t say that there have been any changes as we were on that path anyway... Really from the start it just felt like a tick off, are we doing the right thing? Rather than pointing us in any particular direction.” (Large public sector organisation, CHS Award holder)

- 7.2 This chapter considers the benefits and impacts of the Award on the organisations and their employees. The views of the employer representatives are presented alongside data and staff feedback obtained from the interviews and the employee survey in the case studies.

Limitations in data from the employee survey

- 7.3 An employee survey was introduced at two time points (Survey 1 and Survey 2) specifically to assess whether there had been any changes in the management of health and well-being, the physical and mental health of employees and staff engagement as a result of the Award. However, the number of case studies involved in the research was far lower than anticipated (only 5 out of 15) so it has been difficult to observe any trends. Moreover, comparisons of employee scores across the two time points should be treated with caution, as not all of the same participants took part on each occasion. In smaller organisations (e.g. Case Study 4 and Case Study 5), average scores can vary widely if different staff take part, making it particularly difficult to interpret any changes in scores. Unfortunately there was no

longitudinal data for Case Study 1 (which only took part in Survey 1) and Case Study 3 (which only took part in Survey 2) which were the larger organisations in our sample. In Case Study 2, the data should be treated with caution due to the low response rates, particularly for the first wave of the survey. Finally it should be noted that any changes observed from the employee survey cannot be directly attributed to the Award, as other factors may have been at play between the two time points.

Impact on the way in which health and well-being is managed

- 7.4 Mostly, the benefits reported by employer representatives were around better management of staff health and well-being in the organisation, particularly in terms of:
- More joined up working across the organisation.
 - Better communication on health and well-being topics.
 - Better consideration of choice of topics.

More joined-up working across the organisation

- 7.5 In large organisations, the set up of working groups with members from different areas of the business had led to more joined-up working and a wider input into health and well-being initiatives. One of the reported benefits of this was that the organisation gained awareness of all the different initiatives already in place. For example, the employer representative from a large local authority told how members of the working group made the group aware of meditation classes run in one small area of the business which they were then able to offer to all staff. In another local authority, members of the working group informed HR about the specialist physiotherapy support available from staff in leisure facilities, which they were able to incorporate into their sickness absence policy.
- 7.6 In a large emergency services organisation, the employer representative told how the working group had helped the organisation to respond better to a restructuring process as it had raised awareness

of health and well-being issues across the whole organisation. The OH department had recently been informed about upcoming redundancies prior to staff so that it was ready to offer support, something that had not happened in the past.

“It is that joining the dots, as I call it, that probably for us was the biggest learning. It sounds cheesy but it’s the old age [saying] that the sum of the parts is greater than the whole.” (Large local authority, CHS Award holder)

“I think the CHS has helped us to link all these things up a bit. I think it has woven a thread of health through almost everything we do.” (Large emergency services organisation, CHS Award holder)

“The standard itself enables us to join up a little bit more and enables consistency across the organisation as well.” (Large public sector organisation, CHS Award holder)

- 7.7 In Case Study 3, a medium-sized financial organisation, the employer representative felt that the working group had led to a wider provision of services to staff.

“Just a wider provision because, as in any company, there are serial volunteers who always want to get involved in things, but having a representative from each department hopefully will mean that some other people will get the chance to get involved as well, so it’s not just the people who shout the loudest.” (Employer representative, medium-sized financial organisation, Case Study 3, applicant of CHS)

- 7.8 In Case Study 4, a small museum, although a working group had not been required, just the process of going through the host organisation’s policies and procedures had thrown up some areas that the manager had not previously been aware of, such as the fact that employees were covered by company travel insurance.

“Yes, [the SWHA] could lead to the organisation having a clearer understanding of what employees are entitled to and how to go about getting more out of their position.” (Employer representative, small museum, Case Study 4, applicant of SWHA)

More consistent communication on health and well-being

- 7.9 It was also felt that the working groups improved communication on health and well-being by ensuring that all messages came from a central point and were consistent across the organisation.

“I would say [the main benefit is] bringing the [organisation] together in terms of health and well-being as opposed to having several different messages coming from different arenas, one from HR, one from communications, another from the service area. It’s brought all those together and I would say it’s one message being issued now rather than several different ones.” (Large local authority, CHS Award holder)

“I think promotion has got better over the last couple of years. We have representatives at each of the [sites] so they will support us getting the message out there.” (Large college, CHS Award holder)

Better consideration of health topics

- 7.10 A minority of employer representatives believed the Award had helped them to be more strategic in their choice of healthy lifestyle topics. For example, in a large emergency services organisation which had been running health promotion events for some time, the CHS forced working group members to consider whether these were appropriate and tailored to the workforce. In two of the case studies, the CHS had encouraged the organisation to carry out initiatives on a wider range of health and well-being topics than they might have done otherwise. Whereas traditionally they would have focussed on nutrition and exercise, the CHS persuaded them to also consider mental health and musculoskeletal disorders.

“Using the standard of Corporate Health has given us an insight into everything that that involves so we focus on all the different areas [of health], not just one or two. It’s very much more rounded, so it’s definitely benefitted us as a company.” (Working group member, medium-sized training provider, Case Study 2, applicant of CHS)

Feedback from employees

- 7.11 In the case studies, employees who took part in interviews confirmed that health and well-being was better managed in their organisations following participation in the Awards. In Case Study 3, a medium-sized financial organisation, those interviewed discussed how communication on health and well-being had improved. Whereas previously, they felt that activities in place were run by individuals, they now recognised that these were led and sponsored by the organisation.

“Before it felt like that was just accidental, I suppose we were a much smaller business originally but now you definitely get the feeling that it’s intended, the business intended for people to have access to certain things and be aware of them, and to engage.” (Employee, medium-sized financial organisation, Case Study 3, applicant of CHS)

“It’s always been there but it’s just more receivable, organised. It’s not just targeted at certain people, it’s targeted at everybody, and obviously it’s up to you whether you join in.” (Employee, medium-sized financial organisation, Case Study 3, applicant of CHS)

- 7.12 In Case Study 4, a small museum, employees recognised that the organisation had started taking a more formalised approach to staff health and well-being.

“To be honest, for us, I don’t think it was a complete cultural shift because we were already doing a lot of these things. That was more just making it official, if you like... It helps formalise it a bit in work because you’re being given permission to do something like go for a

walk in the morning, whereas perhaps beforehand you might think, 'Well, I can't do that, I've got to sit down and answer my emails.' It's almost being given permission to do it." (Employee, small museum, Case Study 4, applicant of SWHA)

- 7.13 The employee survey asked participants to rate how well health and well-being was managed in their organisation. The scores in Survey 2 were all fairly high; the majority of employees agreed or strongly agreed that the organisation provided enough information on the policies and initiatives around staff health and well-being, that the policies were relevant, that line managers and senior managers were on board, that communication and consultation was effective and that the organisation cared about their well-being. However, as mentioned in Chapter 3, scores at the start of the application process (in Survey 1) were also fairly high, so in most cases there was no clear pattern of differences between the two time points. The only exception to this was Case Study 5, the small not-for-profit organisation, where ratings were higher on Survey 2 on a number of the statements. However, the small sample size in this case study and changes in the sample composition at both time points makes it difficult to assess whether this reflects a genuine change.

Impact on organisational outcomes

- 7.14 In a large emergency services organisation, the impact of the CHS on the organisation was clear as it had led to the creation of a new role dedicated solely to staff health and well-being and maintaining fitness levels amongst staff. Since the role had been introduced, fewer employees had failed fitness tests, whilst those who had were returning to fitness more quickly.

"Without the standard, my role wouldn't have come about so there wouldn't be the physical activity role. That was one of the key things in working towards the initial CHS... Traditionally these things come under an HR function, so this allows HR to continue doing what

they're doing day to day. Mine is a specialist role to promote and publicise what is available to staff.” (Large emergency services organisation, CHS Award holder)

- 7.15 However, few other employer representatives reported improvements in sickness absence levels, staff retention, staff engagement and company profile, although a few examples of these were provided.

Sickness absence and retention

- 7.16 As discussed earlier, the vast majority of organisations involved in this research had low levels of sickness absence and turnover prior to applying for the Award. As a result, many of the employer representatives did not believe the Award had led to reductions in sickness absence in their workplaces.

“It’s hard for us to monitor because we don’t have a problem with absenteeism so we can’t link it to that either, which is again a really nice situation to be in but something I think that the assessors were shocked by, just because we’re way, way, way below their national averages for absence.” (Employer representative, medium-sized financial organisation, Case Study 3, applicant of CHS)

- 7.17 Where reductions in sickness absence had occurred, these were often attributed to other activities. For example, a small manufacturing company had seen a decline in sickness absence over the period of obtaining the Award, but this was attributed to the expansion of the business at the time rather than the SWHA. Only one of the interviewees directly attributed a reduction in sickness absence to the Award. This was a small private care-sector organisation that started using the Bradford Factor⁸ following guidance received from the SWHA practitioner. Whilst absence figures were not provided, it was reported that this change had led to a reduction in sickness absence levels by

⁸ The Bradford Factor is used in human resource management as a means of measuring worker absenteeism. The factor gives a rating to each employee over time based on the number and length of their absences. It highlights employees who have frequent short absences which are considered more disruptive than longer absences.

over half. A few other employer representatives reported that the Award had contributed to a reduction in sickness absence alongside other factors. These included the following examples:

Example 1: In a large local authority, the employer representative told how sickness absence levels had dropped from 13.8 days per annum to 10 days over two years. Whilst this was not all attributed to the CHS, the Award was believed to have played a part in this.

Example 2: In a medium-sized housing association, sickness absence had fallen from 4.0 per cent to about 2.8 per cent over the last two years, which the employer representative attributed in part to the CHS, whilst accepting that some of this was likely to be due to the fact that the organisation had recently separated from a local authority, so staff were excited about being part of a new and 'fresh' organisation.

Example 3: The employer representative from a large emergency services organisation which had obtained the gold level of the CHS told how sickness absence had reduced dramatically from 13 per cent to around three to four per cent over recent years. Whilst she thought the CHS had contributed to this, other factors had also helped as the organisation had made a concerted effort to tackle sickness absence on a number of fronts.

Example 4: The employer representative from a large public sector organisation felt that its fall in absence rates was primarily due to a new absence management policy which had been introduced prior to the decision to go for the CHS. However, she felt sure that the CHS had contributed to this as it had led them to look at their sickness statistics and plan health initiatives accordingly.

7.18 The case study organisations were asked to provide data on absence levels and staff retention six months after the initial visit in order to

ascertain the impact of the Awards. No data was provided for Case Study 1 which dropped out of the CHS. Please note that for Case Studies 2, 3 and 4, only six-monthly figures were provided which may have been biased by seasonal effects. It should also be noted that in small organisations such as Case Studies 4 and 5, average absence figures are likely to fluctuate more widely than in larger organisations because of the smaller base. With these data limitations in mind, there is little clear evidence from Table 7.1 that the changes made in order to obtain the Award led to any reduction in sickness absence. In Case Studies 2 and 5, sickness absence levels had increased over the period (in Case Study 2, this was due to a number of surgical procedures or broken limbs amongst staff whilst in Case Study 5, the employer representative thought that there had been more flu and virus illnesses over the last year than in the previous year). Only Case Study 4, a small museum, saw a drop in absence figures during the period in which the SWHA was implemented.

- 7.19 Similarly, there was no objective evidence to suggest that retention levels had improved.

Table 7.1: Sickness absence figures – pre and post

	Case Study 2		Case Study 3		Case Study 4		Case Study 5	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Size	54	54	101-126	127-134	12	12	10	10
Period	Jan to June 2012	July to Dec 2012	Jan to June 2012	July to Dec 2012	Jan to June 2012	July to Dec 2012	April 2011 – Mar 2012	April 2012 – Mar 2013
Overall days lost	27	63	200	229	18	13.5	62.5	33.5
Overall days lost short-term absence	27	63	115	133	18	13.5	20.5	33.5
Average short-term absence	0.5	1.2	1.0	1.0	1.5	1.1	2.1	3.4
Per cent no absence	81.1	77.8	-	-	41.7	50.0	40.0	40.0
No. people leaving over period	3	6	6	11	2		-	

7.20 It is likely that any impact on absence will take some time to materialise, beyond the period of the research with case studies. An employer representative from an Award-holding organisation felt that it would take several years for the benefits to be felt.

“It’s difficult to directly connect the reduction in sick absence to achieving the Award. I wouldn’t be brave enough to do that...What achieving the Award has done is it’s benefited us long term... the idea is that the increased physical activity and increased awareness of nutrition will protect us in years to come. But we won’t see the benefit of that yet, alright?... Because it’s about preventable illness I

don't think it's that easy to see the immediate impacts.” (Large public sector organisation, CHS Award holder)

Staff engagement

- 7.21 Employer representatives generally found it difficult to know whether the Award had led to an increase in staff engagement, particularly those from larger organisations. Only one employer representative (from a large public sector organisation) was able to cite clear evidence of this, in the form of its annual survey engagement scores which had increased from 43 per cent to 57 per cent in one year.
- 7.22 Some employer representatives felt that other factors had more of an influence on staff engagement than health and well-being initiatives. For example, the employer representative of a small private care home reported that staff engagement was dependent on the stresses associated with individual patients. In Case Study 1, a medium-sized public sector organisation, the employer representative reported that engagement had been negatively affected by the organisational restructuring process in place.
- 7.23 In some of the case study organisations, the employer representatives thought that staff engagement levels had not changed as a result of the Award. In Case Study 5, a small not-for-profit organisation, this was because staff engagement was fairly high to begin with.

“We were pretty engaged... because we're a small team and because we've gone through so much and so many changes I think we are pretty much an engaged team... as far as that's concerned I don't think that's changed.” (Chief Executive, small not-for-profit organisation, Case Study 5, applicant of SWHA)

- 7.24 In Case Study 3, a medium-sized financial organisation, the employer representative felt that engagement had improved recently but only as a result of an improved organisational strategy. Similarly in Case Study 4, a small museum, the employer representative felt that the SWHA

had contributed to an improvement in staff motivation and engagement but was not the only factor.

“I think although we’ve done skill sharing stuff outside of it I think it has given it a bit of a shove in the right direction. So I think I’m not, I don’t feel comfortable sitting here and saying this Small Workplace Health Award has changed things drastically for us. I think it’s been a contributing factor. It’s a positive, a constant positive evolution of how staff interact with each other onsite.” (Employer representative, small museum, Case Study 4, applicant of SWHA)

Company profile

- 7.25 Some organisations received positive public relations (PR) feedback as a result of obtaining the Award, including internal PR (where part of a larger organisation) and external PR. For example, a small care sector organisation received positive coverage of its achievement in the local press which it hoped would attract new clients. A medium-sized housing association promoted the Award by including it on emails and letterheads in the hope that this would be noticed when tendering for new work. However, most employer representatives did not provide any evidence to suggest that these PR activities had led to an improved company profile amongst both prospective clients and employees. The case study organisations were all yet to publicise that they had achieved the Award.

“I think generally it puts us out there as an organisation that generally cares for its employees. I don’t know whether we’d be an employer of choice but it helps towards that.” (Large emergency services organisation, CHS Award holder).

Feedback from employees

- 7.26 Most employees interviewed in the case studies believed that engagement levels had not increased because these levels were fairly high to begin with.

“I think I've always felt like that, I've been encouraged here since day one, so I don't think that's something that really needs changing ... obviously the industry that we're in, we're a training company, so if we weren't encouraging staff to expand their scope for their job roles, then they wouldn't really be in the right business I suppose.”(Employee, medium-sized private training provider, Case Study 2, applicant of CHS)

“Fine, stress levels are low, management is brilliant really, there's plenty of support from management. Plenty of opportunity to discuss anything that you need to discuss, through supervisions or team meetings... We're quite a close team and everyone gets on well, never really any issues. It's probably the same really.” (Employee, small not-for-profit organisation, Case Study 5, applicant of SWHA)

- 7.27 Only one employee, from Case Study 3, felt that her levels of engagement had improved as a result of the activities run by the organisation.

“Yes, funnily enough I did go through the time when I probably didn't feel like that, I didn't quite feel that it was necessarily for me, so some of the engagement stuff has really helped.” (Employee, medium-sized financial organisation, Case Study 3, applicant of CHS)

- 7.28 In the staff survey, employee engagement was measured on two occasions in Survey 1 and Survey 2. Bearing in mind the limitations of the survey data, Table 7.2 shows no real evidence of an increase in engagement amongst employees over the period. Only Case Study 5 showed an increase in scores, and this was only by 0.2 points (and again, the low base makes it difficult to ascertain whether this reflects a genuine change or whether it is just because not all the same participants took part in each wave).

Table 7.2: Engagement with the organisation

	Case Study 1		Case Study 2		Case Study 3		Case Study 4		Case Study 5	
	Survey 1	Survey 2	Survey 1	Survey 2	Survey 1	Survey 2	Survey 1	Survey 2	Survey 1	Survey 2
I speak highly of this organisation to my friends	3.6	-	4.7	4.7	-	4.3	4.1	4.2	4.2	4.2
I would be happy for my family and friends to use this organisation's products/services	3.9	-	4.9	4.6	-	4.4	4.3	4.3	4.3	4.8
This organisation really inspires the very best in me in the way of job performance	2.8	-	4.4	4.3	-	3.7	3.6	3.6	4.0	4.1
I try to help others in this organisation whenever I can	4.5	-	4.6	4.6	-	4.4	4.5	4.4	4.3	4.6
I volunteer for things outside my job that contribute to the organisation's objectives	3.1	-	3.5	3.1	-	3.6	3.4	3.8	3.3	3
Overall engagement score	3.6	-	4.5	4.3	-	4.1	4.1	4.1	3.9	4.1
N	40	-	6	15	-	71	8	10	5	9

Impact on staff

7.29 A number of the employer representatives reported that participation in the Awards had benefited staff by:

- Increasing awareness of what was on offer through the organisation.
- Improving staff cohesion.
- Increasing awareness of health issues and adoption of healthy behaviours.
- Improving morale and well-being.

Greater awareness of support on offer

7.30 Some employer representatives felt that the Award had highlighted to staff what was on offer in the organisation so they knew where to go for support. For example, in a medium-sized housing association, working towards the CHS led to better communication with staff about the services available through the OH department, such as counselling. This subsequently led to an increase in the numbers requesting counselling, which was considered a positive outcome.

“It has raised awareness of occupational health, that we’re not just here to get people back to work but we can offer a lot more. We’re seen as more of a team as well, it’s kind of integrated us into the site.” (Small food manufacturer, part of a bigger group), SWHA holder)

“The thing is a lot of these things we were already doing anyway so we’ve got a lot of policies and procedures in place, it’s people’s awareness more than anything that highlights to them that this can be done or they can do this, they’ve got these opportunities.” (Large public sector organisation, CHS Award holder)

Improved staff cohesion

7.31 One of the benefits reported by employer representatives in smaller organisations was that involving all employees in the process of

obtaining the Award had worked well to bring staff together. It had also led to a sense of ownership of some of the organisation's activities and a sense of achievement once the Award was obtained.

"Staff are delighted and they realise it's their company and it's their decisions that are running this company and driving it forward... They feel more valued because they've been involved." (Micro-sized private gardening company, SWHA holder)

- 7.32 A number of employer representatives, from both large and small organisations, thought that involving staff in physical activities had helped to increase staff cohesion.

"But I think just on the general morale and involvement of staff, it's really brought staff together to arrange social activities as well as activities that will help with their physical health. It's also the mental health side of things, isn't it, because people have done things together socially inside and outside of work that they might not have done anyway." (Medium-sized housing association, CHS Award holder)

Improved morale

- 7.33 A few employer representatives believed that participation in the Award had led to an improvement in morale amongst staff.

"I think there's a good feeling in the [organisation]. Morale is up, it's supported morale." (Large college, Award holder)

"I think it boosted morale slightly. I think it made them feel that we cared about them." (Small private care-sector organisation, Award holder)

- 7.34 Many employer representatives believed that the Award had sent a positive signal to staff that they were valued by the organisation. In a large public sector organisation, a recent staff survey revealed that staff did indeed feel more valued by the organisation.

“Well, it shows that, at the end of the day, staff are the important asset, that it’s the welfare of the staff that we’ve got in mind. And, basically, it shows that we are a caring organisation and we want to value our staff and make it as pleasant as possible for them to be here.” (Large public sector organisation, new applicant for CHS).

“No, it’s just a fantastic scheme, and it gets us all up thinking and challenging. And I think it shows that, basically the bottom line is that it shows we are an organisation that takes our employees welfare and wellbeing seriously. And, I think that’s the main thing at the end, is that we are a succeeding organisation.” (Large public sector organisation, new applicant for CHS)

Increased awareness of health issues and adoption of healthy behaviours

- 7.35 Many employer representatives believed that involvement in the Award had raised awareness of health issues amongst their employees. In some of the case study organisations, employer representatives told how the Award had led to more discussion around health topics between staff. Some of the employer representatives from smaller organisations went so far as to say that health and well-being had become embedded within the organisation.

“Yes, it’s made it more of a talking subject than what it was before ... They come in and say, ‘Have you read this, that and the other?’ ... So this is on people’s minds really. I would say that’s as a direct result [of the SWHA].” (Chief Executive, small not-for-profit organisation, Case Study 5, applicant of SWHA)

“It hasn’t been a planned way of doing it, but there’s an element to people’s lifestyles that have just become part of the conversation more often now ... it’s not programmed in discussions but it’s happening quite naturally which I think is more powerful.” (Employer representative, small museum, Case Study 4, applicant of SWHA)

“It’s really sort of embedded in the organisation. People are really taking things on board and supporting each other to stay healthy.”
(Small, not for profit organisation, SWHA holder)

- 7.36 In terms of physical activity, many employer representatives reported the numbers of employees who had engaged in initiatives such as fitness classes, lunchtime walks, gym membership or the Cycle to Work scheme. Although the figures were reasonable, it was usually a minority of staff who had got involved.
- 7.37 Employer representatives from larger organisations were often unsure of the impact of the Award on other staff as they did not know how much of the advice and support had been taken on board (this is one of the reasons why a case study element including feedback from employees was included in this research). Generally, employer representatives from SMEs were more confident that the Award had led to an increase in healthy behaviours amongst staff. Some of these reported that staff were eating more healthily. In Case Study 2, a medium-sized private training provider, the employer representative told how three individuals who had been smoking for a combined total of 140 years successfully moved on to electronic cigarettes during the application for the CHS. However, two of the employer representatives from the case studies were keen to point out that not all of these changes in staff behaviour were due to the Award and that the organisation had been moving in this direction anyway.

“I don’t think working towards Corporate Health has actually made any difference to that because I think this is the way they’ve always been. I think they’re just going to get a badge now so they can say well, this is how we work, this is... In a lot of ways it is embedded in the company already.” (Employer representative, medium-sized private training provider, Case Study 4, applicant of CHS)

Feedback from employees

- 7.38 In the case studies, interviews with employees confirmed that some staff had adopted healthier behaviours during the time in which the Award was implemented. Some told how they were now regularly involved in physical activity and had changed their eating habits. One employee from Case Study 5, a small not-for-profit organisation, told how she had reduced her alcohol consumption during the week.
- 7.39 Most of the interviewees also reported that a number of their colleagues had displayed more healthy behaviours since the organisation got involved in the Award.

“Because everybody within the workplace is doing it, it’s almost like getting contagious. More and more people are jumping on board.”
(Employee, medium-sized private training provider, Case Study 2, applicant of CHS)

“There are so many people engaged in the healthy eating thing and the fridge looks completely different, everyone’s switched to brown rice rather than white, just things like that.” (Employee, medium-sized financial organisation, Case Study 3, applicant of CHS)

“Well, I’ve cut down my drinking... So yes, going on MyDrinkaware has really been good for me. Really good for me, because now I do four nights, at least, without [alcohol], whereas I’d kind of crept into coming in from work and having a glass of wine.” (Employer representative, small not-for-profit organisation, Case Study 5, applicant of SWHA)

- 7.40 Some of the employees confirmed that workplace initiatives had brought staff together. In addition, some told how making lifestyle changes alongside colleagues helped them to stay motivated to improve their health.

“So I started [the gym], but then I think if it wasn’t for the guys here, it wouldn’t be something that I kept up... I think it’s more the fact that

you get to go with colleagues more than anything, to be honest. It creates a different mentality here, so if somebody's missed a gym session then they get a bit of stick, and they work harder."

(Employee, medium-sized training organisation, Case Study 2, applicant of CHS)

"I think the [slimming club] in work has helped really, because we're all in it together, we can all help each other." (Employee, small not-for-profit organisation, Case Study 5, applicant of SWHA)

- 7.41 However, a few of the employees said that the initiatives had not impacted on them because they were already engaged in healthy behaviours. In Case Study 4, a small museum, neither employee interviewed thought the SWHA had led to staff changing their behaviours as they both took part in physical activity outside of work anyway. In Case Study 2, a medium-sized private training provider, an employee felt that staff had started showing more of an interest in health and well-being prior to getting involved in the CHS. One of the employees from Case Study 5, a small not-for-profit organisation had not got involved in any activities because he had too much work on, although he already participated in physical activity outside of work.

"Work's work and I come in, I do it, and I go home and then I think, outside of that, what I try to do healthy-wise is done in my own time, really... But it's just my view at the moment. I've just got too much on to get too much involved in it, to be honest. I'm more concerned about getting the work done at the moment... I would say [the SWHA] doesn't really affect me, to be honest." (Employee, small not-for-profit organisation, Case Study 5, applicant of SWHA)

- 7.42 In the staff survey, employees were asked to rate their mental and physical health on two occasions, shortly after the initial visit (Survey 1) and around six months later (Survey 2), following implementation of some or all of the Award criteria. The data suggests that ratings of physical health improved between the two time points; in each of the three case studies that participated at both time points, a higher

proportion rated their physical health as good or very good in Survey 2 compared to Survey 1. However, as noted previously, the data is limited by the low response rate in Case Study 2 and the fact that both Case Studies 4 and 5 were small organisations with low sample sizes and different numbers responded at each time point. The pattern was less clear cut for mental health.

- 7.43 Employees who took part in the survey were also asked to rate how much the workplace impacted on their health. For Case studies 2 and 5, the data did not suggest that views had changed between the two time points. Only in Case Study 4, a small museum, did the findings suggest that staff were more likely to view their work environment as pleasant or feel able to balance their work and home life following the organisation's work on the SWHA⁹.

Summary points

- The benefits of participating in the Awards most often mentioned by employers concerned improvements to the way staff health and well-being was managed.
- The more joined-up approach to staff health and well-being, brought about primarily through the set up of a working group, helped larger organisations get to grips with all of the different opportunities already in place.
- The set up of a working group also led to improvements in how health and well-being issues were communicated to staff, by ensuring that they came from a central point and messages were consistent across the organisation.
- Some of the employer representatives told how the Award had led to a wider provision of initiatives by making them consider other non-traditional areas of health such as mental well-being and MSDs.

⁹ Although, again, the small sample size in this case study and changes in the sample composition make it difficult to determine whether this was a genuine change

- Employees from the case studies confirmed that health and well-being was now better managed in their organisations, although this was only suggested by the employee survey data from one case study.
- Generally the employer representatives did not report any impact of the Award in terms of improved organisational outcomes such as sickness absence, staff retention, staff engagement and company profile. This was generally because these were good prior to the organisation taking up the Award.
- Where reductions in staff absence were observed these were often related to other organisational activity beside the Award. In the case studies, the data provided on sickness absence and turnover provided no objective evidence that this had improved over the period of implementing the Award, although the number of case studies was low and the period of the evaluation allowed little time for any impact at this level to materialise.
- Some employer representatives felt that staff engagement was more likely to be influenced by factors other than staff health and well-being initiatives. In the case studies, the feedback from employees in the interviews and survey did not provide any clear evidence that staff engagement levels had changed following implementation of the Award.
- Although a few of the organisations had gained positive PR as a result of obtaining the Award, the employer representatives gave no indication that this had impacted on the company profile amongst clients and prospective employees.
- Employer representatives believed the Award had impacted on staff in so much as they were more aware of what was on offer in the organisation, and it had increased staff cohesion and morale. This was confirmed by some of the employee interviews in the case studies.
- Most employer representatives reported that the Award had increased staff awareness of health issues and that at least some staff had adopted healthier behaviours. A number of employer representatives from SMEs, including those from the case studies, were confident that the Award had increased discussion of healthy topics amongst staff and led staff to be healthier. This was confirmed by a number of the employee interviewees.

However, some case studies were keen to point out that staff had started along this path prior to engaging in the Award and some employees reported no impact of the Award on their behaviour.

- The results of the staff survey suggest that the physical health of employees improved during the period in which the case study organisations implemented the Award, although this data needs to be treated with caution and cannot be attributed directly to the Award.

8 Sustaining and progressing through levels of the Award

- 8.1 The Award-holding organisations were asked whether they had been able to sustain their efforts in the area of health and well-being. Those that had moved up from bronze or silver to achieve higher levels of the Award were asked what motivated them to progress and what additional benefits this brought.

Sustainability

- 8.2 Most Award-holding organisations had managed to sustain their efforts in the area of health and well-being since receiving their Awards. Many of the changes that had been made related to policies and procedures, which once in place were unlikely to be changed.

“I think the changes that we made in our action plan to obtain the silver were sustainable ones, they were things that happen on a natural basis now.” (Large local authority, CHS Award holder)

- 8.3 Two ways in which the organisations sustained efforts on staff health and well-being were by maintaining the working group and keeping the subject as a permanent agenda item in regular team meetings.

“I don’t think it’s going to be that difficult [to sustain]. It’s probably back to the fact that we’ve got a group of people now who are very much motivated and are championing this and I think we’ve got the right people in the room, is the way that I’d describe it. These are the enablers, the people who can actually get things done and make it happen.” (Large local authority, CHS Award holder)

“I think they are [sustained] but they require constant, little and often interventions to keep them relevant because with staff turnover and the busy life that we all lead, I think it’s important that we continue to have health and well-being as a regular piece on our management meetings and our team meetings.” (Small care-sector organisation, SWHA holder)

- 8.4 The main threat to sustainability was a cut in resources, and concern about this was most prevalent amongst those from the public sector. One large public sector organisation told how it was harder to get staff to engage in health initiatives when there were concerns about their job security. Some employer representatives told how they had already been required to cut back on their health promotion campaigns. For example, a large emergency services organisation had scrapped plans to run a big health promotion event that would have cost £49 per employee because of planned redundancies and the need to cut £23 million from the organisation's budget.
- 8.5 Having a number of levels in the scheme to work through was seen as a good way of ensuring that health and well-being stayed on the agenda. An employer representative from a small charity which had obtained the SWHA at gold level was concerned about how her organisation would keep up the momentum now that it had reached the highest level of the Award.

"I'm sort of worried now. Where do we go after gold? And does this mean that health and well-being slips off the agenda?" (Small charity, SWHA holder)

- 8.6 One employer representative thought the need for Awards to be reassessed after three years helped to maintain a focus on staff health and well-being, although another thought that this interval was too long as organisations could easily ignore the Award for a couple of years and only get going again in the final year.

Motivations behind progressing through the levels

- 8.7 Generally, the organisations did not see each level of the Award as distinct and considered seeking higher levels as a natural continuation of what they had already been doing. Indeed, some had received feedback during their bronze/silver assessments that they had been close to achieving the next level, so the work involved to get to that level was not considered onerous.

“When we were going for the bronze we had a variety of things that were so close to the silver anyway that it was a natural progression really to continue.” (Large local authority, CHS Award holder)

“When we achieved the bronze level, there was some discussion between myself and the representative who works for PHW that we both felt that the level we’d achieved wasn’t a fair representation of the evidence and the structure that we had... that’s why we moved up to the silver level, and we pursued the silver level straight away.” (Large public sector organisation, CHS Award holder)

- 8.8 As mentioned above, some employer representatives saw progressing through the levels as an easy way of ensuring that staff health and well-being stayed on the organisation’s agenda.

“I think that the higher level of Award is helping us with continuing the health promotion within the workplace.” (Small private sector organisation, SWHA holder)

“Having that ladder there gives you a reminder that you’re always striving to improve.” (Small not for profit organisation, SWHA holder)

- 8.9 A few believed that progressing through the levels sent a positive signal to staff and the wider community that they were taking their health and well-being seriously.

“I think it just shows a commitment generally from the organisation to staff and the wider community that we value our staff and hopefully it will encourage new members of staff to come on board.” (Large emergency services organisation, CHS Award holder)

“I think, if we’re going to go for one, I think we’ve got to show commitment, buy-in, in fact, to the employees as well that it’s not just about getting an award but we are putting some input into it.” (Small food manufacturer, SWHA holder)

Additional benefits obtained by progressing from one level to another

- 8.10 Generally those that had moved from one level of the Award to another found it difficult to say what additional benefits this had brought. In some instances this was because the organisation had been very close to achieving that higher level first time around, so the additional work required was minimal.

“When we did the silver, we were only one or two issues out, so I think we covered most of them anyway.” (Large college, Award holder)

- 8.11 The employer representatives did not refer to improvements in organisational outcomes such as reductions in sickness absence, staff turnover or improvements in staff engagement and company profile as a result of progressing to higher levels of the Award. The only benefits described were linked to the motivations detailed above; that progression demonstrated to staff that the organisation continued to prioritise staff health and well-being.

“I think there was an initial thought [amongst staff] that it was only to get the Award, but we’ve continued with it [after bronze] and people can see that there is a genuine philosophy.” (Large college, CHS Award holder)

Summary points

- Most of the Award-holding organisations had found it easy to sustain their work on health and well-being since achieving the Award, in part by keeping the working group going and continuing to include health and well-being as an agenda item in team meetings. Some maintained their work in this area by progressing through the different levels of the Award.
- The main threat to sustainability was a cut in resources, particularly amongst public sector organisations that were facing budget squeezes.
- Often progression through the different levels of the Award was seen as a natural continuation of the work already carried out. Rather than a

deliberate drive to improve organisational outcomes, it was a way of continuing to show employees that the organisation cared about their health and well-being.

- The employer representatives found it difficult to say what additional benefits had been achieved by progressing through the levels, often because little had been required to obtain the next level.

9 Views on the process of obtaining the Award

- 9.1 The vast majority of comments from employer representatives regarding the process of applying for the Award were positive.

Views on the documentation

- 9.2 The documents received were generally considered comprehensive, clear and easy to work through.

“It was really easy to work through. The way it was broken down into modules was really, really helpful. It just allows you not to be overwhelmed. It was a very easy to use format.” (Small charity, SWHA holder)

“With a lot of these awards there can be quite a lot of information that’s put across in a manner that can be confusing at times, which can put you off a little bit. The way the CHS Award is set out we have found quite straightforward and the aims are clear. With the help of [the practitioner] we have been guided through.” (Large public sector organisation, CHS Award holder)

- 9.3 However, there were concerns amongst a handful of the participants that the Award application was fairly bureaucratic. One employer representative thought the documentation could have been more specific about what should be covered in each category. A couple of employer representatives from CHS Award-holding organisations thought that the action plan was long and repetitive; one told how he had spent hours on the action plan for the CHS, which had ended up being around 45 pages in length, and suspected that many organisations would be put off by this.

“I personally think the actual plans that we have to submit, it could have been a lot, lot shorter... so there was less repetitiveness because I found myself repeating things and then duplicating, and

cross referencing, and stuff like that, so it could have been made simpler.” (Large public sector organisation, CHS Award holder)

- 9.4 Another organisation that had held the CHS for some years told how it had found the process of collecting paper-based evidence of actions tiresome, and would have liked to submit evidence online. Our understanding is that electronic submissions are now being encouraged by PHW, although one of the new applicants for the CHS also raised concerns about the paper-based format of the application.

“[PHW] prefer a box file approach... to be able to make it simpler and easier to evidence electronically, I think that’s the approach they should be focussed on. Not what you submit but the way it is submitted should be made as easy and as slick as possible.” (Large public sector organisation, CHS Award holder)

“As far as I’m aware, [CHS] was just collecting documentation in a folder. We have lots of information in a folder, but it would become out of date very quickly.” (Large emergency services organisation, new applicant of CHS)

Views on the criteria

- 9.5 Generally, the employer representatives were happy with the criteria applied to judge the achievement of the Awards, although a minority raised some concerns. One employer representative thought the criteria should consider the quality of the actions taken, rather than focussing simply on what actions had been taken. The same employer representative thought it was amiss that the CHS did not include any criteria on equality and diversity.
- 9.6 A few of the employer representatives felt that the requirement to have so many policies in place was a bit ‘over-the-top’. An employer representative from an organisation applying for the CHS thought it was unnecessary for them to have a policy on nutrition as there was no canteen on the premises. As described in Chapter 6, one organisation dropped out of the SWHA because of the requirement to change its

policies, which the employer representative did not believe would bring any additional benefit to the workplace.

- 9.7 A few of the organisations wanted to move to the gold level of the CHS but felt blocked by the requirement for an alcohol policy that forbids drinking during the working day. Some employer representatives saw this as ‘draconian’, and felt that staff should be able to do what they like in their lunchtime so long as it does not affect their work. In a large public sector organisation, the employer representative disliked the idea of dictating what staff get up to in their lunchtime, particularly during a period of change and redundancies. In Case Study 3, a medium-sized financial organisation, the senior management refused to change the alcohol policy as networking with clients and corporate entertaining often required a bit of social drinking during the day. In the end this did not prevent the organisation from gaining a gold Award.

“There’s not a big culture of drinking at lunchtime, but we don’t really want to say, ‘You can’t do this.’” (Large public sector organisation, CHS Award holder)

“It’s a bit of a shame because we’re confident that we go above and beyond in many other aspects... we would expect, on paper anyway, that we would be a very strong candidate for gold... Our Chief Exec said straight away, ‘We’re never going to get gold then are we and we won’t be changing our stance as a company because we would potentially lose business over it.’” (Employer representative, medium-sized financial organisation, Case Study 3, applicant of CHS)

- 9.8 In organisations that were part of larger organisations, it was not always straightforward to make changes to policies, as these affected the whole business. The central departments/parent companies did not always see the benefits of changing existing policies, particularly if they were not able to obtain the Award themselves (e.g. if based outside of Wales). In large organisations it could take time to change policies as only certain individuals were able to sign them off.

Views on PHW practitioners and assessors

- 9.9 The PHW Workplace Health Practitioners who support organisations through their Award application received considerable praise from employer representatives, who considered them approachable, knowledgeable and good at understanding their different needs and ways of working.

“[The practitioner] was very helpful, gave us a helping hand and was very understanding of our situation.” (Medium-sized housing association, CHS Award holder)

“She's been brilliant. Yes, really, really helpful, very knowledgeable, point us in the right direction, honest, straight talking, you need to do this, you need to do that. Brilliant. Really good... She's been in a few times, she's always at the end of an email, or a phone. She's been really helpful.” (Employer representative, medium-sized financial organisation, Case Study 3, applicant of CHS)

“She was very informative, explained a lot of grey areas that I had but she was also very supportive as well. We'll get an email from her saying, 'How's it going? Do you need any more help?' So yeah, it's really useful.” (Employer representative, medium-sized private training provider, Case Study 2, applicant of CHS)

“The advisors that we have in as well in terms of helping and supporting us that we're going in the right direction have been good. And I wouldn't have said they're too demanding in terms of resources because they understand and respect the pace which the organisation wants to take rather than dictating what that should be.” (Large local authority, CHS Award holder)

- 9.10 In most cases, the advisors were praised for being available to help at any time. However, one employer representative complained that after achieving the bronze level of the SWHA it no longer had a PHW contact (the original practitioner had retired). Another complained that it had not been prepared sufficiently for the mock assessment by its

PHW practitioner. In the case study interviews, it sounded like some of the PHW practitioners had not been particularly proactive with employers during the fieldwork period (reasons for this are provided in the next Chapter).

- 9.11 Generally the employer representatives were positive about the external assessors used in the CHS assessments, who were praised for their experience and understanding of organisations. One employer representative liked the fact that the same assessor had been used at each stage of their progress through the CHS. However, another employer representative complained that the assessor they received was retired and therefore not up-to-date on the relevant legislation.

Views on signposting

- 9.12 PHW was praised for providing good signposting services and access to other useful websites and agencies.

“We get a regular newsletter through from, it comes from Public Health I think, and that is really useful. On the newsletter there are lots of initiatives that people are introducing, and they will put links to emails or websites on there where you can go for more information. That’s helpful.” (Medium-sized housing association, CHS Award holder)

- 9.13 Some told how the events put on by PHW helped them to make contact with local health charities, which they used to offer support and guidance to their employees. In a micro-sized private gardening company, the employer representative told how the SWHA had provided the organisation with access to a wealth of information on staff health and well-being, which would help it to sustain the Award in the future. He was particularly glad that this was a free resource and wondered how the company would have got the information if required to pay for it.

“The Award is the badge on the wall, but what it’s done is given us a plug into a wealth of people and information as to how to go in the

future and that plug is still very much plugged in, and we use it all the time. Once we got the Award, we were able to maintain our contacts and we are using that service all the time... these are people who can help us make our business better all the time.”
(Micro-sized private gardening company, SWHA Award holder)

Views on opportunities to share best practise

- 9.14 Any opportunities to network with other Award holders or applicants were well received by the employer representatives, as it gave the organisations an opportunity to share ideas and best practice. Two of the case study employer representatives had attended the Assessment Clinic which they found helpful, mainly because it made them realise that they offered more to staff than other organisations.

“Just to see what other people are doing, what initiatives they’ve got in place, that has been useful. That networking has been the prime benefit really.” (Large public sector organisation, CHS Award holder)

“We were sitting there going, ‘We do that, we’ve got that, we’ve got that,’ so it was like yes! So in a lot of ways, as new campaigners, it gave us more confidence to believe that we were getting there, that we were doing the right things... the thing is it gave us a bit of self-belief because we knew we were doing some good things.”
(Employer representative, medium-sized private training provider, Case Study 2, applicant of CHS)

- 9.15 A few employer representatives had received examples of action plans from organisations that had obtained the Award from their PHW contact, which had guided them in their applications. However, a minority of employer representatives lamented that there were not enough opportunities to share best practice with other organisations, suggesting that they did not receive the same service. For example, the employer representative of a small manufacturing organisation which had held the bronze level of the SWHA for around a year said she

would have liked more best-practice examples and exchanges with other companies. Similarly, the employer representative of a large public sector organisation said she would have welcomed the opportunity to link in with other organisations that had demonstrated good practice in this area.

Costs involved in applying for the Award

9.16 The case study organisations were asked to collect data on the costs of their participation in the Award. Only three provided data and the average cost was between £41 and £90 per employee. None of these organisations considered cost a barrier to gaining the Award.

Case Study 1

In this medium-sized public sector organisation, which dropped out of the CHS, the costs of participation between January 2012 and December 2012 were £4,069.27. This equated to around £41 per employee. The vast majority of this related to the costs of time spent by staff in internal meetings and meetings with PHW. Direct costs included just £10 for a no smoking campaign and £10 for a pedometer challenge prize.

Case Study 2

In this medium-sized organisation, the costs of participating in the CHS up to the mock assessment for bronze (but prior to the final assessment) were £4,845. This equated to around £90 per employee, and was accounted for entirely by staff time spent in meetings, running initiatives and putting together the portfolio of evidence. Putting together the evidence accounted for £1,750 alone.

Case Study 4

In this small museum applying for the SWHA, the costs of participating in (and subsequently gaining) the bronze level of the Award, were £647. This equated to around £54 per employee. All of this was accounted for by staff time except for £84 spent on pedometers: £162.50 for time spent in the initial meeting with the advisor, preparing for and being involved in the assessment; £109 for staff time spent discussing health and well-being issues during group meetings; £70 for time on administration, and; £221.50 for time spent by staff participating in a walk around the local area and a Tai Chi session.

Summary points

- Generally, the employer representatives were positive about the process of applying for the Award.
- Most provided positive comments on the documentation received, which was considered clear and comprehensive, although some thought that the action plans were long and repetitive. Some also stated that they would have preferred to have submitted their evidence online, suggesting that they had not been made aware that this was possible.
- Generally, the employer representatives felt that the criteria of the Awards were appropriate, although a few thought that it was unnecessary to have quite so many policies in this area and how, in larger organisations, it took time to get new policies signed off by the organisation. Some told how the requirement for an alcohol policy which forbids drinking during the day blocked them from achieving the gold level of the CHS.
- PHW practitioners were praised for being approachable, knowledgeable and good at understanding the organisations' different needs and ways of working. However, a small minority felt that they would have liked more support from their contact. Similarly, most assessors were also praised.
- A number of employer representatives appreciated the signposting from PHW to other agencies and services, and many told how they had gone on to use these.

- Many of the employer representatives had welcomed the opportunity to share best practise with other applicants of the Awards and Award holders. However, a small minority complained that they had not received this, indicating that not all were provided with the same opportunities.
- The data on costs of participation provided by three of the case study organisations showed that on average the cost was between £41 and £90 per employee. In all cases the majority of the cost was due to staff time, and direct costs were minimal. None of these organisations considered the costs prohibitive.

10 Interviews with Public Health Wales

- 10.1 Element 4 of the evaluation, which was agreed as a supplementary piece of work, included interviews with PHW staff to gauge their views on the reasons for the low levels of employers engaging with the Awards, particularly the SWHA, during the period of the evaluation. In total, seven individuals were interviewed including three practitioners of the CHS, three of the SWHA and a team manager. To maintain anonymity, no quotations have been included in this chapter.
- 10.2 The interviewees provided information on the challenges that the organisation had experienced over the preceding 18 months, and provided a number of potential reasons for the shortfall in employers during that time. The main reason they gave was a decision by PHW senior managers to halt recruitment of employers onto the schemes, following legal advice that the health and safety advice being given by staff was putting the organisation at risk of litigation in the case of an incident. We also heard about additional internal challenges concerning understaffing and problems with the database. These factors made the evaluation more challenging than had been anticipated.
- 10.3 Although the numbers of employers recruited was low, when asked about the evaluation, practitioners felt its design could have been improved if they had been more involved in the design of the study. More generally staff indicated that they would welcome more support from the Welsh Government with recruitment and a degree of flexibility concerning the targets that have been set.

Concerns over litigation

- 10.4 In interviews, staff indicated that PHW had received legal advice indicating that the work undertaken by the team (to deliver Workboost Wales) presented a substantial risk of litigation. Consequently, on a temporary basis staff were asked not to take on new businesses as clients (for the Awards as well as Workboost Wales as some of the legal concerns affected both programmes) until steps had been put in place in conjunction with staff to address the risks that had been identified. The temporary reduction in recruitment had an unintended effect on recruitment for this evaluation project. Practitioners felt that this was an over-reaction, however, Senior Managers felt they had to act according to the legal advice they had received.
- 10.5 While this issue was being resolved, the service was undergoing substantial restructuring, which was stressful for some of the practitioners. Their contracts might not have been renewed after March 2012, when their fixed-term contracts ended.
- 10.6 The practitioners worked with their management to ensure that risk management processes were put into place and after a number of months recruitment for the Awards was resumed. This involved a number of changes to practice, for example, to deal with the conflict of interest issue concerning the SWHA, PHW arranged that the assessments should be conducted by a different practitioner to the one who had supported the organisation.
- 10.7 There were changes to team management which took time to bed in. A new member of staff was appointed at a senior level for corporate health and safety. This individual was asked by managers to provide internal consultancy advice to the team. These measures strengthened the resilience of the team and increased their capacity.
- 10.8 One of the frustrations for those involved in the evaluation was that these internal issues were not discussed with IES or the Welsh Government (in meetings of the evaluation steering group), so the

evaluation was allowed to carry on. In hindsight it should have been halted and postponed.

Unfilled posts

- 10.9 When the evaluation started, in October 2011, the team had a number of vacant posts. Several practitioners had been seconded out of the team, were on maternity leave, or were on sick leave. The team management worked hard to recruit new staff, but this was challenging as funding arrangements meant that staff could only be taken on short term contracts up to the end of the financial year.
- 10.10 The funding arrangements between PHW and the Welsh Government made it challenging for PHW to recruit new practitioners at that late stage in the financial year. At the time, the contract to deliver the Awards was renewed at the start of each financial year, so all practitioners were employed on fixed-term contracts up until March 2012. It was difficult to recruit someone in October/November for a post potentially lasting just a few months.
- 10.11 In general, it was felt that the contracting arrangements with the Welsh Government and, in turn, PHW practitioners made it very difficult for the organisation to meet its targets year on year. Coupled with this, any recruitment exercise in PHW usually takes a few months as business cases need to be written and agreed with the Executive Team before vacancies can be advertised. To deal with this problem, PHW has recently set up an agreement with the Welsh Government for funding for three years and made the majority of practitioner posts permanent.
- 10.12 At the time of the interviews, the team was back up to full strength and three administrators were in post..

Database

- 10.13 One of the challenges experienced by IES during the evaluation was that PHW had a new database which was having teething problems. The staff had not completed training on its use, which meant it was difficult to extract information on employer recruitment.

10.14 Issues with the database had largely been resolved by the time that interviews were undertaken with staff. One of the new administrators had a good understanding of IT and has been able to support the team in managing the database.

More support needed to recruit employers

10.15 The budget underspend that resulted from the unfilled posts in the team during the first half of 2012, was used to sub-contract an external consultancy to recruit new businesses onto the Award schemes between September 2012 and March 2013. The consultancy's targets were to get CHS applicants to mock assessment stage and SWHA applicants through the first assessment. At the time of the interviews, the general feeling was that this was going to be achieved. The agency seemed to have found recruitment relatively easy and had utilised its existing client base of over 4,000 employers. As a result, PHW delivered its target for both SWHA and CHS in 2012/13.

10.16 The methods employed by the practitioners to recruit employers vary but include making partnerships with trade associations to get access to their members, cold-calling and attending breakfast seminars, events and conferences. All of the practitioners felt that the way in which the Awards are marketed could be improved and better supported by the Welsh Government.

10.17 Most would like the Welsh Government to introduce the Award into its procurement exercise, so that there is an expectation that suppliers will either obtain or at least engage with the Award. In addition, they would like to see the Awards included in the procurement exercises of the organisations that the Welsh Government funds, such as local authorities, housing associations and schools. However, through discussion with the Welsh Government, it was explained that this would not be possible as procurement is open to businesses outside of, as well as inside of, Wales, whereas the Awards are only offered to those in Wales.

- 10.18 Another suggestion was for the Welsh Government to encourage better links between the different services it commissions. At the moment businesses are able to access a number of free services, besides the Awards, but these are not joined up and do not know about each other. Forming closer ties would enable more co-promotion and signposting between services.
- 10.19 Some of the practitioners felt that the Welsh Government could assist them in persuading intermediaries to help with marketing the Awards. The practitioners try to network and promote to intermediaries on a regional or local level but find it hard to do this at a senior level.
- 10.20 One practitioner thought it was important to open out the Award ceremonies to organisations not already engaged in the scheme as it is often at these events that businesses get to hear the real benefits of participation.
- 10.21 There were mixed views on whether the Welsh Government should make it a requirement for organisations that they fund to hold the Award. Whilst some thought the requirement on NHS organisations (included in the Annual Quality Frameworks Targets) should be extended to other types of organisations, such as local authorities, housing associations and schools, one practitioner was concerned that this could become a bit of a tick box exercise.
- 10.22 A number of changes to the recruitment of employers to Workboost Wales have been introduced which should help to increase recruitment onto the SWHA (as those who complete Workboost are often encouraged to continue onto the SWHA). With the assistance of the new health and safety officer, the organisation has started setting up a stakeholder group consisting of key intermediaries including the Health and Safety Executive and Chamber of Commerce.

Concerns about the evaluation design

- 10.23 Although aware that the primary issue affecting the evaluation was the halt on recruitment, a number of the practitioners thought it would have helped in the early months if they had been better consulted on the

design of the evaluation. There were concerns about the interval suggested between pre- and post-measures, the requirement to obtain permission to pass on contact details, timing of the evaluation and lack of consultation with PHW practitioners. Please note that the manager of the practitioners at the time was included in all steering group meetings with IES and the Welsh Government.

Interval between pre- and post- measures

10.24 It was felt that the time period of six months, allocated in the evaluation plan between the pre- and post-measures, was unrealistic as new applicants of CHS often take longer to gain the Award. At the same time, the practitioners anticipated that IES would find it difficult to get sufficient SWHA employers on board because they complete the Award so quickly, making it difficult to get in early enough to capture the pre-intervention measure. One practitioner thought it would have been better to have assessed the SWHA at silver rather than bronze level because it usually requires more work from employers and is likely to lead to more changes in the workplace.

Gaining permission to pass on contact details

10.25 In the early phase of the evaluation, there were concerns amongst practitioners about the task they were set of gaining permission from employers to pass their contact details to IES (due to Data Protection, IES was not allowed to contact the organisations directly). A few were worried that this would jeopardise their chances of engaging an employer in the Award. Others explained that it was impossible to do this without first informing the employer what the evaluation was about, which they were not best placed to do. Consequently, in collaboration with IES, the Welsh Government designed a letter for PHW practitioners to hand to employers asking for their written consent to pass on their contact details to IES.

Timing

10.26 Apart from the problems noted above, starting the evaluation in October/November was considered a bad idea, as it is generally more challenging to recruit employers onto the scheme around Christmas. In addition, the evaluation design assumed that the throughput of employers would be constant throughout the year, when in actual fact practitioners often recruit most of their employers early on in the financial year.

Greater involvement of staff in the design of the evaluation

10.27 Although the team manager was consulted, the practitioners, themselves, would have welcomed more extensive discussion with the Welsh Government about the evaluation prior to its start.

Views on impact of the recession

10.28 The PHW practitioners had no strong views on whether the recession had impacted on the number of employers engaging with the scheme. Some thought it probably made it difficult for employers to find the time to engage, since staff numbers were down in a lot of organisations, and that the Awards were given less priority during this time. However, in line with the findings of this research, some knew of employers who were more motivated to engage with staff health and well-being during a period of financial and organisational instability.

Concerns about the targets

10.29 Generally, the practitioners felt that the targets set by the Welsh Government were realistic and achievable. However, a few noted that over time it got harder to recruit employers as the pool got smaller and they were left with the small, private sector companies. Some thought that a bit of flexibility should be introduced to the targets, particularly on the number of employers completing their assessment. As there is no set time period for completion, an engaged employer may decide not to

go for the assessment at all, not to do so for some time, or to go for a higher level of Award which takes longer to achieve.

- 10.30 A number of the practitioners were concerned that the setting of targets incentivised the organisation to capture the easy-to-reach and easy-to-engage employers, who may already be looking after staff health and well-being. Generally, it was felt that the metrics in place fail to capture the full impact of PHW's work as they are based solely on numbers of employers going through the Awards, not on the quality of the changes made, or the actual health gain. In addition, they do not capture PHW's impact on organisations that decide not to go for the assessment but have nonetheless made a number of changes.

Looking forward

- 10.31 The team plans to look at how best to deliver the Awards in 2013/14, once the targets for 2012/13 have been met. They will consider how to improve the delivery and the website, and will distribute these tasks out amongst the team. Steps are being taken to reduce specialisation of staff and merge teams that were so small that they were not viable, getting practitioners to cover across the different geographical areas and across the different types of award. However, some of the practitioners felt an element of regional working would be more cost-effective.
- 10.32 On the whole, the relationship between PHW and the Welsh Government was considered good but had been challenged by a number of staff changes on either side. The practitioners all felt that the relationship had improved in recent months. For a short while all communication had to go through the team manager, which was frustrating for practitioners as it slowed things down.

Summary points

- The interviews with PHW staff revealed significant internal reorganisation and challenges during late 2011/12 which affected the recruitment of employers onto the Awards and had unintended effects on this evaluation.

- The main issue related to legal advice that put PHW at risk of litigation and these had to be resolved. Once staff undertook changes to working practices to manage risks recruitment resumed.
- Practitioners felt that some of the changes were an over-reaction. However, Senior Managers felt they had to act according to the legal advice they had received.
- In the first instance, this should have been raised and discussed in a meeting of the evaluation steering group, where a decision that the evaluation should be halted and resumed once this issue was addressed could have been taken.
- In the early phase of the evaluation, the team had a high level of vacancies related to the challenges in taking staff onto contracts that could not extend beyond the end of the financial year. This issue has now been resolved by moving to a three-year contract and making most practitioners permanent. The team was back up to full strength by the time that the interviews were undertaken.
- There were significant teething problems with a new database used by the team. Practitioners had difficulty extracting information on employers to provide to the evaluation team. These issues had largely been resolved by the time that interviews with staff took place.
- Recruitment onto the Awards has been supported by an external sub-contractor, and PHW has met its targets for 2012/13 for both Awards.
- Practitioners would welcome further support on recruitment from the Welsh Government, through including a requirement for suppliers to engage with the Awards in procurement exercises (although discussions with the Welsh Government confirmed that this was not possible), forming closer links between the Awards and other free services to businesses that it sponsors, and assisting with getting intermediaries on board to help with marketing.
- Although the team leader was included in all steering group meetings, the PHW practitioners, themselves, would have appreciated being more involved in the design of the evaluation, particularly concerning the timing of the recruitment, the interval set between pre- and post- measures and

the task of seeking permission from employers to pass on contact details to IES.

- Some practitioners suspected that the recession made it more difficult for employers to engage with the Awards as they lack sufficient time. However, some knew of employers who were more motivated to look out for staff health and well-being during this time of heightened job insecurity.
- Although the practitioners felt the targets set by the Welsh Government were realistic, they would appreciate more flexibility concerning the numbers being assessed, as this can take a long while in some cases, and it was felt that the metrics did not adequately capture the full extent of impact. There was also concern that the targets incentivise PHW to capture easy-to-reach employers who need less support in this area.
- The team plans to consider ways to improve the delivery of the Awards in 2013/14. The relationship with the Welsh Government is considered good.

11 Research on other award schemes

- 11.1 In addition to research with participants of the CHS and SWHA, IES carried out a small piece of research to learn whether different award schemes around the UK and rest of the world have experienced any changes in the number and composition of participating employers in recent years. Specifically, the research sought to understand the impact of the recent financial and economic crisis on award uptake and any measures put in place to respond to these changes.
- 11.2 As described in the methodology chapter, no literature was found on this topic. Most corporate health award programmes do not publish the number of participating companies, so award organisers were approached directly and asked to participate in either an email survey or telephone interview. In total eight awards responded, of which four were based in the UK.

Features of the award programmes

- 11.3 Some similarities emerged between the award programmes contacted and the Welsh Government's Awards.

Eligibility

- 11.4 Like the Welsh Awards, location of the business in the specific region was often cited as the main criteria for engaging in the awards, although for the NHS Business Health Network Awards Plymouth businesses outside of the city that employ people residing in it are also eligible. Some of the reviewed awards provide different schemes depending on the size of participating employers, commonly a separate award for SMEs compared to larger companies.

*"We do try to focus primarily on small to medium sized [companies], but obviously it's easier for the larger ones to engage with us."
(Health Award manager UK)*

- 11.5 The Global Leadership in Corporate Health Award US is slightly different to the Welsh Awards in that it focuses on the achievements of corporate physicians (usually Medical Directors) at improving the health and productivity of the workforce, rather than the efforts of the organisation as a whole. Applicants are nominated by a third-party with a letter of support from the organisation. Only one award is given each year.
- 11.6 In all of the UK schemes, it is free for employers to participate. For the Corporate Health Achievement Award in the US, companies must pay \$1,500 to apply in addition to travel costs for award staff conducting site visits.

Different levels of award

- 11.7 Like the Welsh Awards, all of the health awards in the UK are available at bronze, silver and gold levels. The NHS Business Health Network Awards Plymouth also offers a platinum level and a Mentor Accolade for organisations that achieve this level whereby they can mentor another business to help them achieve better health and well-being in their organisation. In the Scottish Healthy Working Lives Award, employers can obtain an additional Mental Health Commendation if they have achieved bronze (although since April 2013 this has been incorporated into the award criteria). In line with the findings of this research, two of the UK respondents told how there is a strong motivation for employers to move up the different levels, so most companies participate in levels above bronze. Sometimes organisations bypass the bronze and silver levels and aim straight for the gold level.

“What we have discovered is that we don’t tend to have any bronze or silver awards, because most businesses want to move up.”

(Health Award manager UK)

- 11.8 Out of the four awards from outside of the UK, only the Singapore Excellence in Workplace Health Award is offered at different levels.

Assessment criteria

- 11.9 The topics covered by the awards are largely in line with those of the Welsh Awards, such as: smoke-free workplaces; healthy eating options; work/life balance; physical activity; sickness/absence management; alcohol at work, and; positive mental health. Most health awards base their assessment of company practices on a structured interview with somebody responsible for managing employee health and well-being issues at the workplace.

“It is a tick-box scenario. There are ten points per tick, and there’s a whole set of criteria that they’re encouraged to look at within their organisation, around those ten different themes that I mentioned earlier, and so, depending on how many points they get, [determines] what level of award they get.” (Health Award manager UK)

- 11.10 In some award schemes, companies have to take further steps to qualify. For example, applications for the Corporate Health Achievement Award in the US must include data on outcomes and trends.

Marketing award schemes and strategies to engage companies

- 11.11 A range of marketing methods are used to recruit employers onto the award schemes, including marketing through partner organisations (mentioned by six awards), use of local media (mentioned by five), the internet (mentioned by five), and other forms such as letters and marketing events such as business fairs. In the Scottish Healthy Working Lives Award, the health award is embedded in a wider range of health services which automatically increases its visibility, and new employers are specifically targeted via new business and networking events (e.g. New Start Scotland, Scottish Business Exhibition). In

Germany's TOP Gesundheitsmanagement Award, marketing efforts emphasise the opportunity for employers to benchmark themselves against other participants and gain information on successful strategies implemented elsewhere.

- 11.12 The majority of the health awards try to establish long-term relationships with participating companies in order to both engage them in higher levels of the award and make use of the potential word of mouth effect.

"...people tend to hear about us through organisations that have already got the award." (Health Award manager UK)

- 11.13 Generally speaking, larger corporate health award programmes work closely with the media and publicise their award through the internet, while smaller awards tend to rely on networks and previously engaged employers.
- 11.14 The methods that have proved effective so far varied between the respondents. In the UK awards, the most effective methods cited included the internet, networking with partner organisations and peer recommendations/word-of-mouth. One interviewee noted that there was no clear method that was more effective than others so they had to use a few.

Numbers of companies participating in the award schemes

- 11.15 The number of employers participating in the awards each year varied significantly. Out of the eight award programmes, half of them have less than 50 companies participating in their award each year, one has between 51 and 100 companies and three have more than 200. The latter group includes Singapore's Excellence in Workplace Health Award, the Scottish Healthy Working Lives Award, and Germany's TOP Gesundheitsmanagement Award. For the majority of the awards, more than one third of the engaged employers are from the private sector.
- 11.16 In the UK, all four awards reported that a third or more of their participating employers are made up of SMEs. Generally it was

considered easier for larger organisations to participate in award programmes, and one explained that this is because they have more resources and provisions dedicated to this area.

Changes over recent years

11.17 The majority of award programmes, including three of those based in the UK, had noticed a change in the number of organisations participating in the award over the last three years. However, the direction of this change varied. Two award programmes reported that the number of participating companies had declined over the last three years, whilst four reported an increase. In the UK, one of the awards reported a steady reduction in the number of new registrations per year, although this had been offset by improved retention of registered organisations and actually the composition of SMEs had increased as a result of a drive to target smaller employers. In contrast, another UK award reported a slight increase in the number of participating organisations, and the respondent told how they continue to recruit new businesses even though times are tough.

Impact of the recession

11.18 Six of the eight award programmes, including all of those from the UK, felt that the crisis had had an impact on their awards, both in terms of the number participating and the composition of these. However, the way in which it was seen to influence participation varied.

11.19 Some reported that the recession had led to an increase in interest amongst employers. For example, one of the overseas awards reported a sharp increase in the number of participating companies in recent years, which was attributed to more employers understanding the potential of health and well-being policies following the recession. However, in this award the increase was accounted for primarily by larger employers; SMEs were lagging behind this trend so additional efforts to recruit smaller employers had been made by drawing attention to the positive return-on-investment of participating in the award.

- 11.20 Other award programmes reported a decrease in participation numbers, or at least that employers were more likely to put the award on hold or delay the assessment as a result of the recession. In the UK, one award reported that public sector organisations had become less engaged than their private sector counterparts during the last few years due to restructuring measures in place.

“Well, more recently the public sector’s disengaged. It sounds awful. Because they’ve been charged with getting their house in order, but because of the changes that are going on, and all the staff changes and things like that, they haven’t felt it appropriate to focus on the health and well-being agenda as a whole, so they’ve not gone through the award process with me. I’m hoping, from April, we’ll be able to pick that up again a little bit more systematically. I’m sure you can imagine; we’ve had a lot of cuts, and things like that, so they’ve been dealing with redundancies and things.” (Health Award manager, UK)

- 11.21 Another reported that the crisis led smaller, private sector organisations to put less effort and resources into health and well-being so that they could focus on their core business.

“Pursuit of the Award (and the associated benefits) are of less immediate importance particularly to smaller, private sector organisations. Many of these organisations have put award activity “on the back burner”. Even larger organisations tend to be more inclined to maintain rather than vigorously pursue additional levels.” (Health Award manager, UK)

- 11.22 Although one UK award did not report a fall in numbers, it did report that interest in the award was falling, suggesting that more effort was required to recruit employers.

Summary points

- Contact was made with eight other awards in the UK and abroad to discuss participation trends in recent years.
- The awards contacted were fairly similar to the Welsh Awards, particularly those based in the UK. They tended to use similar criteria for eligibility and assessment, and those in the UK also offered awards at bronze, silver and gold levels. In one of the UK awards, a Mentor Accolade can be gained by organisations that mentor other businesses to help them achieve better employee health and well-being.
- A range of marketing methods were used to recruit employers onto the awards, including use of partner organisations, local media, the internet, letters and marketing events such as business fairs, and what proved most effective varied across the awards. Often awards tried to establish long-term relationships with employers in order to capitalise on the word-of-mouth effect.
- The throughput of the awards varied, from some who received less than 50 participants per year to others that received more than 200. In the four UK awards, a third or more of participating employers were SMEs. The extent to which they managed to capture private sector employers varied; for some UK awards they made up more than a third, for others less than a third.
- Most of the awards had seen a change in the number of participating organisations over the last three years; however, a number had seen an increase rather than a fall.
- Most organisers felt that the recession had impacted on their awards, although again the way in which it impacted differed. In one of the overseas awards, the recession had led larger employers to give more attention to staff health and well-being. Whilst some of those in the UK believed the recession made it more difficult to engage employers, there were different views concerning which types of employers were most affected. One felt that the recession primarily impacted on the willingness of smaller employers to engage, whilst another saw that it impacted on

large public sector employers who were unable to engage because of organisational restructuring processes.

12 Summary and conclusions

12.1 This study was carried out by IES to understand the impact of the CHS and SWHA on employers. Interviews were conducted with a number of Award-holding organisations and new applicants for the Awards, and pre- and post-intervention data was collected from a small number of case study employers. Unfortunately, the recruitment of new organisations onto the Awards by PHW was unusually low during the fieldwork period, so fewer case studies were included in the research than originally planned. This meant it was difficult to identify any clear trends in organisational outcomes. Additional work was therefore undertaken with PHW staff and organisers of similar awards elsewhere to understand the reasons for this shortfall and to add context to the research findings. This chapter summarises the main findings before drawing some overall conclusions and providing recommendations.

Starting point of participating organisations

- 12.2 Most of the organisations that participated in this research started the Award application from a strong base. They already had a number of the relevant policies in place, particularly surrounding absence management, and some were running health initiatives and providing information on staff health and well-being. Some of this background can be accounted for by the nature of the businesses interviewed; many were from the public or third sectors and involved in providing advice on health issues to clients/customers or had links with the Welsh Government which required them to demonstrate good working practices. Others required employees to meet certain fitness standards (e.g. emergency services) whilst a few had been influenced by the Award when part of a different organisation.
- 12.3 These organisations had a positive culture towards the health and well-being of their workforce. In the case studies, we saw that communication between staff and managers was open, and stress levels were low. Rather than a long-hours culture, all five case study organisations provided staff with flexible working opportunities.

- 12.4 Ultimately, what this meant was that many of the employees in these organisations were 'health aware' prior to getting involved in the Award. Sickness absence levels were low, retention was good, and in the case studies the majority of staff rated their own physical and mental health as good and showed high levels of engagement with the organisation.
- 12.5 The good starting point of the organisations included in this research suggests that the Awards attract organisations already engaged in the subject of staff health and well-being and therefore less likely to need support. Some of the PHW practitioners involved in recruiting employers onto the Awards felt that those that typically engage are the 'easy wins' or 'low-hanging fruit'. While this might suggest that there is a certain amount of 'deadweight' in the Award scheme, the employers interviewed did see some demonstrable benefits from their participation.

Motivations behind getting involved in the Award

- 12.6 Most organisations were not driven to take part in the Award in order to improve organisational outcomes such as absence levels and staff retention as these were good before they started. Instead they got involved in the Awards to send a signal to staff that their organisation cared about their health and well-being, and that this was something senior managers took seriously. A few hoped it would send a positive signal to external organisations, clients (particularly the Welsh Government), peers, and prospective employees.
- 12.7 Those responsible for staff health and well-being in their organisation saw the Award as offering a framework on how best to manage this area of work; how to coordinate the work, how to formalise procedures and, in larger organisations, how to make this seem like an organisation-wide initiative rather than one led by HR or OH.
- 12.8 In larger organisations, it was hoped that senior managers would be attracted to the Award and therefore buy in to the area of staff health and well-being. In smaller organisations, the Award appealed because

it offered something that all staff could get involved in, that would bring them together and give them a sense of ownership and achievement.

- 12.9 Organisations that were already doing a lot of work in this area saw the Award as a way of checking the appropriateness of what was in place and gaining some recognition for their hard work to date.

Changes made and challenges

- 12.10 Despite the strong starting point of many of the organisations, a number of changes were made in order to fulfil the criteria for the Awards. These included setting up working groups, introducing or tweaking relevant policies and improving communication on health and well-being issues. Many introduced new initiatives in the workplace that focussed on physical activity, healthy eating, smoking cessation, alcohol and substance misuse, and stress and mental well-being.
- 12.11 Mostly employees reacted positively to these changes. Whilst initially sceptical, they usually came round to see that their organisation was genuinely committed to making a difference. Organisations were careful not to put the information across in a dictatorial way, but tried to make it fun and interesting for staff. However, almost all employers mentioned some employees who were resistant to change, and accepted that it was impossible to get everyone involved. Larger organisations told how they had learned to offer a range of activities to their employees, since what appealed to some did not necessarily appeal to others.
- 12.12 One of the main barriers faced in making these changes was a lack of time. Mostly work carried out in this area was an add-on to the day job, so there were occasions when other job tasks took priority. However, sharing the responsibility with others in a working group helped with this considerably. Cost was not generally seen as a barrier, although some public-sector organisations had to be mindful of how spend in this area would be perceived during times of restructuring and redundancies.

Impact and benefits obtained from the Awards

- 12.13 As expected given the strong starting point of the organisations and their motivations behind getting involved in the Award, the main impact of participation related to improvements to the way health and well-being was managed. The Award led to a more joined-up way of working in organisations, which in turn meant that those responsible had a better grasp of what was in place already, what could be better utilised and promoted and communication to staff was clearer and more consistent.
- 12.14 Generally the Award-holding organisations did not report an impact of the Award in terms of improved organisational outcomes such as sickness absence, staff retention, staff engagement and company profile because these had been good to begin with. Where reductions in staff absence and staff engagement were observed by interviewees, these were often attributed to other organisational activities alongside or in place of the Award. In the case studies, the data obtained did not show that any of the objective metrics had been affected by the implementation of the Award, although the number of case studies was low and the study provided little time for reductions to materialise.
- 12.15 Nonetheless it was felt that the Award had positively impacted on staff to some extent. At the least, organisations reported that staff had gained a better awareness of the support services on offer. Beyond this many thought that the Award had increased staff awareness of health issues and some reported that at least a few had adopted healthier behaviours, as evidenced by the number taking up the opportunities for physical activity. In smaller organisations, it was more obvious that changes had taken place. We heard about more dialogue amongst staff on health and well-being topics and how some had taken up regular exercise and healthy eating. Certainly this was confirmed by interviewees in a few of the case studies, who told of the changes they had made to their own lifestyles and how they were encouraged to do so by their colleagues. The data from the employee survey suggested that in the three small organisations involved, ratings of physical health

had improved during the implementation of the Award, although there are limitations with this data.

- 12.16 However, in one case study employees believed there was no impact – lunchtime walks and some discussion on healthy backs had not been sufficient to make employees in this organisation change their lifestyles. Also the reality in most organisations is that it is a minority of employees that participate in the initiatives, suggesting that many staff will not have made any changes. Even for those that had made changes in the right direction, without a control group in the evaluation design it is difficult to attribute these changes to the Award directly. In some of the case studies, staff felt that a movement towards healthier living had started before the organisation began the Award application. The organisations were looking to make changes already, and the Award gave them a framework to help them along.

Sustainability and progressing through levels of the Awards

- 12.17 Most of the organisations that had held the Award for some time found it easy to sustain their work on staff health and well-being. The only threat faced by some in the public sector was a cut in resources. Organisations tended to keep up the momentum by maintaining the working group set up to obtain the Award and by keeping health and well-being as an agenda item in team meetings. Some also moved up the different levels to ensure staff health and well-being remained a priority.
- 12.18 Often progression up the levels was seen as a natural continuation of the work already done, a way of maintaining momentum and a way of ensuring that employees continued to see that the organisation cared about their health and well-being. It was not usually sought to improve organisational outcomes such as sickness absence, staff retention, company profile and staff engagement as these were already at a good level, so no quantitative benefits were reported.

Views on the process of obtaining the Award

- 12.19 Participants in the Awards were positive about the application process. The documents were generally considered clear and comprehensive, and PHW practitioners and independent assessors were praised for being approachable, knowledgeable and meeting the needs of the organisation. Participants appreciated being signposted to other agencies, and having the chance to share best practise with Award-holding organisations.
- 12.20 The only improvement suggested by a minority was to reduce the length of the action plan so that it is less burdensome and repetitive. A minority also requested that they be able to complete the documentation online and be put in touch with other Award-holding organisations. Since both of these are already available, the comments suggest that a few organisations had not received the same level of service from practitioners as others.
- 12.21 Generally, those applying for the Award felt that the criteria used to judge attainment were appropriate, but a few of those aiming for the gold level of the CHS told how they were put off by the requirement for an alcohol policy which forbids drinking during the day, as they disliked dictating how staff behave during their lunchtime breaks.
- 12.22 The costs involved in participation were not considered prohibitive. In the three case studies that provided data, the average cost per employee was between £41 and £90. Most of this expense was accounted for by time spent by staff in gathering evidence and meetings as direct costs were minimal.

Management of the Awards by Public Health Wales

- 12.23 The interviews with PHW staff revealed a number of internal issues during late 2011/12 and early 2012/13 which affected the recruitment of employers onto the Awards and subsequently the evaluation. The main issue was that practitioners were asked to halt all recruitment following concerns (primarily regarding Workboost Wales) that providing advice on health and safety to employers could put PHW at risk of litigation.

Whilst this was seen as an over-reaction and practitioners made suggestions for an effective governance structure to resolve the issue, senior managers maintained the block on recruitment for several months and did not communicate the problems with the Welsh Government. The unfortunate result was that the evaluation was allowed to continue, when it hindsight it should have been postponed.

12.24 In the early phase of the evaluation, recruitment of employers was also affected by severe understaffing, which could not be easily resolved through practitioner recruitment as PHW was only able to offer short-term contracts up to the end of the financial year. The team is now back up to full strength and some practitioners have been made permanent. It was also difficult for practitioners to identify how many employers were engaged in the Awards in those early months because the new database at the time was not fit for purpose.

12.25 Although the practitioners felt that the targets for the Awards were realistic, they would welcome more support from the Welsh Government in recruiting employers and a degree of flexibility concerning the numbers being assessed as some employers put this off for some time. Some suspected that the recession was making it more difficult for employers to engage with the Awards as they lack sufficient time, although others knew of employers who were more motivated to focus on staff health and well-being during periods of job insecurity. There was also concern that the targets incentivised PHW to capture easy-to-reach employers who need less support in this area. The research with participants does indeed suggest that those that engage with the Awards already have good procedures in place and that there is a certain amount of 'deadweight' amongst participants.

12.26 Although the team manager was consulted and invited to all of the steering group meetings for the evaluation, the PHW practitioners would have appreciated being more involved in the design of the evaluation.

Research on other award schemes

- 12.27 Contact was made with eight other awards in the UK and abroad to discuss participation trends in recent years. Most of the awards had seen a change in the number of participating organisations over the last three years, and most thought that the recession was in some part to blame. However, the recession was seen to impact on participation levels in different ways. Some told how the recession had led to an increase in participation whilst others saw that it had led to a decrease. In the UK, some believed the recession made it harder to recruit smaller, private sector employers whilst others believed that it was large public sector employers who found it particularly difficult to engage at this time. Together with the evidence from the interviews with participating employers and PHW staff, it would seem that whilst the recession has impacted on take up of workplace health and well-being awards, it has done so in different ways.
- 12.28 Whilst a range of marketing methods were used to recruit employers onto the awards, what proved most effective varied in the different regions and countries. Many saw the benefit of maintaining relationships with engaged employers in order to capitalise on the word-of-mouth effect.

Conclusions

- 12.29 This research sought to understand the impact of the CHS and SWHA on participating employers. The ability to gain useful in-depth data, particularly objective data, was compromised by a halt on recruitment by PHW during the fieldwork period. As a result, the data received was mainly qualitative in nature, and the pre- and post-level data was limited to just a handful of organisations.
- 12.30 The findings indicate that the Awards are yet to have an impact on organisational outcomes such as staff absence levels, retention, engagement and company profile. This is not because the initiatives in place are not effective, but rather because the organisations involved report that there is little room for improvement in these areas. The

organisations that engage in the Awards typically start from a strong base, with good organisational procedures, a positive culture towards health at work, good working relationships and flexible working practices. Some even run initiatives around health and well-being prior to taking up the Award by providing information to staff on health and well-being topics and offering opportunities for physical activity.

- 12.31 Nonetheless, the research certainly indicated that at least some employees benefitted from engaging in more healthy activities, although it was hard to say whether it was the Award per se that made a difference or whether the organisations would have put some of these initiatives in place anyway. In addition, participants were extremely positive about the impact of the Awards on the way in which they managed staff health and well-being and how the framework encouraged more joined-up working and better communication to staff. Almost all said that they would recommend the Award to other organisations.

Recommendations

- 12.32 As highlighted above, this evaluation was compromised by the fact that it was only able to recruit five organisations to take part in a pre- and post-Award methodology, instead of 15 as originally planned. A particular weakness was that no large employers with 250+ employees were included as case studies. Two of the case study organisations were very small, with less than 15 employees, and one of the larger organisations dropped out of the Award partway through the fieldwork period. This made it particularly difficult for the evaluation to identify any changes in organisational outcomes, such as sickness absence levels. Another weakness in the evaluation was that the time period between the pre- and post-measures was short, only six months. Although some staff in the case studies had adopted healthier behaviours, these will take time to filter through to changes in general health and organisational outcomes such as sickness absence and staff engagement. Any future evaluation of the Awards should therefore

seek to increase the number of organisations included in the pre- and post-Award methodology, particularly of those with more than 100 employees, and include an additional measure on organisational outcomes at least 12 months after the Award has been obtained.

- 12.33 However, given the views of the Award-holding organisations, we suspect that even with these tweaks to the evaluation design it will be difficult to identify any impact on organisational outcomes if the Awards continue to attract only those that start from a good base. Clearly the impact of the Awards would be greater, and therefore easier to measure, on employers that are less engaged in the subject of staff health and well-being, that have poorer sickness absence, lower retention etc. PHW should give careful consideration to how to reach employers more in need of their support, rather than the 'easy-wins'. This evaluation did not reveal how this should be done, as this was not part of its remit, and the practitioners' suggestions regarding recruitment are unlikely to diversify the pool substantially as these 'hard-to-reach' employers may not engage in Welsh Government procurement exercises or interact with intermediaries such as the Federation of Small Businesses. The Welsh Government may like to commission new research into this area, or seek ideas from the other award schemes that kindly contributed to this research.
- 12.34 One of the aims of this evaluation was to test and pilot an employee survey that could be rolled out as part of ongoing monitoring of the Awards. Overall we found that the questions worked well and that the response rates were good (except in one case study where the wrong link was distributed initially). Most of the case study organisations were happy to take part, unless they had already carried out a survey in this area (which may often be the case for a number of CHS organisations as one of the criteria for the silver level is conducting a staff survey). In terms of the results, it was difficult to interpret any changes in scores between the two time points in the smaller organisations. With the two small case studies (each of which had less than 15 employees), it was impossible to say whether changes in Survey 2 responses compared to Survey 1 were due to the Award or simply the fact that a few different

individuals had taken part. We therefore believe that, for evaluation purposes, the employee survey should be limited to employers with more than 50 employees. The organisations that took part in the surveys were keen to see the results of the survey, particularly the feedback provided in the open-text boxes. Whilst this helped to engage them in this exercise, it meant that individual reports had to be compiled for each organisation. The Welsh Government should therefore give careful thought to how this would be resourced going forward.

Appendix 1: Other health awards

Table A1.1: Health award programmes approached for this project

List of contacted health awards	Origin	Feedback
Cornwall and Isles of Scilly Workplace Health Award	UK	
NHS Business Health Network Awards Plymouth	UK	✓
Leeds workplace Health Award Scheme	UK	✓
North east Better Health at Work Award	UK	✓
Occupational Health Awards by Personnel Today	UK	
The RoSPA Occupational Health Award (The Astor Trophy)	UK	
Scottish Healthy Working Lives Award	UK	✓
Singapore Health Award - Excellence in workplace Health	SG	✓
Occupational Safety & Health Award Hong Kong	HK	
NZ Workplace Health & Safety Awards	NZ	
Global Leadership in Corporate Health Award	US	✓
Corporate Health Achievement Award	US	✓
Corporate Health Awards	DE	
TOP Gesundheitsmanagement Award	DE	✓