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



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

## **Summary 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 Wales<sup>1</sup>) 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

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<sup>1</sup> 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.