ROCKET SCIENCE

ies institute for employment studies

Independent Evaluation of the Workplace Health Champion project

Final report for Business Health Matters

European Union
European Social Fund

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Contents

Executive Summary

The Workplace Health Champion Scheme was an initiative delivered by Active Lancashire and a network of partners, funded by the European Social Fund. The scheme aims to improve workforce health and wellbeing through providing accredited training which enable organisations to implement health champion roles within their workplaces. Between June 2021 and December 2023, 1096, Workplace Health Champions (WHCs) have received level two or level three qualifications to deliver the role within their organisations.

In April 2022 Rocket Science and the Institute of Employment Studies was commissioned to undertake and independent evaluation of the scheme to understand the impact of WHCs operating within their workplaces and learn from the process of delivering the project. The evaluation took a mixed methodological approach over the two years, key findings from the evaluation include:

- 940 WHCs have been trained across Lancashire
- The training provided is consistently seen as high quality and supports trainees to implement the role within their workplaces through increasing the knowledge, skills and confidence of those trained.
- 59% of WHCs who participated in the evaluation reported successfully implementing the role within their organisations within 3 months of being trained. By 9 months this had increased to 68%.
- 63% of WHCs report positive health and wellbeing impacts for themselves within three months of the training. These benefits are sustained and built upon with 73% reporting health and wellbeing improvements nine months post training.
- 63% of WHCs also reported an increase in workplace leadership skills as a result of the training and the role.
- There is evidence of positive impacts within organisations which have WHCs. These include increased awareness and knowledge of workplace health amongst the workforce and senior management, increased opportunities for healthy activities, evidence of positive culture change, and increased use of resources including employee assistance programmes. Again the evidence suggests that these benefits develop over the 9 month period incorporated in the evaluation.
- Workplace health champions appear to be uniquely positioned to offer valuable peer support to colleagues, particularly in relation to work related mental wellbeing.

The evaluation also highlights number of findings for areas which can be further developed in future iterations of the scheme. These include:

- Consideration of how continuous professional development can be supported for WHCs, particularly in relation to continuing to develop the role and their expertise within it.
- Organisations would benefit from understanding the time and resources implications of implementing the WHC role as well as how this can support, or be hindered by, existing working practices. Support for organisations to become WHC ready would be valuable, and the development of a readiness checklist or similar tool could be considered.
- Learning from the partnership management and composition should be captured within BHM for future use.

Introduction

Programme model and deliver

Business Health Matters is an Active Lancashire led initiative to support organisations across Lancashire to improve the health and wellbeing of their employees. In 2021 Active Lancashire received European Social Fund grant to develop and implement a Workplace Health Champion (WHC) programme. Between June 2021 and December 2023 the programme has offered NCFE-accredited Level 2 and 3 Workplace Health Champion (WHC) training and basic skills training in Maths, English and English for Speakers of Other Languages (ESOL). Originally aimed at small and medium sized enterprises (SMEs), in 2022 funders agreed to extend the scope of this to include all employers in Lancashire. The training is delivered by Business Health Matters (BHM) and a number of delivery partners providing a network of trainers across the county.

In April 2022 Rocket Science and the Institute for Employment Studies were commissioned by Active Lancashire to provide an evaluation of the WHC programme. The evaluation has sought to deliver both a process and impact evaluation of the programme. This is the final report of the evaluation and builds upon the findings from the interim report delivered in December 2022.

Methodology

The evaluation has taken a mixed methodological approach combining quantitative data supplied by Business Health Matters as part of its contract monitoring, with qualitative data generated as part of the evaluation. The evaluation methods have involved

Surveys

A total of four surveys have been conducted over the course of the evaluation. This are:

1. A 3 month WHC survey. All those who provided consent to take part in the evaluation were sent an electronic survey three months after they had completed the WHC training. The three month period was chosen to give time for WHCs to return to the employers and begin to implement their new role as health champions. The survey asked questions in relation to the WHCs experience of the training, their experience of delivering the champion role within their organisation and any outcomes or impacts they have seen or experienced as a result of

the role. In total until between September 2022 and March 2024 the survey was distributed directly to 596 who had received the training and was promoted via the BHM newsletters and Facebook page. A total of 116 responses were received to this survey.

2. A 9 month WHC survey. In order to understand how the role of WHCs was implemented and to understand any changes in the role over the evaluation period a second survey was distributed to WHCs 9 months post training. To enable comparison the questions were the same as the 3 month survey. In total this survey was distributed to 387 WHCs between July and March 2024. To date a total of 35 responses were received.

3. Partner survey. In September 2023 an electronic survey was distributed to key staff within the partner organisations. The purpose of this survey was to understand any wider impacts for the partner organisations as a result of being part of an ESF funded project and whether this has led to any changes in capacity or capability to manage similar projects in the future. A total of 10 responses were received.

4. Customer Survey. In October 2023 a short survey was electronically distributed by BHM on behalf of the evaluation team to senior leaders within organisations who had received WHC training. The survey used the Net Promoter Score questions to understand whether businesses would recommend the training, and the impact this has had on their organisations culture and awareness of health and wellness. A total of 23 responses were received.

Interviews/focus groups

Qualitative fieldwork has been undertaken with four distinct stakeholder groups:

- Workplace Health Champions – Recruitment of WHCs to interviews and focus groups was conducted in a number of ways. Those completing the 3 and 9 month survey were asked whether they would be willing to be interviewed. Those who consented to interview were asked to leave their name and contact details and a member of the evaluation team organised an interview via telephone or MS Teams. In total 12 semi-structured interviews were completed this way. The interviews built upon the survey questions to develop a deeper understanding of the WHCs' experience of delivering the role, the barriers and enablers to this, and the impacts for themselves and their colleagues

The evaluation team also worked with tutors in BHM to identify opportunities for focus groups with existing groups of WHCs. Through this route we were able to complete one focus group with WHCs who had met for a walk. 7 WHCs took part in this focus group.

- Delivery partners – In 2022 10 delivery partners participated in semi-structured interviews to inform the process evaluation. The interviews explored partners experience of delivering the programme to organisations across Lancashire, and the barriers and enablers they have faced in this.

- BHM staff – Over the course of the evaluation 9 interviews and 1 focus group has been conducted with BHM staff. These have focussed upon process of implementation and delivery of the programme, identifying learning from success and what has not worked as well as the wider impacts of the programme for BHM and Active Lancashire.

- Employers – Over the duration of the evaluation recruitment of employers has been challenging and a number of different approaches have been taken. Throughout the first year of evaluation managers from organisations who had commissioned the WHC training were warmly introduced via email to the evaluation team by BHM. The evaluation team then attempted to recruit employers for interview. 71 employers were contacted in this way and three interviews were able to take place. In the second year of the evaluation Rocket Science and IES developed an employer offer to encourage participation in the evaluation. The offer was designed to support evaluation and capacity building for evaluation within organisations whilst also providing access for evaluation of the WHC programme. The offer was distributed via relationship managers within BHM, whilst three organisations expressed an interest we were not able to secure commitment to engage in the evaluation.

Performance data

Performance data gathered by BHM across the partnership has been used to evaluate outcomes against agreed targets. Outcomes were recorded up until he 22nd December 2023.

Methodological limitations

Engagement of both WHCs and employers has been challenging throughout the evaluation and reflects the difficulties that organisations have faced in the recovery from the Covid-19 pandemic and pressures on the subsequent cost of living crisis, As will be discussed later in this report this also reflects some of the challenges WHCs face in implementing the role alongside their job responsibilities. As such the sample sizes of WHC and employers is lower than anticipated. Whilst this limits the evaluations' ability to generalise the findings, the evidence presented here is still robust and evidence of impacts that the programme has had for individuals and organisations.

Given the difficulties in accessing employers the evaluation has not been able to obtain data in relation to outcomes such as sickness absence, return to work times or staff retention as originally intended. Whilst we are not able to present this evidence this should not be construed as a lack of evidence of the value of investment in workplace health champions. Given the evaluation finds that the BHM WHC programme is consistent with best practice in this field we would instead encourage exploration of the existing evidence base outlined in the following section.

Impact of the workplace health champion programme

This section reports the findings of impact of the WHC programme from the perspectives of the health champions themselves, those employers that have engaged with the evaluation, for the delivery partners and for BHM itself. The findings are presented thematically and drawn from the various data sources available.

Impact for health champions

Though surveys and interviews WHCs were asked about the impact of the training for them personally. This included perspectives on whether through their increased knowledge about health and wellbeing this had resulted in any positive behaviour changes, and whether the training and role impacted upon work related skills.

Impacts on health and wellbeing

In both the survey and interviews WHCs reported a number of benefits for their health and wellbeing. Overall WHCs reported a positive impact for them. 62% (n=62) of WHCs completing the three month survey agreed that the role had changed or significantly changed their lifestyle and behaviours with 50% (n=52) agreeing that their physical health had changed or significantly changed (Figure 1). It would also appear that these impacts are sustained with more WHCs reporting positive lifestyle changes (66%, n=22) and improved emotional resilience (67%, n=22) at the nine month survey point (Figure 2), with only a small decrease in those reporting positive physical health benefit.

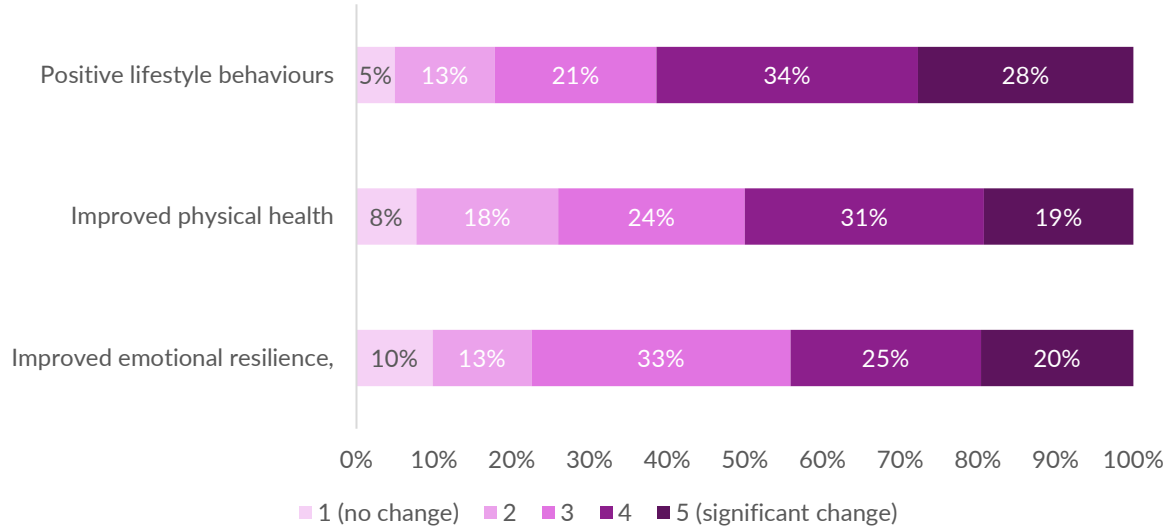


Figure 1: Personal impacts for WHCs [Source: RS 3 month WHC survey]

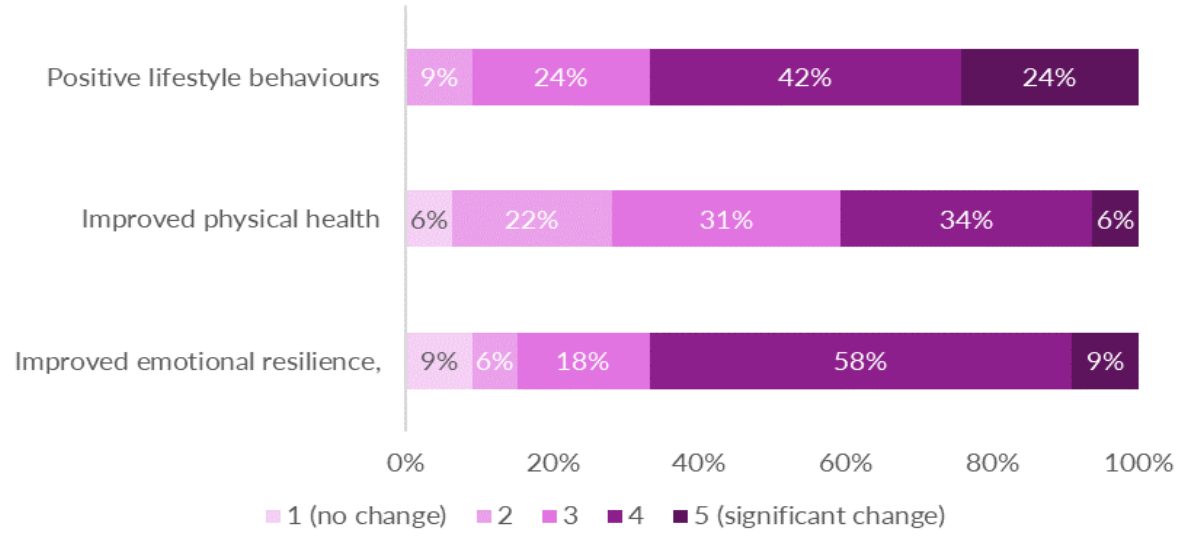


Figure 2: Personal impacts for WHCs [Source: RS 9 month WHC survey]

Within interviews a number of health champions discussed the importance of modelling healthy behaviours within the workplace as an important element of the role and that this, inevitably, had positive impacts upon their own health.

"*If we're practicing what we preach it will have a positive impact for us and for our colleagues*" Workplace Health Champion

Impacts on skills

The WHC role has also facilitated personal growth for a substantial number of those who have trained. The importance of leadership in the workplace health agenda with colleagues and senior managers has a common theme across those we have heard from. As can be seen in Figure 3 the majority of survey respondents agreed that the role has changed or significantly changed both their teamwork and communication (58%, n=58) and raised their skill levels (63% n=63) three months after the training. These figured remained relatively unchanged at nine months suggesting that skill gains from the training and role are early and possibly indicative of a role for continued skill and leadership training amongst WHCs post training.

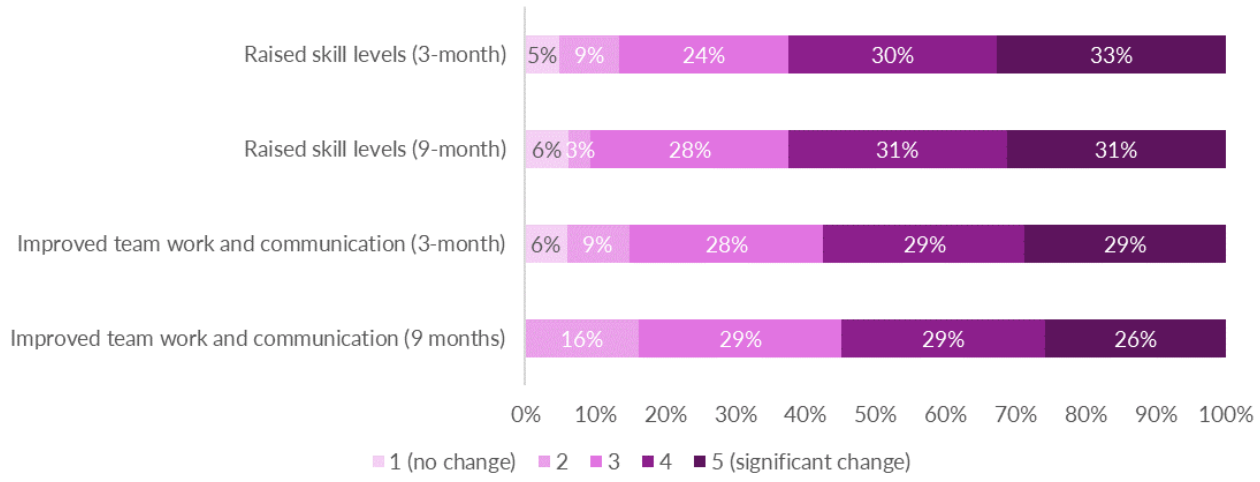


Figure 3: Skill development amongst WHCs [Source: RS WHC 3 & 9 month survey]

The importance of confidence in the role was also a theme and WHCs reflected that the training had either provided new knowledge or reinforced what they already knew. For many the space that the training provided to reflect on workplace health, consider options for this and learn from others was particularly helpful.

"It [the training] reinforces what you know, it makes you more confident you are saying and doing the right things" Workplace Health Champion

Impacts for employers

This section explores the outcomes and impacts for organisations participating in the WHC scheme.

Healthy activities and initiatives

WHCs were also able to identify impacts that the role has had for their employers. 3 months post training 59% of survey respondents reported having been able to implement the role within their organisations, of those completing the 9 month post training survey this number had increased to 68%. Whilst this variation is not significant it suggests that implementation of the role does not necessarily increase in time and that if the WHC role is going to be introduced to a workplace this is mostly likely to occur within the first 3 months.

When combining the 3 and 9 month survey data (Figure 4) the most common activity provided by WHCs was signposting or referring to specialist organisations for support. These included existing employee assistance programmes as well as external source, most commonly relating to mental health including Mind, The Samaritans and bereavement services. Support for mental health and wellbeing was a common theme and a number of survey respondents highlighted how in their role they had also provided support for colleagues. One WHC highlighted that their understanding of the stresses of a colleague's job role enabled them to understand their situation and provide professional as well as wellbeing advice

"A colleague who was under stress needing support… I advise on what support is out there for them to access, be it through their GP or indeed a health provider we can access through our workplace. There was further support offered in relation to project management and the tasks they had". Workplace health champion

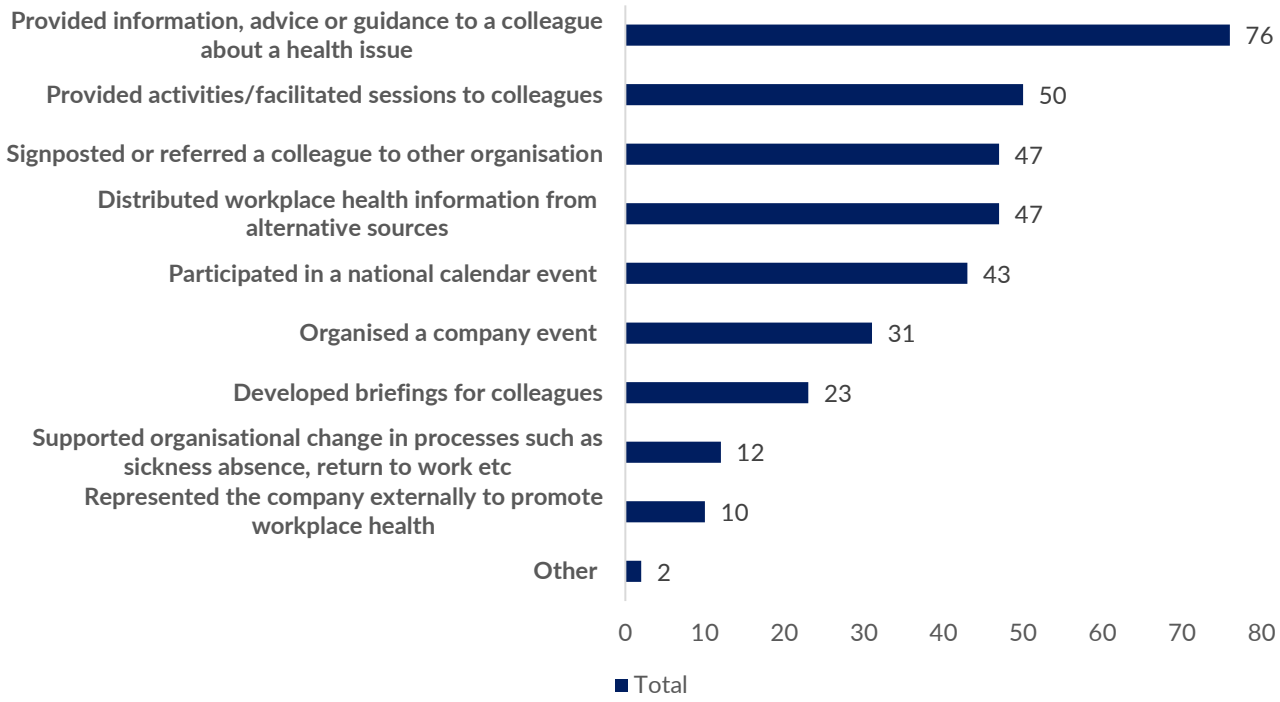


Figure 4: Activities undertaken by WHC [Source: RS 3 & 9 month survey combined]

Providing activities and facilitating sessions for colleagues is also a common output by WHCs. These predominantly revolve around physical activity, often including activities such as walking groups and walking challenges. A number of survey respondents have reported success in implementing wellbeing days involving physical and creative activities as well as healthy eating advice. Below is an example of how activities have been implemented across a GP partnership as a result of the WHC roles, extending to practice staff and patients who have jointly benefited from this.

Case study: GP practice(s) in Lancashire

A network of GP practices in Lancashire have introduced the WHC role.
The initial aim was to build a team with a *"culture"* of health and wellbeing across the staff teams and ensuring the practices *"lead by example"* for their patients

Training

Staff felt that the training was useful and engaging, and that it had contributed to making connections with other businesses in the local area. Learning from and networking with other organisations was particularly useful for those leading on the training.

"We've created a very good bond with other groups out there that have led to a range of things including discounted memberships at organisations for staff".

Activities

Each practice has implemented range of different activities after completing the training some of the activities are listed below:

- Group walks, including walking challenges, wellbeing walks, walking football days, and corridor *"power walk"* challenges. These have been promoted to improve wellbeing and socialising rather than a physical exercise "*bringing colleagues together to have fun, to meet other people, to have a laugh and get to know each other a bit more"*
- The development of a health and wellbeing room (with exercise equipment available inside)
- Yoga and Pilates classes
- Health assessments including weight and blood pressure checks
- Health and wellbeing retreat at a farm with the whole team
- Netball day
- Book club

A particularly successful event which has become a weekly activity is the *"walking football day".* This event is facilitated by health champions and offered to staff and clients on a weekly basis.

"I tend to go every week and I always find when I talk to patients, rather than just saying 'this group is available, do you want to go?' I say, 'I've been myself and I go regularly' it puts a different slant on it, I'm able to tell them I go because I really enjoy it, and this motivates patients to go themselves". Health champion

Impact

Staff have felt that the implementation of small things like the examples above have made a noticeable difference to the amount that they move around during the working day..

Health champions have commented on a change in morale amongst the workforce, *"there is a buzz and excitement across the practice about this."* The changes made have encouraged staff to change range of activities in their daily lives such as walking pets for longer, signing up to local gyms, an increase in yoga class attendance, and one staff member had even commented on their *"weight loss"* from the increase in exercise.

Health champions felt that the initiative was only in its infancy and therefore it was too early to say whether there had been an improvement in productivity longer-term, but they had the measures in place to be able to monitor sickness and staff retention over a longer period of time to see if in the future they had made changes in that respect.

Culture change

" This scheme really made us think about the Workplace Wellbeing and has got all the staff talking more openly about personal experiences not just about work issues. We feel as a small company of 12 that it has brought us even closer together and more confidant in having discussions." Employer

Employers and leaders within organisations which have implemented WHCs also reported benefits of the role. Through the customer survey respondents were asked to rate the impact of the WHC scheme on health culture within the organisation and the awareness of health and wellbeing amongst employees. Responses were on a scale of 1-10 where 1 was no impact at all and 10 was significant impact. In relation to workplace culture, the mean score was 7.4[1] (range 1-10), cultural impacts shared related to increased openness amongst colleagues to discuss health and wellbeing issues, as the quote below demonstrates for some this is not limited to work related issues.

"This scheme really made us think about the Workplace Wellbeing and has got all the staff talking more openly about personal experiences not just about work issues" Employer

Culture change was also identified by champions with 55% (n=50) agreeing or strongly agreeing that the role had positively impacted upon workplace culture within 3 months of the training. This proportion has increased to 64% (n=18) within 9 months of the training (

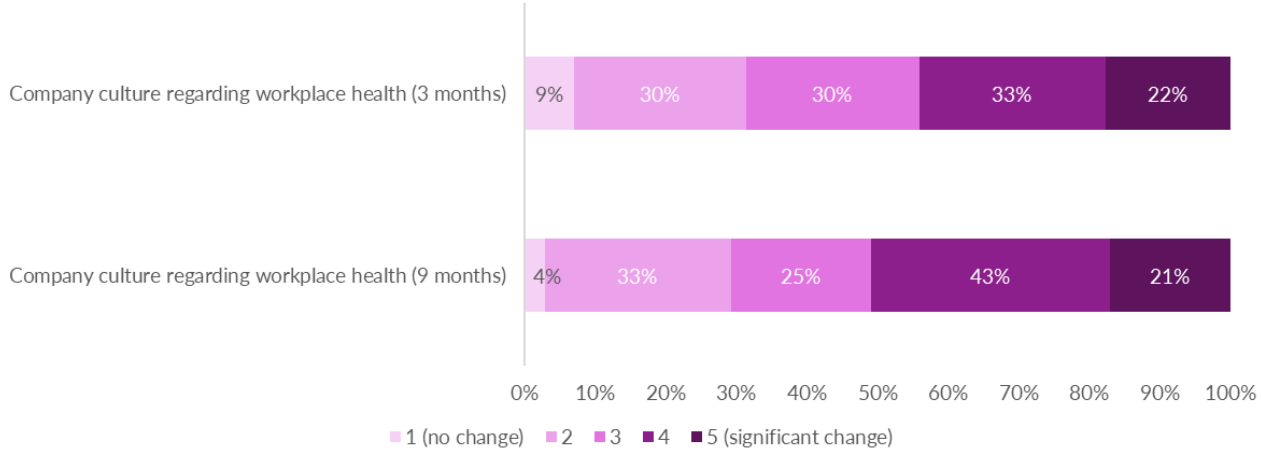


Figure 5).

[1] Responses which indicated the role had not been implemented since the training were removed from the analysis

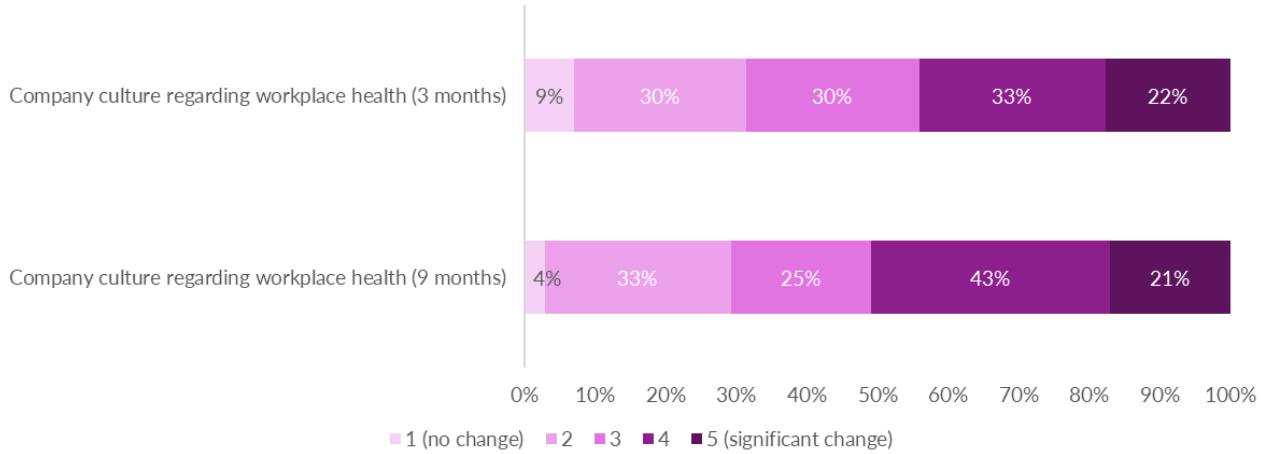


Figure 5: Culture change as a result of WHC role [Source: RS 3 & 9 month WHC survey]

It should be noted however that WHCs commonly also identified workplace culture as a barrier to implementing the role (this is discussed further in the process evaluation section). Whilst there is evidence of positive culture change as a result of the WHC role this is, as may be expected, likely to be most influential in organisations with an existing positive health culture.

The WHC roles appear to be even more effective at increasing awareness of workplace health and wellbeing. Those responding to the customer survey gave an average score of 7.6[1] (range 1-10). Lower scores were commonly associated with the organisation already having workplace health schemes in place and therefore the additional impact of WHCs is less clear.

"Whilst we were already committed to improving health and wellbeing in the workplace, the Workplace Health Champion scheme really helped us focus and gave us some great ideas." Employer

Again this corresponded with the observations from WHCs themselves who report that the role has increased awareness of workplace health by both senior managers and the wider workforce (Figure 6). As can be seen whilst the majority of respondents report a positive impact in these areas, this is not seen to increase in time with both the 3 and 9 month survey responses being similar. Again this might suggest both early gains as a result of implementing the role and the need for support for continued progression in this area.

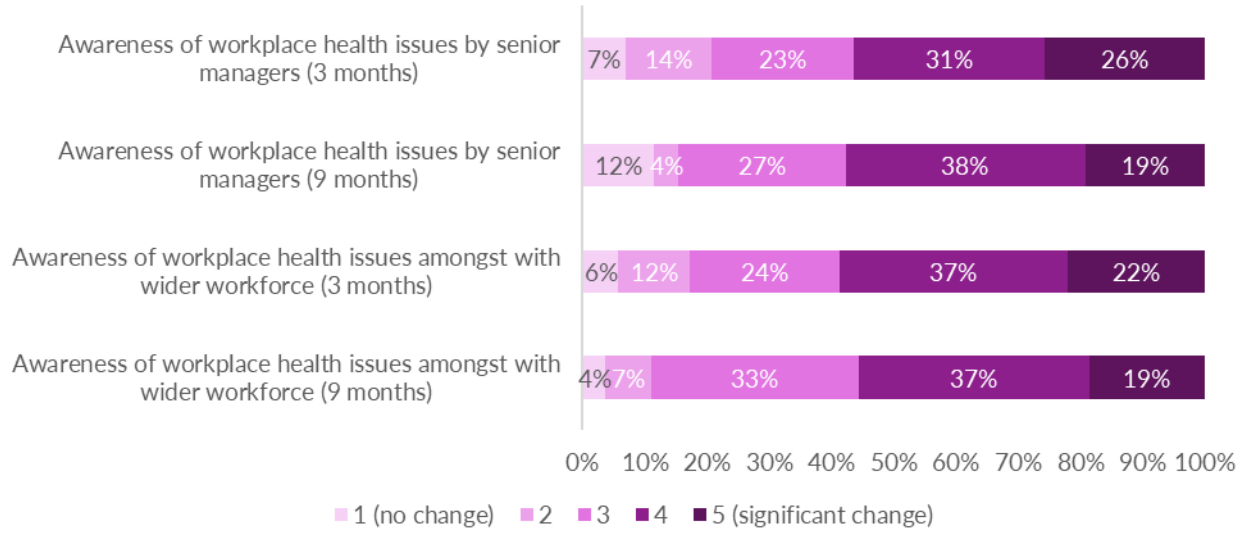


Figure 6: Workforce and senior management awareness of workplace health [Source: RS 3 & 9 month WHC survey]

Workplace policies and practices

In addition to implementing discreet health activities and initiatives the evaluation sought to establish whether the scheme had any impacts upon wider policy and practice within organisations. The evidence of these impacts is less clear and whilst some WHCs described policy changes such as including considerations of health and wellbeing in personal development plans, or the development of charters most examples given involved additional time off for staff through wellbeing days or time to attend activities. This was also seen in the WHC surveys with just 33% (n=14) reporting policy changes as a result of the WHC role at three months although this does increase to 54% (n=9) nine months post training.

Impact for partners

The partnership survey, distributed in September 2023, was sent to delivery partners and sought to understand the impact of the WHC scheme, and ESF funding, for partners. The survey was sent to senior leaders and asked them to rate on a scale of 0 (no impact) to 100 (significant impact) any outcomes in relation to capacity and capability developed through the funding.

Figure 7: Partner ratings of impact on their organisations as a result of the WHC scheme [Source: RS partner survey]

As can be seen in Figure 7 the area with greatest overall impact is the scheme's ability to increase networking across the county which received an average score of 53 (range 5-85). The relatively modest scoring in the averages presented here potentially reflects the size and standing of many of the partners which included local authorities, football academies and large charities. It is notable that responses from two much smaller organisations with a turnover of less than £1million reported significantly greater impacts as a result of their involvement. For these two the ability to partner both formally and informally through the scheme is reported as being the most significant benefit of their involvement. Whilst the reach of the larger organisations was required to meet the targets set, this has potential implications for BHM with opportunities for creating greater social value in future partnerships with smaller organisations.

It is also worth highlighting the relatively low average score in relation to partners' understanding of good practice in relation to workplace health (mean 33.2, range 0-75). Throughout the evaluation we were aware of a number of delivery partners that had not implemented the WHC role and, again, consideration of requiring partners to lead by example in this should be given to future partnerships.

Process evaluation

This section outlines findings from the process elements of the evaluation. Again this draw upon perspectives from WHCs, employers, partners and BHM staff.

Performance against targets

As part of the ESF funding requirements, BHM set a number of targets in relation to participants reached through the programme focussing on:

- targeting specific demographic minorities,
- building participant skills.

These targets were reprofiled in 2023, following a request to the funders to re-profile project outputs.

Cumulative engagement against targets

Figures reported show that 940 Lancashire employees had completed the Workplace Health Champion Qualification.

While the programme aimed to engage more male than female participants, it has so far attracted nearly twice as many female participants compared to male. Table 1 below outlines performance up to December 2023.

	Cumulative Target to March 2023	Achieved to 22.12.23	% Cumulative Target to March 2023
Total participants	4832	940	19%
Male participants	2473	307	12%
Female participants	2359	630	27%
Participants over 50 years of age	870	247	28%
Participants from ethnically diverse communities	412	78	19%
Participants without basic skills	722	30	4%
Participants who live in a single adult household with dependent children	245	99	40%
Participants with disabilities	485	116	24%
Participants gaining basic skills	536	0	0%
Participants gaining level 2 or below or a unit of a level 2 or below qualification (excluding basic skills)	1210	848	70%
Participants gaining level 3 or above or a unit of a level 3 or above qualification	390	248	64%

Table 1 Overview of Business Health Matters demographic performance data [source: IES analysis of BHM performance data]

Figure 8: Participant engagement across programme duration [source: BHM performance data] shows the remarkable uptick in participant engagement achieved in the programme's final three

quarters. It also demonstrates that a trend towards engaging approximately 2 females for every male became established in the third quarter of 2023 and continued to the end of the programme.

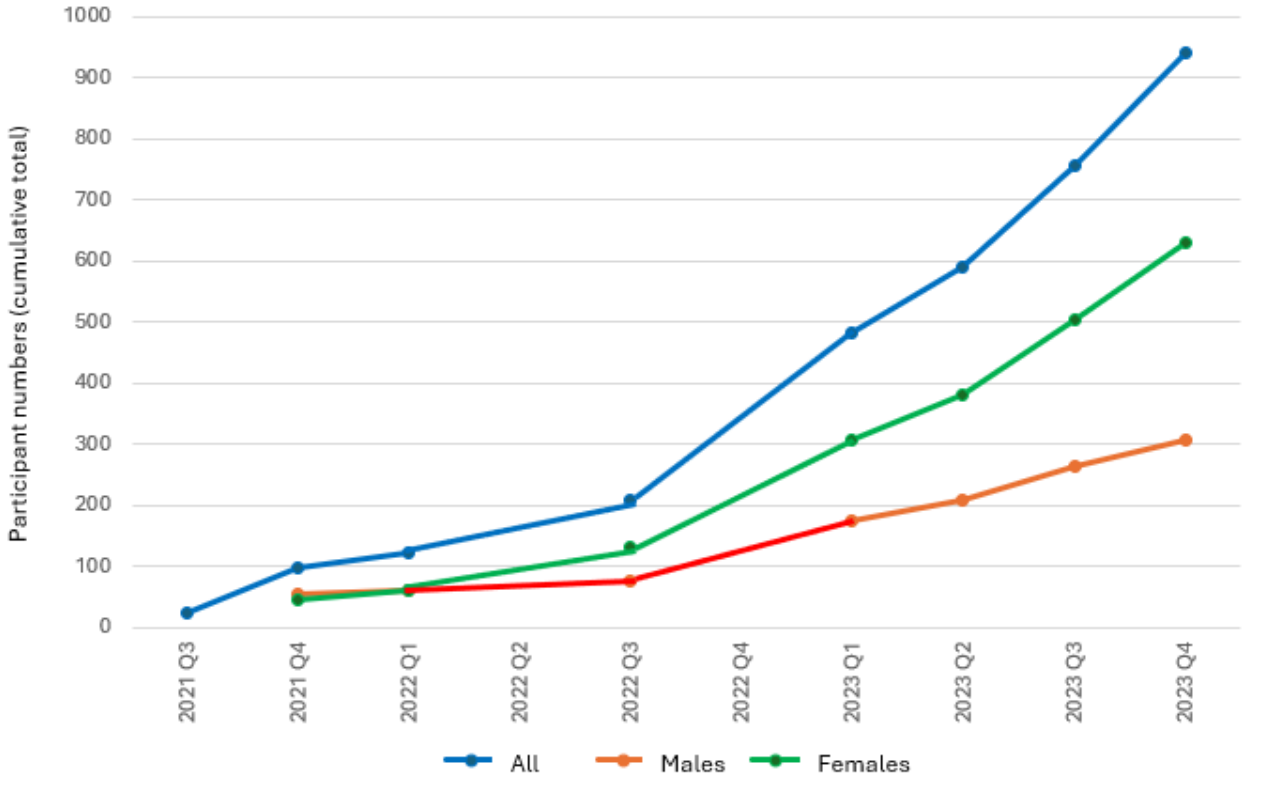


Figure 8: Participant engagement across programme duration [source: BHM performance data]

Further performance targets were set in relation to skills and employability. These show that the programme is most successful in engaging participants to gain up to, or complete part of a Level 2 qualification. Key takeaways are as follows.

- The programme has made no to little progress on supporting employed females to gain an improved labour market status or supporting participants to gain basic skills to date.
- By 22nd December 2023 848 participants had gained a complete or part of a Level 2 qualification, 70% of the overall total.
- By 22nd December 2023, 248 participants had gained level 3 qualification or above (or a unit of a level 3 or above), representing 64% of the overall total.

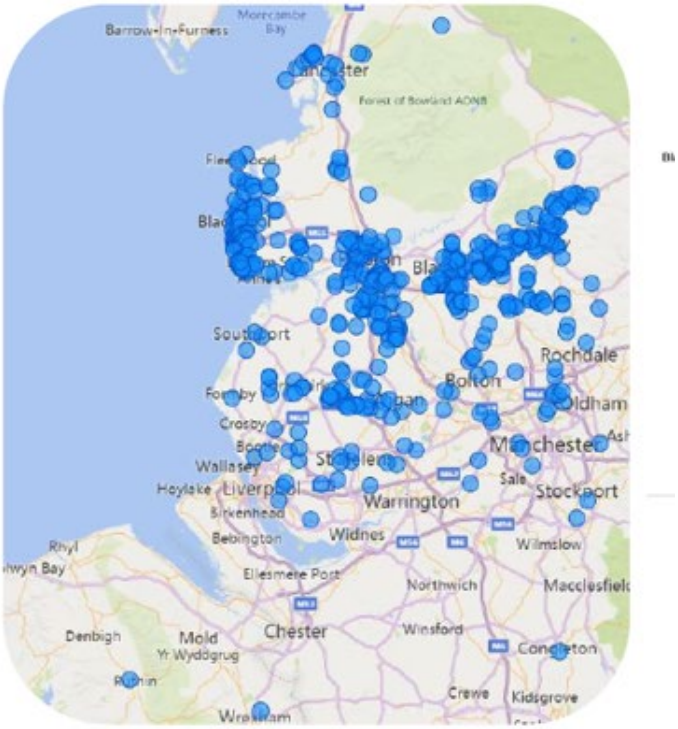
Regional trends

BHM's own records as of 2022 Q2 show that engaged businesses clustered around an approximate east-west line (See Figure 10 below, left). Following a period of 15 months the pattern changed significantly in terms of volume of businesses and clustering (Figure 10 below, right). Most notably

there is an established wide reach across the Central, Coastal and Pennine region of Lancashire. As might be expected patterns of business engagement are concentrated in and around areas with high population density such as Blackpool, West Fylde. Preston and Blackburn.

Figure 9: Location of businesses engaged in the pilot [Sources: BHM WPHC Engagement Summary 2022 Q2,.pdf, BHM WPHC Engagement Summary 2023 Q3.pdf]

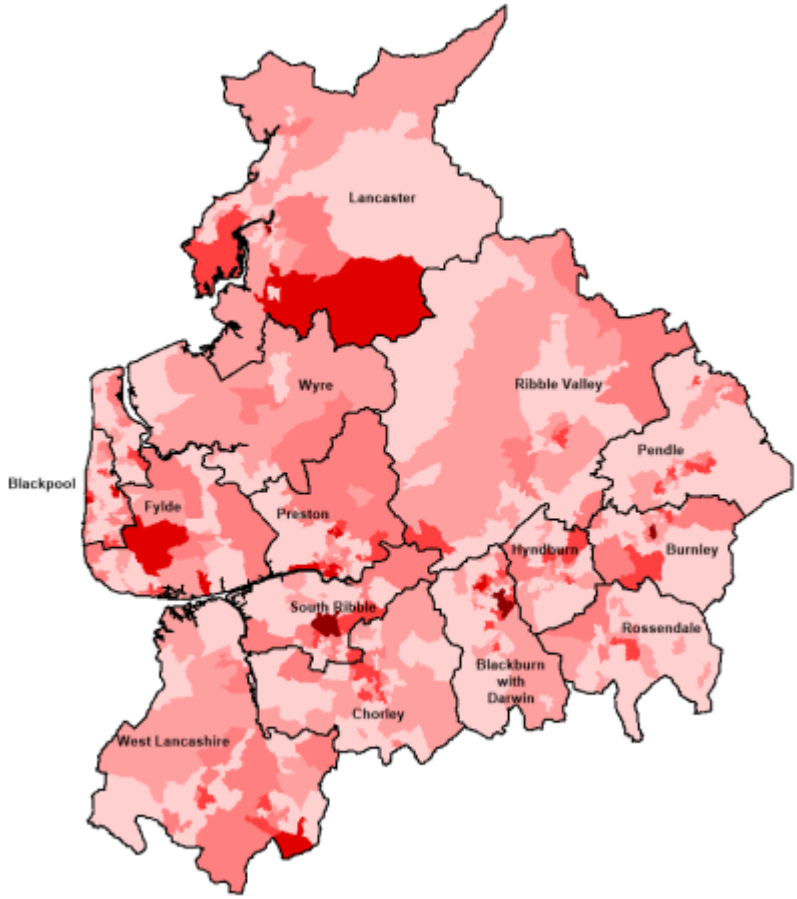
Business engagement Q2, 2022



Business engagement Q3 2023

It is interesting to contrast WPHC engagement with LEP data showing location of employment of the Lancashire population. Figure 12 shows where employment is concentrated across Lancashire (for employers of all sizes). Darker regions correspond to higher numbers of jobs. This shows clusters of business activity in South Ribble (concentrated around Preston), Fylde and Lancaster. The pattern of engagement across the region corresponds with the LEP data much more closely than previously reflecting the BHMs success in recent months in expanding the take-up and reach of the initiative across Lancashire.

Figure 10: Location of employment of the Lancashire population. [Source: Business Register and Employment Survey, Market Locations, Lancashire LEP Evidence Base (2016)][2]



[2] https://www.lancashireskillshub.co.uk/wp-content/uploads/2018/04/Lancashire-report-2.pdf

Sectoral trends

Figure 11 shows the employers engaged by the WPHC initiative with respect to sector and compares these with the sectoral profile of employers across Lancashire. This chart needs to be viewed in the context of BHM's strategy for recruitment which had a focus on smaller companies and public sector organisations (the regional employer statistics in blue refer to employers of all sizes). In numerical terms it can be seen that there is under-representation of retail companies and over-representation of entertainment and recreation. The latter trend is likely to reflect BHMs connections in the sports and leisure sector. BHMs activities in the charities sector is a possible explanation for the high numbers of engaged employers whose activities focus on health and social work.

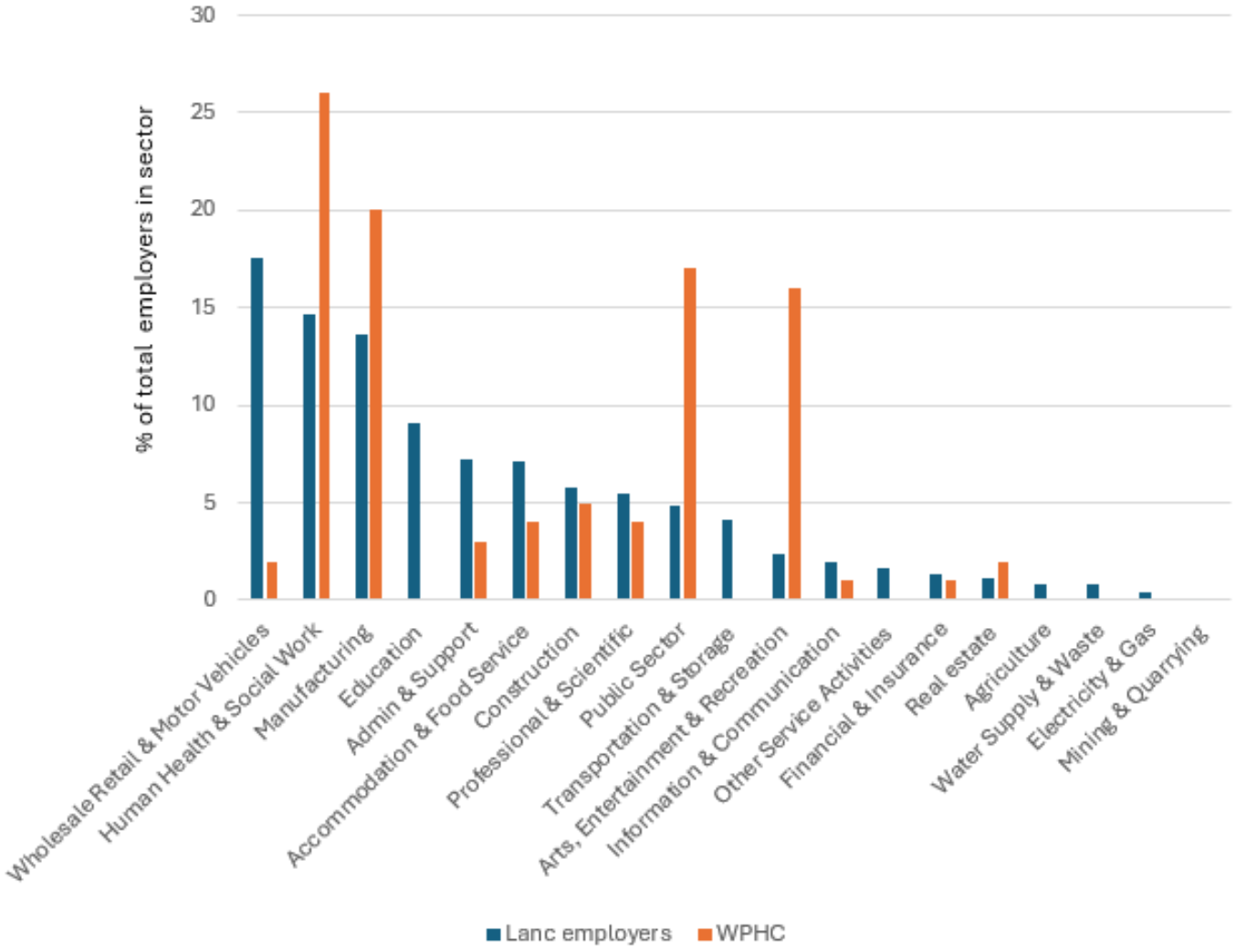


Figure 11: Sectoral profile of WPHC employers in comparison with Lancashire employer population {source: WPHC Engagement Summary 2023-24 Q3.pdf, Business Register and Employment Survey (BRES Open Access), 2018 provisional)

Perspectives from Business Health Matters

To understand their experiences and reflections a focus group with BHM staff was held on 20th October 2023. A number of themes emerged around the management of relationships with partners and ways of working internally.

Reflections on achievements and progress to date

The BHM programme of work represented a change to the traditional working culture of the team, necessitating a move from promoting activities and lifestyles to selling a product. The aim of reaching businesses rather than people and communities required for new ways of working. Therefore, for the whole delivery team, the learning curve was a steep one throughout. An initial observation about barriers to progress was the lack of opportunity to pilot before scaling up. The requirement to 'hit the ground running' limited opportunities to test approaches and learn. This was felt to have compromised efficiency early on, with consequences for productivity. It was also noted that timescales did not take account of a late start.

The project change request (PCR) submitted in early 2023 provided an opportunity to reflect on strategies that had worked well and less well and led to the formulation of a robust action plan. Following the PCR, the team were able to clarify the focus should be on targets set between January 2023 and December 2023. Whilst the risk of clawback was minimal, partners were made aware the risk existed if targets were not met. The provision of more feasible targets provided impetus to adapt where necessary and resulted in remarkable traction in the final FY three quarters of FY 2023/4. The team can take satisfaction with the achieved increase in WHC training participants: 'almost doubling' in recent months.

Managing relationships

The BHM partners have been pivotal to operation of the WHC project: they represent a diverse selection of organisations in terms of specialism, size and geography The last two years have yielded valuable insights about the selection and management of partners.

Pre-existing relationships

Many partners had an existing positive relationship with Active Lancashire colleagues and had worked on several other projects prior to the formation of BHM. As the project progressed there was a feeling that the existing relationships could create conflicts of interest and, following the PCR, the

increased focus on managing performance could be challenging to navigate. With hindsight, some team members felt that the criteria for partner selection should not have rested so heavily upon who was already known to them, and that there should have been greater emphasis on who could demonstrate capacity to deliver the service reliably.

The team viewed that the high volume of partners contributed to difficulty managing them, which entailed monitoring which were dormant, and which were coming onto and moving off the project at different times.

Performance management

Following the PCR outcome and with the requirement to produce an action plan there was a renewed sense of focus on managing the outputs of the partners. BHM staff felt confident that they were doing 'everything they could' to advance the initiative and felt in a position to demand more from their partners.

Effective contract management in this context was a learning process and required a new level of directness. Approaches that were observed to work well included holding regular one on one meetings to address specific KPIs and asking them to be specific about their plans to address their outputs. The possibility of clawback of funds (and, with that, senior managers being alerted) was felt to provide an incentive for action among some partners. On reflection the delivery teams said that individual action plans at the beginning of the project would have been beneficial. A requirement to complete timesheets would also have allowed better scrutiny.

Along with the move to closer management of partners, it was also noted that some wanted to have more control of their activities. Those tended to be the ones whose delivery was more on track so greater autonomy was felt to work well in that context. Indeed, several partners stood out as particularly effective and actively worked to help meet BHM meet its targets.

Managing at cluster level

In response to DWP guidance, the BHM team developed a co-ordinated and consistent approach culminating in an action plan. The approach to cluster meetings was reviewed drawing from lessons on what worked well for the coastal cluster, including good practice on the regularity and volume of communications. This enabled a more standardised approach to be taken across the whole Lancs area. Nevertheless, there were reflections within the team on diverse experiences of working with the

various clusters. Among the many reports of success there were some reports of growing disengagement which was challenging to address.

Fit with the tutor role

Prior to the project, most tutors had experience of working in a job role within the health and wellbeing sector, so the WHC programme potentially provided an opportunity to upskill and further their knowledge on the subject. For some, these were completely new skills as they had not delivered training before.

With the benefit of hindsight, the BHM team felt that the fit between some delivery partner staff and the tutor role had not been ideal, and that would like to have been more involved in the recruitment and selection of tutors. One view was that possibly BHM did not communicate well what they were looking for in tutors in the initial stages of the project. There was recognition that someone who had made a good instructor in another role (e.g. fitness instruction outside an occupational health context) was not necessarily suited to being a WHC tutor.

The overarching aim of the BHM team had been to be supportive and 'help people keep their jobs' (mindful of the high tutor turnover throughout the project), rather than police the quality of tutors zealously. But there was agreement of a lack of confidence among many tutors. While some were felt to be extremely high quality, others had declared that they felt overloaded. Some also felt they lacked time to prepare for sessions prior to course delivery; potentially resulting in a poorer quality experience for those attending. Mentoring and supporting needed more time than expected alongside the resources required to orient new recruits.

Engaging businesses and marketing

Responsibility for marketing

Initially, Business Health Matters staff had planned to lead on engaging employers with the programme. Over the course of the project, as a response to low take-up among employers, a number of different initiatives were implemented including the recruitment of a Business Engagement Officer, the procurement of a market engagement company to cold call employers and purchasing a contact database. A sector-specific approach was planned but not followed through).

Over time, it also became the responsibility of partners to generate business. A number of delivery partners employed a staff member to lead on business engagement, often via the existing marketing

and communications team within their organisations. This provided a means of for partners to network and connect with employers in their locality, not just for the WHC project but for other aspects of their business. However, the BHM team observed that it could be problematic to locate where responsibility for engaging businesses sat within partner organisations.

Messages and strategies

It was noted that messages changed repeatedly in the pursuit of finding out what would resonate with different types of organisations and sectors. For example, a change of direction was made after a local specialist suggested 'negative marketing' about mental health risked reinforcing stigma. Ad hoc changes like this made internal evaluation of what was working difficult. Communication approaches identified as effective: included a Facebook page, a newsletter as a resource for businesses and (paid for) social media targeted at workers over 50.

More generally mental health emerged an area attractive to employers, although it was important to address a common misconception that the WHC course was solely focussed on mental health. Other employer areas of interest that drove participation included presenteeism, safeguarding and diet. However, some organisations signed-up as a 'tick box exercise', not seemingly driven by defined objectives.

One area of learning was the range of organisational perspectives on responsibility for workplace health vs health and safety. For example, the manufacturing sector appeared to be less engaged with wellbeing, possibly because of the safety imperative of their work. Desk research has been effective in identifying more 'progressive' organisations whose values are likely to align with the values of BHM and invest in workplace health (e.g. those signed up to Investors in People, Red Rose awards, content of Glass Door reviews and other social media).

Wider impacts for Active Lancashire

Through discussion with senior leaders in Active Lancashire there was reflection on the wider impacts that the WHC programme has had for both the organisation and the wider area. It was felt that the programme has been an enabler to develop and build links with the Lancashire Enterprise Partnership (LEP), the Integrated Care Board (ICB) and the local authorities across the region. The experience and knowledge of workplace health challenges has enabled Active Lancashire to be more confident in engaging with these bodies to highlight the agenda of workplace health and how a focus upon this can support their strategic aims. This has resulted in opportunities for BHM to also represent the

agenda at national levels including all party parliamentary groups, the Office for Health Improvement and Disparities (OHID) and UK Active.

As reflected in the focus group discussions the management of partners across the programme has also resulted in a *"steep learning curve"* in relation to partner management and performance management. It was reflected that ensuring a focus on a shared set of values and behaviours, as well as tighter contract management, was found to be an effective combination.

Concluding comments

There was a view that inevitably the funding model influenced the delivery of the WHC initiative. The concurrent BHM project impacted on capacity and the team have been forced to work with what was possible within that context, rather than what was ideal. If WHC had been delivered as standalone initiative, then possibly more decisions (for example about marketing) could have been made that were more specific to its needs.

The closing phase of the WHC initiative has been dominated by the development of the new model (combining elements of the WHC and health checks initiatives). The team felt that the WHC training had potentially suffered from a lack of focus while they 'have been pulled from pillar to post' across a number of different priorities for the legacy of the current programme, for example setting branding and recognition in place.

A takeaway message has been to select partners according to their demonstrated capability rather than 'shoehorn' people and organisations into roles with a poor fit.

In terms of influence/change across Lancs they have fed into the local LEP strategy and Lancashire 2050 plan so that workplace health features. Staff member now attend health and wellbeing boards in each local authority. The WHC team noted that there is a CRM of more than 200 businesses that BHM now have a relationship with.

Perspectives from tutors and delivery partners

This section draws from two sources of data. The first is 10 semi-structured interviews completed with delivery partners between July and September 2022. These involved discussions of their roles in the design, delivery, and implementation of the programme, including the impact of Covid-19. The

second source of data is the survey with senior leaders in partner organisations. This was distributed in September 2023 with the aim of understanding partners perspectives on the management of the WHC project. Figure 12 provides a summary of the survey results below. As can be seen the highest scoring elements related to support with administration (Mean 7.8/10 range, 1-10), responsivity to queries (mean 6.3, range 2-10) and connecting partners and sharing knowledge (mean 6.2, range 1-10). Thematic analysis of the interviews and survey is presented below.

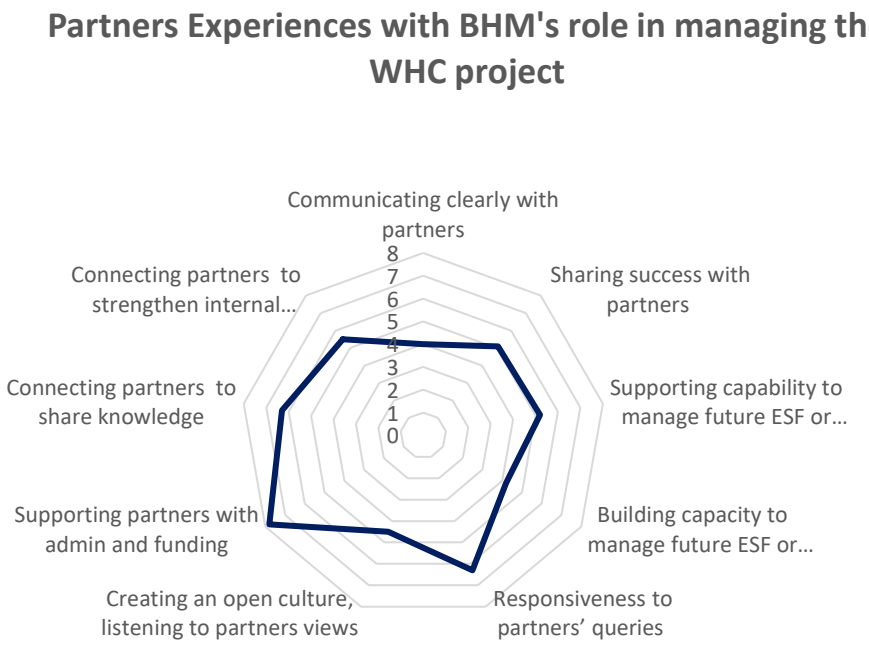


Figure 12: Partner perspectives on the management of the WHC scheme [Source: RS partner survey]

Partnership working with BHM

Some partners had an existing positive relationship with Active Lancashire and had worked on several other projects with them in the past. This was an opportunity to strengthen existing links and was also attractive due to the increased awareness of employee health and wellbeing, post pandemic.

"We were drawn to it because it gave us the opportunity to upskill staff and increase our relationship with Active Lancashire." Delivery partner

This was also seen as an opportunity to strengthen both the skills or their workforce and relationships with local businesses.

"We really saw it as a good opportunity to engage with other businesses and strengthen our local network and connections." Delivery partner

Most tutors already worked in a job role within the health and wellbeing sector, so they felt the programme was an opportunity to upskill and further their knowledge on the subject. It was also a good opportunity to develop their tutoring skills as some had never delivered training before.

"We were initially told to do it, but once we understood what it was, we wanted to do it, we would have volunteered for it." Tutor

Communication with partners was one of the lowest scoring areas within the partner survey (mean 4, range 1-7 out of 10). Whilst no clear theme emerged as to why this was comments received included findings the relationship transactional, others were unclear on the purpose of BHM seeking feedback given the course content could not change. One delivery partner reported wanting more information in relation to performance against targets. We are aware that how relationships with delivery partners changed over the duration of the project and, in order to meet the targets set, a more formal contract management approach was implemented. This might account for some of these comments received after this change was introduced. BHM however should reflect on relationship management with partners and how, especially given the pressures to also engage businesses, this might be developed for future partnerships of this size.

Organisational role and activities

Partners and tutors attended meetings and training sessions, as well as engaging businesses with the programme themselves.

Meetings were a particularly useful place for partners to get together and share good practice. *"The success are the team meetings; you learn from other people and other Borough's as well."* The meetings have also been a place to review content in the teaching materials and make changes to content based on discussions amongst partners and tutors. *"The peer group meetings have been really beneficial, we've discussed the materials and when we've felt something wasn't quite right, we've discussed and changed them."*

Some partners felt the process of developing the presentation for tutors had been positive. One partner described that for them, they made some changes by consulting with the original developer, and tutors had used meetings to share ideas on activities, which had overall been a *"good process"*. Other partners felt the process had been *"time consuming"* for the tutors, and for those who had not taught previously, it was *"a lot to get their head around"* and in some cases would *"eat into staff time"*.

Engaging businesses

Initially, it was planned to be the role of Business Health Matters to engage employers with the programme. Over time, it became the responsibility of both Business Health Matters and the partners to generate business.

"For the scheme to be successful and for us to achieve our own personal aspirations, we have to be more active on business engagement." Delivery partner

The move to enabling partners to engage businesses within their own areas was seen as positive and allowed partners to create and strengthens local relationships, as well as making the training sessions quicker and easier to deliver. A number of delivery partners used existing marketing and communications team within their organisations for this.

"When it was put in our hands, we asked someone from our comms team to get on with the business engagement and we've found this really successful." Delivery partner

Within the survey responses how businesses have been engaged both before and after the training was highlighted by a number of delivery partners. One identified a need for initial education for employers to raise the profile and understanding of need for workplace health initiatives ahead of the WHC training.

"There have been missed opportunities with this project as a whole I think and given time again we could improve this impact. There has to be a lot education with business and sector leaders. Where you don't have this, you don't have a successful project." Delivery Partner

Another also identified a need for further follow-up by the partners to facilitate a local support network. This however was reportedly hampered by GDPR.

"Information on who had attended could not be shared from BHM team to local providers (due to how BHM set up the GDPR) and therefore the opportunity to create a sustainable local support network was lost" Delivery partner

Training

The training provided by BHM to delivery partners was identified as consistently high quality and improved tutors' motivation, knowledge, and confidence in delivery. Partners stated they had *"reaped the benefits"* of the tutors increased knowledge and confidence in their day-to-day activities, so the training did not only benefit them as WHCs, but also in their current job roles.

"The skills my team have learnt have all been really positive, we've had great feedback from the team and from a professional development perspective staff have all been very excited." Delivery partner

Delivering the courses

Partners told us how working and delivering the courses in their local area made the process feel more streamlined, and more beneficial for them as a business. Tutors were also more confident delivering courses in their local area, as they were able to give localised examples in the training and signpost employers to other services easier. They are in turn expanding their company's network from the training sessions by creating awareness of who they are in the locality. This is not effective when delivering out of area.

"There have been instances where the tutors have delivered a successful session and employers want to talk to us more, we have expanded our local networks." Delivery partner

Dedicated staff time

Some partners felt it was difficult to allocate staff time when courses would come through 1-2 weeks before they were due to go ahead. Partners felt this was not enough time to plan ahead for their tutors, and often, tutors would be otherwise engaged on the dates and times proposed for the courses.

"The challenge was they were giving us the dates of courses and we couldn't timetable, it's difficult when they say they need a tutor on this day or this day, we've had to be very accommodating so far." Delivery partner

It was also challenging for partners and tutors when courses would be cancelled the day before or on the day, due to low uptake, and the day had been blocked out for tutors to travel and deliver the course.

Perspectives from Workplace Health Champions

This section reports the findings from the process evaluation from the perspectives of the health champions. This includes their experience of the initial training, on-going support from BHM and the implementation of the roles within their organisations.

Training

The training provided to WHC was consistently felt to be of a high standard. 91% (n=55) of those responding to the 3 months survey agreed or strongly agreed that the training had provided them with the knowledge they need to be a health champion. The vast majority of survey responses were from those who had received face-to-face training although there was no difference in ratings for those who had received online or blended training. This is also consistent with internal training evaluation conducted by BHM as outlined in Table 2 below

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Course outcomes were clearly defined	80%	19%	0%	0%	0%
Participation and interaction	88%	11%	0%	0%	0%
Relevant topics	79%	20%	0%	0%	0%
Organised and easy to follow	82%	20%	0%	0%	0%
Useful materials	78%	21%	1%	0%	0%

Table 2: Learner feedback [Source: BHM learner course delivery feedback Q1-5, Sept 2023]

Crucially WHCs three months after the training still scored the training consistently highly in respect to its ability to prepare them to delivery the role. As can be seen in Figure 13 the vast majority of

respondents agreed or strongly agreed to a series of statements enquiring how the training had supported them in their role. These included (89%, n=101) of respondents reporting the training gave them the skills needed, the tools needed 84% (n=97) and confidence (88%, n=102) to implement the role effectively.

Figure 13: WHC training feedback [Source: RS 3 month WHC survey]

Support from BHM

Following the interim report and recommendations in relation to facilitating opportunities for support and peer support across WHCs we are aware of a number of initiatives that BHM have undertaken to deliver this. This includes a series of lunch and learn sessions, the introduction of the WHC Facebook page and tutors coordinating activities with WHCs.

In surveys WHCs were asked what, if anything, could BHM do to improve the post-training support they provide. Whilst many (49%, n=51) reported not requiring any further support 39% (n=24) felt that additional resources would be beneficial to them delivering the role. Just 13% (n=8) felt that an opportunity for networking with other champions was required (Figure 14). This suggests that, despite the existing evidence of the benefits of providing forums for collaboration this might not be the best use of resource for BHM at this time. Instead developing and maintaining a repository of resources may be more beneficial.

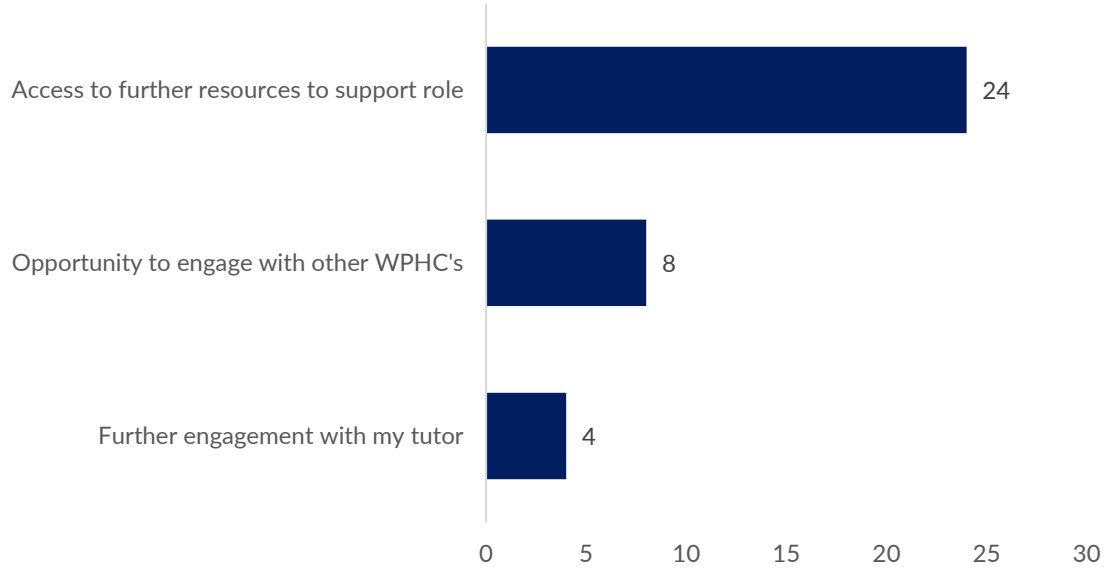


Figure 14: Additional support requirements from BHM [Source: RS WHC 3 month survey]

Implementation of the role within organisations

As described previously 59% of WHCs completing the 3 month survey report having been able to implement the role within their organisations. Enablers of delivery included existing knowledge and commitment to workplace health by both the champions and their employers. Organisational support is a key enabler. A number of WHCs reported having been nominated for the role by their managers and the majority of those we interviewed felt well supported by their line manager and senior managers. In some cases their managers had attended the training themselves.

"Yes, my line manager is definitely behind [the training] and the journey that we're taking […]. We've got a good relationship." Workplace Health Champion

One WHC described the Board already "*championing* [workplace health] *with a small 'c'*" and believed that the champion role therefore allowed the organisation to formalise this commitment.

This is also supported within the WHC surveys in which at three month 85% (n=96) agreed or strongly agreed that their employer was supportive of the role. At nine months this figure had reduced to 77% (n=27) and whilst this finding may be a result of the different sample sizes, it may also point to lessening support over time.

Despite generally high levels of commitment barriers to implementing the role often included freeing up of resources and particularly creating time within the champions job role. As may be expected this was particularly challenging at times of pressure within the organisation either for the champion to deliver the role, or for freeing staff to engage in workplace health activities.

"Time issues [are a challenge] – *our own workload has just been manic and it's there in the back of your mind, and just gets pushed to the bottom of the pile of things to do"* Health Champion

"The WPHC role is important in the company but with workloads being large even without the additional role, the time spent on the WPHC role is limited." Health Champion

The difficulties of delivering the role in manufacturing was particularly identified by those working in this sector with the companies' inability to halt production and different shift patterns creating unique challenges.

For a minority of champions a lack of senior management support for the role was also an obstacle. For those who experienced that the importance of culture was particularly highlighted and whilst WHCs have been seen to positively impact upon this their ability to significantly change unhelp practices is naturally limited.

"in my job we go from one crisis to another so the last thing people are thinking about is health and wellbeing." Workplace Health Champion

Conclusions and implications

The evaluation has demonstrated that the WHC role is being successfully implemented and that champions are providing a range of activities which will positively impact upon workplace health and wellbeing. In addition to facilitating beneficial activities and providing information and guidance WHCs are also enabling the workforce to access specialist support through signposting and referral to external sources as well as making increased use of existing employee assistance programmes. This is particularly notable in support of colleague's mental health and wellbeing, and the role is enabling unique opportunities for peer support in this.

The likely impact for employers and the wider workforce is further evidenced by the outcomes that the training and role has had for the champions themselves. As well as developing leadership skills a substantial proportion of WHCs also report positive impacts upon their own health and wellbeing as a result of increased knowledge and a desire to lead by example. These benefits also appear to be sustained 9 months post training. In addition both WHCs and employers report an increased knowledge by the workforce and senior managers as a result of their role and this also appears that this is positively influencing organisational culture.

It would appear that the WHC role is relevant, necessary and desirable for employers. WHCs and employers both identify that, overall, there is support for the champion role and a recognition of the need to support workforce health. Despite resourcing challenges, organisations are committed to improving workplace health, although specific consideration is needed as to how to effectively implement this in sectors such as manufacturing, or where there is low commitment beyond the provision of training.

The evaluation has not been able to establish impact in relation to productivity, absence or other metrics despite repeated attempts to support organisations to understand the impact of WHC's in these areas. This might suggest that 'hard outcomes' such as these are not the primary motivation for employers when implementing workplace health schemes and that future marketing of the WHC should focus upon values and social responsibility rather than productivity.

There is clear learning from the process evaluation as well. BHM's change in its approach to contract management with partners was clearly successful and resulted in substantially improved performance in 2023, although the project has not been able to achieve the ambitious targets set. This has

reportedly required a cultural shift within the organisation which has not always been easy and the potential need to manage partners in this way should be considered in the development of future partnerships. Overall partners were positive about the support that BHM provided although some requested improved communication with the contract managers. Smaller partnership organisations particularly reported positive impacts as a result of their involvement at that it especially enhanced their ability to partner formally and informally. Within the partnership however communication was identified by a number of partners as an area for development. We are aware of the huge amount of work that has gone in to communicating with employers and promoting the scheme and future consideration of how this can also support communication within the partnership could be considered.

The training has been consistently recognised as being of good quality and providing WHCs with the skills, knowledge and confidence to deliver the role within their organisations. This is also reflected in customers Net Promoter Scores 71% of whom would recommend BHM to other businesses.

BHM have committed a significant amount of time in to supported champions to maintain connections and networks across organisations, this was informed by the existing evidence base and although it is desirable for some the on-going provision of resources and maintaining an up-to-date knowledge base appears to be of a higher priority for many. This is particularly relevant given the finding that whilst WHCs are more likely to implement their role over this period of time they do not report an increase in their skills to deliver the role, pointing to opportunities to support continuous professional development.

Based upon these conclusions we make suggest the following as implications for consideration.

- Give that implementation of the role does not appear to increase over time and barrier to implementation are issues of resource and capacity within organisations we suggest there is a role for BHM to support organisations to better understand the resources and commitments required to implement workplace health initiatives. The development of a 'readiness checklist' for example which could include consideration of having a health and wellbeing strategy that is owned organisation wide, and not solely the responsibility of HR, a ring-fenced budget for health, and reviewing how WHCs might complement or create duplication with other initiatives in place.
- Whilst WHCs report feeling well equipped for the role it does not currently appear that these continue to develop with the delivery of the role as evidenced by similar self-report

ratings in the three and nine month survey. This alongside the finding that WHCs would value resourced and further information indicates a potential gaps for supporting continuous professional development for WHCs.

- There are opportunities for BHM to reflect upon and learn from the partnership management approaches to the project and consider both the composition and maintenance of future partnerships. This should also consider findings highlighted in this report in relation to greater impacts being achieved for smaller organisations, how communication is resourced and maintained.

Appendix 1 – Updated evidence review

To update the review conducted at interim reporting stage (mid 2022) an identical search process was undertaken with publication date extended into autumn 2023. The strategy is detailed in the interim report and uses terms centred on workplace champion or peer-led health and wellbeing interventions. This failed to yield additional search hits. A follow up purposive search was then undertaken on via Google Scholar to capture any further developments of or findings from studies previously described in the interim report. This identified two relevant sources, which followed up an Australian study cited in the interim report. Because of their relevance these are described in below. This review also draws from an important and very recent development in this research area. An initiative is currently being funded through the NIHR's Work and Health Research Funded Development Awards[3] with the explicit aim of addressing the lack of evidence in this area.

'*Workplace health and wellbeing initiatives that are free at the point of use to workplaces' (WHISPA) will seek to establish what works to improve workplace health. It is acknowledged that the need for this in part arises from initiatives being delivered differently at local levels and learning not always being shared*'.

Following inspection of the WHISPA website a relevant study highlighted by this initiative also described.

Evidence identified from purposive search: the 'BeUpstanding' initiative

The previously reported study (Goode, Hadgraft, Neuhaus and Healy, 2019) provided a description of an online toolkit used by BeUpstanding workplace health champions (WHCs) to train themselves and to support workers to sit less and move more. This included a step-by-step guide and resources to help champions to raise awareness of workplace health and to help build a supportive culture to increase activity levels. The program included resources (e.g., videos, email templates, posters, survey links) to support the set-up, delivery and evaluation of the program within their work team.

[3] https://www.nihr.ac.uk/documents/nihr-work-and-health-research-funded-development-awards/34636

Evaluation of the programme

Healy et al (2021) trialled an integrated delivery and evaluation platform which enabled BeUpstanding WHCs to run and evaluate the intervention within their work team independent of researcher support. Data was collected via online surveys embedded in the program and through program access analytics. The primary effectiveness outcome was self-reported percentage of the workday spent sitting, assessed via pre- and post-program staff surveys obtained from seven organisations (18 champions, 167 staff). Analysis showed that workplace sitting reduced on average by 9%, amounting to 43 min less sitting across an 8 hour workday. The authors acknowledged the numbers were small and represented a minority of organisations (113 in total) who completed the sign-up process.

Factors associated with good practice

In separate paper (Goode, Frith, Hyne, Burzic, and Healy, 2022) the authors identified factors that optimised reach and effectiveness including the those set out below.

- *Professional design of materials*: Feedback from champions and staff revealed the importance of engaging, 'fun' and 'fresh' materials (e.g., emails, videos and posters) to convey the main messages of the program in order to encourage and motivate ongoing staff participation.

- *Clear presentation of the business case*: Champion and management feedback highlighted the importance of presenting program outcomes that were of relevance to management when deciding to adopt the program in their organisation/team. Expected key program outcomes, such as behaviour change (i.e., change in workplace sitting time) were important, but so too were work outcomes including employee satisfaction, productivity and reduction in sick days. Consequently, the user's onboarding journey included free downloads (e.g., "Dear Boss" letter) and an engaging short animation to help potential champions present the 'business case' to management to take part in the program and facilitate uptake.

- *Establishing targeted recruitment pathways*: For the program to be adopted at a national level and across all the sectors identified as priority targets, it was necessary to develop recruitment targets and referral pathways in collaboration with policy and practice partners. Planning sessions were held with each policy and practice partner to determine key audiences and potentially appropriate channels to promote the program. A tailored promotions and marketing plan with associated content and collateral was developed for each partner. Engagement with the partners was led by the implementation scientist and a business strategist.

- *Development of additional assets and dashboard changes*: Champions often liked the supporting materials provided to help them implement the program, but commonly asked for additional collateral, particularly posters and tips sheets including ideas for strategies to keep messages 'fresh' and enhance staff engagement with the program. Design features were added to the well liked 'push button' design layout to encourage champions to complete tasks, check that they had completed them and stay on track (eg, an autofill-coloured program task bar). Visual cues (eg, a preview of the bespoke report) were added to the dashboard to encourage champions to complete the workplace audit tool, which was a key planning step in the program.

- *Champion journey*: Management and champion feedback indicated that they were keen to know exactly 'what they were signing up for' in delivering and evaluating the program. Management also wanted additional resources outside of the program information sheets to help recruit champions. A colourful two page and one page version of a 'champion journey' infographic (See Figure 1) was developed to outline the necessary time commitment, and key steps involved in this peer-led program.

- It should be noted that these good practice factors were identified during iterative co-designed process: BeUpstanding was developed through a user-centred design approach involving WHCs and other stakeholders. Therefore these did not emerge from a formal evaluation process and the lessons from them should be drawn cautiously. However it is interesting to consider how they resonate with aims and experiences of BHM, in particular issues in relation to helping managers the business case, taking a strategic approach to recruitment and the need for WHCs to feel supported by their managers. The journey map is a potentially useful resource to draw inspiration from in buy-in from senior managers in organisations and line managers with WHCs among their direct reports.

Evidence identified by NIHR WHISPA project

According to the WHISPA website[4]:

[4] https://whispas.co.uk/ (accessed 24.03.24)

"WHISPAs provide information, advice, activities, and/or accreditation about workplace health and wellbeing, such as guidance on policies about flexible working and caring responsibilities, mental health support, and fitness classes. They are free at the point of use for workplaces, usually because they are funded by local government or voluntary and community organisations. Free at the point of use means that participating workplaces do not need to pay anything to take part."

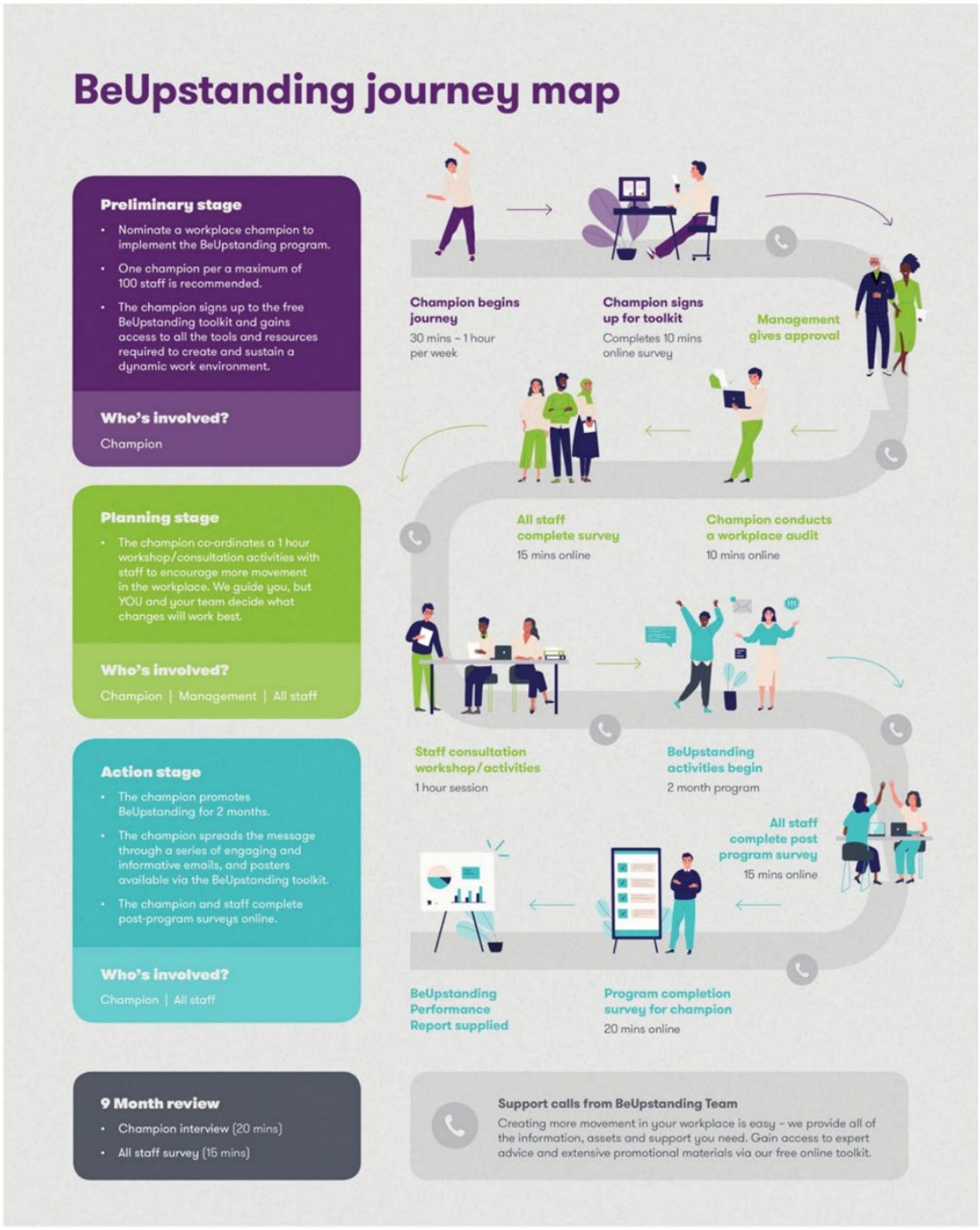
Examples provided include the Better Health at Work Award in the North-East and Cumbria, Thrive at Work in the West Midlands, and Healthy Cornwall workplace health. To date, resources identified as part of this initiative have limited to relevance to the WHC initiative or describe protocols for planned studies (eg Alidu, Al-Khudairy, Bharatan et al' 2023; PHIRST Connect, 2023)5. However, given its remit, is that future evaluative evidence resulting from WHISPA will have read across for WHC in future.

Concluding comments

This brief update has identified very little new evidence of immediate consequence to the design of future WHCs. The evaluation study described in detail provides some evidence that WHC led initiatives can be effective but derives its conclusions from a small, possibly unrepresentative sample size (from less than 7 per cent of organisations who signed up to BeUpstanding) and also draws good practice observations from the initiative's development process rather than evaluation findings. Arguably the most applicable output of this work is the workplace champion journey map produced to increase employer engagement. This is shown below for illustrative purposes.

It seems likely the NIHR's WHISPA project will add to the evidence base in this area: especially if initiatives centring on peer-led or champion-led initiatives feature in their assessments.
With the above points in mind, our assessment is that the conclusions drawn in the previous evidence review still stand: this update has not identified additional evidence of sufficient quality or relevance to amend or add to these.

[5]https://whispas.co.uk/our-research/ (accessed 24.03.24)



Source: Goode et al, (2022)

Figure 15: Workplace champion journey map [source: Goode et al., 2002[6]]

[6] https://beupstanding.blog/2022/07/how-your-input-is-helping-build-beupstanding/

References

Alidu L, Al-Khudairy L, Bharatan I, Bird P, Campbell N, Currie G, et al. (2023) Protocol for a cluster randomised waitlist-controlled trial of a goal-based behaviour change intervention for employees in workplaces enrolled in health and wellbeing initiatives. PLoS ONE 18(9): e0282848. https://doi.org/10.1371/journal.pone.0282848

Al-Khudairy L, Akram Y, Watson SI, Kudrna L, Hofman J, Nightingale M, et al. (2023) Evaluation of an organisational-level monetary incentive to promote the health and wellbeing of workers in small and medium-sized enterprises: A mixed-methods cluster randomised controlled trial. PLOS Glob Public Health 3(7): e0001381.https://doi.org/10.1371/journal.pgph.0001381

Goode, Ana D., Matthew Frith, Sarah A. Hyne, Jennifer Burzic, and Genevieve N. Healy. 2022. Applying a User Centred Design Approach to Optimise a Workplace Initiative for Wide-Scale Implementation. International Journal of Environmental Research and Public Health 19, no. 13: 8096. https://doi.org/10.3390/ijerph19138096

Goode, A., Hadgraft, N., Neuhaus M. and Healy, G. (2019) Perceptions of an online 'train-the-champion' approach to increase workplace movement', Health Promotion International, 34(6), pp. 1179-1190. https://doi.org/10.1093/heapro/day092

Healy, G.N., Winkler, E.A.H. & Goode, A.D. A RE-AIM evaluation in early adopters to iteratively improve the online BeUpstanding™ program supporting workers to sit less and move more. BMC Public Health 21, 1916 (2021). https://doi.org/10.1186/s12889-021-11993-1

PHIRST Connect, University of Hertfordshire. An evaluation of workplace health and wellbeing support in Walsall small and medium sized enterprises (SMEs). 2023/ https://phirst.nihr.ac.uk/evaluations/an-evaluation-of-workplace-health-and-wellbeing-support-in-walsall-small-and-medium-sized-enterprises-smes/

Thrive at Work Wellbeing Programme Collaboration BMC Public Health (2019) 19:493 https://doi.org/10.1186/s12889-019-6582-y

Appendix 2 – Topic guides

Delivery partners one-to-one interviews topic guide

Introduction

Hello, my name is XXX from Rocket Science/IES. Thank you for taking the time today to speak to me about your experiences of being a delivery partner for the Workplace Health Champion programme. Rocket Science is an independent policy, research and grant making consultancy and we have been commissioned with the Institute for Employment Studies by Business Health Matters to deliver an independent evaluation of the Workplace Health Champion Training programme. The information we collect from you will help Business Health Matters to understand what's worked well with the programme, and what can be done in the future in order to improve delivery.

Everything you say today will be confidential and anonymised in our repotting, we won't report any findings attributed back to individuals. We may use some quotations from what you tell us, but they won't have your name next to them. If you want to skip any questions or don't feel comfortable at any point please let me know and we can move on or take a break. Have you got any questions for me before we get started?

About you

1. Your name?
2. The company you work for?
3. Role in the workplace health champion (2.1 project)
4. How you became a delivery partner?
    a. *(Ask how they first heard about the programme)*
5. What made you want to get involved with the programme?

Design and delivery

6. What has been your role in the development and delivery of the programme?
7. What activities have your team delivered to date?

(Prompt: proposal writing, training provision, marketing, expertise, business engagement)

8. How, if at all, has this differed from the activities which were planned in the original model in relation to: (*Prompt for reasons why these have differed if appropriate)*
    a. Volume of referrals
    b. Nature of the activities
    c. The timing of the activities
    d. Time allocated to the tutors to deliver training
9. What has your personal input to date been?

What's worked well?

10. What, in your opinion, are the early successes of the project?
11. Has there been a lot of interest in the services?
    a. Do you find that there are any particular sectors who are engaging with the programme?
12. Why do you think the above is working well?
13. Based on the above, what are you going to do to increase the early successes to sustain them going forward on the programme?

What's working less well?

14. What isn't working as well as you thought it might? Prompts -
    a. The demand or interest in the service
    b. The quality of communication
    c. Availability of contact data for businesses?
    d. Working relationships
    e. Marketing the programme/business engagement events to promote the WHC
15. Are there any early challenges you are facing?

    Prompt:

- *dedicated staff time,*
- *economic factors,*
- *the local labour market,*
- *priorities of health and wellbeing amid other factors*

16. What has been the impact of covid-19?

Employer interview topic guide

Hi, my name is... Thank you for taking the time to talk to us today about your experiences with participating in Workplace Health Champion Training programme. I am from Rocket Science, an independent research organisation which has been commissioned with the Institute for Employment Studies by Business Health Matters to deliver the independent evaluation of the Workplace Health Champion Training programme. Your views will help Business Health Matters (BHM) to understand how the programme is going and what they can do to improve delivery. Everything you say today will be anonymous and will only be used in aggregate findings for the report we submit to BHM. We would like to use some quotes from you today, will that be alright? You don't have to answer any questions that you prefer not to answer or are unsure of and can stop the interview at any time. Before we start, do you have any questions for me?

Introduction

1. Could you tell me a bit about your company/organisation?
    a. How many employees do you have?
    b. What is your annual turnover?
    c. Before joining the programme, how many employees were leaving your company/organisation for health reasons?
    d. Before joining the programme, did you incur any costs for external occupational health providers? (e.g. for occupational health assessments, workplace counselling or other emotional wellbeing support, etc)

2. How did you hear about Workplace Health Champion training programme?

3. Why did you decided to join the programme?
    a. *Prompt for reasons for uptake – what challenges is/was the company facing, was attractive about it? E.g decreasing absentee costs, increasing staff wellbeing, receiving advice and support, wanting to understand workplace health better but wasn't sure how*

4. When joining the programme, did you take up the Workplace Health Checks offer by Business Health Matters?
    a. *Prompt for reasons why / why not*

Progress on the Workplace Health Champion Training programme

5. What has been your progress so far on the programme?
    a. Who has been trained in your company/organisation?
    b. How has the training been implemented in your company/organisation
    c. Have there been any delays in your progress on the programme?
    d. Have there been any additional training needs identified since the Workplace Health Champion training (if so what)?

Perspective on the Workplace Health Champion Training programme

6. What works well and doesn't work well in the trainings?

7. What works well and doesn't work well in the overall quality of the programme?

8. Does the service fit with your company/organisation needs/priorities?

Impact of the Workplace Health Champion Training programme

9. Are you seeing any improvements because of your participation on the programme?
    a. *Prompt for increased workplace happiness e.g:*
        i. *Improved staff satisfaction*
        ii. *Improved retention of experiences staff*
        iii. *Improved management of stress and other health risks*
        iv. *Decreased absence levels*
    b. *Prompt for decreased workplace costs e.g:*
        i. *Decreased absence levels*
        ii. *Decreased costs in external occupational health advisors*
    c. *Prompt for company benefits e.g:*
        i. *Improved company image/PR*
        ii. *Improved compliance*
    d. *Prompt for increased activity levels*

Closing

10. What support do you need to develop or sustain the Workplace Health Champion Training activities going forward?
    a. *Prompt for further training/support, workplace health checks etc.*

11. Is there anything else you would like to share with me today?

Health champion topic guide

Hello, my name is XXX from Rocket Science (OR IES). Thank you for taking the time to speak to me today about your experiences of being a Workplace Health Champion. Rocket Science is an independent policy, research and grant making consultancy and we have been commissioned with the Institute for Employment Studies by Business Health Matters (BHM) to deliver an independent evaluation of the Workplace Health Champion Training programme. The information we collect from you will help BHM to understand what's worked well with the programme, and what can be done in the future in order to improve delivery.

Everything you say today will be confidential and anonymised in our reporting, we won't report any findings attributed back to individuals. We may use some quotations from what you tell us, but they won't have your name next to them. If you want to skip any questions or don't feel comfortable at any point please let me know and we can move on or take a break. Have you got any questions for me before we get started?

1. Introduction
    a. Your name, the company you work for
    b. What made you want to attend the Workplace Health Champion
    c. How long you have been a health champion

2. How would you each describe the main roles and responsibilities of being a Health Champion?

Section 1: Training

3. Did the training improve your knowledge and awareness of:
    a. Workplace health and wellbeing issues?
    b. Awareness of health and wellbeing resources and the support available at a local and national level?
    c. How to improve the Workplace Health offer in your organisation?

Section 2: Delivery

4. What, if anything, have you done in the company since becoming a Health Champion?

(Prompt: campaigns to promote/raise awareness of wellbeing issues, 121 support to individuals, signposting/referring into other services/raising issues with management)

a. Which of these has been the most successful and why?

5. What, if any, barriers are you facing in the delivery of your role as a Workplace Health Champion

(Prompt: Time to complete the role, senior management support/buy-in, lack of interest in the workforce, lack of perceived need)

Section 3: Confidence

6. How confident do you feel in the role to promote workplace health and wellbeing?
7. What impact did the training have on your confidence to deliver the role?
8. How active have you been in the role since your training?
9. Have you actively signposted colleagues to health and wellbeing resources for support?
10. How supported are you to deliver the Health Champion role?
11. What, if anything, could be done to better support you in the role?

Section 4: Impact

12. What impact can you see the job you are doing as Health Champion having on your co-workers in relation to:
    a. Health and wellbeing behaviours
    b. Mental health
    c. Physical health
    d. Productivity (sickness absence, presenteeism etc)

13. What impact is the role having on your life in relation to:
    a. Your own health and wellbeing behaviours
    b. Your own mental health
    c. Your own physical health

14. Are there any impacts or changes for your employer in relation to:

a. Policies and procedures (eg sickness absence, return to work etc)
b. Productivity (eg sickness absence rates)

Is there anything else you would like to add?

Thank you for your time.

BHM staff interview topic guide

About you

1. Role in the workplace health champion project
    a. Length of time involved in the WPHC project

Delivery Context

2. What have been the key challenges of establishing the project?
    a. How have you overcome these challenges? What has worked well?
3. What, if any, impact do you think the business environment across Lancashire has had on the project?
4. What, if any, impact has the ESF funding/targets had for the project?

Design and delivery

5. What, in your opinion, are the early successes of the project? (prompt for quality of delivery, volume/scale of deliver/reach in to businesses)
    a. How were these achieved?
6. How, if at all, has this differed from the activities which were planned in the original model in relation to: (*Prompt for reasons why these have differed if appropriate)*
    a. Volume of referrals
    b. Nature of the activities
    c. The timing of the activities
    d. Fidelity to the original Workplace Health Champion model (ie one champion per workplace trained rather than a group from the same workplace)
7. We are aware that there has been a number of different approaches to marketing over the last year. What are you learning about the marketing of the offer, what is attractive for employers?
    a. Is anything not attractive for employers?

8. What, if anything, isn't working as well as you thought it might?/What would you do differently if setting up the project again? -

Partnership

9. What are the strengths of the partnership you have across the partnership?
    a. Are these being fully realised by the project? (Why?)
    b. What benefits does the relationship with Active Lancashire bring to the project?
10. Are there any gaps in the partnership or areas for development?
11. How well embedded do you feel the workplace health agenda within public health/local authorities' strategies across Lancashire?

Impact

12. Are you aware of any emerging impacts of the WHC project?
    (prompt for awareness of workplace health, increased visibility as well as health improvements)
13. What impacts are you seeing WPHC's having within Active Lancashire? How are you measuring/monitoring this?

Future

14. What are the aspirations for the WHC project after 2023? How can this be made sustainable?
15. Is there anything we haven't discussed that we should?

Thank you for your time.

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