

Evaluation of Thrive at Work West of England programme

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Executive summary

Thrive at Work West of England has arisen from a collaboration between employers and partners to provide small to medium enterprises (SMEs) with tools and training resources for the management of mental health and wellbeing at work. This report focuses on the impact of Thrive at Work on the management of mental health and well-being at three case study organisations in the South-West of England and presents findings from structured interviews with managers and staff, led by Gapsquare researchers. It also includes findings from a survey administered to 582 participants after they completed Mind's online training for line managers.

There was a consensus among case study interview participants that Thrive at Work had a good fit with workplace concerns about mental health and the overall response was highly positive. The training and resources were felt to be timely in the context of pandemic-related pressures on working life, and feedback centred on the high quality, relevance and user-friendliness of the resources. Anecdotally, the Thrive at Work manager training (Mind's e-learning package for line managers) was felt to have resulted in positive changes in behaviour and management approach, for example:

- Managers felt their training had equipped them to communicate about mental health more openly and improved their confidence to offer support to staff;
- Some employees reported positive changes in manager behaviours (although they could not attribute this to the training for certain);
- Efforts to formalise what had been learned from the training through new policies and procedures, most notably through the content of one-to-one meetings, new peer support mechanisms and in one case, the introduction of formal occupational health support.

Overall, the case study findings were consistent with the aim of embedding good mental health practice in businesses and supporting employees. However, the companies featured in this report were aspirational in their approach to managing mental health and were reportedly demonstrating good practice in this area prior to Thrive at Work. It is important to be mindful that these features will not be common to all SMEs and that this is a potential source of bias in the findings of this study. It seems likely that Thrive at Work could make a more significant impact in SMEs whose approaches to workplace mental health and wellbeing are less developed, and where arguably more radical cultural shifts and improved support mechanisms are needed.

Findings from the survey of online training users showed participants to be diverse in terms of their work location, sector and size of their employer. A notable success was significant uptake among smaller employers, who can be hard to reach: half of the respondents worked in organisations where there were less than 50 workers. The findings

also show a very high degree of satisfaction with the training among users, and highly positive outcomes such as (self-reported) increased confidence to promote good mental health at work, and improved understanding of how to support colleagues.

To increase understanding of the impact of the pilot some of the contextual factors mentioned in this report such as the importance of having a mental health 'champion' already in place when introducing new MH initiatives could be explored further. Other topics of interest include motivations to improve practice which go beyond immediate workforce concerns such as a commitment to an environmental, social, and governance (ESG) agenda and a desire to understand potentially disadvantaged client groups better.

To learn more, the possibility of further case studies could be considered and/or a follow up survey for recipients of the line manager training to understand longer-term outcomes and impacts. Any future research should aim to reach a representative sample of employers in the West of England.

1 Introduction

The Thrive at Work West of England programme¹ (referred to as ‘Thrive at Work’ in this report) has arisen from a collaboration between employers and partners to provide small to medium enterprises (SMEs) with tools and training resources for the management of mental health and wellbeing at work. The aim has been to embed good mental health practice in business and support employees.

A Covid-19 Mental Health and Wellbeing Workforce group was established to coordinate support for the local workforce and help mitigate some potential mental health problems arising from Covid-19 in the WECA region. This group is a partnership of the local authorities (Bristol, North Somerset, South Gloucestershire, Bath & North East Somerset), West of England Combined Authority, Business West, Federation of Small Business, Mind and organisations in the Thrive at Work regional network. The unions have also played a key role in representing workers across the region.

The group developed evaluation objectives in order to answer the question: ‘What impact has the Thrive at Work West of England programme had on the mental health and wellbeing of the workforce in the region?’. An earlier report described findings from a baseline survey which represented the first stage in quantifying the impact of the Thrive at Work Programme.

This report focuses on the impact of Thrive at Work on the management of mental health (MH) and well-being at three case study organisations in the South-West of England and presents findings from structured interviews led by Gapsquare researchers. The report also includes findings from surveys administered to 582 participants who completed Mind’s online training for line managers.

1.1 Thrive at Work resources

The resources included the following elements:

- For business leaders:
 - MH at Work commitment
 - MH at work commitment webinar series
 - MH at work standards
 - Advice and guidance for SMEs (produced by the Federation of Small Businesses)
- For managers:

¹ <https://www.westofengland-ca.gov.uk/growth-hub/workforce-development/thrive/>

- MH e-learning (produced by Mind)
- For all staff:
 - Wellness Action Plan (WAP) templates,
 - Suicide awareness training resources
 - Covid-19 psychological first aid training
- Resource library:
 - 'Talk Club' and peer support materials
 - Webinars
 - Research reports for download

1.2 Approach to case studies

Eight organisations were originally targeted by Gapsquare researchers for case study participation. Because of recruitment challenges the final sample size was smaller than intended; a description of these companies and the roles of participants are shown in Table 2.1.

Table 2.1

Case study organisation main activity	Number of staff	Role of participants
Architect services	10-49	Manager Business leader Staff member
Leisure services	50-99	Manager Business leader Supervisor
Commercial banking	100-250	Manager x 3 Business leader Staff member x 2

Source: Gapsquare, 2022

Case study interviewees took part in the study voluntarily and provided informed consent prior to interview. Each interview was of duration 20-45 minutes and recorded on Zoom. The audio data was retained and transcribed verbatim by on-line software. Data from the recordings and transcripts were analysed to identify emerging themes

Semi-structured interviews were conducted covering (for example): reasons for involvement, suitability and quality of the resources, facilitators and barriers to use, observed changes in mental health awareness, and actions taken. The full topic guide is included in the Appendix.

2 Case study findings

2.1 Common foundations

Some common features across the case studies are relevant to consider when interpreting their various reactions to the Thrive at Work initiative. In each case there was an individual, informal ‘champion’ of mental health already in place and an aspiration to demonstrate best practice. There was also explicit recognition of the challenges to workforce wellbeing presented by the pandemic and associated restrictions.

2.1.1 A lead and a business case

Within all organisations a person seen as ‘championing the cause’ was seen as instrumental to driving the mental health awareness agenda forward and responsible for signing the company up to Thrive at Work. These included an HR manager described as ‘very passionate about mental health’ and an office manager, ‘keen on mental health and providing support for that’.

It was helpful when this person was sufficiently influential to make a business case and secure protected time for people to attend training.

‘We had we had a session where we [undertook the training] as a group at the same time. And we had something booked in so [employees] could clear the calendar and actually look at it’.

Participant, Case Study 1

‘[I wanted to give] all the co-workers an opportunity, I said, ‘[name] has half an hour, it’s not too busy today. Check out this Thrive at Work resource. Look into it, see if there’s anything that takes your fancy, we can try and sort out time for any courses you want to do’.

In all case studies, the Mind’s training offer was seen as a valuable opportunity to upskill line managers that could help the business function better. Some potential benefits to working with clients were acknowledged also.

‘We’re dealing with [a young client group], so having a better understanding of signs of mental distress or signs of concerns within either myself or in others would potentially help our team’.

Participant, Case Study 2

In one company their environmental, social, and governance (ESG) agenda was a driver and there was a desire to have an organisational identity that stood for good practice in relation to mental health.

'If there's tools and good practice out there, then I'm motivated to understand more about it so I can be more effective'.

Participant, Case Study 3

'We want to be a bit of a beacon and catalyst and inspiration for other organisations. And we felt that the 'Thrive at Work' programme was a really good way to do that'.

Participant, Case Study 3

2.1.2 Aspirations to demonstrate good practice

In all three companies it was felt that there was a robust commitment to well-being at work prior to hearing about Thrive at Work, for example, one had already signed up to Mental Health First Aid. More generally, across the three employers there was a view that wellbeing was a business priority and that openness about mental health was encouraged.

'I think we felt that we were already doing a lot of the things which are recommended'.

Participant, Case Study 1

'So even before 'Thrive at Work', we had a system where you could contact the manager, 'it was a no questions asked' kind of thing in the sense of, if you were really struggling, you could phone them up and say: 'I just need to meet you'.'

Participant, Case Study 2

'[My employers] have always been really good around wellbeing and making sure that they're putting that at the forefront.'

Participant, Case Study 2

'Compared to other places where I've worked, I think they've always been pretty hot on people's well-being and mental health'.

Participant, Case Study 3

This explicit commitment to wellbeing is not likely to be representative of SMEs as a whole and is discussed further in the conclusions as potential source of bias in this report's findings.

2.1.3 Wider effects of pandemic as a driver

All participants mentioned the effects of the pandemic on working life and had personally experienced adverse impacts on their mental wellbeing or observed this in others. There was recognition that a flexible and supportive approach had been necessary to help employees manage new pressures such as homeschooling and disrupted routines.

'If you were a working parent, and you had two kids at home, and you were required to homeschool them, we were certainly saying 'do what you can'. And we understand that that might mean that you're logging on at seven o'clock in the morning and doing an hour then, and then taking some time out [later].'

Participant, Case Study 2

'The current climate that we find ourselves in has impacted [on mental health] and returning to work has been quite a long, drawn-out process for many members of staff.'

Participant, Case Study 2

The effects of furlough and working at home were acknowledged as potential risks to mental health. The possibility of experiencing loneliness was raised, as well as the challenge of 'checking in' on staff and fulfilling routine aspects of pastoral management.

'The pandemic has made it quite difficult for people to reach out and get the support that might help them gain more balance and perspective around things'.

Participant, Case Study 3

Managers showed awareness of the struggles their staff were facing; potentially in the absence of the pandemic they would not have asked or been told about these. There was a sense that new ways of working had prompted employers to think about how to take care of their staff, even if they didn't know quite how to help.

'It's particularly important at the moment [to offer support to others] while we're all working remotely [...]. Through the pandemic, everybody was more conscious of their team [being harder to reach]'.

Participant, Case Study 3

It was generally felt that the pandemic had served as a catalyst for opening up dialogue about mental health at work because of heightened awareness of the vulnerability of the workforce to mental health problems. For this reason Thrive at Work was felt to have a good fit with current business needs and to have been delivered at the right time.

'I think a lot of us have had found it mentally quite tough in the last year. So yes, to be doing 'Thrive at Work' at the moment has been very opportune and it's definitely fitted in with where we are'.

Participant, Case Study 1

2.2 Reactions and impacts

Participants who had seen Mind's training were asked about their reactions to it and to introspect on its impacts on their own behaviour. Reported views on other Thrive at Work materials tended to be short on detail because participants had not had an opportunity to look at the complete range of resources on offer and fully digest them.

2.2.1 Reactions to Thrive at Work training and resources

Views about the training were generally positive. It was seen as high quality, holistic in its approach and practical. Several participants commented that the contents had been useful in providing assurance that they were already getting their approach to employee mental wellbeing right.

'What was quite nice, and reassuring was generally the sort of things recommended in them as approaches around mental health were things I felt as a business we were mainly already doing, which is quite comforting.'

Participant, Case Study 1

'I suppose it's always good to have a refresher and even if there are things which you are already doing subconsciously [it's good] to put it down on paper and think about it in a more conscious manner.'

Participant, Case Study 1

There was evidence of awareness and appreciation of other Thrive at Work resources although participants were not usually able to remember much detail about them. However, like the training the resources were viewed positively: descriptions included 'coherent', 'comprehensive' and they were seen as a user-friendly reference source which was easy to navigate. Significantly, some individuals reported sending or receiving them.

'I think [our champion] sent me an email with links to a few other mental health websites I could refer to if I needed to.'

Participant, Case Study 2

'We have signposted people towards the 'Thrive at Work' websites and other websites where resources can be found. So people are now more aware that there is support out there. I might not have the tools exactly to help them. But I might be able to signpost them.'

Participant, Case study 3

2.2.2 Awareness of mental health issues

Some participants showed signs of a heightened sense of responsibility towards others. Although it was felt some element of this may have arisen from the pandemic, there was also a belief that the mental health training had made a positive impact.

'When you're looking around the room, you don't know who is or isn't suffering. And also, [I've learned] that very subtle changes in people's work ethic might not be because they don't want to do their job. It might be because they're actually struggling...they're going through something that you're not aware of.'

Participant, Case Study 1

'I'm more aware of [mental health] as an issue to discuss. My default position beforehand would probably have been, 'I won't ask the question, because I don't really want to have to deal with it if there's a problem'.'

Participant, Case Study 1

'I definitely think there's been more awareness, if that makes sense. There's definitely been more active approaches, helping people deal with mental health and stuff like that.'

Participant, Case Study 2

There were reports of increased confidence to talk to others about their mental wellbeing after accessing the training and resources: Those who had participated in the training felt that it had helped them frame their conversations or improved their responses in situations where another colleague or a direct report had approached them with difficulties.

'I think I just had a bit more confidence in what I was saying.'

Participant, Case Study 1

'[The training offered] something as simple as increasing my confidence and being able to talk about these things ... having a frame of reference to put a conversation in.'

Participant, Case Study 2

2.2.3 Impacts on availability of informal support

Some managers had made a concerted effort to change their management styles to be more supportive. A manager who had participated in the training felt she had become more approachable.

'I'd like to think that I'd be able to support someone if they came and spoke to me and confided in me or wanted to tell me anything.'

Participant, Case Study 2

'So you try and offer your support a lot more. So be a lot more, you know, 'can I help?' rather than just thinking they're having a bad day, 'maybe they'll go and speak to their friends or go down the pub or something tonight to get back on track'.'

Participant, Case Study 2

One line manager reported efforts to change his communication style, to listen more, offer more support, and be more explicit that he did not expect people to manage unreasonable workloads.

'[I'm] trying actively to say, 'thank you for your work'. And I don't expect you to put in the extra hours if you can't do it. So I guess [there has been a shift within me] of just making sure those words of encouragement and support are being said.'

Participant, Case Study 1

Among direct reports there were some reports of positive attitudinal change in their managers although they could not be certain that this was attributable to the training: the pandemic situation was felt to be another contributory factor. Nevertheless some employees felt the training was responsible for gestures that helped them feel more valued: one employee felt that his manager was actively trying to curb abrupt and impatient behaviours.

'So somebody who might normally have been quite ...not snappy...but quite harsh and to the point. [Now] they're trying actively to say, 'thank you for your work'. And 'I don't expect you to put in the extra hours if you can't [finish a piece of work]'. So I guess there's been a shift... [towards] making sure those words of encouragement and support are being said.'

Participant, Case Study 1

Others felt there had been more support on offer lately but again, could not attribute this to the training with certainty.

'There's been a bit of a change in tone. And I wonder if that's linked to the training?'

Participant, Case Study 1

'That conversation [with a colleague] may have happened irrespective of the training. [Not sure] whether it's to do with the difficult working circumstances or a change in in people's perception as to whether they can come and talk to us. So yes, difficult to be definitive on that.'

Participant, Case Study 2

2.2.4 Wider effects on workplace activities

There was evidence of efforts to formalise what had been learned from the training through new policies and procedures and to prompt managers to address mental health more openly and explicitly, most notably in one-to-one meetings.

'The change we have definitely made in the last year is that [mental health] is a topic we will specifically bring up to discuss with people and make sure they're not just bottling things away.'

Participant, Case Study 1

'And it's something we talk about more openly now. We have periodic formal reviews and more informal one-to-one chats with staff. And it's something which has been firmly placed on the agenda is to talk to people about their mental health.'

Participant, Case Study 1

'We've always talked about people and wellbeing, these topics, but it tended to be put at the bottom of the one-to-one form...now there's a bit more formality around having those conversations right at the beginning.'

Participant, Case Study 3

In some circumstances changes had been made that went beyond one-to-one support and signalled efforts to instil cultural change. An example of this included allocating time specifically for socialising and connecting.

'We have started having coffee mornings, with staff and [social] things like that. So every time we meet, it's not all about work [...] we get more general team connection-making, rather than just work-related connections.'

Participant, Case Study 1

Another reported outcome was the establishment of a mental health champion group.

'We've set up a sort of team of three people who will champion the mental health side of things.'

Participant, Case Study 2

In one company, changes included the adoption of an employee assistance programme (EAP):

'The employee council opted into private insurance at a very small cost to the employees. And so it's like access to a doctor. It doesn't cover surgery and that kind of health insurance but gives you access to kind of consultations, physio, and mental health help consultations as well.'

Participant, Case Study 1

At the same company, the employee council decided to set up monthly meetings without the directors present, with the aim of creating a more egalitarian space for people to be able to share difficulties, should they choose to.

'All the staff will have a monthly meeting, Without the directors, they're just to chat about anything they want to bring up and on a rotating six-month basis, someone chairs that.'

Participant, Case Study 1

Going forward, there was a strong sense that some participants wanted to sustain momentum and get even better at supporting mental health in the workplace.

'What we could probably start doing is getting more stuff on board with the resources available.'

Participant, Case Study 2

'I really hope it's something that's going to stay in place, like, people being a little more comfortable about saying, when they're having a bad day.'

Participant, Case Study 3

3 Survey findings

As part of their partnership with Thrive at Work, surveys were administered by Mind to look at immediate outcomes of ‘Managing mental health at work – Managers eLearning’. The e-learning was accessed by a diverse population, so views among survey respondents are likely to be more representative of workplaces across the West of England than views elicited from the case studies.

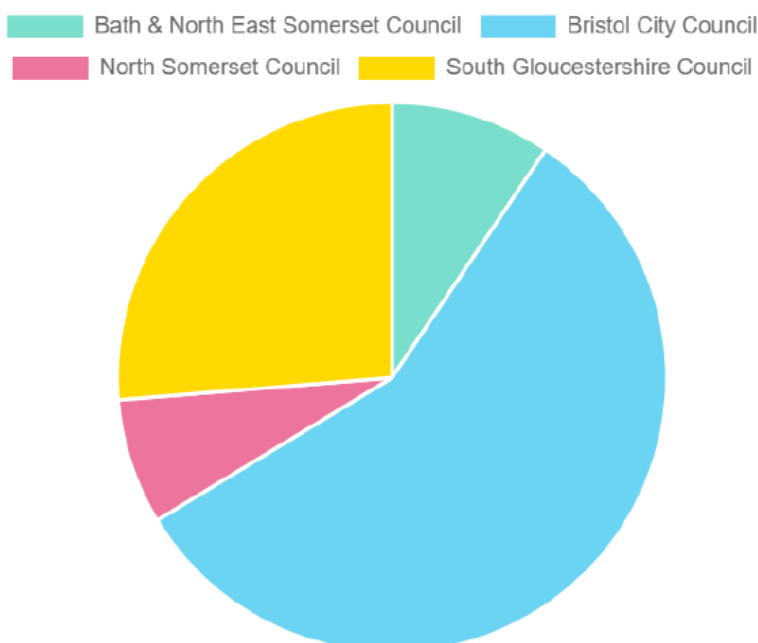
The data reported below refer to 582 participants who had completed surveys before 8th August 2022.

3.1 Characteristics of individual e-learning participants

Figure 3.1 shows the workplace location of participants in the e-learning by local authority. Unsurprisingly the majority were located in the more urban Bristol region with fewer based in less densely populated or less industrialised regions.

3.2 Location

Figure 3.1 Breakdown of e-learning participant sample by workplace location (local authority)



Source: Mind/WECA, 2022

Table 3.1 Breakdown of e-learning participant sample by workplace location (local authority)

Local Authority	User count
Bath & North East Somerset Council	55
Bristol City Council	331
North Somerset Council	43
South Gloucestershire Council	153

Source: Mind/WECA, 2022

3.2.1 Sector

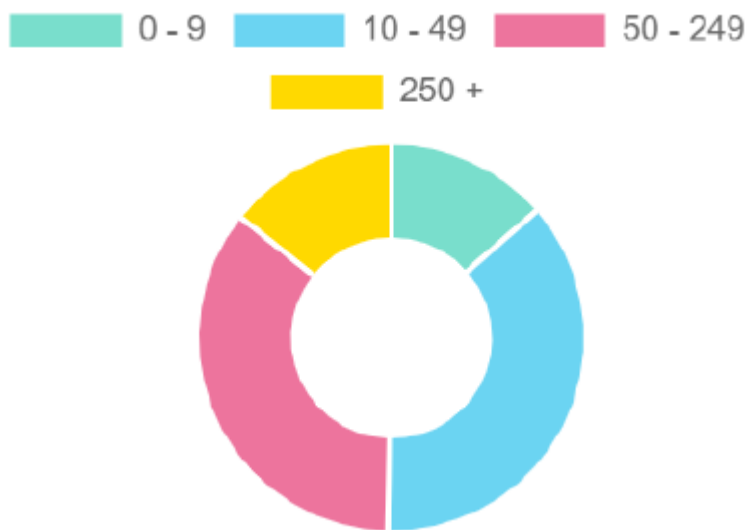
Figure 3.5 demonstrates that the e-learning reached a broad range of sectors. There was particularly high uptake among participants from ‘arts, entertainment, recreation, and other services’ followed by health, education, and public recreation and defence sectors. Available data represents the numbers of individuals participating in the e-learning, not the numbers of organisations participating, so it is possible that the bias towards the aforementioned sectors stems from some organisations within those categories being larger (ie they offered the e-learning internally to significant numbers of staff).

Non-office based sectors such as construction, agriculture and motor vehicle repair are notably under-represented. This could reflect the challenge of reaching those in more manual roles with online initiatives. There may be other issues at play, for example there may be less appetite to learn about mental health in some sectors (due to work cultures and demographic make-up) but the data does not allow evidence-based conclusions to be drawn on this.

3.2.2 Organisation size

Figure 3.2 shows that participants were distributed across organisations that varied in size classification. However available data represents the numbers of individuals participating in the e-learning not the numbers of organisations participating. Therefore the totals shown below for the categories ‘50-249’ and ‘250+’ may reflect relatively small numbers of large organisations providing the e-learning to high numbers of their employees. Nevertheless these data indicate high participation rates among businesses with 49 employees or less (50 per cent of e-learning participants), indicating significant uptake among smaller employers, who can be hard to reach.

Figure 3.2 Breakdown of e-learning participant sample by size of employing organisation



Source: Mind/WECA, 2022

Table 3.2 Breakdown of e-learning participant sample by size of employing organisation

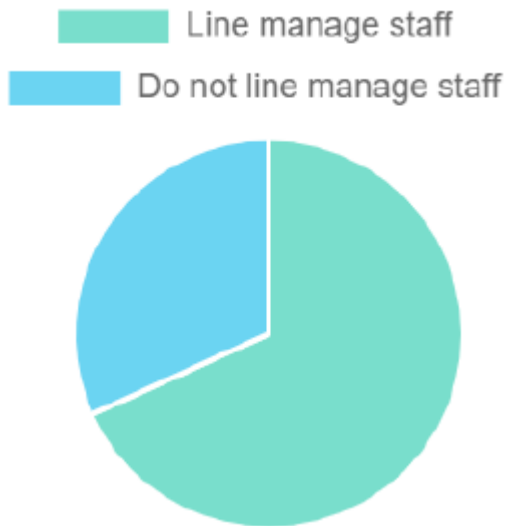
Organisation Size	Count
0 - 9	79
10 - 49	214
50 - 249	206
250 +	83

Source: Mind/WECA, 2022

3.2.3 Job role

The majority of e-learning participants (68 per cent) said they had a line manager role. Although the e-learning was aimed at line managers it is possible that organisations saw an advantage in training potential, future line managers, or training others in relevant roles without line management responsibility (eg HR, health and safety officers, mental health champions). Other individuals may have put themselves forward with an interest in the subject matter.

Figure 3.3 Breakdown of e-learning participants by line management responsibility



Source: Mind/WECA, 2022

Table 3.3 Breakdown of e-learning participants by line management responsibility

Job Roles	User count
Line manage staff	397
Do not line manage staff	185

Source: Mind/WECA, 2022

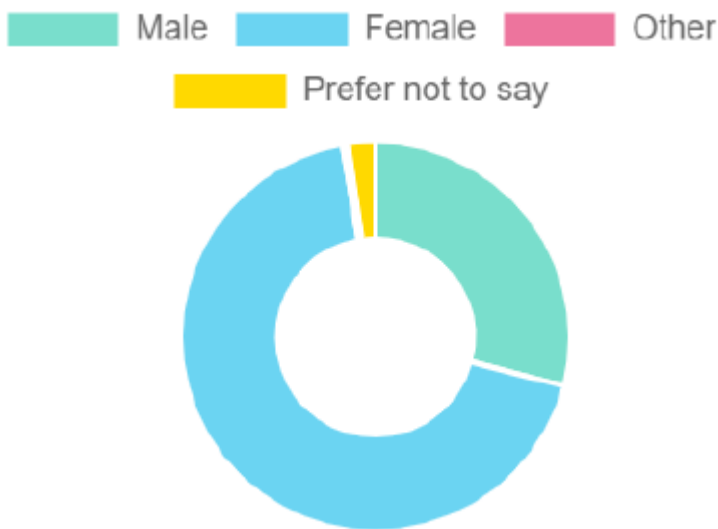
3.2.4 Gender

Figure 3.4 shows that 68 per cent of participants were female. This female bias is unlikely to be representative of the wider working population of the West of England; the proportion of women in the wider UK workforce is 47 per cent². However this statistic is consistent with the tendency of females to be more numerous in sectors where e-learning uptake was higher, ie arts, education, health and public administration³.

² https://data.worldbank.org/indicator/SL.TLF.TOTL.FE.ZS?name_desc=true&locations=GB

³ <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/employmentbyindustryemp13>

Figure 3.4 Breakdown of e-learning participants by gender



Source: Mind/WECA, 2022

Table 3.4 Breakdown of e-learning participants by line management responsibility

Gender	User count
Male	169
Female	397
Other	3
Prefer not to say	13

Source: Mind/WECA, 2022

3.3 Course outcomes

Table 3.6 shows highly positive self-reported e-learning outcomes. Nearly all participants were satisfied or very satisfied with the course. A Net Promoter Score (NPS) of 44 was obtained; experts on this measure of customer satisfaction regard this score as lying at the upper end of ‘favourable’⁴. Comments that were gathered via the survey were consistent with this and included those shown in the box below.

More than 90 per cent of respondents said they agreed or strongly agreed with learning-positive outcome statements such as ‘I now feel more confident talking about my mental health’ and ‘I now understand how to promote wellbeing within my team at work’. Fewer

⁴ <https://www.customermonitor.com/blog/what-is-a-good-net-promoter-score#>

(81 per cent) said they would feel confident discussing their own mental health with their line manager. Seventy-five per cent felt able to look after their own mental health. These lower figures are unlikely to reflect shortcomings in the course; they are more likely indicative of the cultural challenges that can persist around disclosure/sharing of mental health issues in some organisations and the difficulties of translating better self-awareness of mental health into self-care.

Participant comments regarding course satisfaction

“The language used was plain and straightforward, easy to understand and the sequencing of the modules and topics made sense”

“I could do it in my own time. Easy to pick up again. Resources were useful”

“Simple accessible language; easy to read with the various bubbles, bullet points etc”

Source: Mind/WECA, 2022

The comments shown below are indicative of the intention to apply learning outcomes its fit with the audience.

Participant comments regarding course satisfaction

“I think this course will be a big part of changing the culture at <company name> for the better”

“Really fantastic, high-quality course, which I will be recommending to my colleagues. We hosted a day-long mental health awareness ran by Mind a year or so ago and this course really built on that in terms of being a manager, but also as someone who works within a professional team.”

Source: Mind/WECA, 2022

Table 3.6 Satisfaction with course and self-reported outcomes

Overall satisfaction and likelihood to recommend

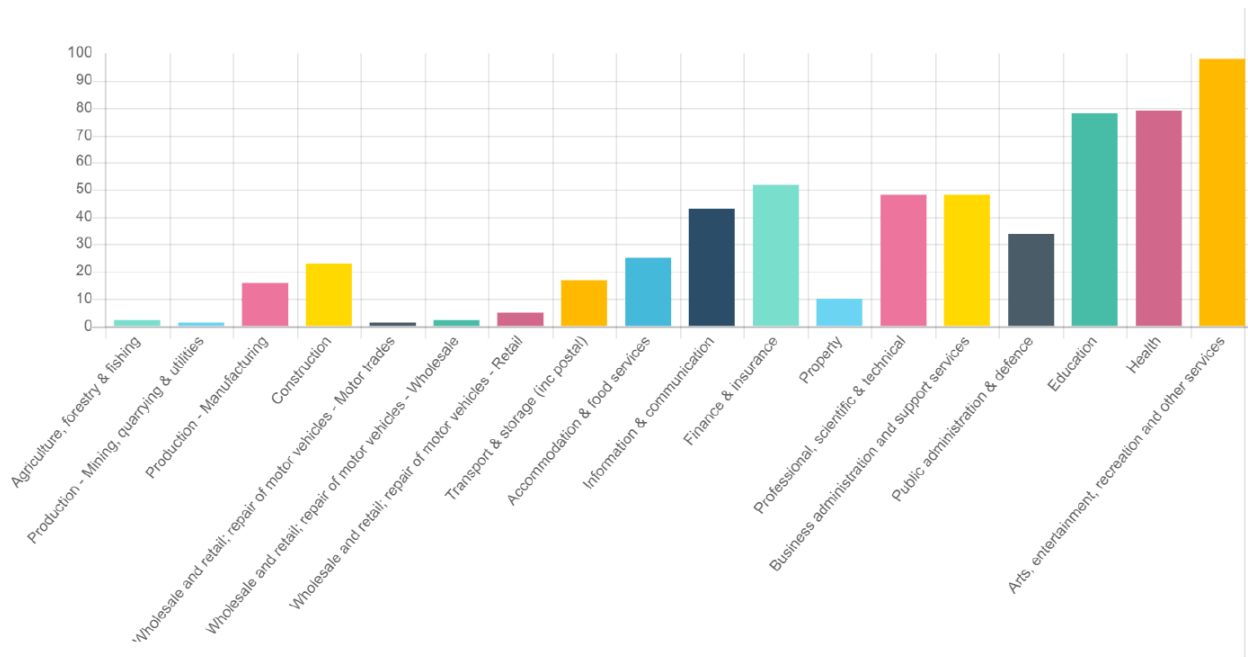
Overall satisfaction with course (% satisfied or very satisfied)	96%
Likelihood to recommend course to others (NPS score = % rating 9-10 minus % rating 0-6)	44

Course outcomes

	% Agree/ Strongly
I now feel more confident talking about mental health	90%
I will be able to apply what I have learned to my role	94%
I clearly understood the learning objectives of the training	98%
My expectations of the course were met	92%
I now have a good understanding of the impact that mental health can have in the workplace	93%
I now have learned how to look after my own mental health	79%
I now understand how to promote wellbeing within my team at work	96%
I now have a good understanding of how to support a colleague who is experiencing a mental health problem	94%
I now know how to make sure mental health is embedded in my organisation	92%
If I was experiencing poor mental health I would now feel comfortable discussing this with my own line manager	81%

Source: Mind/WECA, 2022

Figure 3.5 Breakdown of e-learning participants by sector (percentage of total)



Source: Mind/WECA, 2022

4 Emerging themes and conclusions

4.1 Emerging themes from the case studies

Overall there was a consensus among participants that the Thrive at Work West of England had a good fit with concerns about staff arising at that time, as well as aspirations to exemplify good practice in supporting staff wellbeing. Some common themes emerge across the whole cohort of participants.

- **A sense of pride in employee wellbeing:** Participants typically reported that their organisation was a good performer with regard to mental health and wellbeing prior to the introduction of Thrive at Work. Each credited a particular individual for getting their company involved in the initiative, and with driving mental health awareness within their workplace more generally. 'Buy-in' was therefore present within the organisations at the outset and it seems likely this is an important success factor in achieving change. However, it is important to be mindful that this factor will not be common to all SMEs and is a potential source of bias in the findings of this study.
- **Thrive at Work appreciated as a valuable intervention** The training and resources were welcomed at a time of need and feedback centred on the quality, relevance and user-friendliness of the training package and resources. There was acknowledgement of the added value of Thrive at Work training in formalising existing knowledge and providing reassurance that some principles of good practice were already being followed. The resources were seen as a helpful, reliable source for managers to which they felt confident directing others.
- **Impactful changes in behaviour and management approach** were described by managers and their direct reports. Managers felt their training had equipped them to communicate about mental health more openly and improved their confidence to offer support. Some employees reported positive changes in manager behaviours. There was also evidence of efforts to formalise what had been learned from the training through new policies and procedures, most notably in the context of one-to-one meetings, new peer support mechanisms and in one case, the introduction of formal occupational health support.
- **'Business is not as usual'** Participants observed that the necessity of remote and hybrid working during the pandemic had brought about a more flexible approach to management. There was also a feeling that the personal difficulties people had experienced had contributed to more openness about mental health. Therefore it is not surprising that there was uncertainty as to whether all improvements had arisen as a result of the pandemic or the introduction of the Thrive at Work programme.

4.2 Emerging themes from the survey findings

- **A diverse user group** Data obtained from 582 participants show that the training has been used by participants who are diverse in terms of their work location, sector and size of their employer. A notable success was significant uptake among smaller employers, who can be hard to reach: half of all respondents worked at organisations where there were less than 50 workers.
- **Apparent willingness to make time for the training** The presence of a significant proportion of people who are not line managers at the training is an interesting and arguably positive finding. It potentially reflects a general interest in the training matter and willingness on the part of some employers to make time for employees to participate regardless of their position.
- **High satisfaction and positive outcomes** Most importantly, those findings show a very high degree of satisfaction with the training among its users, and positive outcomes such as increased confidence to promote good mental health at work, and improved understanding of how to support colleagues.

4.3 Concluding comments

The case studies indicated that Thrive at Work was received positively and was felt to have been launched at time when it was needed. Those who had used or looked at the resources found them to be useful and relevant to their business. Case study participants were appreciative of receiving high-quality materials at no cost that were practical and relevant.

With regard to the participant sample it should be noted that positive attitudes to staff well-being appeared to be in place prior to Thrive at Work, ie it is likely that they were starting from a higher baseline compared to the general SME population. The resources therefore enabled them to build on existing good practice and build momentum for further change.

It seems likely that Thrive at Work could make a more significant impact in SMEs whose approaches to workplace mental health and wellbeing are less developed, and where arguably more radical cultural shifts and improved support mechanisms are needed.

The research was conducted at a time when businesses were experiencing acute pressures of the pandemic. This was disadvantageous to case study recruitment and resulted in an apparently biased sample, ie companies were more positively oriented towards the subject matter. More favourable conditions case study recruitment could have resulted in a larger sample which was more representative of companies in the region in terms of size, sector and attitudes to wellbeing.

Further research would be needed to gauge the extent to which having access to the Thrive at Work resources can change workplace behaviour in the longer term, for example whether case study reports of more openness about mental health in the workplace have been sustained, especially as more normal post-pandemic working lives

have resumed for many people. Ideally future work could address which elements of the resources were most used and most impactful.

Also, more broadly, it would be interesting to explore some of contextual factors mentioned in this report further such as the importance of having a mental health 'champion' already in place when introducing new MH initiatives. Other potential areas of interest are apparent drivers for change such as a commitment to ESG and a desire to better understand potentially disadvantaged client groups.

To learn more, the possibility of further case studies could be considered and/or a follow up survey for recipients of the line manager training to understand longer-term outcomes and impacts Any future research should aim to reach a representative sample of employers in the West of England.

Appendix

Interview guide (source: Gapsquare)

- Interviewer and interviewee to share names and roles
- Interviewee to share whether they manage or not, and the nature of their line manager responsibility.
- Interviewer to explain purpose of interview: looking at the background to their organisation taking up the T@W offer and any differences the resources have made
- Interviewer to address terms of confidentiality: how the data will be used & how we will approach reporting (see above)
- Interviewer to read consent form and get verbal consent, if interviewee has not signed a consent form prior to the interview
- Interviewer to explain format of the interview, how long it'll take, and how to get in touch after the interview

The **questions** asked of the participants are as follows:

The Thrive at Work West of England programme offers e-learning for managers and resources for staff and business leads. What has been/is your own involvement with the programme? (i.e. key contact, did the manager training, accessed some resources, didn't engage)

1. How did you hear about Thrive at Work West of England?
2. What motivated you to take a look?
3. Were there any roadblocks/barriers to accessing the resources? Did you have hesitancy for any reason? (eg . workload, sensitivity around the subject)
4. Are there any key similarities and differences between Thrive at Work WoE and any mental health and wellbeing at work programmes you have seen or participated in previously?
5. Have you felt a difference in attitudes and behaviours towards mental health and wellbeing in your organisation in the past year e.g. wellbeing training and resources and also communications about mental health?
6. If you had to sum up a key take away from Thrive at Work WoE, what would it be?
7. Did you find any of the resources particularly useful, and if so, which ones and why?
8. How do you feel mental health and wellbeing support in your workplace has changed since accessing Thrive at Work WoE resources?

9. Have you taken any actions based on skills and knowledge gained from the resources?
10. Have you had a conversation with a colleague about mental health and wellbeing at work since accessing any of the Thrive at Work resources?
11. Have you seen any actions from your manager to address mental health and wellbeing support at work in the past year?
12. For managers: Have you had any conversations with the people you manage about mental health and wellbeing since using the Thrive at Work resources?
13. For managers: More generally have you changed the way in which you have (or will in future) approach the mental health and wellbeing of the people you manage?
14. If Thrive at Work WoE hasn't met your needs for any reason, why is that?
15. Would you recommend the TAW programme to other colleagues, managers, or employees in your organisation?