

Health, Work and Well-being: A study of the Co-ordinator and Challenge Fund initiatives

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Following the publication of *Working for a Healthier Tomorrow* by Dame Carol Black in 2008 two initiatives were set up by the Department for Work and Pensions (DWP):

- start-up funding for the employment of 11 **Health, Work and Well-being Co-ordinators** in Scotland, Wales and the nine English Regions, and
- a **Health, Work and Well-being Challenge Fund** to provide funding for initiatives to improve workplace health and welfare.

The Co-ordinators' role was aimed at developing partnerships between employment and health networks, co-ordinating health work and well-being strategies and activities within and across regions and countries, and promoting best practice and innovation within firms (including via the Challenge Fund). The Challenge Fund was aimed at small and medium sized enterprises (SMEs) and local partnerships to encourage initiatives to improve workplace health and well-being through innovative approaches which ensured worker engagement.

A research study was conducted between 2009 and 2012 to explore the impacts of these initiatives with a particular emphasis on engagement with SMEs and addressing the issue of mental health. Interviews were held with Health, Work and Well-being Co-ordinators, Senior NHS Public Health officials, and policy makers within the DWP. A survey of 59 Challenge Fund winners and a survey of 279 organisations that had been in contact with the Co-ordinators were carried out. In depth case studies of 12 Challenge Fund winners were also undertaken. Data collection commenced in February 2010 and completed in October 2011.

A significant contextual factor that affected the work of the Co-ordinators in England was the announcement in 2010 of the restructuring of public health responsibilities in England.

The work of the Health, Work and Well-being Co-ordinators

Co-ordinators came from a range of backgrounds and experience. Geography and socio-economic features, and existing interest in and activity around health, work and well-being influenced Co-ordinators' goals. The role was considered challenging, with wide potential. There was general agreement about the importance of working both at strategic and operational levels, and of working with and building on what was already happening.

Co-ordinators undertook a wide range of activities. Their achievements included creating a profile for the health and well-being agenda, co-ordination of health, work and well-being activities, creation of new partnerships and networks, work at a strategic level, and contributions to a Workplace Well-being Charter, employer awards and 'tools' for business.

In relation to working with small businesses, Co-ordinators made early decisions about the balance between working directly, working with umbrella organisations in touch with businesses, and taking a more strategic approach. Most took the view that they would have more impact working through umbrella and other organisations rather than working directly with SMEs. Firms and organisations in contact with Co-ordinators said their experiences were generally positive, with over 80 per cent reporting that they found their contact useful or very useful. Mental health issues were included

generally in all aspects of their work, but for a variety of reasons not everybody made mental health a specific focus of activity. Some Co-ordinators lacked experience of working on mental health issues, there were pressures on Co-ordinators' time and resources that led them to prioritise other work, and engaging employers on mental health issues was often difficult. Some Co-ordinators suggested a need to develop better ways of engaging employers, such as using language that they were familiar with and did not find threatening. By the end of 2011, Co-ordinators were prioritising work that would sustain achievements and take forward the agenda.

The Co-ordinators and senior public health officials suggested a number of lessons for the development of policy. There were advantages in location of the role alongside other parts of public health teams, but there are potential new opportunities for sustaining and developing the focus in England following the relocation of public health from the NHS to local authorities. In engaging with business, there is a need for a better evidence base about returns on investment in health and well-being in the workplace in relation to mental health.

Overall, much was achieved by the Co-ordinators, in the challenging context of structural change and economic downturn.

The Health, Work and Well-being Challenge Fund

The offer of the Challenge Fund generated health and well-being activity in a number of ways, as an **enabler** (to implement plans by removing financial barriers), **accelerator** (implementing plans more quickly), **enhancer** (adding to existing activity), and **initiator** (kick-starting new thinking and initiatives). The Fund Winners Survey indicates that thinking and activity was **initiated** in roughly six in ten organisations.

Single organisations tended to introduce activities aimed at individual employees, while partnerships concentrated more on corporate activities (such as health promotion and education). Physical exercise and mental health initiatives were the most common. Helpful aspects of project implementation included good project design, flexibility, and the availability and reliability of local providers. Employees' participation in activities was influenced

by their timing, location, content, format and cost, and by people's personal motivation. Partnerships met mixed responses when engaging employers, finding that a perceived lack of time or failure to understand the benefits to business were barriers.

The most immediate impacts of the fund reported by those managing projects were on workplace culture and increased knowledge about work and health. The greatest impact reported on employee health was on mental well-being. Overall, there was less perceived impact on reducing sickness absence though few organisations were able to measure changes because they had not been monitoring absence previously. Some organisations who did perceive improvements felt able to attribute these to funded projects.

Eighty-six per cent of fund winners surveyed thought the Challenge Fund had been necessary for implementing activities, either by supplying money or by providing the idea about putting measures in place. Fourteen per cent believed they did not need the fund and felt that health and well-being measures had been inevitable. However, there were perceptions that using the fund had created projects of greater value than those instigated by organisations themselves. There was evidence that merely knowing about the fund (but not receiving an award) could have a positive effect on health and well-being activity.

Over 60 per cent of Challenge Fund initiatives were expected to continue beyond the funding period. Factors with a positive effect on sustainability included activities perceived to be successful, management commitment, initiatives that had become established within workplace practices, positive employee motivation, and external factors such as government promotion and local accreditation schemes. Whether and how activities would be funded was also important. A lack of funding was cited in over 50 per cent of the instances where an initiative would not continue. In general, organisations were willing to continue activities of no or low financial cost.

There were a number of lessons that might inform policy thinking about Challenge Fund type initiatives in the future. Relatively small amounts of money for a specific agenda can kick-start new activity though not necessarily guarantee sustainable change.

Sustainability was more likely when there was a permanent change in the physical environment, where the benefits were clear and considered worthy of investment of time and money, and where local supportive schemes were in place. Flexibility in project design and operation is needed to suit organisational circumstances and changes over time. Popular interventions were those which were relevant to individuals, which were free to access and which could be conveniently accommodated. Measuring the impact of the use of funds was challenging for organisations, suggesting the need for expert assistance to set and measure appropriate variables.

Culture and behaviour towards workplace health and well-being

Before engaging with a Co-ordinator or winning a Challenge Fund award many organisations were aware of the health and well-being agenda and alert to opportunities for advancing the agenda more. The Challenge Fund appeared to attract organisations who were generally less engaged with thinking about health and well-being compared with organisations surveyed which had contact with a Co-ordinator.

Levels of awareness of health and well-being generally increased over the course of the Co-ordinator and Challenge Fund initiatives, though some organisations (ten per cent) reported a deterioration. Just over half of organisations said they had good awareness of health and well-being in mid-2010 and this increased to two-thirds a year later. A higher proportion of third sector organisations reported increases in awareness than organisations in the public or private sectors. Among the sub-group of Challenge Fund winners in the survey of organisations in contact with a Co-ordinator 40 per cent reported an improvement compared with 24 per cent for the whole sample.

In June and July 2010, three-quarters of those in the survey of organisations in contact with a Co-ordinator were engaged with some form of health and well-being activity. A year later around a third of SMEs and third sector organisations said that their activity had increased. Decreases in activity were almost all within the public sector. Challenge

Fund winners were more likely to report an increase in activity compared with other organisations.

There was evidence of continuing commitment to health and well-being activity in the future across a majority (two-thirds) of organisations in contact with a Co-ordinator and an increased commitment in one in ten organisations. Third sector organisations appeared to be the most committed to more activity. In contrast, one in ten public sector organisations seemed to be scaling back their activities.

In the survey of organisations in contact with a Co-ordinator, a majority said that improvements in awareness of health and well-being, increases in activities, and improved health and well-being policies would be long lasting. Some Challenge Fund winners thought a change in culture was more likely to be maintained if activities were embedded in the organisation's operations and training. Employees doing activities together contributed to sustained culture change, more so than where participation was more individually focused.

Conclusions and lessons for the future

There was considerable evidence that Co-ordinators had made progress in meeting the strategic aims of the post. Co-ordinators worked to develop and encourage partnerships between employment and health networks. Public sector engagement was wide-ranging including working with Primary Care Trusts to help them assess needs in the workforce, set goals and measure outcomes, and advising Strategic Health Authorities, Local Enterprise Partnerships and emerging Health and Well-being Boards in England.

Co-ordinators perceived that the extent of direct contact with SMEs did not match the aspirations of government. There was some specific activity that addressed health and well-being across firms and organisations (such as developing charters and accreditation schemes) but there was relatively little direct contact with SMEs. There were about four times as many contacts with large public sector organisations (particularly in the NHS) as with private sector SMEs.

Addressing mental health was challenging for the Co-ordinators. It was hard to engage employers on

the subject and, as explained earlier, mental health did not become a focus of some Co-ordinators' work, particularly those with little experience of mental health issues. Work-related stress was the most commonly cited problem among firms and organisations, and many wanted to achieve improvements in mental well-being and put in place initiatives to do this. A majority of organisations awarded the Challenge Fund said that they perceived improvements in worker mental well-being as a result of what they had put in place.

Data from the survey of organisations in contact with a Co-ordinator and the Challenge Fund survey show varying levels of reported positive impacts. Impact from both initiatives was perceived as greater in helping organisations to develop networking activity and initiating new health and well-being activity, but less so in actually improving health and well-being in the workplace or reducing sickness absence rates. Positive impacts on culture towards workplace health and well-being were being made following engagement with a Co-ordinator or use of Challenge Fund money. Most changes were expected to be long lasting. There was considerable evidence that many activities and networks would continue beyond March 2012 when funding for the Co-ordinator initiative was due to end. However, at the level of individual organisations, some health and well-being initiatives looked vulnerable because of the lack of future funding.

A number of lessons emerged from the study that can inform the development of health and well-being policy. The Co-ordinators were given broad objectives, with wide discretion to tailor their approach to their local area. Some felt that if they had been given more specific objectives from the outset, however, this would have helped them to focus their work. Some drew the conclusion from this that there was a need for more effective coordination of policy at departmental level, which suggests that the links between the coordinators' objectives and the strategic cross-government policy aims could have been more clearly communicated. The number of SMEs with direct contact from Co-ordinators was small but the quality of contact with SMEs was largely positive. Although the Co-ordinator role ended in March 2012, the challenge for DWP and public health bodies for the future is how to balance direct contact with SMEs with more indirect means.

The evidence from this study indicates that the non-commercial benefits to organisations from health and well-being activity, such as improved management-staff relations, can reinforce the case for employer investment. The benefits from health and well-being activity in organisations are more likely to be sustained when the activity is embedded within mainstream, day-to-day practices, has clear support from senior management, and is based on the views and aspirations of staff.

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