

# DEVELOPING AND EVALUATING WORKPLACE HEALTH INTERVENTIONS



## A TOOLKIT FOR EMPLOYERS



Public Health  
England

**NHS**

Northumbria Healthcare  
NHS Foundation Trust



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This toolkit provides guidance for employers to develop their offer of workplace health interventions. The toolkit is presented in a four stage model which can be used as a whole or stages or individual steps can be used to improve current provision. The model is devised to be a continuous process, with the evaluation leading back into the analyse stage. By following this process employers will have evidence to decide what interventions to continue, to stop, or do differently. This will ensure that interventions implemented are having positive health outcomes and are also providing evidence of effectiveness.

The guidance provided in this toolkit supports organisations to develop their practice in developing and evaluating workplace health interventions. It does this whilst recognising there is a lack of academic literature in this area. If organisations follow the key messages from this research, we suggest that they will be able to effectively develop and evaluate workplace health interventions.

## Key Points

- Effective workplace health interventions can have many valuable outcomes for individuals, families, communities, organisations and businesses.
- Get senior support in your organisation and if possible form a group to drive the work.
- A health needs assessment can be used to give a baseline, identify need and set goals for the workplace interventions.
- Plan how you will evaluate the interventions so you know if they have been effective.
- Carry out some evaluation to measure impact and effectiveness, however not all steps are necessary or possible for many businesses.
- Evaluation feeds back in to the analyse stage and the cycle continues with interventions adjusted as needed to improve effectiveness and address the desired outcomes.
- Do what you can, rather than do nothing at all.

# INTRODUCTION





## FOREWORD

### Developing and evaluating workplace health interventions

The quality of people's health and wellbeing at work can have a profound impact on individuals, organisations and society. Evidence shows that a healthier workforce is a more fulfilled and productive workforce, with fewer sick days taken and higher productivity when at work. As well as benefits for organisations and individuals, healthy workers raise healthier families and therefore workplace health interventions can have a significant impact on wider population health.

With growing activity in workplace wellbeing, there is an increased interest in the evidence behind wellbeing interventions and whether they deliver measurable improvements and positive health outcomes. Public Health England (PHE) and RAND Europe's 'identifying promising practices in health and wellbeing at work'<sup>1</sup> (a review of current health and wellbeing interventions available to employers) showed an encouraging and diverse landscape across workplace wellbeing.

This toolkit was commissioned by PHE and produced by Northumbria Healthcare NHS Foundation Trust in collaboration with RAND Europe. We would also like to thank the Chartered Institute of Personnel and Development (CIPD) for contributing its expertise and for piloting it across its networks. This resource aims to help businesses of all sizes to develop effective workplace interventions. We know too few employers measure the return on their investment in workplace health, and so this toolkit also helps them make the case for embedding evaluation when designing workplace interventions to understand their impact.

The resource takes the form of a continuous, easy to follow, four stage model which takes the organisation from the analysis phase through planning, implementation and finally evaluation, with the recognition that the process is cyclical and ongoing in nature.

This resource shows that developing and evaluating workplace health interventions does not have to be costly and that by effective evaluation, businesses can contribute to strengthening the evidence-base of what interventions work best.

**We hope that you find this resource to be useful and that it translates into clear benefits for both your employees and business.**



**Clare Perkins**  
Deputy Director, Programme and  
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If you see one of  
these icons; click  
the links to see more  
information

## DEFINITIONS OF TERMS USED IN THE TOOLKIT



- **Evaluation**  
an assessment of an intervention (for example, a treatment, service, project, or programme) to see whether it achieves its aims.
- **Intervention**  
an action (or a set of related activities) taken with a particular aim. Also referred to as a programme, activity or measure. In the context of workplace wellbeing, an intervention may range from a small, one off initiative to a complex, multi-component programme.
- **Small to medium enterprises (SMEs)**  
in the UK, a company is defined as being an SME if it meets two out of three criteria: it has a turnover of less than £25m; it has fewer than 250 employees; it has gross assets of less than £12.5m. In the UK, very small companies are called micro-businesses, these must meet any two of the following criteria: a balance sheet of £316,000 or less; turnover of £632,000 or less; no more than 10 employees.
- **Workplace health**  
promoting and managing the health and wellbeing of staff<sup>2</sup>.
- **Workplace health interventions**  
activities undertaken within the workplace by an employer or others to address workplace health. This is wider than a health and safety approach that focuses on the reduction of hazards and accidents in the workplace.
- **Work council**  
applies to any body that represents the interests of employees, that is independent of trade unions.

## AIMS OF THE TOOLKIT

The aim of this toolkit is to provide a guide for employers to develop effective workplace health interventions, including:

- understanding the needs of the workforce population
- identifying desired health and wellbeing outcomes
- developing appropriate health interventions
- gathering evidence to assess if interventions are having a positive health outcome



## WHAT ARE THE BENEFITS OF BUSINESSES INVESTING IN WORKPLACE HEALTH AND WHY IS IT IMPORTANT?

Employers spend £9b each year on sick pay and associated costs, losing on average 4.1 days per year for each worker<sup>3</sup>. Overall 131 million working days are lost to sickness absence every year<sup>3</sup>.

**9 BILLION**  
EACH YEAR ON SICK PAY  
AND ASSOCIATED COSTS

**4.1 DAYS**  
LOST PER YEAR FOR EACH WORKER

**131 MILLION**  
WORKING DAYS LOST TO  
SICKNESS ABSENCE EACH YEAR

One in three employees with a long term health condition have not discussed it with their employer<sup>4</sup>. In micro businesses, employees are twice as likely to leave work and move onto employee support allowance, without a period of sickness absence in comparison with those in larger businesses<sup>5</sup>. This suggests that micro businesses and their employees can find managing sickness challenging.

There are many benefits, to organisations and businesses of all sizes, of investing in the health and wellbeing of their employees. It has been identified that businesses could see a reduction in sickness absence, an increase in productivity<sup>6</sup> and reduced turnover of staff and therefore a reduction in recruitment costs<sup>2</sup>. In terms of return on investment (ROI), workplace health programmes return between £2 and £10 for every £1 spent<sup>6</sup>.

The CIPD's annual health and wellbeing survey<sup>7</sup> consistently shows employers which invest in health and wellbeing reap rewards, with most organisations (89%) with health and wellbeing activity reporting positive outcomes over the last 12 months. The top three benefits are better morale and engagement (52% of respondents), a healthier and more inclusive culture (40%) and lower sickness absence (33%)<sup>7</sup>.

## TOOLKIT DEVELOPMENT

Positive staff wellbeing can bring value to organisational and individual outcomes<sup>1</sup>. However, there is a gap in knowledge about how to best develop, implement and evaluate these interventions.

This toolkit was commissioned by Public Health England (PHE) and produced by Northumbria Healthcare NHS Foundation Trust in collaboration with RAND Europe, a not for profit research institute that helps to improve policy and decision making through research and analysis. The toolkit was informed by an evidence review undertaken by RAND Europe.

This evidence was considered by a steering group which included workplace health practitioners, public health professionals, staff health and wellbeing leads and representatives from the Chartered Institute of Personnel Development (CIPD). It also draws on the understanding of employers of different sizes who have experience of developing and evaluating workplace health interventions.

This toolkit can be used alongside a (PHE commissioned) RAND Europe report 'Promising practices for health and wellbeing at work'<sup>1</sup> which provides a wide range of information, case studies and recommendations that can help businesses improve workplace health and wellbeing, including examples of interventions.

## USING THE TOOLKIT

This toolkit provides guidance for employers of all sizes to effectively develop and evaluate workplace health interventions. The toolkit can be used as a whole or the stages can be adapted to suit organisations of different sizes and with differing workplace health offers.

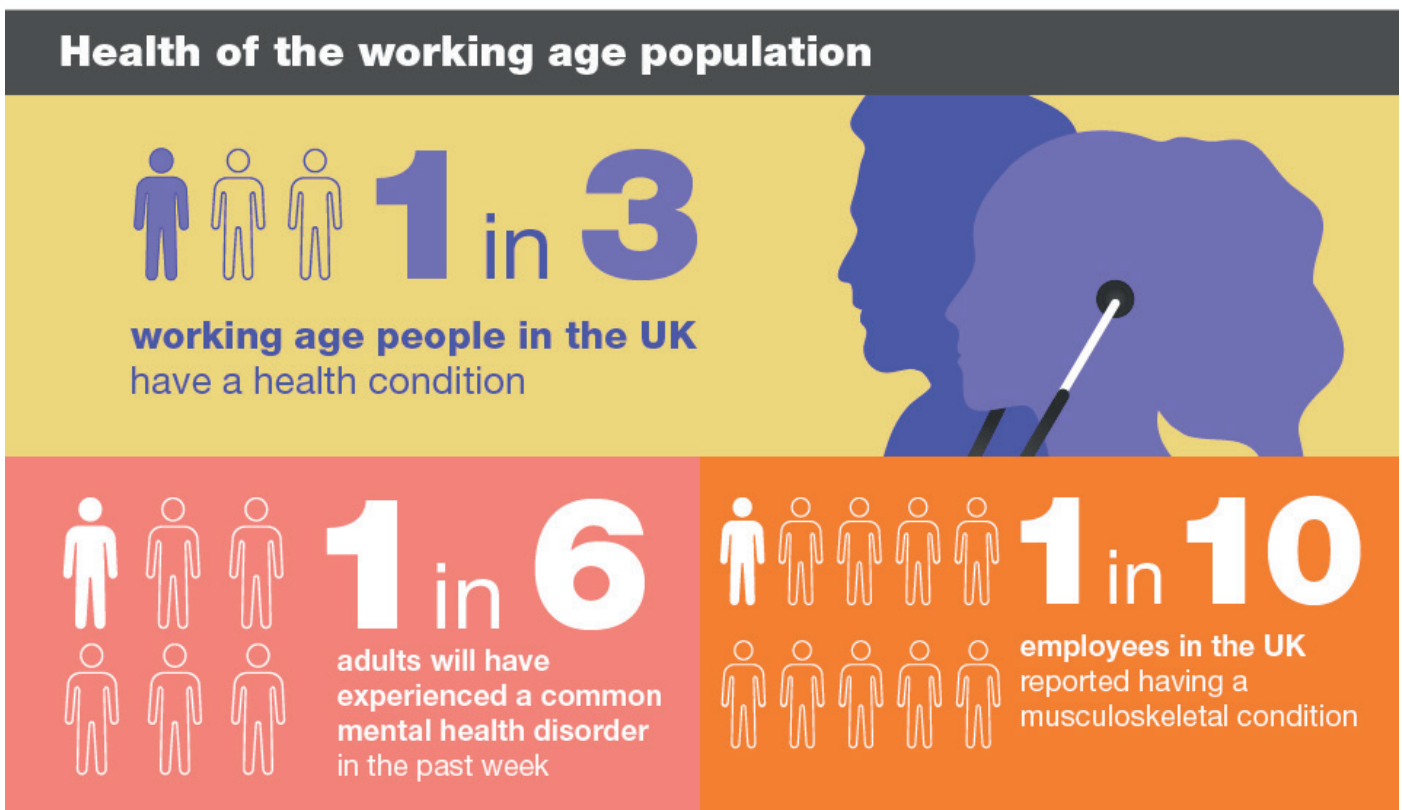
The toolkit can be used by businesses who currently have little or no provision, to start developing interventions and also by those with more established provision to ensure these are effective and sustainable.

There is also additional information on evaluation, and a section on using external providers to deliver workplace health interventions. By considering these and following the four steps of analyse – plan – implement – evaluate, employers can be assured that they are using an evidence based approach to setting up and evaluating workplace interventions.

The outlined suggestions are not to be seen as a one-size-fits-all approach and should be considered within the context of each organisation. It may be necessary to adapt the model to suit individual businesses requirements. This may particularly be the case for small to medium enterprises (SMEs). The cycle presented in this toolkit can appear to be a lengthy process, however when putting together a workplace health plan, we suggest that elements within each of the four phases are considered.

The key advice when using this toolkit is to do what you can, rather than do nothing at all. Implementing and evaluating workplace health interventions does not need to be costly - by utilising the additional information and resources included in this toolkit, effective workplace health interventions (especially in SMEs) can be achieved at little or no cost.

### Health of the working population in numbers





# SECTION 1

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## A FOUR STAGE MODEL FOR DEVELOPING AND EVALUATING WORKPLACE HEALTH INTERVENTIONS





**ANALYSE**

# STAGE 1: ANALYSE



The first stage of the model is the analyse phase, which lays the foundations for the other stages. A group to lead the process is established, the health needs of the workforce are identified and key outcomes and aims of the interventions are set.

Box 1: Key actions for the analysis stage

- **Establish internal support:**
  - Gain support from senior management and employees for the changes in wellbeing
  - Management should allocate resources and provide support for the work on wellbeing interventions
  - Ensure a participative approach: employee involvement from the start
- **Establish a steering group within the organisation**
- **Assess needs including:**
  - The health needs of the workforce
  - The health interventions the workplace currently offers
- **Set the goals and desired outcomes**
  - Use the SMART (Specific, Measurable, Appropriate, Relevant, Timely) approach
  - Plan evaluation

## A. ESTABLISH INTERNAL SUPPORT

Ensuring the support from senior management and employees is an essential step in the process of developing and evaluating workplace health interventions. Allocation of appropriate resources increases sustainability and effectiveness of the interventions. Employees should be engaged from the very beginning and consulted throughout the process. This ensures that all actions are taken with the target group in mind.

If the health issue is work-related, and therefore in scope of the Health and Safety at Work etc. Act 1974, employers must consult employees. Consultation must be either direct or through a representative that is either elected by the workforce or appointed by a trade union. For more information [click here](#).

## B. ESTABLISH A STEERING GROUP WITHIN THE ORGANISATION

A steering group uses their experience, skills and knowledge to drive the workplace health interventions and make strategic decisions. In some organisations it may be beneficial or necessary to designate a single person as wellbeing lead to act as a coordinator of all steering group activities. The steering group can consist of individuals with a diverse combination of skills and from varying levels within the organisation. The ideal setup of a steering group involves a representative sample of different employee groups in the organisation, however this may not be practical in all organisations, particularly in SMEs. The steering group will vary in size depending on the size of the organisation and could range from two members to many more.

Individuals within the steering group are usually recruited from two groups.

- i. Board leadership, senior management representatives, line managers, HR, staff council representatives; representatives of different areas of the business and members of any work council.
- ii. Individuals responsible for health and safety management within the organisation: occupational health and safety practitioners, staff counsellors, diversity and inclusion advisors, health and wellbeing champions and external experts.

The steering group is responsible for coordination and monitoring of the development and evaluation of wellbeing interventions within the organisation. This includes decision-making on workplace wellbeing topics followed by the development of steps to address these. As part of the planning phase individual tasks are assigned to members of the steering group. It is important to agree who the group is accountable to and what the reporting structure is.

### Tips for success

- Establishing a steering group is an important step, as the group coordinates all activities and ensures effective communication of interventions and results to all stakeholders. If, however if it is not possible or practical to establish a steering group, interventions can still be driven and implemented by individuals or certain groups or departments e.g. occupational health or human resources departments.

## C. ASSESS NEEDS (AT INDIVIDUAL AND ORGANISATIONAL LEVEL)

After establishing internal support and creating a steering group, the next stage is to see what the current situation is. This is in terms of people's health and wellbeing within the organisation and what the organisation currently provides to meet the health needs of the workforce. Table 1 lists a number of methods which organisations can use to gather information at individual and organisational level.

### Health needs assessment

A health needs assessment (HNA) is a process to determine the health and wellbeing needs of specific groups so that interventions can be planned which address the identified needs. It is also a method of establishing a baseline of health and wellbeing, which can later be used to plan outcomes and evaluate the interventions. HNAs can also help to identify potential health and wellbeing challenges, strengths and weaknesses within the organisation, as well as capturing the views and opinions of employees in relation to their health and the organisation's current health and wellbeing interventions.

Public Health England's workplace health needs assessment provides a useful model. In addition the following resources may also be useful when assessing the needs of the workforce.



**PHE Workplace health needs assessment**



**Workplace Health Program Development Checklist** - providing suggestions on which data to collect



**EuroQol (EQ-5D)** - a self-reported, standardised measure of health related quality of life on five dimensions (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression).



**Musculoskeletal Health Questionnaire (MSK HQ) provided through Arthritis Research UK.**

### Controlling risks in the workplace

As part of managing the health and safety of a business, the risks in the workplace should be controlled. To do this employers need to consider what may cause harm to people and decide whether reasonable steps are being taken to prevent that harm, known as a risk assessment and must be carried out by law. This process is about identifying sensible measures to control the risks in the workplace rather than generating huge amounts of paperwork. For more information [click here](#).

**Table 1. Methods for health needs assessment**

Method	Further information
<b>Collecting and monitoring organisational data</b>	Sickness absence, overtime, injury and disability rates, workers' compensation claims, employee demographics.
<b>Workshops or focus groups</b>	Workshops and focus groups can be used to gather information direct from employees. They aim to discuss topics of interest through open-ended questions. They are usually moderated either by one individual or by a team.
<b>Questionnaires</b>	Questionnaires are often used to assess needs. There are a number of widely available questionnaires on needs assessments in the resources section. If the steering group decides to develop their own questionnaire, consider the following: <ul style="list-style-type: none"> <li>• a manageable length</li> <li>• user-friendly layout</li> <li>• easily understandable language and content,</li> <li>• questions on working environment, health and wellbeing, working hours and job type.</li> <li>• open ended question to enable employees to provide personal suggestions.</li> </ul>
<b>Job situation analysis</b>	Job situation analysis helps determine ideas and suggestions by consulting employees as experts for their own working situations in a group setting, similar to focus groups. This method allows for open discussions but requires a moderator, ideally external, to create a safe environment and enable employees to be open. For middle-to large-sized organisations this process usually requires a considerable amount of time, usually two to three hour long sessions with 10 and 12 employees per session.
<b>Health circles</b>	Health circles are often conducted after data has been retrieved and an employee survey has been conducted, the survey can be the starting point for discussions within the health circle. This enables the organisation to identify problems that are relevant to a larger group of staff. The aim is to enable a way to find solutions and discussion of previously identified problems. Meetings last approximately 90 minutes and occur between six and ten times over the period of over a year, and are usually facilitated by a trained professional. The discussion outcomes are documented and provided to all employees.
<b>Root cause analysis</b>	Root cause analysis investigate adverse events. The extent of potential consequences or likelihood of recurrence determines the level of investigation.

## D. SET THE GOALS AND OUTCOMES

Once the needs of an organisation are known, goals can be agreed. The goals can be seen as desired health outcomes or current health risks for employers. The organisation (or steering group) can identify which outcomes are the priorities for their staff.

A common approach to take when setting goals is using the SMART criteria, which define goals as Specific, Measurable, Achievable, Relevant, and Timely. Organisations can differentiate between quantitative (using numbers) and qualitative (related to quality) goals.

The evaluation strategy should be considered during the analyse stage so that the agreed methods can be incorporated throughout all stages. See evaluation section for more details.

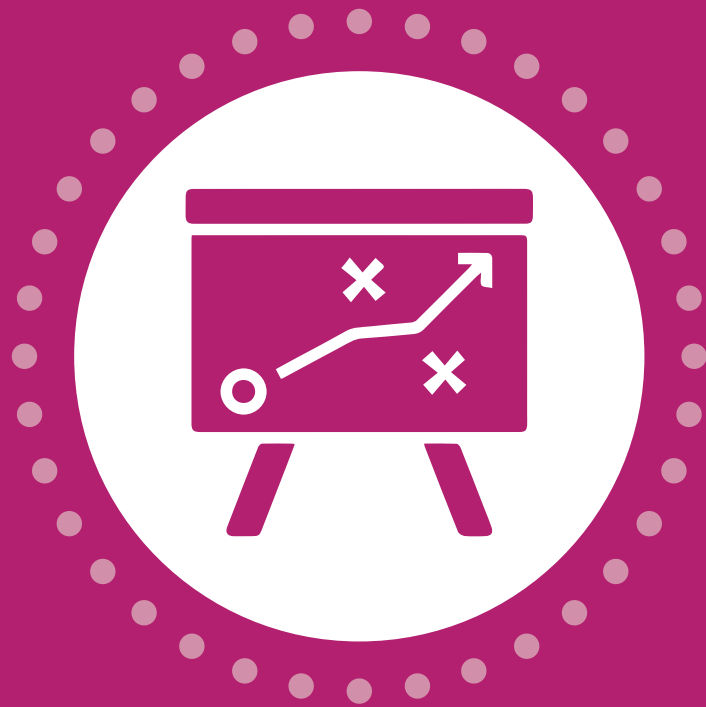
### Local authority provision of workplace health support

Many local authority public health teams provide free evidence based workplace health support for businesses in their area. Search 'workplace health' or 'health at work' in your area or contact your local authority public health team, to see if your local authority offers workplace health support.



### Key actions checklist:

- Establish internal support
- Establish a steering group within the organisation
- Assess needs
- Set the goals and outcomes



**PLAN**



# STAGE 2: PLAN



The planning stage has a large number of issues to consider, with employees being consulted throughout the process. Once the foundations have been laid in the analyse stage, the plan stage is about prioritising the outcomes for workplace health interventions, identifying tasks and building a plan about how the interventions will be delivered.

## Box 2: Key actions for plan stage

- **Prioritise goals and desired outcomes**
- **Plan evaluation strategy**
- **Assign tasks within the steering group**
- **Identify role models and wellbeing champions**
- **Develop a communication strategy**
- **Consider who will implement the intervention**

## A. PRIORITISE GOALS AND OUTCOMES

The steering group prioritises goals and outcomes. Goals should be clearly defined, take into account the needs of employees; consider organisational structures and take available resources into account.

## B. PLAN EVALUATION STRATEGY

It is important to plan for the evaluation of interventions during this and all of the phases. Findings of health needs assessment can help identify goals and set key performance indicators (KPIs) and intervention outcomes, which can be used as part of the evaluation strategy.



[Read more in our evaluate section](#)

## C. ASSIGN TASKS WITHIN THE STEERING GROUP

Individuals within the steering group can be nominated to carry out specific tasks to avoid duplication of work. Some tasks include the calculation of human and financial resources, budget planning, developing a communication plan and devising an evaluation strategy.

## D. IDENTIFY ROLE MODELS AND WELLBEING CHAMPIONS

To include support for the workplace health interventions, health champions can be identified at all levels throughout the organisation. It is of particular value if managers who have knowledge and awareness of health issues can act as champions.

## E. DEVELOP A COMMUNICATION STRATEGY

Communication between employers, employees and those leading the development of the interventions is key to the success of all stages of the development and delivery of workplace health interventions. Communication is particularly important during the planning stage to engage and consult employees and also during implementation stage to ensure employees are aware of interventions and how to get involved.

A mixed communications approach works best and will reach the biggest population of employees. Develop the strategy to suit the organisation, and it should be ongoing and build engagement with employees regularly, rather than a one-off event.

### Getting information to employees can be achieved through:

#### printed materials

- flyers
- internal brochures
- newspapers

#### electronically

- email
- intranet
- newsletters
- social media

#### big groups

- during staff meetings
- employee information events
- health days

#### small groups

- face-to-face meetings
- management meetings
- trainings and workshops

Internal communications teams and key stakeholders can work together to distribute relevant communications to the entire workforce or specific target groups. As part of the communication strategy, regular opportunities for employee feedback should be incorporated.

## F. CONSIDER WHO WILL IMPLEMENT THE INTERVENTION

During the planning phase it is important to consider who will deliver the interventions. This will depend on the size and structure of the organisation. Some may decide to deliver interventions in-house, other organisations may have a dedicated department to lead interventions and others may decide to use an external provider for some or all of the health interventions. Additional information on using external providers is included in section 3.

### In-house

In-house service provision allows local management of resources and choice of personnel. As in-house personnel are within the organisation, they understand the roles and hazards within the organisation. Managers may feel more comfortable speaking with individuals within the organisation rather than with external providers.

### External

External (outsourced) services may be seen by employees as more impartial than in-house staff. The ability to have a contract with key performance indicators (KPIs) and service delivery is another benefit. However, external service partners may not fully understand the culture of the organisation or its priorities. Managers could be reluctant to talk to external staff about sensitive issues.

## Key actions checklist:

- Prioritise goals and desired outcomes
- Plan evaluation strategy
- Assign tasks with the steering group
- Identify role models and wellbeing champions
- Develop a communication strategy
- Consider who will implement the intervention



**IMPLEMENT**

# STAGE 3: IMPLEMENT



The specific parts of the implement stage depend on the desired outcomes, interventions planned and whether these are delivered by internal or external providers. This stage involves identification of individual roles for the implementation of interventions and opportunity to pilot the interventions.

## Box 3: Key actions for the implementation stage

- **Ensure clear organisational roles and continuous monitoring**
  - Assign individual roles within steering group
  - Pilot intervention if possible
  - Monitor progress

## A. ENSURE CLEAR ORGANISATIONAL ROLES AND CONTINUOUS MONITORING

The steering group needs to ensure that roles within the group are clearly defined to ensure that interventions are carried out as intended and to correct target groups. Ideally the implementation should be carried out not too long after analysing and planning has been completed, as employees may expect responses soon after their input during the analyse stage. The steering group or individuals driving the interventions should continuously monitor the programme to identify arising issues that need to be addressed. Before the wellbeing intervention is provided to large groups of employees, if possible, it should be tested with a small group of staff first, evaluated, refined and gradually scaled up.

Key roles for the steering group include:

- securing and managing resources;
- marketing the interventions
- managing communications about the processes
- monitoring progress of stages
- writing action plans;
- generating reports

For further information on implementation of specific workplace health interventions, including information on their impact, see 'promising practices for health and wellbeing at work'.

### Tips for success

- Take notes of details of interventions and keep registers of events, so you are able to accurately recall uptake and participation.
- Assign someone to take photographs at events or during activities, these are useful for reports and future communications.

## Key actions checklist:

- Ensure clear organisational roles and continuous monitoring
- Assign individual roles within steering group
- Pilot intervention if possible
- Monitor progress

### Managing health at work in numbers

## Managing health at work for employers

In the UK, **131 million working days** are lost to sickness absence every year.  
Main reasons for sickness absence:



**34.3 million**  
days lost

Minor illnesses



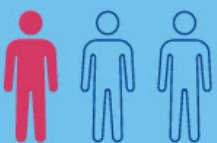
**28.2**  
million  
days lost

Musculoskeletal  
problems



**14.3 million**  
days lost

Stress, depression  
and anxiety



**1** in **3**

employees with a long-term health condition  
have **not discussed it** with their employer



**EVALUATE**

# STAGE 4: EVALUATE



Evaluation is an essential step in developing workplace health interventions. Without this step there is no way of knowing the effect or value of the intervention. Evaluation needs to be considered during the planning stage. This ensures that the evaluation methods are built in as part of the intervention and that baseline data is gathered to enable before and after comparisons.

## Box 4: Key actions for the evaluate stage

- **Decide what the evaluation should measure, this could be;**
  - How the intervention was done (process)
  - How effective the intervention was at achieving its aims (impact)
  - How much savings the intervention has yielded (economic)
- **Gather information on the workplace health intervention**
  - Use logic modelling or theory of change<sup>8</sup>
- **Formulate key questions that the evaluation should answer**
- **Develop an evaluation design**
  - Decide on data collection methods
  - Decide on either internal or external evaluation
- **Review the organisational context**
- **Reflect on practice**

## A. ESTABLISH AIMS OF THE EVALUATION

This step includes setting the aims of the evaluation. The evaluation could aim to improve the intervention design or how it was carried out, by examining issues such as;

- awareness of the interventions
- engagement and satisfaction with the intervention
- resources used
- barriers and enablers to implementation
- changes caused by the intervention
- health outcomes
- retention of staff
- productivity
- healthcare costs
- absenteeism (impact or outcome evaluation)
- cost-effectiveness of the workplace health intervention (economic evaluations).



## B. GATHER INFORMATION ON THE WORKPLACE HEALTH INTERVENTION

It is important to determine exactly what the intervention consists of, how it is meant to work (and lead to the anticipated changes) and whether it had been implemented before. This may include producing a logic model or a theory of change for planning an evaluation of workforce health interventions – which are commonly accepted methods in evaluating complex programmes and can be applied to workplace health interventions.

### Logic model and theory of change

A **logic model** is a graphic which represents the theory of how an intervention produces its outcomes. It represents, in a simplified way, a theory of how an intervention works.

A **theory of change** is a tool to help you describe the need you are trying to address, the changes you want to make (your outcomes), and what you plan to do (your activities). The approach can be used for organisations of all shapes and sizes. A theory of change is often represented in a diagram or chart, but a full theory of change process involves more than this. It should help you consider the assumptions and enablers that surround your work and explain why you think your activities will lead to the outcomes you want.

Further information on logic models and theory of change [click here](#).

## C. FORMULATE KEY QUESTIONS THAT THE EVALUATION SHOULD ANSWER

Key people should be consulted to make sure the evaluation can address their information needs and agree on how the success of the workplace health intervention will be defined and measured. This can be summarised into evaluation questions. Once the evaluation questions and intended outcomes are agreed, a decision on evaluation methods can be made. However, the final choice for the methods to use may also depend on other aspects, such as timeframe of the evaluation, available skills and other resources.

## D. DEVELOP AN EVALUATION DESIGN

The evaluation design aims to address the question of attribution - whether the desirable changes have been achieved by the intervention alone, or whether other factors played a role.

Employers need to consider whether the skills for the selected methods are available in-house – in which case an internal evaluation could be conducted. However, external evaluators can also be considered to carry out this stage. It is recommended that the evaluation tool (or tools) is piloted to ensure it collects the desired information.

## E. REVIEW THE ORGANISATIONAL CONTEXT

During the evaluation stage it is important to keep in mind that other processes and events can affect the successful implementation of the workplace health intervention (for example changes in management, economic pressures). Therefore it is worth recording any changes in business structure or processes during the implementation of interventions

## F. REFLECT ON PRACTICE

In addition to informing any future versions of the workplace health intervention, any lessons learned during evaluation can help build wider knowledge and guide future evaluations.

Reflection can help the individuals or teams implementing the interventions to have better insight into the detail of the intervention and their own practice. Reflection does not replace, but improves and adds to evaluation strategies.

### Example of evaluation in practice:

Sheffield Hallam University piloted a mindfulness programme in the facilities directorate. The programme was implemented over six weeks, involving 25 participants across two cohorts. The programme was evaluated using a pre- and post-survey evaluation using three survey instruments: the Mindful Attention Awareness Scale (MAAS), the Flourishing Scale and the Perceived Stress Scale (PSS). The results, which were based on the small sample of 10 participants who had completed both surveys, indicated some positive improvement on all scales.

From 'Promising practices for health and wellbeing at work:  
A review of the evidence landscape'.<sup>1</sup>

### Key actions checklist:

- Establish aims of the evaluation
- Gather information on the workplace health intervention
- Formulate key questions that the evaluation should answer
- Develop an evaluation design
- Review the organisational context
- Reflect on practice

# SECTION 2

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## (MORE ON) EVALUATING WORKPLACE HEALTH INTERVENTIONS





## More on evaluating workplace health interventions

Evaluating workplace health interventions can provide information to employers so that they can prioritise their budget in order to achieve the greatest health benefits for their workforce. Evaluation allows organisations to discover what works and what does not work, including potential negative effects and make an informed decision whether to continue the workplace health programme. Data gathered through the evaluation may also help to improve the intervention itself. The evaluation phase leads back into the cycle, with results informing development of new interventions.

### Tips for success

Evaluation of workplace health interventions do not need to use all of the methods listed, businesses can tailor the methods to suit the size of the business and budget available. The message is to do some evaluation to measure impact and effectiveness but not all steps are necessary or possible for many businesses.

**Table 2. Benefits and limitations of methods of evaluation of health interventions**

Method of evaluation of a health intervention	Benefits	Limitations
Process	Can help improve the design or implementation for example awareness, take up, engagement with the health intervention	Does not measure impacts or outcomes achieved at individual or organisational level
Impact / outcome	Can help measure impacts or outcomes achieved for example behavioural or attitude changes	Does not improve the design or implementation
Economic	Can help make a business case for investing in staff's health and wellbeing	Does not improve the design or implementation
External	Perceived objectivity and independence - freedom from influence and organisational pressure; full autonomy in carrying out investigations and reporting findings	Limited knowledge of the workplace and programme
Internal	Better knowledge of the workplace health programme and context in which it is implemented. Enhanced learning potential and ownership of results	Perceived or actual lack of objectivity and independence

Source: RAND Europe based on HM Treasury (2011) and OECD (2002).

## MEASURING OUTCOMES AS PART OF EVALUATION

The method and design of evaluation are dependent on what the evaluation aims to capture.

A combination of different outcome measures can be used when evaluating workplace health interventions, including:

- **Engagement metrics** such as participation and engagement in workplace health interventions over time (for example registration, participation during the programme, programme completion), annual health risk assessment data and clinical screening.
- **Satisfaction metrics** such as overall participants' satisfaction with intervention's material and services.
- **Health behaviour change** can vary depending on the intervention implemented.

These can examine changes in the level of:

- physical activity (for example through pedometers for self monitoring)
  - dietary intake (sale or purchase of healthy foods in cafeteria, vending machines)
  - tobacco use
  - quality of sleep
  - stress management
- **Biometric and clinical impacts** such as blood pressure, cholesterol or BMI.
  - **Productivity impacts** including absence data, worker compensation and disability claims.
  - **Healthcare costs**



## RETURN ON INVESTMENT

Return on investment (ROI) is considered the gold standard for evaluating workplace health intervention outcomes. ROI may not be feasible for small and medium sized organisations which intend to evaluate internally, as they may lack resource to collect and analyse quantitative data.

ROI is a financial metric that calculates the amount of money gained (or costs avoided) relative to the amount spent on an investment. In simple terms, a 3:1 ROI means that the investor saves £3 for every £1 spent. To calculate ROI, the benefit (or return) of an investment is divided by the cost of the investment. The result is expressed as a percentage or a ratio.

**As stated in stage 1 – analyse, many local authority public health teams provide support for both implementing and evaluating workplace health interventions. Contact your local council public health team to find out what services they offer to support you in evaluating your interventions.**

# SECTION 3

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## USING EXTERNAL PROVIDERS FOR WORKPLACE HEALTH INTERVENTIONS





## Using an external provider for health and wellbeing interventions

When deciding on a provider or services to procure, the evidence suggests that there are six core services which can be delivered:

- Prevention services
- Early treatment interventions
- Rehabilitation and return-to-work programmes
- Health assessments for work, for example NHS health checks. [Click here for more information.](#)
- Teaching and training services
- Promotion of health and wellbeing

The process of deciding on a provider will usually involve an evaluation of submissions of tenders by the steering group. Evaluation of tenders can involve a comparison of costs/rates, personnel qualifications, quality control offered, methods suggested, previous experiences, references and accreditation. The steering group may invite providers to give presentations to clarify open questions and provide further information.

### Additional elements, which can be considered when deciding on a provider, are:

- Comparing provider through communication with other organisations.
- Contacting COHPA (Association of Occupational Health Providers) for a list of providers.
- Using 'contracts finder' on gov.uk
- Deciding if one provider will be contracted for all services or if multiple providers are needed
- Conducting market research on providers.
- Engaging in direct communication with potential providers.
- Verifying if the provider is accredited (for example national standards for occupational health - SEQOHS) or has won awards. [Click here for more information.](#)

### Top tips

Other elements to consider are whether the provider can provide an annual audit plan and periodic reports. The service provider staff should have a mix of skills depending on the services required.

The steering group may invite providers to give presentations to clarify open questions and provide further information.



## Successful contract management with providers of health and wellbeing services

A partnership approach, with collaboration and open communication, between provider and steering group is crucial for good management of provider relationships. Contract management for providers of workplace health interventions are similar to the management of other service contracts. As with other contracts, these should be robust and providers should adhere to the terms set within them.

Ensure that key performance indicators (KPIs) such as absence rates are set and they measure the programme outcomes and go further than simple cost management. KPI levels should be sensible as high level KPIs tend to have higher costs attached to delivering them. It is essential to review KPIs and potentially negative side effects to these.

- Penalty payments should be considered for critical performance indicators but should not be too stringent
- The provider should not be blamed for issues beyond their control but constant transparency with all actions should be expected. 'Customer' services should be part of the contract and the evaluation

### Tips for success

Good collaboration between occupational health service (OHS) providers and employers is an enabler for workplace health, characterised by the following features:

- Open communication and dialogue between provider of workplace health interventions and employer.
- Geographical proximity of provider and employer which helps develop a close relationship and direct communications.
- Flexible contracts to allow services to develop in dialogue with the employer and adjust to the needs of the organisation and employees or any problems encountered.
- Consideration should be given to the difficulty to attain continuity of services when contracts are constantly renegotiated.
- Ensuring compliance with health and safety law.



[See more on our resource page](#)

## POTENTIAL CHALLENGES

- Organisations may find it difficult to procure occupational health support either due to cost or availability of suitable providers
- If using an external provider, concerns about provider's quality of advice and service
- Possible duplication between the provider of workplace health services and internal HR department when some tasks overlap between the two



# RESOURCES





This toolkit can be used alongside a (PHE commissioned) RAND Europe report **'Promising practices for health and wellbeing at work 2018'** which provides a wide range of information, case studies and recommendations that can help businesses improve workplace health and wellbeing.

In addition, the following resources provide additional information and tools to help the process of developing and evaluating workplace health interventions.



**NICE (2017) Healthy workplaces: improving employee mental and physical health and wellbeing**

### **Health needs assessment**



**PHE Workplace health needs assessment**



**CIPD factsheet on health and wellbeing (including our model of health and wellbeing)**



**Workplace health program development checklist**



**EuroQoL (EQ-5D)** - a self-reported, standardised measure of health related quality of life on five dimensions (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression).



**Musculoskeletal health questionnaire (MSK HQ) provided through Arthritis Research UK.**

### **Evaluation**



**Logic model and theory of change**

### **Public Health England resources**



**PHE health matters on health and work**



**Promising practices for health and wellbeing at work - RAND Europe**



**PHE health and work infographics**



[One You, Every Mind Matters](#)



[PHE Campaigns Resources Centre](#)

### **Workplace health tools**



[Workplace Health Needs Assessment Tool](#)



**PHE BITC Employer Toolkits**

- [Mental Health Toolkit for Employers](#)
- [MSK Health in the Workplace Toolkit for Employers](#)
- [Suicide Prevention Toolkit for Employers](#)
- [Suicide Postvention Toolkit for Employers](#)
- [Sleep and Recovery Toolkit for Employers](#)
- [Drugs, Alcohol and Tobacco Toolkit for Employers \(2018\)](#)
- [Physical Activity, Diet and Healthy Weight](#)
- [Domestic Violence Toolkit for Employers \(2018\)](#)
- [Health and Work infographics](#)
- [Local Health and Work Infographics](#)

### **Websites**



[www.cipd.co.uk](http://www.cipd.co.uk)

The CIPD is the professional body for HR and people development. The registered charity champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has more than 150,000 members across the world, provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.



[RAND](#)



[Public Health England, UCL Institute of Health Equity. Local action on health inequalities: Workplace interventions to improve health and well-being. September 2014](#)



[NHS England. Towards commissioning for workplace compassion: a support guide. September 2018](#)



[Workplace health: applying All Our Health. August 2019](#)



<sup>1</sup>Whitmore, M. Stewart, K. Pollard, J., J. van Belle, M. Yang & C. Van Stolk. 2018. 'Promising practices for health and wellbeing at work: A review of the evidence landscape.' Santa Monica, Calif.: RAND Corporation, Public Health England.

[www.rand.org/pubs/research\\_reports/RR2409.html](http://www.rand.org/pubs/research_reports/RR2409.html)



<sup>2</sup>Workplace Health: Applying All Our Health' (Public Health England 2018).



<sup>3</sup>Office for National Statistics (2018) Sickness absence in the UK labour market  
Available at:

[www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket](http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket)



<sup>4</sup>Department for Work and Pensions (2015) Health and wellbeing at work: survey of employees  
Available at:

[www.gov.uk/government/publications/health-and-wellbeing-at-work-survey-of-employees](http://www.gov.uk/government/publications/health-and-wellbeing-at-work-survey-of-employees)



<sup>5</sup>Adams, L., Oldfield, K., Riley, C., Duncan, B. and Downing, C. (2015). Understanding the journeys from work to Employment and Support Allowance (ESA). Research report no. 902. London: Department for Work and Pensions. Available at:

[www.gov.uk/government/publications/understanding-the-journeys-from-work-to-employment-and-support-allowance](http://www.gov.uk/government/publications/understanding-the-journeys-from-work-to-employment-and-support-allowance)



<sup>6</sup>Black C. Support for health and wellbeing in SMEs. Paper presented at: This Won't Hurt a Bit: Supporting small business to be healthy, wealthy and wise - a report launch by the Health at Work Policy Unit; 2015 Nov 24; The Work Foundation: London.



<sup>7</sup>CIPD Simplyhealth Health and well-being at work 2019, available at:

[www.cipd.co.uk/Images/health-and-well-being-2020-report\\_tcm18-73967.pdf](http://www.cipd.co.uk/Images/health-and-well-being-2020-report_tcm18-73967.pdf)



<sup>8</sup>Public Health England (2018) Introduction to logic models, available at:

[www.gov.uk/government/publications/evaluation-in-health-and-well-being-overview/introduction-to-logic-models](http://www.gov.uk/government/publications/evaluation-in-health-and-well-being-overview/introduction-to-logic-models)