





## Executive summary

### Background

The East Sussex workplace programme was launched in 2021. The programme aims to improve health and wellbeing of employees in the workplace setting, particularly targeting workers who may experience health inequalities, e.g., low-skilled, low-paid and from economically deprived communities.

This evaluation explores the achievements of the programme in its first year, using a range of evaluation tools including: a programme stakeholder survey; participating workplace survey; employee survey; and semi-structured interviews with selected stakeholders and employers. Recommendations for the future development of the programme were made based on the evaluation results to date.

### Findings: number awarded and registered

- 72 organisations were registered on the website by 21 Oct 2022 – of these 43 started working towards an award, with 2 subsequent drop-outs.
- 7 organisations have received an accreditation award; 7 an accreditation award; 4 a Commitment award; 2 a Bronze Award for medium / large organisations and one organisation has received a Bronze micro/small organisation award.
- 13 employers are working towards commitment award, 17 employers are working towards a bronze award for medium/large organisations. 12 are working towards a bronze award for micro/small organisations. One is working towards silver award (for med/large organisations).
- Over 7,794 people are employed by the participating organisations, demonstrating a potential significant reach to influence employee health and wellbeing across the region.

### Views of stakeholders and employers

- The programme has had an excellent first year. It began with extensive development and consultation, which has been highly praised by stakeholders.
- The criteria and framework are thought to be logical, evidence-based and co-produced.
- The programme was launched and achieved 72 registrations in the first year. This shows that the programme is conceptually sound and clearly appeals to employers.
- The low numbers achieving an award in the first year, reflect the amount of work that has to be done to evidence a workplace's achievements), and perhaps, competing priorities of organisations in the immediate post Covid-19 recovery phase.

- The idea of an award for small organisations has gone down well with employers and stakeholders, recognising that the criteria need to be adapted for smaller organisations who may not have the resources to invest in such a programme.
- The topics covered by the programme have been well thought through. Mental health is one of the priorities of employers, and this aspect of the programme was praised by organisations and stakeholders.
- The branding and materials have been well-received, with the website being considered particularly important.
- The programme has had a good reach in a short time. It is also encouraging that the programme has reached a higher proportion of people from ethnic minority backgrounds than the regional average.
- It is too early to make any conclusions about the impact of the programme to date on employees' health. This was not helped by the low take-up of the employee survey. However, it is of note that stakeholders strongly agree that the programme is having a positive impact.
- Ten recommendations are made for the development of the programme and its evaluation.

# 1. Introduction

In December 2020 Cavill Associates were commissioned to:

- Develop and design an appropriate evaluation framework & toolkit that will robustly assess the impact and outcomes of the new East Sussex Healthy Workplace Accreditation Programme 2021 – 2023
- Provide expert advice and support to the Healthy Workplace Programme Coordinator to help shape and pilot the workplace health accreditation model, that aims to be piloted with local organisations between Jan and March 2021. To inform a final model ready to launch in Spring 2021.

In June 2021, following successful completion of this preparatory work, Cavill Associates were appointed to conduct the evaluation over the first two years of the programme.

This report sets out the results of the first year of the evaluation.

## 2. Aims and objectives

### Programme Aim

The programme aims to improve health and wellbeing of employees in the workplace setting, particularly targeting workers who may experience health inequalities, e.g., low skilled, low paid and from economically deprived communities.

### Evaluation aim

To understand to what extent the East Sussex Wellbeing at Work programme, have achieved their intended outputs, impacts and outcomes and understand the factors that influenced this including the process undertaken in developing and implementing the programme.

### Evaluation objectives

1. To develop a detailed understanding of the programme, through background desk research, pre-existing documentation, and data, and through discussions with programme stakeholders
2. To critically appraise the process of developing and implementing the Wellbeing at Work programme and advise East Sussex County Council on the progress of the programme, to assist in identifying key lessons learned, for real time informing of the future programme needs

3. To engage effectively and gather the views and opinions of stakeholders involved in the programme to gather new qualitative data and sense check new and existing quantitative data
4. To engage effectively with a sample of employees to explore their perceptions of the programmes and gather new participant data where feasible
5. To gather and analyse new and existing programme level quantitative data, collected through this programme, to include as a minimum key output data, short-term impact data and medium-term outcome data
6. To draft and then finalise an annual evaluation report with key findings that address the main questions of the evaluation and draw clear recommendations based on objective findings of the research.

### 3. Evaluation activities during 2021/22

A programme of evaluation activities was agreed in 2021. This included the following:

#### Key indicators

Building on the developed evaluation framework we agreed and finalised the key evaluation indicators and measurement tools/questions for the evaluation in conjunction with an interim report in May 2022.

A data collection framework was agreed with East Sussex to ensure consistent data collection at a programme and individual workplace level

#### Programme stakeholder survey

A survey was sent to approx. 50 identified stakeholders who had been involved in the development of the programme in Sept 2022. This explored their perceptions of the achievements of the programme to date and ideas for potential improvements.

#### Participating workplace survey

A survey was sent to all workplaces that had registered for the programme by Sept 2022 (n= 71). This explored their experiences of being involved in the programme, their changes to policies and programmes, and their ideas for future improvements.

#### Employee survey

Along with the employer survey, employers that had registered for the programme by Sept 2022 (n=71 ) were asked to send a survey link to all their employees. This

explored employees' perceptions of the programme in their workplace, and any impacts it had had on their health.

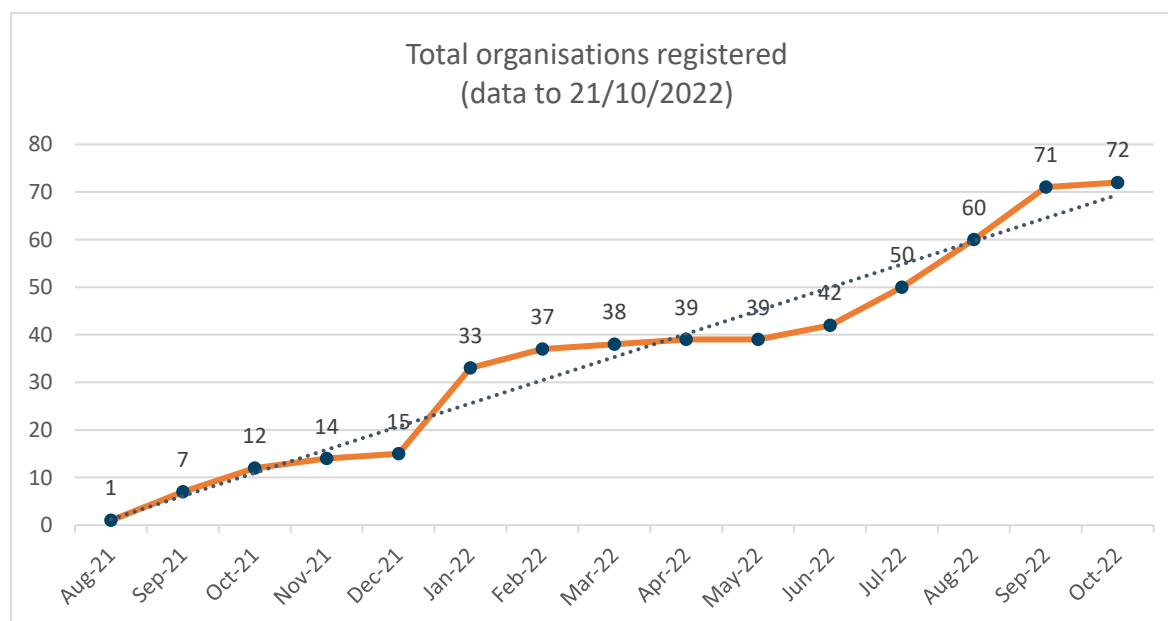
## Semi-structured interviews with selected stakeholders and employers

Fourteen selected stakeholders and employers were invited for a semi-structured interview with a member of the evaluation team. Nine accepted and interviews were conducted over Zoom and followed a semi-structured interview guide that explored perceptions of the success of the programme and remaining challenges.

# 4. Progress on the programme to date

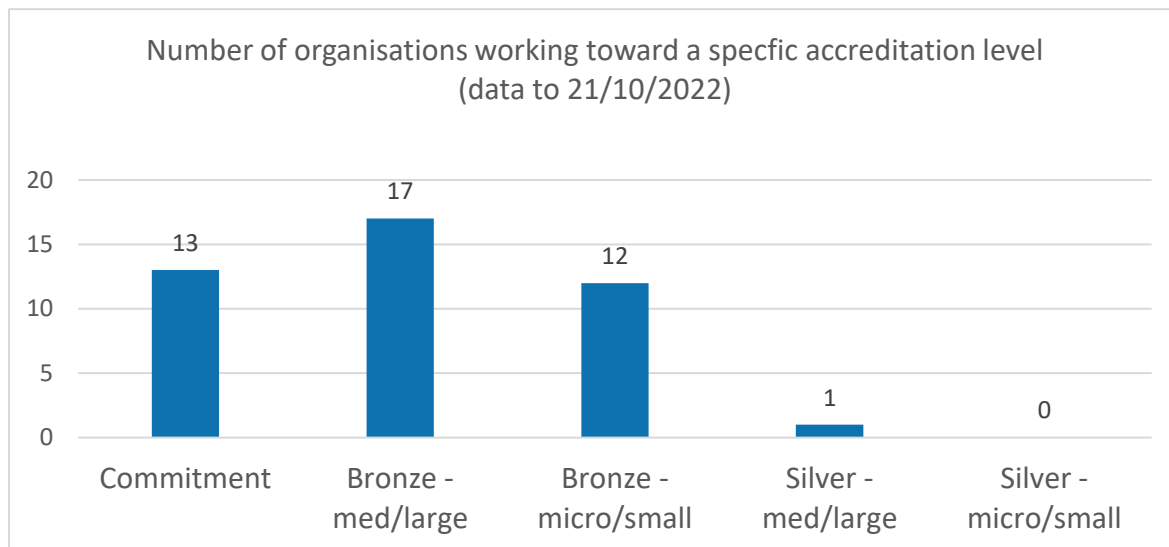
## Workplace Registrations

72 organisations were registered by 21 Oct 2022. The steady growth in registrations is shown below. It is noted that significant growth in Jan 2022 could be linked to promotion of the service within newsletters/bulletins. It is also of note that in August 2022, the service released paid ads on social media to promote the programme.



Registration via an online form (on the website) is the first step; the next step is for organisations to attend a welcome meeting with the Wellbeing at Work team and to start working towards an award. Forty-three organisations (60% of those registering) have started working towards an award, with two subsequently withdrawing.

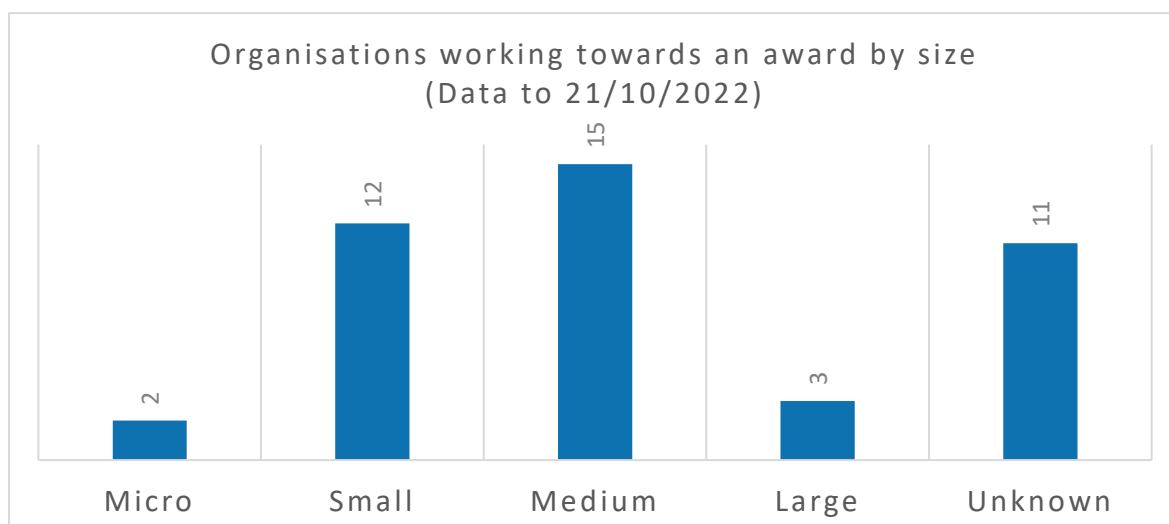
A total of 13 employers are working towards Commitment award, 17 employers are working towards a bronze award for medium/large organisations and 12 are working towards a bronze award for micro/small organisations. One is working towards silver award (for med/large organisations).



To date (21/10/22), seven organisations have received an accreditation award (16% of those progressing beyond registration). Four have received a Commitment award, two a Bronze Award for medium / large organisations and one organisation has received a Bronze micro/small organisation award.

It is a lengthy process from engagement to achieving an award. It has taken organisations between 5-8 months from the welcome call to achieve an award (5 ½ months on average). However, one organisation took just 1 month from welcome call to achieving the Commitment award.

Of the organisations working towards an award, 5% were micro; 28% small, 35% medium and 7% were large.





## Data on the employees covered by the programme.

32 organisations provided data on their employees (74% of the 43 organisations working towards an award). Note missing data from other companies is still being collated

This showed that **7,794 people** are employed by the participating organisations, demonstrating a potential significant reach to influence employee health and wellbeing across the region

### Gender of employees

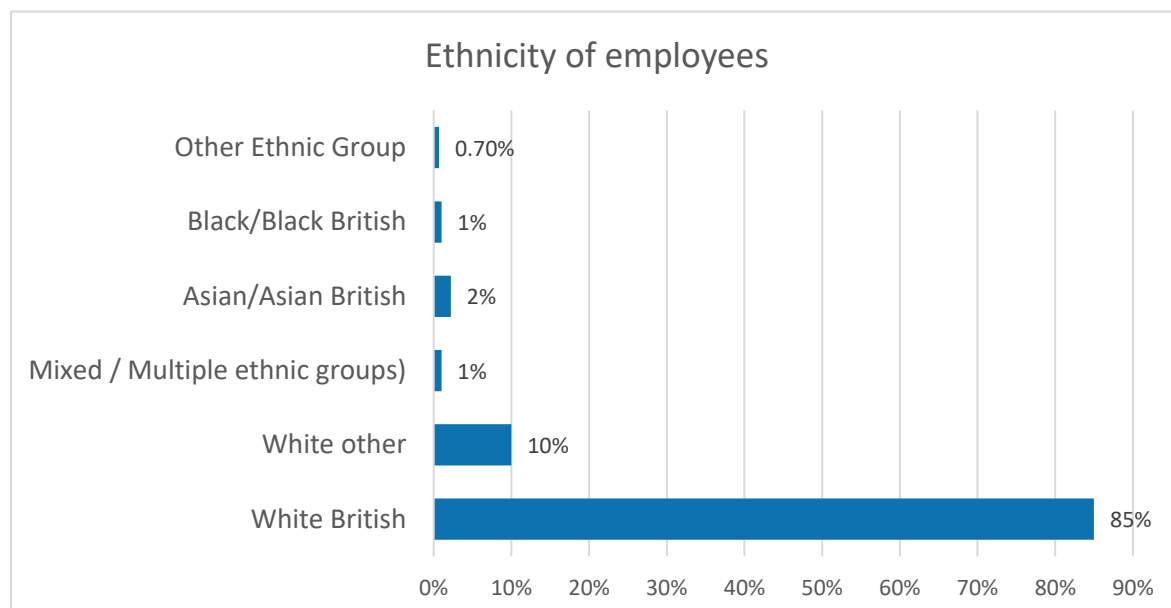
28 organisations provided a breakdown of employees by gender.

29% of employees are male and 71% female.

### Ethnicity of employees

21 organisations provided an ethnic breakdown of employees

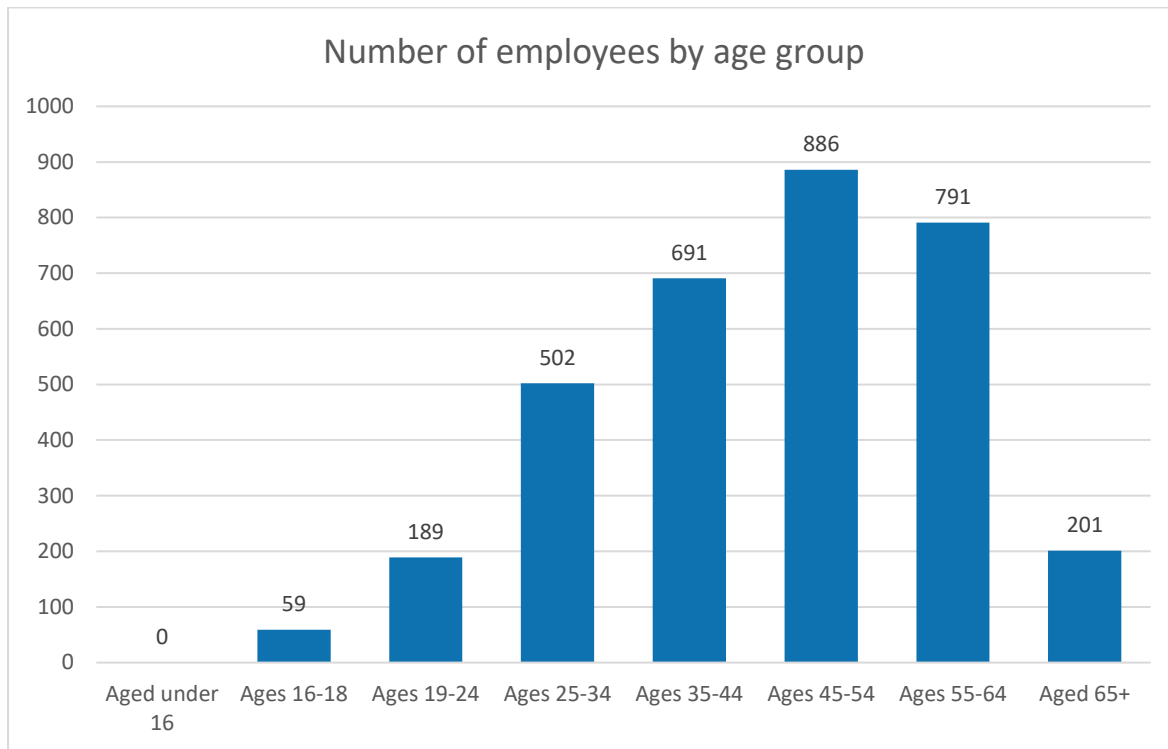
85% of employees were classified as White British. This compares to the local population in which 92% are classified as White British.



### Age of employees

22 organisations provided a breakdown of employees by age group (n=3,319).

The data shows that the organisations predominantly employ an older population group, with 57% of employees aged over 44 years and just 7% aged under 25 years.



## Sickness absence data

27 organisations provided data on number of sickness absence days over a 12-month period – in total this amounted to 17,223.5 days across the organisations.

### Number of days sick

The number of sickness absence days per employee ranged from a low of 0.2 days to a high of 17.8 days over the past 12 months. The UK average in 2021 was equivalent to 4.6 days per employee (footnote 1) Eleven of the 27 organisations (41%) had an average employee sickness absence rate higher than the national average.

Third sector organisations had the highest rates of average sickness absence at 8.5 days per employee, compared to 3.91 days in the public sector and 5.14 in the private sector. Most notable businesses with high rates of sickness absence were organisations providing Human Health and Social work activities (care home providers). This reflects national data that shows people working in caring, leisure and other service occupations have the highest rates of sickness absence. We should note however that these high rates are not reflective of all registered care home providers with some having very low rates of sickness absence

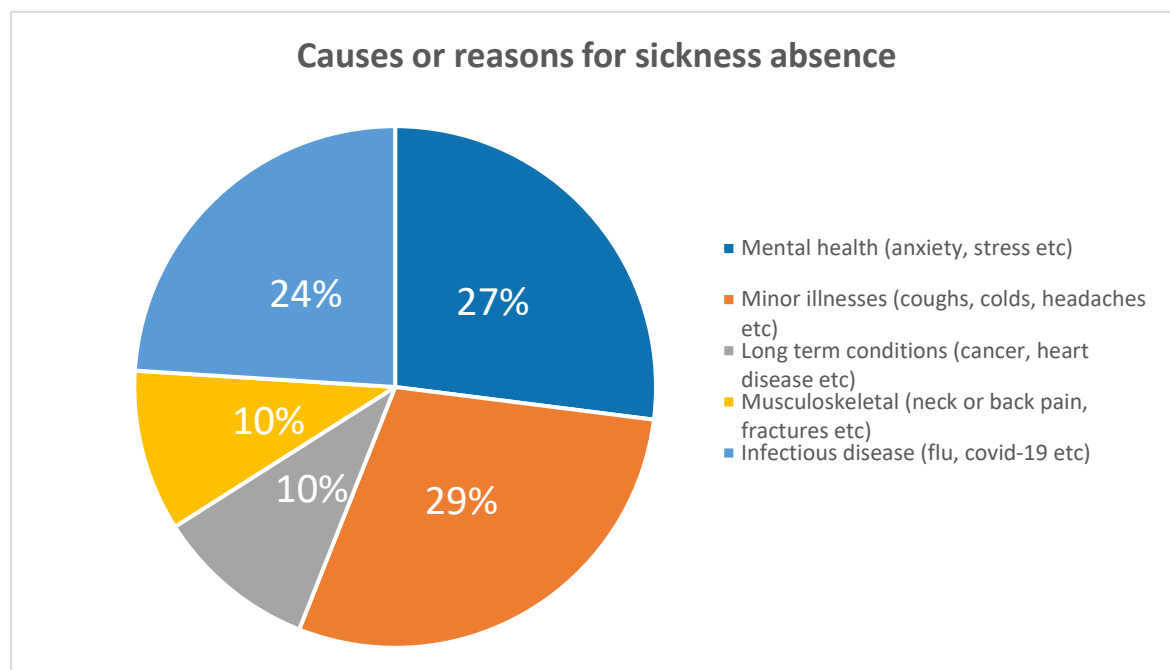
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1. [Sickness absence in the labour market 2021 | ons.gov.uk](https://ons.gov.uk)

## Reasons for sickness absence

Twenty organisations provided data on the reasons given for sickness absence (n=9,919 days in a 12-month period).

Of these, minor illness (29%), mental health (27%) and infectious disease (24%) accounted for the majority of sickness days. Of particular note is mental health conditions which is almost triple the national average of 9.8%. (footnote 2)



## Training provision

There have been 14 training courses provided by the programme to date with 117 participants from workplaces. A breakdown of training courses provided, and numbers trained is shown below:

<b>Course</b>	<b>Number of courses delivered</b>	<b>Number of people trained</b>
Workplace Health Champion	4	35
Mental Health First Aid	2	14
Mental Health Awareness	1	13
Managing Mental Health	5	39
Webinar	4	50

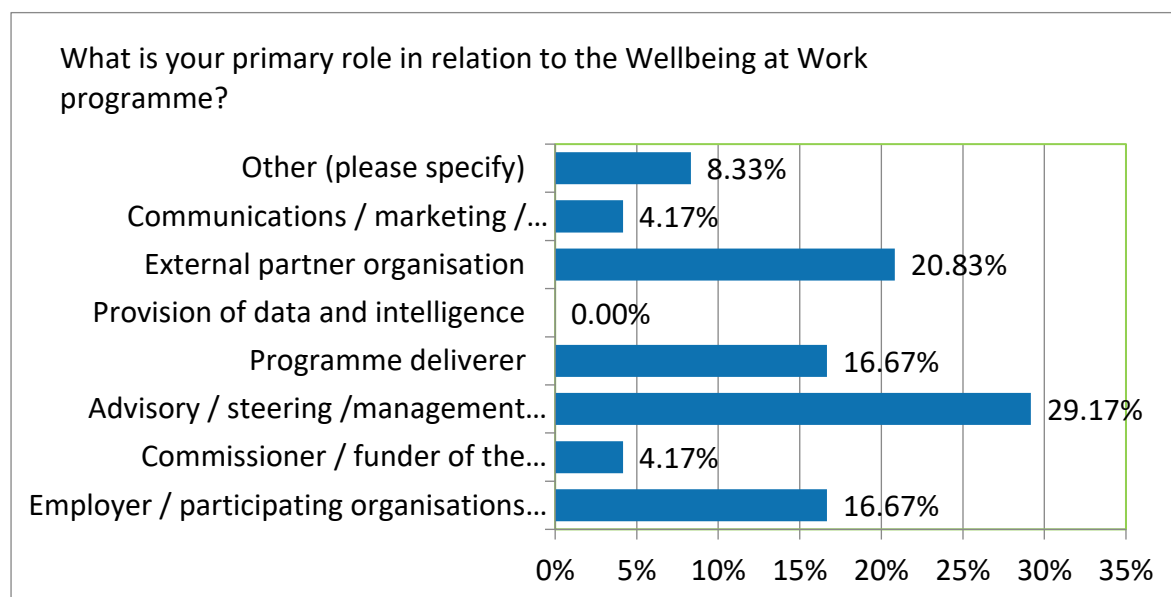
2. [Sickness absence in the labour market latest | ons.gov.uk](https://ons.gov.uk)

## 5. Stakeholders' survey and interviews

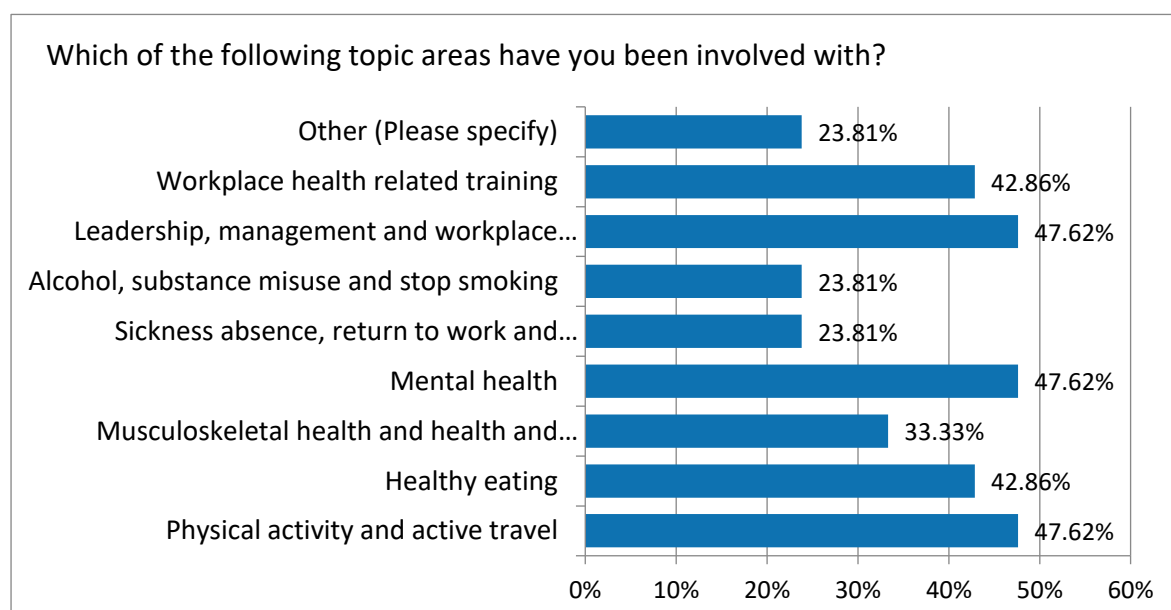
### Survey results

#### Description of stakeholders

Responses were received from 24 stakeholders. These were people who had been involved in the development of the programme. They included people from the Council as well as employers who had helped develop and test the programme's outputs, including members of the advisory group. 80% of stakeholders said they 'know lots about the programme' and most had been involved for more than a year.

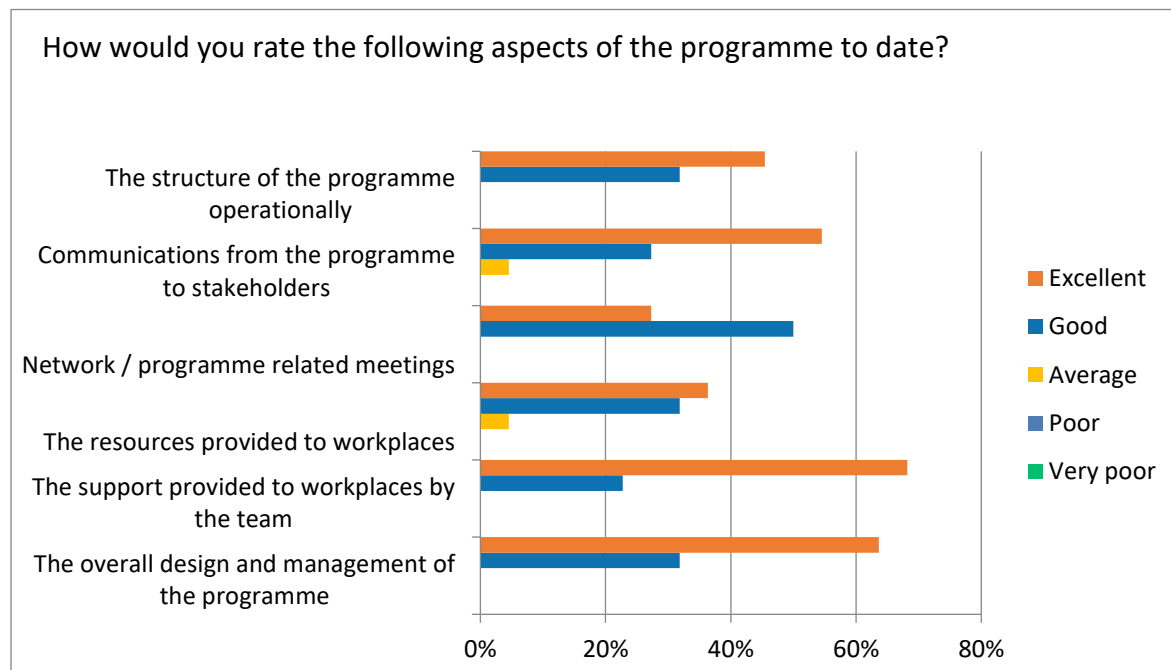


Most of the stakeholders responding to the survey have been involved in multiple topics during the programme's development



## Satisfaction with the development of the programme

A key question in this survey asked stakeholders what they thought of some of the main aspects of the programme. The chart below shows that levels of satisfaction were extremely high. The overall design and management of the programme was rated 'good' or 'excellent' by 95% of respondents. Similarly, 91% rated the support provided to workplaces as 'good' or 'excellent'. Nothing was rated 'poor' or 'very poor.'



## Overall effectiveness

Stakeholders were asked: "How effective do you feel the programme has been overall (given its stage in early implementation)?" with a rating scale from 0 (totally ineffective) to 100 (highly effective). The mean score from all respondents was 71/100 – showing very positive opinions of the programme's effectiveness to date.

## Main successes of the programme

Stakeholders were asked what they considered to be the main successes of the programme. This was also discussed in detail in the semi-structured interviews. Responses fell into a few categories:

### Clear logical and evidence-based framework

Stakeholders like the framework and the way it had been structured, especially the way it had been made appropriate for smaller organisations.

"The inclusion of the small business award options, and the commitment award option, as well as the awards for med/large workplaces, of which

all options are being currently undertaken by a number of workplaces - offering flexible options of workplaces of all sizes, capacity and experience levels.”

“The programme is very structured, monitored well and the website where you provide evidence is very user-friendly.”

There were lots of comments praising how easy-to-follow the process is:

“It's an easy-to-follow process for the employers with the supporting documents and step-by-step guides put together by the team, and the check-in calls. The programme has a well-structured criteria framework and also a good user journey.”

### **Collaborative and co-produced design**

Stakeholders noted that the programme had been based on broad consultation with a wide variety of employers and other stakeholders (probably because many of them had been involved in the consultations).

“(a main success was)...the co-production approach with different types of businesses and website to support the programme.”

### **The reach of the programme in a short time**

Stakeholders seemed impressed with the number of workplaces that had achieved awards at different levels, in such a short time.

“Early signs of positive take up and engagement by employers - excellent early examples of impact of the programme with employers introducing workplace well-being interventions.”

### **Clear branding and materials**

The materials and website were universally praised:

“The communication to workplaces via the newsletter and website is really comprehensive and impressive, also the tailored support that is offered to businesses/employers to assist them to achieve the award(s).”

### **Support provided by the East Sussex team**

Many stakeholders and employers praised the team, often naming individuals:

“The excellent communication and organisation of Sarah and Flavia and the support provided Support from the Wellbeing at Work scheme.”

## Main challenges

### Scale

The main challenge raised by stakeholders was the ability for the programme to keep up with increasing demand, with the resources available. One respondent noted that there are 23,000 businesses in East Sussex, but the team can only realistically support approximately 40 or so each year. Whilst in year 1 they have exceeded this number – engaging 72 organisations (0.3% of all businesses) and supporting 43, current resources will greatly impact on the programme reach into East Sussex companies.

“As interest in the programme grows so will the demand. Meeting this demand is important in order to further roll the programme out and reach as many businesses and people as possible.”

This is balanced against the need not to drop standards or the level of support offered to businesses (which as noted above is one of the strengths of the programme to date). Also it was raised that while it is important to monitor and evaluate the impact of the programme, this all takes time and resources and may take away the focus on delivery and expansion

“Monitoring - we want to monitor that the business are continuing to deliver and grow the programme in their settings. However, this will require time and capacity to do so.”

### Time and resources

Stakeholders – notably employers – raised the issue of a lack of time available to implement and collate evidence to achieve the award. This is obviously more challenging for smaller organisations:

“For us, we had already achieved a lot of the criteria, but I think for companies just starting on their wellbeing journey it could be a very long and difficult process.”

Reflecting on this, the Work Foundation reported that “Although this [*gold, silver, bronze*] approach of increasingly demanding criteria to attain ascending levels is logical, its bureaucratic nature could deter some businesses from applying. .... and it is not sufficiently tailored to the needs of small businesses.” (footnote 3)

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3. The Work Foundation. Workplace health interventions and accreditation schemes: A rapid evidence review and global mapping exercise. (2019)

Early findings from the East Sussex programme suggests that they are bucking this trend, perhaps through collective desire to engage small businesses and through the creation of small business awards (33% of all programmes progressing from registration are micro and small businesses). It is clear that these efforts continue, and it was noted that part of the next phase of the expansion of the programme is around reaching more small and micro-employers. However, they are less likely to have the time and capacity to satisfy the programme's criteria:

The challenge around smaller businesses having the capacity to meet criteria. obtaining all the evidence, which sometimes means reviewing policies, writing new ones, trying to get staff on board, and then carrying out surveys and campaigns.

### **Increasing the focus on inequalities**

Some stakeholders noted the challenge of ensuring that the programme is supporting workplaces with employees who are experiencing the greatest health inequalities to sign up to, and achieve, the accreditation. This underlines the need for an easier-to-manage small business award: without this there is a risk that the programme could reach only those employers with the luxury of a HR department.

### **The changing nature of work**

A number of stakeholders noted that the widespread changes in working practices post-COVID-19 create some significant challenges for the programme going forward. With many employees continuing to work from home – or hybrid working – there is a reduction in the degree of influence the employer can have on health. This has been factored into the programme already (with some focus on home working and health) in particular the supporting resources on the programme website (footnote 4) but may need to be given greater focus in the future:

"...we've come out of COVID and the way people engage with work is quite different. And I think...we're still adapting to we're still working out what that's going to look like going forward....different flexible working arrangements that people have: hybrid working."

"It's difficult to find things which go to support absolutely everyone, We found some people wanted a whole regular programme, some people want to gym memberships for work and things like that. But actually, you need to have the resources to be able to do that. And certainly not all companies are going to be able to do that. So I guess there's that sense of, especially perhaps for smaller businesses, they would find it

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4. [Working well from home | wellbeingatwork.eastsussex.gov.uk](https://wellbeingatwork.eastsussex.gov.uk)



probably very challenging to implement a lot of these recommendations. Because it would require quite a lot of kind of financial input as well as kind of flexibility."

"From an outsider perspective, it's appears to be a very valuable thing that they're trying to do. I would be interested, one of the things we would be interested to know, but we just haven't got the resources to follow up is how much people have engaged in our piece of research on the well-being of Work website. It would be interesting to know to what degree businesses of all kinds are able to engage and take information from that."

## Suggestions for improvements

There were very few concrete suggestions for improvement, as most stakeholders were very satisfied with the progress of the programme. The main ideas raised were:

### **Increasing reach**

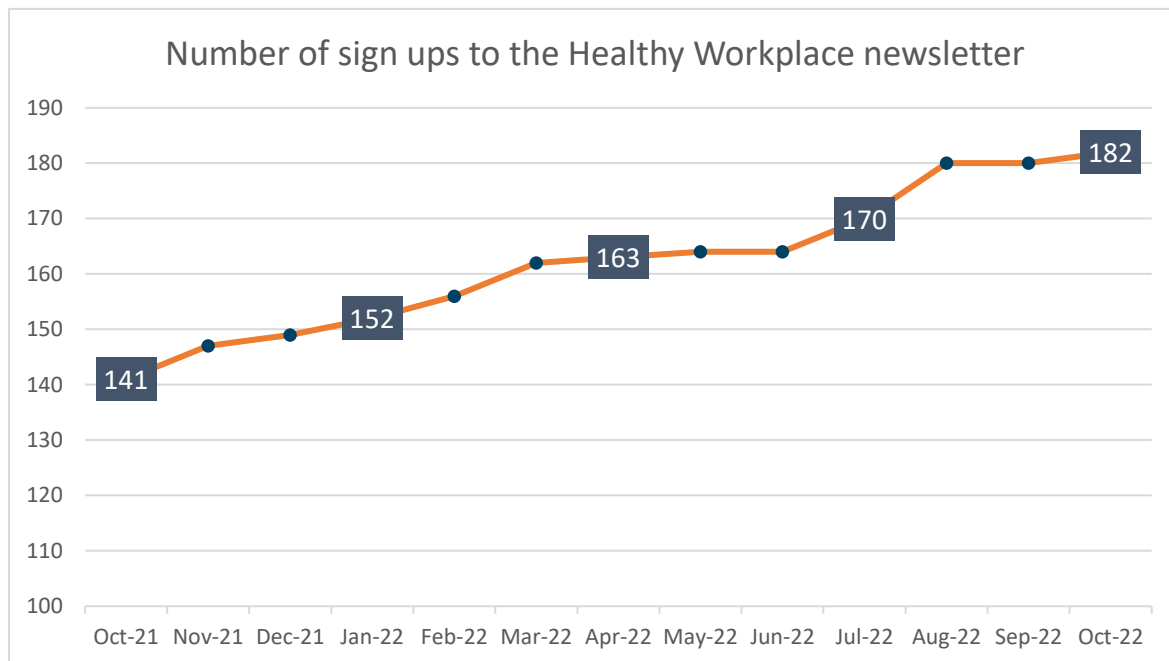
Increasing reach is an ongoing challenge and stakeholders recognise the pressures organisations are under, especially in the current climate mean that the time required to engage effectively with the accreditation scheme may hamper reach. To date only three large companies have progressed beyond registration and stakeholders feel this may be an area of focus for the future:

"... get more local authorities and public sector signed up...I also think having local authorities, having someone like the NHS signed up for it is really good. It looks really good to small businesses as well because if the NHS believed that this is something worthwhile then my tiny business of 10 people, this could be something that I'm signing up for and could be really beneficial. "

### **Communications and Marketing**

People mentioned a forum or online platform for employers to share ideas and best practice. It is clear that significant efforts have been made through an excellent website with a wide range of resources available. Despite this, the numbers of website views has continued to fall from a high of 114 unique views in January 2022 down to 31 in March 2022. It was reported that website promotions reduced from January 2022 due to capacity issues. However, from May onwards this figure grown, peaking at 212 unique website users in September 2022. There was a peak of 21 registrations (via the website) in August 2022 as a result of paid social media ads. However, due to this influx of new workplaces and concerns of capacity being overwhelmed, they reduced promotions which saw a reduction in registrations September and October 2021.

The programme team also produces regular newsletters and there has been a steady increase in the sign ups to the newsletter, which is now reaching 182 businesses (October 2022). Newsletter readership dipped off from a peak of 39% in December 2021, to a low of 28% in March 2022. The programme undertook a survey of the newsletter readers to understand what workplace health information readers would like to see in the newsletters/what they would find useful. Since gathering this feedback and using it to inform the newsletters, readership has grown nearly every month, peaking at 42.3% in September 2022.



It should be noted that there could be multiple sign ups within a single business – however if it is 182 business’ – 24% have signed up at commitment level or higher.

It has been reported that at points there is zero engagement with social media and the service decided to stop using social media and focus efforts on other communication channels, such as the website and newsletter. However, despite the difficulties experienced in posting on the Council's channels we feel it would be worth exploring this further, since more than half of adults (54%) use social media. (footnote 5) It could be that it is worth exploring training for staff running/promoting the programme or looking at a managed social media service to boost engagement.

“Getting your comms and marketing right is crucial to increasing awareness and securing engagement” (Public sector stakeholder)

## Targeting

As raised above, it was suggested that the programme could become more targeted to focus on small employers where there might be greater need:

“It would be good to be more targeted if possible. To engage businesses that may need it the most. However, gathering intelligence in this is difficult.”

“The small company programme needs to be made simpler .”

Finally, one respondent thought:

“the program can be improved in terms of evidence based practice and by evaluating the effectiveness and value of the programme though objective based outcomes and practice change.”

To some extent we have tried to asses this in the next section of the report.

## In summary

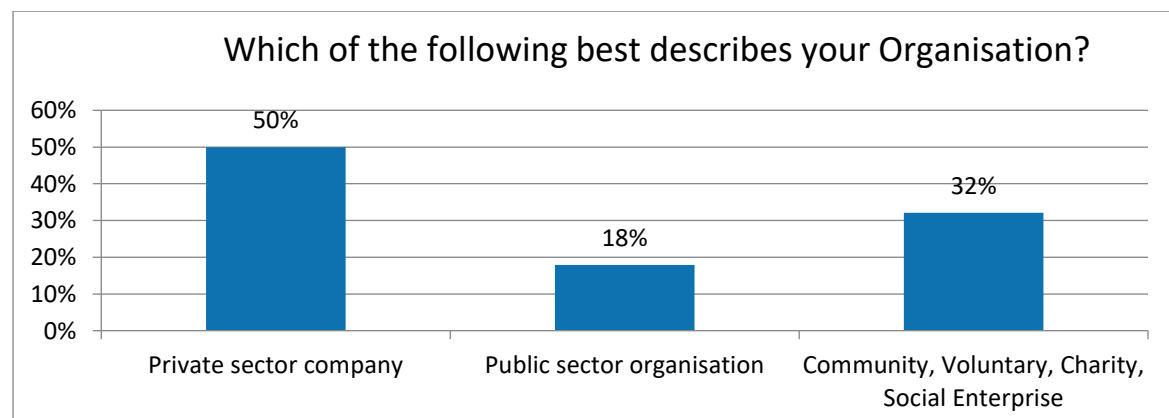
One respondent summed up nicely the feelings of the majority of stakeholders:

“Considering the programme has been running for just 9 months, I think it's going really well and achieved a lot. It needs to get more established, with a stronger brand presence in East Sussex and have more employers on board.”

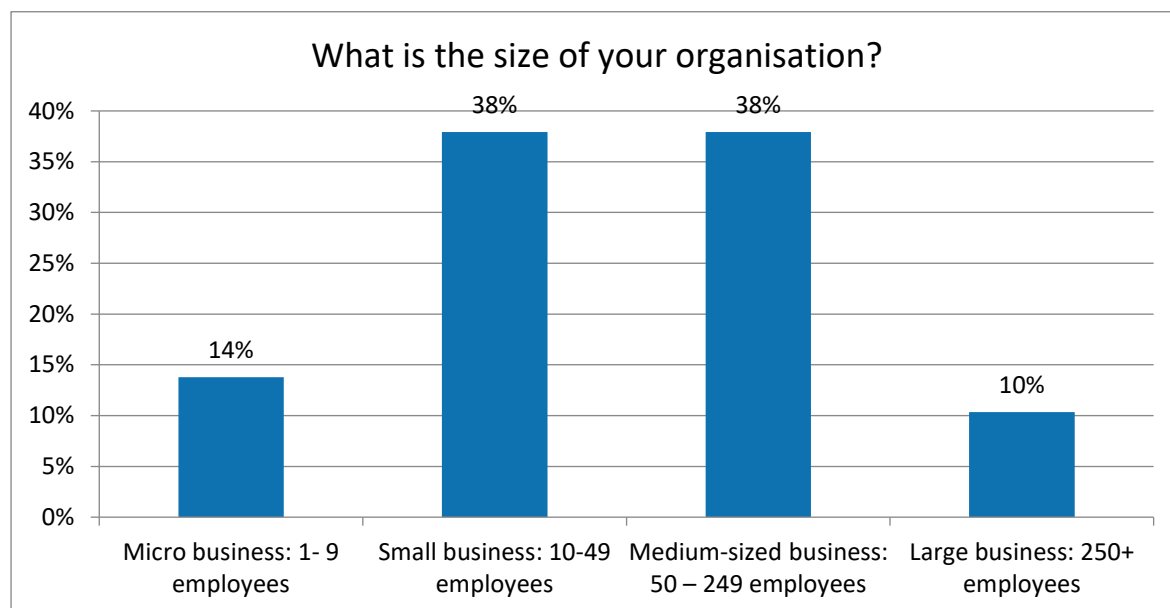
# 6. Employers' survey and interviews

## Survey Respondents

29 organisations responded to the survey; 41% of the 71 organisations that had registered on the website. Half of the responses (n=14) came from private sector organisations.

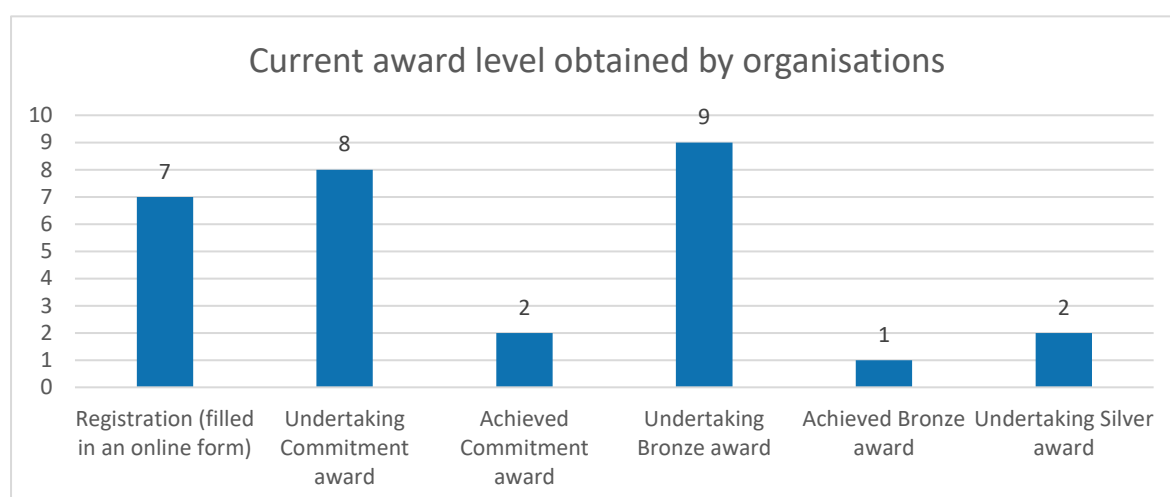


Over half of organisations completing the survey were micro (n=4) or small (n=11) organisations. Eleven returns were from Medium-sized organisations and three from large organisations. Together these organisations employ over 4,000 people.



## Current Award level

Of the 29 organisations completing the survey, 22 (76%) had progressed beyond registration. Of these a third (n=8) were currently at the very early stage of undertaking their commitment award. Nine organisations were currently undertaking the bronze award; three had achieved bronze, two of which were now undertaking the silver award.

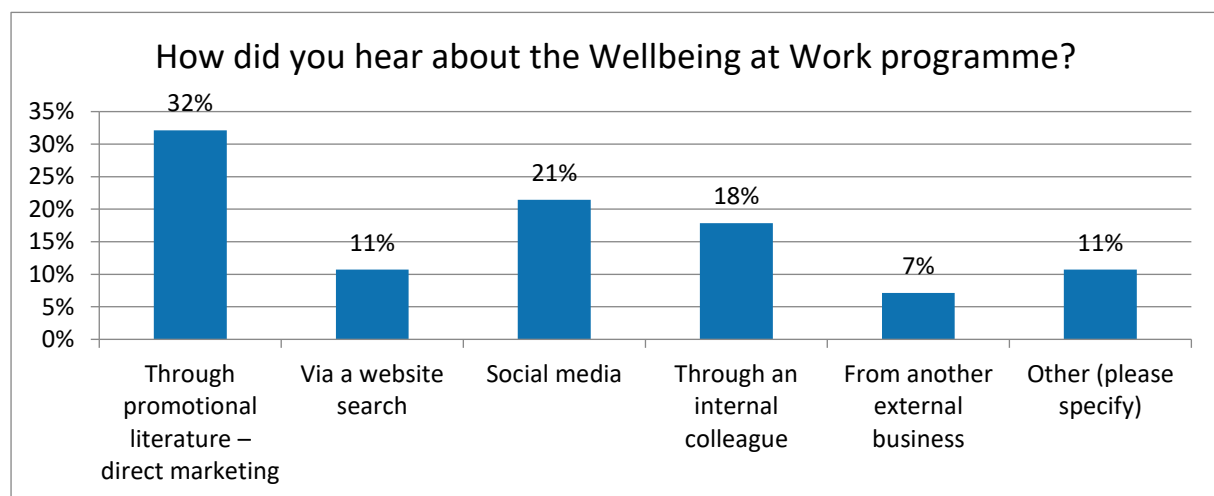


The survey explored the reasons why seven organisations have not yet progressed beyond registration. There was no consistent response to this: two organisations (one small and one medium-sized) stating a lack of time, two small organisations stated that they had not received any follow up communications which offered a

start date/ welcome call; and two (small organisations) were currently preparing to move to the next stage.

## How they heard about the programme

The most effective mechanism for promoting the programme was through promotional literature via direct marketing (32%). Other effective methods were social media (21%) and via word of mouth from a colleague (18%). Interestingly the data on social media engagement presented in the previous section does not reflect this and with 21% of organisations completing the survey having found out about it through social media it is certainly an avenue that is worth pursuing further.



## Reasons for engagement

Organisations were asked to list the top three reasons for engaging with the programme. Two thirds of responders (n=19) wanted to gain recognition for their work on employee health and wellbeing, whilst just over half of respondents (52%) wanted a framework to improve wellbeing in the workplace. The third most popular response was to support the retention of employees (41%).

“To gain an accreditation for support that we already offer our workforce” (Medium-sized organisation)

“We wanted to formalise our approach to supporting our team's health and wellbeing” (Micro organisation)

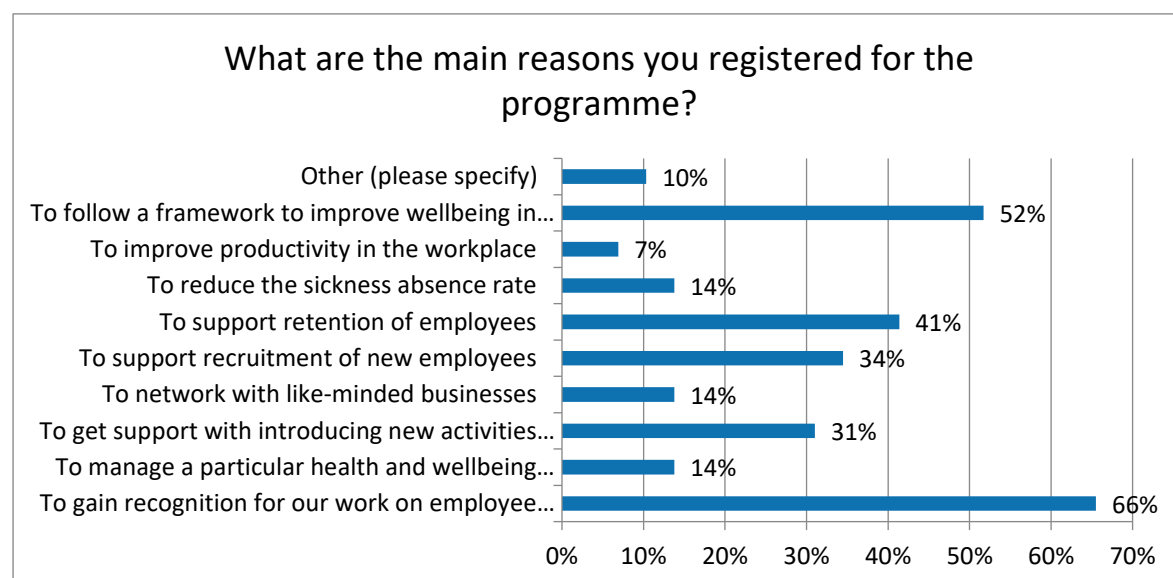
“To find out what we could do locally as well as get ideas and information on ways to put in place a good wellbeing framework for our employees and volunteers who would also benefit.” (Medium-sized organisation)

“We take wellbeing of our employees seriously and this was a good way to benchmark what we were doing against a framework of best practice.” (Large organisation)

“We registered to the programme as we felt it would be a great opportunity to achieve a reward recognised across the county to help us in our aim to become an employer of choice but to also improve our wellbeing offering to our workforce.”(Medium-sized organisation)

Of less significance to organisations were issues relating to improving productivity (7%), managing a particular health and wellbeing concern, networking with like-minded organisations and reducing sickness absence (each were a priority for just 14%). This data perhaps indicates the focus on future evaluations. It would seem opportune to assess the impact of the awards on for example, staff retention and recruitment.

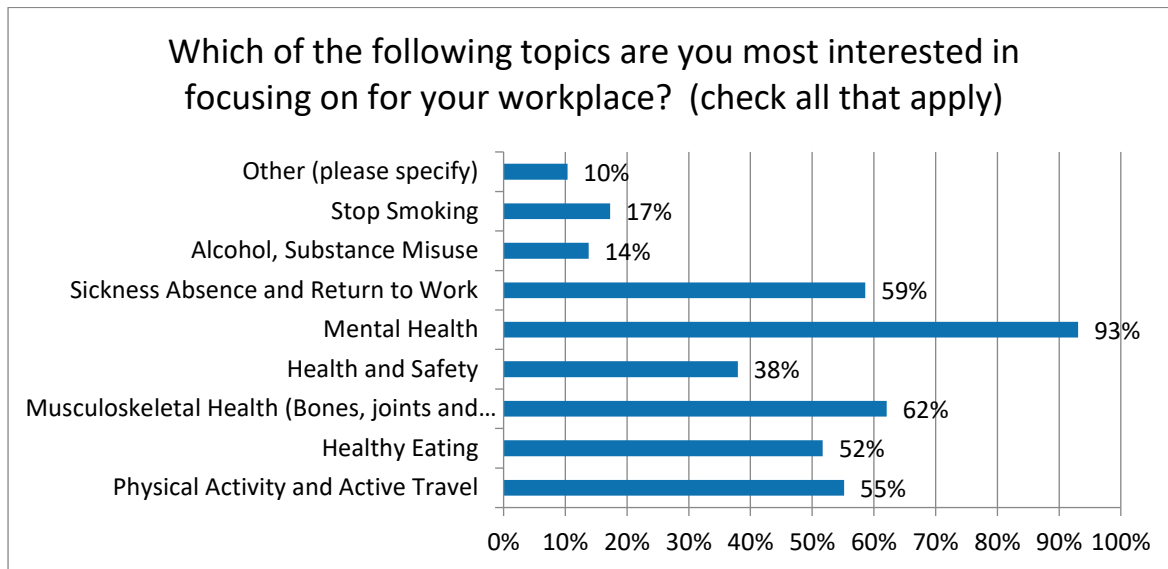
“We are looking for new ideas with similar size organisation for ideas on wellbeing for staff” (Medium-sized organisation)



“What brings them in to start with is that accreditation, but then what hopefully keeps them engaged is: ‘Oh actually this is really quite useful for the business. We’re making really good links. We’re speaking to other organisations.’ (Programme stakeholder)

### Topics of most interest

93% of organisations stated that ‘Mental Health’ (n=27/29) was one of the main topics of interest. The other two topics of significant interest were ‘Musculoskeletal Health’ (62% of organisations) and ‘Sickness Absence and Return to Work’ (59%).



“As well as helping our employee’s wellbeing, it will also help decrease sick days which have a massive impact on the whole team” (Small organisation)

“Probably mental health has been the area the has been most raised by employees so it's good the level of focus on that from the scheme.” (Medium-sized organisation)

Of lesser interest to organisations were alcohol and substance misuse (of interest to just 4 out of 29 organisations) and stop smoking (of interest to just 5 out of 29 organisations). This is of significant interest to the programme and may offer opportunity to review the prominence of these elements within the accreditation process.

### Employee health needs assessment

62% of respondents said they had completed an employee health needs assessment. This data was not made available for this report.

### Changes to organisational policy and procedures

Of the 22 organisations completing the survey who have gone beyond registration, 41%, (n= 9) have made organisational changes to policies and procedures.

Seven of these had made changes to ‘Leadership, Management and Workplace Culture’ included in these changes were the establishment of health and wellbeing committees and focus groups (n=4). One had become a living wage accredited employer, to support financial wellbeing of employees; one had developed a ‘New peoples strategy’ that focuses specifically on wellbeing and two had delivered additional health and wellbeing training to managers and leaders.

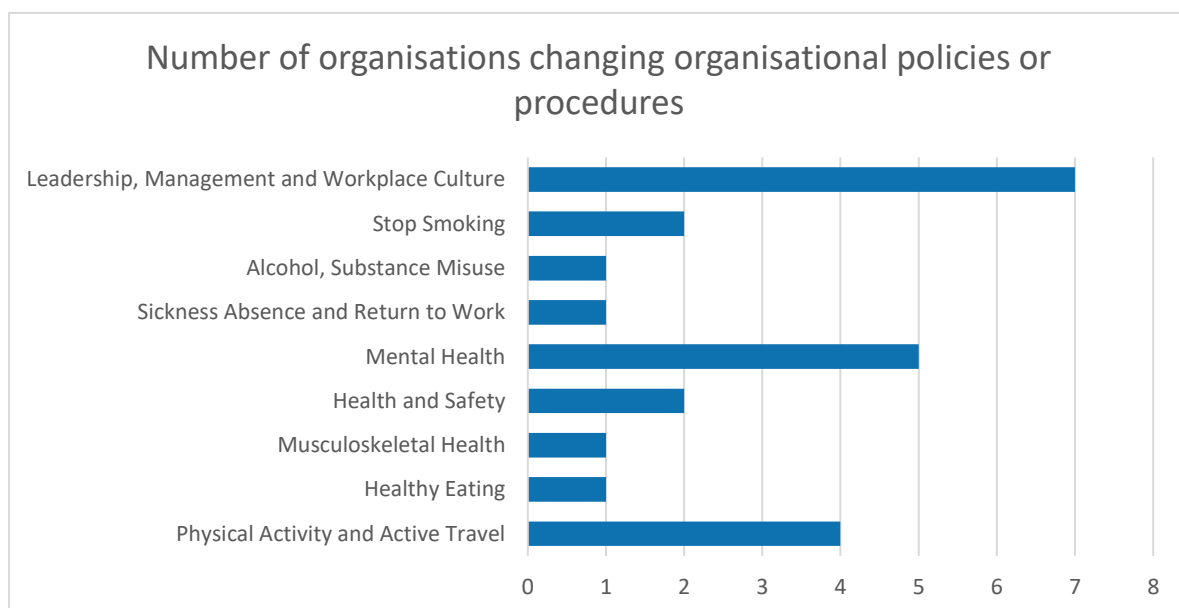
“We've started a health and wellbeing committee to help drive change in the business and come up with ideas from a bottom up approach.”  
(Medium-sized employer)

“Updated sickness absence procedure and added in new categories related around wellbeing, e.g. a new reason for absence being menopause.” (Large size organisation)

The other significant areas of organisational change were made in 'Physical Activity and Active Travel (n=4 organisations) and Mental Health (n=5 organisations), which included new wellbeing action plans being developed and staff undertaking Mental Health First Aiders training.

“We are in the process of bringing in wellness actions plans as routine part of sickness absence procedure.” (Large size organisation)

“It's been an eye opener and has really made us think about how we respond to staff and has allowed us to review our policies around each criteria.” (Medium sized organisation)



Only 2 out of 9 micro/small organisations had made organisational changes as the result of progressing through the awards, suggesting that larger organisations are in a stronger position to make organisational change and that smaller organisations may require further support in this area.

### Initiatives, actions and campaigns

Of the 22 organisations that completed the survey and have gone beyond registration, 55% (n=12) have introduced specific initiatives or actions to promote workplace wellbeing. Action on mental health was the most prevalent, introduced by

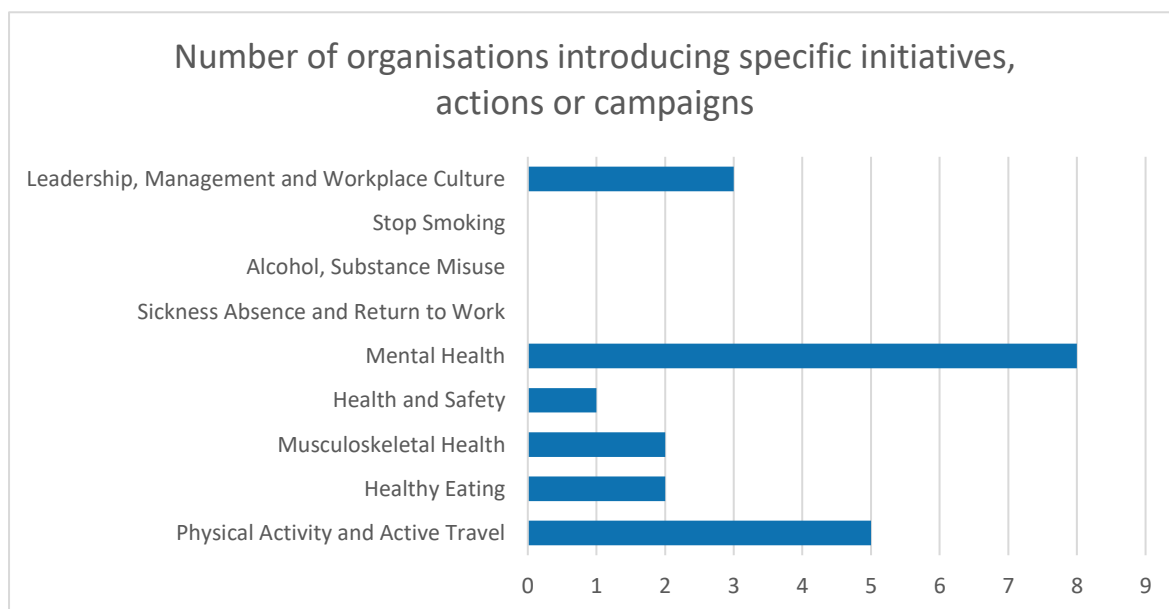


eight organisations including staff training and signposting for staff, with one organisation running a mental health awareness week. This perhaps reflects on the findings earlier in the report that show mental health issues was a leading reason for sickness absence

The other significant area of initiatives related to physical activity with five organisations taking actions in this area, including the introduction of sports teams and exercise sessions, staff walks and the promotion of active travel.

“Staff football club, Pilates sessions, advertising bike loan scheme”  
(Medium-sized employer)

“Looking into more physical initiatives including a cricket team, Man v Fat and brought back Boxercise classes for employees.” (Large size organisation)



Four out of nine micro/small organisations had introduced specific actions or campaigns as the result of progressing through the awards. Three of these related to actions to support mental health and one around Leadership Management and Culture. The high percentage of micro and small companies making specific intervention changes perhaps reflect that these are easier to introduce than changes at an organisational policy level.

## Main successes

Organisations were asked to highlight the main successes of their engagement with the programme. Whilst several organisations state that they are only just starting the required work and so too early to assess success, those that do report achievement, fall broadly under three themes:

**Staff engagement:** organisations talk about their success in engaging staff in the process from the outset:

"The introduction of online surveys, enabling us to engage more successfully with our staff" (Medium-sized organisation)

"Staff involvement has been positive, good team spirit." (Small-sized organisation)

**Creating a health and wellbeing culture:** organisations talk about the changes that have occurred to the way they operate and prioritise health and wellbeing throughout the organisation

"So far it has made me focus on staff support as this can slide in busy services. Early stages for me as just collating evidence." (Small-sized organisation)

"The main success is changing the culture for the business to focus more on this area" (Medium-sized organisation)

"Initial indications from main staff survey indicate a more positive response in areas such as culture, proud to work at etc" (Large-sized organisation)

**Upskilling staff:** Several organisations recognise the success in upskilling staff most notably in Mental Health First Aid training and introducing wellbeing champions

"Introducing wellbeing champions that have attended MECC training. Identifying areas to work on after receiving results of the wellbeing survey." (Medium-sized organisation)

"Upskilling of staff through MHFA Training" (Medium-sized organisation)

"Getting people to talk about things. Also engagement on training programmes." (Small-sized organisation)

"It's quite hard to recruit these days and I think people can see that you're...a comforting employer, you know, if you've got disabilities, mental health, that sort of thing, a good way to, to encourage people into your organization." (Manager of small charity).

## Challenges that remain

The most significant challenges reported by organisations completing the survey related to the **time required to achieve accreditation when faced by competing workload pressures**. These challenges were reported by small and Medium-sized organisations on the whole.

“Getting staff to take up ideas and finding the time to keep up with timescales of the course.” (Medium-sized organisation)

“Getting the programme underway due to other significant workload pressures which are more of a strategic priority.” (Medium-sized organisation)

“Currently working on the accreditation on my own and having little time to work on this scheme.” (Medium-sized organisation)

“Main challenges is just time and focus, we obviously have lot of other things on so we are doing the programme at our own pace as slowly getting to.” (Medium-sized organisation)

“Time and workload pressures affect the service ability to prioritise wellbeing of staff.” (Small-sized organisation)

Getting **employee buy-in** was also a frequently occurring theme – in particular, but not exclusively, reported by large organisations.

“Getting employees engaged in the initiatives and tools we provide, getting line managers on board to encourage people to take time for their wellbeing by giving them the space to utilise these.” (Large-sized organisation)

“Even though we have only just started, I think our biggest challenges will be promoting wellbeing to the younger members of staff.” (Small-sized organisation)

## Future priorities

Organisations were asked that their priorities were for supporting the health and wellbeing of their employees in the next 12 months. These fell into a few themes:

### **Implementing a survey and using it to identify need**

“We are in the process of undertaking a workplace survey. So the priority currently is getting this completed so we can assess the needs this survey might show and coming up with some positive changes we could make.” (medium-sized organisation)

### **Ensuring take-up among staff and culture change among managers**

*Seeking proactive and meaningful employee engagement to ensure wellbeing initiatives are what is important to them* (medium-sized organisation)

“Improving the organisation’s culture and embedding wellbeing in all we do.” (Medium-sized organisation)

### **Implementing projects on specific health topics**

These included

- Healthy commuting
- Diet
- Providing educational resources on alcohol consumption
- Cycle to work scheme

### **Using broader definitions of wellbeing**

Topics raised included:

- Encouraging staff to take regular breaks and ensuring they do not feel they need to work if they should be off sick
- To ensure the workforce has a good work and lifestyle balance
- Promoting externally the wellbeing ethos and improving recruitment by focusing on this area as an employer.
- Providing information to support staff with financial help/planning given cost of living crisis.
- Seeking further support measures and signposting to existing support for anxiety

Finally, the survey asked for suggestions for improvement and almost everyone said ‘none’. Four said the programme was run really well and one said

“I'd love to be assessed without having to supply actual paperwork, but we can all dream...”

## **7. Employees’ survey**

As noted above, 71 employers that had registered on the programme were sent a link to an short online survey of employee attitudes. They were encouraged to send it on to their employees to help collect data on the employee-level impact of the programme.

It is not known how many employers sent the survey link on to their employees but only 15 responses were received from three organisations. This means the data is not representative in any way of the employees covered by the programme and does not provide any useful insights at this stage.

It was always considered to be something of a pilot approach in year one, with more detailed employee surveys taking place in year 2. However, it is clear that this plan will need to be re-considered.

There are a number of possible explanations for the low response rate to the survey:

- There may have been confusion between the employer and employee surveys
- Unwillingness to burden staff with a survey (perhaps after a needs assessment had been recently completed)
- Unwillingness to ask staff to identify concerns or suggestions
- Concerns over confidentiality of the data
- Possibly concerns about the outcome of the survey – staff sharing negative views of the organization that the org. would rather not share?

## 8. Discussion

### Programme organisation and delivery

“This has been a great programme and by far the best thing I see come out from government to support business for a long time. It's a very practical programme, with areas to focus on. Those areas are genuinely good ideas and something we haven't thought of before. The programme is supported and sets targets to review which helps focus and achieve the aim (the ESCC are very good and positive), the programme then also provides the courses like mental first aid that there is a genuine demand for. I've been very impressed and hope it continues.” (Medium sized organisation)

The workplace programme has had an excellent first year. It began with extensive development and consultation, which has been highly praised by stakeholders, who were generally extremely happy with the development of the programme and the content and especially with the assistance and leadership from the East Sussex team. The resulting criteria and framework have been seen to be logical, evidence-based and co-produced.

The programme was launched and achieved 72 registrations in the first year. This shows that the programme is conceptually sound and clearly appeals to employers.

Only seven workplaces have achieved an award in the first year, reflecting the amount of work (notably 'paperwork') that has to be done to evidence a workplace's achievements (5-8 months on average), and perhaps, competing priorities of organisations in the immediate post Covid-19 recovery phase. More encouragingly, over half of those registered have committed themselves to working towards an

award. It is therefore expected that the number of awards will increase rapidly in year two.

The idea of a specific award for small organisations has gone down very well with employers and stakeholders, recognising that the criteria need to be adapted for smaller organisations, as they may not have the resources to invest in such a programme.

The topics covered by the programme have been well thought through. Mental health is one of the priorities of employers, and this aspect of the programme was praised by organisations and stakeholders. As well as minor illnesses (coughs colds etc.) mental health is the second most frequently quoted reason for sickness absence. The survey also presented data on areas of least interest to companies, substance and alcohol misuse and smoking. These remain key public health priorities and therefore should not be removed, however it is worth reflecting on the importance of these to businesses.

The branding and materials have been well-received, with the website being considered particularly important.

## Reach and impact

The programme has had a good reach in a short time: over 7,000 employees are covered by the programme to date, with a large proportion employed by small-sized organisations. It is also encouraging that the programme has reached a higher proportion of people from ethnic minority backgrounds than the regional average.

It is too early to make any conclusions about the impact of the programme to date on employees' health. This was not helped by the low take-up of the employee survey. However, it is of note that stakeholders strongly agree that the programme is having a positive impact.

# 9. Recommendations

## For the programme

- Continue the good work! The programme now needs to be delivered consistently and reach more employers across East Sussex.
- Focus on consistent high quality clear communications to employers. Support maybe helpful in communicating the work and raising the prominence of the website and social media presence in particular. Maybe review / develop a PR strategy for the programme
- Consider any adaptations to the programme that may make it less burdensome to employers, especially the award process (can anything be

stripped out or simplified to make it quicker to achieve accreditations?).

However, this must not be at the cost of the quality of the programme: the awards must be worth achieving and not simply a paper exercise.

- Continue to focus on reaching smaller employers and employers who may have a more deprived and/or ethnically diverse workforce. It could be worth considering a mapping exercise of local business to identify priority organisations in which to target resources
- Continue to develop resources and ideas for improving mental health and wellbeing in the workplace.
- Bring together employers to celebrate success and share best practice

## For the evaluation

- In year two the priority will be to collect data on the impact of the programme on employees' health. This needs careful consideration in collaboration with employers. Any survey (or other data collection approach) needs to be done with the clear agreement and involvement of employers.
- The stakeholder and employer surveys and interviews worked well in year one but probably do not need to be repeated exactly in year two.
- As raised in the interim report, it may be useful to consider a 'deeper dive' into the main reasons for sickness absence, and the prominence of concerns over mental health. However, this may be best carried out as part of programme development rather than evaluation – e.g. through a seminar convened by East Sussex.
- Similarly, it may be helpful to explore in more depth the impact of the workplace wellbeing champions, and the impact of the managers trained in managing mental health – changes to knowledge and confidence and what they do and additional support needs (perhaps a survey)