

# **Workplace Health Connect**

## **January 2008 Progress Report**

Prepared by the Institute for Employment Studies  
for the Health and Safety Executive 2007



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## January 2008 Progress Report

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This report and the work it describes were funded by the Health and Safety Executive (HSE). Its contents, including any opinions and/or conclusions expressed, are those of the authors alone and do not necessarily reflect HSE policy.

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*First published 2007*

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## **Acknowledgements**

The authors would like to acknowledge the support received from the Evaluation Working Group for this project involving a range of HSE staff, including Monica Smith, Laura Smethurst, Simon Clarke, Philip Agulnik, Tara McNally, and Chris Milne. Also, WHC service providers and employers using WHC who gave their time to participate in the research. We would also like to acknowledge the contribution of other research staff working on the evaluation including: Alice Sinclair, Sally Wilson, Dr Jo Rick, Thomas Usher, Jonny Gifford and Jim Hillage. Further thanks are due to James Walker Hebborn who helped in the production of this report and the administration of the project. Additionally, BRMB and Frontier Economics provide continuing support in the collection and analysis of data.



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# EXECUTIVE SUMMARY

## WORKPLACE HEALTH CONNECT

The Workplace Health Connect (WHC) pilot was launched in February 2006 and finishes as planned in February 2008. It is a free, no-obligation service providing small and medium-sized enterprises (SMEs) with advice on workplace health and safety. WHC aims to build the capacity for SMEs to tackle future challenges internally or with the help of recommended specialists through the transfer of occupational health and safety and return to work (OHSR) knowledge and skills direct to companies. The WHC scheme, which is currently a pilot initiative, was designed to exist at three levels:

- Level 1: a free, national **Adviceline** taking calls from both employers and employees, offering detailed and tailored practical advice. This is supported by a dedicated website. The Level 1 service also acts as a referral point for Level 2.
- Level 2: free problem-solving **visits** from qualified advisers for employers calling Level 1 with postcodes within five regions. 'Pathfinders' (contractors that are often based on regional partnerships) deliver this service according to a two-visit model (with a telephone follow-up three months later).
- Level 3: **signposting** to approved local specialists, by the Adviceline and pathfinders, for employers requiring further support.

## THE EVALUATION

In order to better understand these pilot activities, the Health and Safety Executive (HSE) has commissioned a team led by the Institute for Employment Studies (IES) to evaluate their activities and impact. This is a summary of the fourth progress report from the evaluation. One further evaluation report is due in the early part of 2009. The two main ongoing strands of the evaluation are:

1. A process evaluation of service delivery (including costs) and service penetration.
2. An impact evaluation of the initiative in terms of intermediate and final outcome measures (eg changes to attitudes about occupational health, or changes to the number of days off taken by staff within the employer), and an estimate of the overall costs and benefits of WHC.

This report focuses mainly on strand 1, with strand 2 the focus of the final report when data on impacts has had time to emerge. This progress report draws on monitoring data collected by the Adviceline and pathfinder advisers and a baseline survey of WHC users.

## PROGRESS TO DATE

By November 2007, there had been 13,949 Adviceline enquiries. There had also been 4,923 initial workplace visits to different employers covering an estimated 113,500 employees.

### **Adviceline provides referral and advice services**

Employers targeted by the WHC telemarketing campaign are contacted because they are eligible for the visit service in their region. An intermediate step is to be passed onto the Adviceline to secure that referral. Reflecting this, the provision of advice or information to

this type of caller occurs in only around one-third of cases. Most employers simply wait for an adviser to visit before talking through the issues that they have. In contrast, the vast majority of employers (almost 90 per cent) who contact the Adviceline directly, from outside the pathfinder regions, receive advice or information during their call. This highlights the dual role of the Adviceline. The main issues raised by employers during calls relate to identifying and dealing with hazards and risks. Satisfaction levels with the Adviceline are high.

### **Workplace visit numbers exceed targets**

The main headline from the workplace visit service is that the number of completed first visits with employers has exceeded targets and reached more employees than was the original aim. Providers are now working hard to complete second visits with as many of these employers as possible. Employers appear to be motivated to use the visit service because it is free, offers more in-depth support than the Adviceline and because they need help revising or developing their health management systems or risk assessments. Satisfaction levels with the visit service are high.

### **Target users effectively reached by service**

The mean number of staff employed by WHC users is around 23 for visit recipients and 70 for Adviceline users (the respective medians are both 12). Fewer than ten per cent of Adviceline users and less than one per cent of visit recipients felt that they had access to occupational health support. The user profile of WHC recipients is therefore entirely in keeping with the original aims of the service.

### **Employers indicate they are acting on WHC recommendations**

The final evaluation report will compare changes to the way WHC users manage health and safety after having used WHC, to the baseline measures of practice presented in this report. It will also compare this performance with that of a control group over the same period, as well as analyse harder measures of accident and illness rates. The final report will therefore provide a more thorough investigation of the impact of the WHC service. Until then it is too early to comment with certainty on the extent to which the use of WHC services has resulted in changes to employer policy and practice.

However, it is possible to look at some initial indicators of impact, and these show that three-quarters of visit recipients and almost half of Adviceline users having made some changes to their practice/policy since using WHC. The most common changes which employers identify are that they have created or updated their health and safety policies and/or conducted risk assessments. Additionally, three-quarters of visit recipients plan, over time, to implement all or at least most of the changes suggested to them by their adviser.

## **OBSERVATIONS**

The use of central marketing, particularly the use of telemarketing, and regional outreach activities have succeeded in driving the number of completed employer visits past the original targets. The challenge for providers is now ensuring that as many employers as possible receive the full two visit model.

As highlighted in previous reports, taking health messages into SMEs remains a challenge. Employers using WHC do not immediately identify with, or call to discuss, health issues, as

they appear to be driven primarily by concerns about safety. However, it is difficult to disentangle health from safety as many issues relate to both (eg manual handling). For employers in particular, identifying (with) health issues when they have very basic health and safety systems can be difficult. This is reflected in the type of issues they tend to raise during their calls to the Adviceline.

What is clear is that the WHC service has successfully reached its target audience of smaller employers without access to occupational health support. What effect having access to the WHC service has actually had on these employers will be the subject of the remaining evaluation activity.

# 1 INTRODUCTION

## 1.1 THE WHC SERVICE

Workplace Health Connect (WHC) was launched in February 2006. It is a free, no-obligation service providing small and medium-sized enterprises (SMEs) with advice on workplace health and safety. WHC aims to build the capacity for SMEs to tackle future challenges internally or with the help of recommended specialists through the transfer of occupational health and safety and return to work (OHSR) knowledge and skills direct to companies. The WHC scheme, which is currently a pilot initiative, was designed to operate at the following three levels:

- Level 1: a free, national Adviceline taking calls from both employers and employees, offering detailed and tailored practical advice. This is supported by a dedicated website. The Level 1 service also acts as a referral point for Level 2.
- Level 2: free problem-solving visits from qualified advisers for employers within five postcode-defined regions. 'Pathfinders' (contractors that are often based on regional partnerships) deliver this service according to a two-visit model (with a telephone follow-up three months later). Employers may enter the service either through the Adviceline or by contacting or being contacted by the relevant 'pathfinder'.
- Level 3: signposting to approved local specialists, by the Adviceline and pathfinders, for employers requiring further support.

The vision of WHC is stated as:

*Everyone working in small firms should have easy access to free consistent high quality advice on creating and maintaining a healthy workplace. Workers and employers work together to improve the quality of workplace health and return to work of colleagues when they have been ill. Businesses are more profitable and everyone enjoys the economic and health benefits of being in work.<sup>1</sup>*

WHC is currently being run as a pilot initiative with a national Adviceline and teams of qualified advisers conducting workplace visits in five regions across England and Wales. The service will finish as planned in February 2008.

## 1.2 SERVICE TARGETS

There are a number of goals and targets which have been set for WHC. The service will seek to:

- establish a service with the potential to significantly increase the level of healthy workplaces within SMEs across England and Wales
- provide workplace health support for employers and workers who do not currently benefit from such support
- deliver, at a minimum, the basic principles of the problem solving service, so that employers can resolve current and future issues themselves

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<sup>1</sup> See [www.workplacehealthconnect.co.uk](http://www.workplacehealthconnect.co.uk) for further details.

- change employer and worker behaviours so that, ultimately, preventative measures are put in place to avoid unnecessary workplace health issues
- provide SMEs with the knowledge and skills to resolve workplace health, safety and return to work challenges
- improve SMEs' understanding of workplace health issues
- develop innovative partnerships that deliver a consistent service to all customers
- improve SMEs' understanding of the benefits of sickness absence and return to work procedures.

Additional numerical guidelines were set for levels of service delivery over the two years of the pilot. According to these, WHC would:

- make approximately 4,750 free, initial site visits (based on an average company size of 20 workers)
- have a positive impact on 95,000 workers.

It was estimated that achieving this level of visits would require in the region of 37,000 and 69,000 Adviceline callers.

### **1.3 EVALUATION ACTIVITIES**

In order to better understand the pilot, the Health and Safety Executive (HSE) has commissioned a team led by the Institute for Employment Studies (IES) to evaluate their activities and impact. This is the fourth progress report from the evaluation, covering the period of operation between February 2006 and November 2007. There will be one more, final, evaluation report delivered in the January 2009.

The two main ongoing strands of the evaluation are:

1. An ongoing process evaluation of service delivery (including costs) and service penetration
2. An impact evaluation of the initiative in terms of intermediate and final outcome measures (eg changes to attitudes about occupational health, or changes to the number of days off taken by staff within the employer), and an estimate of the overall costs and benefits of WHC. Full information on this element of the evaluation will be not be available until the final evaluation report.

The main sources of information available to the evaluation will be:

- monitoring data collected by the Adviceline and pathfinder advisers (available from a dedicated Case Management System, or CMS)
- interview data from service providers reflecting on their experiences in more depth
- baseline and follow-up surveys of users (of both Level 1 and Level 2 services), with a tandem survey of non-users to act as a 'control' to help estimate service impacts
- in-depth case study work with advisers, users of Level 2 services, and some of their employees, to follow up on their experiences of using the service and any impact that doing so has had upon workplace practices, and some additional less in-depth interview work with users of the Level 1 service

- a survey of the occupational health usage of WHC users compared to a control group (a separate stand alone report will also be produced with the full findings of this survey)
- analysis of secondary data to contextualise these findings
- a cost-benefit assessment of the service.

It is worth noting at this point that it has not been possible to conduct an impact evaluation of the Level 1 service. The level of call volumes required to generate the target number of workplace visits was much lower than originally anticipated. In light of this higher than expected conversion rate, during the course of the pilot the marketing strategy was amended to deliver fewer callers to the Adviceline. The lower call volumes mean that only a process evaluation will be available for Level 1..

## **1.4 THE CONTENT OF THIS REPORT**

This report provides a cumulative assessment of levels and type of service to date using management information collected by the pathfinders and Adviceline. It also provides a full analysis of the completed baseline survey of service users.

### **1.4.1 Provider data**

The five pathfinder areas and the Adviceline have been collecting data on the type of employers using the service and the way in which they use the service from February 2006. The data analysed in this report covers data collected between February 2006 and November 2007. There is some form of record for 16,579 employers. However, there is great variation in the amount of data recorded for individual employers according to how much data they were prepared to release over the telephone or give to providers. Throughout the report we have provided base sizes for all tables and figures to allow the reader to gauge the extent of missing data when interpreting the data.

### **1.4.2 Baseline employer survey**

The baseline employer survey was carried out between July 2006 and May 2007. The response rate for Level 1 users was 48 per cent, the response rate for Level 2 users was 72 per cent, and the response rate for the control group was 61 per cent. Appendix 1 provides details of how these rates have been calculated. The full survey questionnaire is presented as Appendix 2.

In this report the details of the control group results are not presented. Some of the control group have been asked to participate in a different survey (on occupational health usage) rather than the second wave of the WHC evaluation survey<sup>1</sup>, so the control group as it stood at the end of the baseline survey will not be the actual control group used in the final evaluation report. The control group will only be used for analytical purposes in the final report, following wave two of the evaluation survey. It was felt that the presentation of control group data at this stage, without weighting (which is only usefully done on a final sample), would be of limited use and could potentially be confusing for the reader,

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<sup>1</sup> *The design of the control group survey was undertaken when the estimated number of users of the adviceline in year one was far larger than the achieved user base. It was therefore designed to be much larger than actually required for the follow up evaluation survey. Releasing some of the control from this survey to another where a control group was required was felt to be the best use of the additional control group members. A separate research report on this additional survey will be available in Summer/Autumn 2008.*

particularly if comparing results between this report and the final evaluation report. The survey results presented in this report therefore provide an overview of the characteristics of employers using WHC and their views on the services they have received. They offer no more than that at this stage, but will be drawn on heavily in the final analysis and at that stage analysed alongside the comparable data for a control group.

### **1.4.3 Report outline**

This progress report is, therefore, broken down into the following:

- Chapter 2 provides a service progress report including call and visit volumes, routes into the service and the way the service is being used.
- Chapters 3 and 4 which present an analysis of the baseline survey, providing detailed characteristics of users (including their health and safety attitudes and behaviours), and some early indicators of impact.
- Chapter 5, which draws out some conclusions from the messages of the earlier chapters.

## **2 SERVICE USE**

This chapter considers both the scale and nature of Adviceline use, and the numbers of referrals made by the Adviceline to the workplace visit service. It also considers the overall level of use of the workplace visit service, and looks at how service users first heard about, and their reasons for contacting, WHC. Finally, the chapter presents user views on the WHC service and their levels of satisfaction with the service received.

### **2.1 ADVICELINE USE**

There is a range of data on the way in which the Adviceline has been used. In this section, the overall usage levels are reported alongside some further information on the extent to which callers used the service for advice, rather than as an administrative referral service, and a breakdown of caller levels by region.

#### **2.1.1 Number of calls**

The Adviceline has functioned both as a referral point to the workplace visit service and also as a traditional information and advice service. The original estimate for the number of Adviceline callers required to reach the target number of workplace visits has proven to be an overestimate. The rate at which the Adviceline has been able to convert callers to the workplace visit service has been much higher than anticipated with 85% of eligible callers referred for a visit. In light of this, the marketing strategy for the service was amended to deliver lower caller numbers.

Since the start of operations in February 2006, through to the latest analysis of provider data (covering the period up until the end of November 2007), there have been 13,949 Adviceline enquiries recorded in the management information database. This figure represents a substantial increase from the previous interim report (covering data until the end of May 2007, at which point 7,867 calls had been recorded). The total number of calls to the Adviceline to date is almost certainly larger than the current figure. Previous to January 2007, the Adviceline only recorded what it regarded as 'meaningful enquiries' rather than all calls made.

Nearly half of all calls to the Adviceline originate through central telemarketing aimed at employers located within pathfinder regions and which are eligible for the workplace visit service. Thus, many employers contacting the Adviceline prefer to arrange a visit over the telephone and wait until the face-to-face visit to receive advice. Since January 2007, which is the first date when recording of the nature of Adviceline calls began, a large proportion (62 per cent) of Adviceline calls originating within pathfinder regions were to arrange a workplace visit.

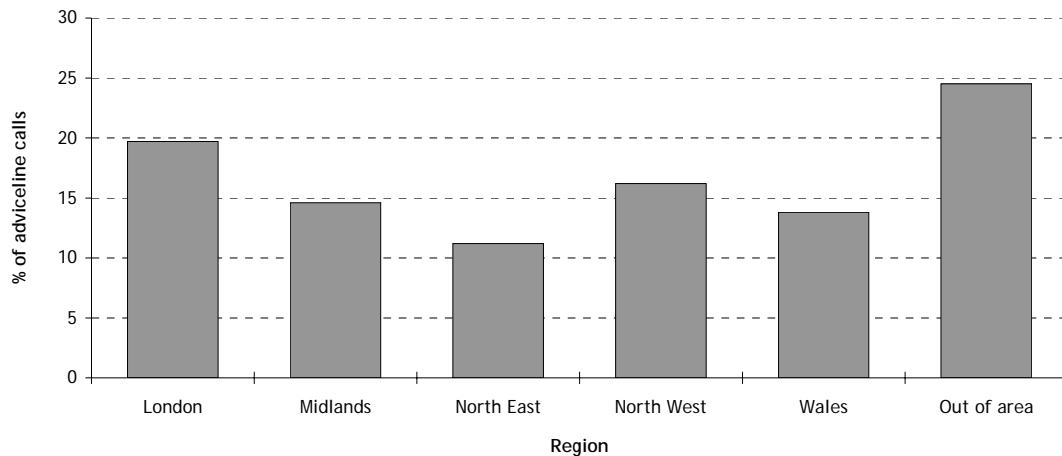
One consequence of central telemarketing is that a significant proportion of Adviceline calls originating through this route may not be interested in any further contact with the service once they reach the Adviceline. The management information shows that 54 per cent of Adviceline calls originating through central telemarketing do not contain basic details about users such as their postcode.

#### **2.1.2 Regional breakdown of users**

There was some variation in the proportion of callers from the different pathfinder regions (Figure 2.1). There were fewer callers to the service from the North East and from Wales,

with the greatest number of callers from any pathfinder region originating in London. ‘Out of area’ refers to calls originating from outside one of the five pathfinder regions. Just under a quarter of callers came from areas not directly targeted by telemarketing or other central marketing efforts.

**Figure 2.1: Regional split of Adviceline calls (per cent)**



Base: 7,414 Adviceline calls; 6,535 Adviceline calls had missing regional information (ie postcode)

Source: IES Analysis of WHC Case Management System (to November 2007)

## 2.2 NATURE OF ADVICELINE CALLS

The management information database records information on issues raised by callers contacting the Adviceline and the views of advisers on the topics covered during Adviceline calls. In addition, from January 2007, a new field was added to the management information database which classified calls as either seeking advice; requesting information; requesting a workplace visit; or for some other purpose..

### 2.2.1 Type of calls taken

Of the 9,930 Adviceline calls received during this period and where this specific information has been recorded:

- 24 per cent were classified as calls seeking advice
- 13 per cent were requests for information
- 19 per cent were to arrange a visit
- 44 per cent were classified as ‘other’.

This is a broadly similar picture as that presented in the last progress report<sup>1</sup>, although there has been an increase in the percentage of calls classified as requests for information (seven per cent in the July 2007 report) and a decrease in the percentage of calls classified as advice

<sup>1</sup> Tyers C, Lucy D, Sinclair A, Wilson S (2007), *Workplace Health Connect, July 2007 Progress Report, 3rd Evaluation Progress Report.*

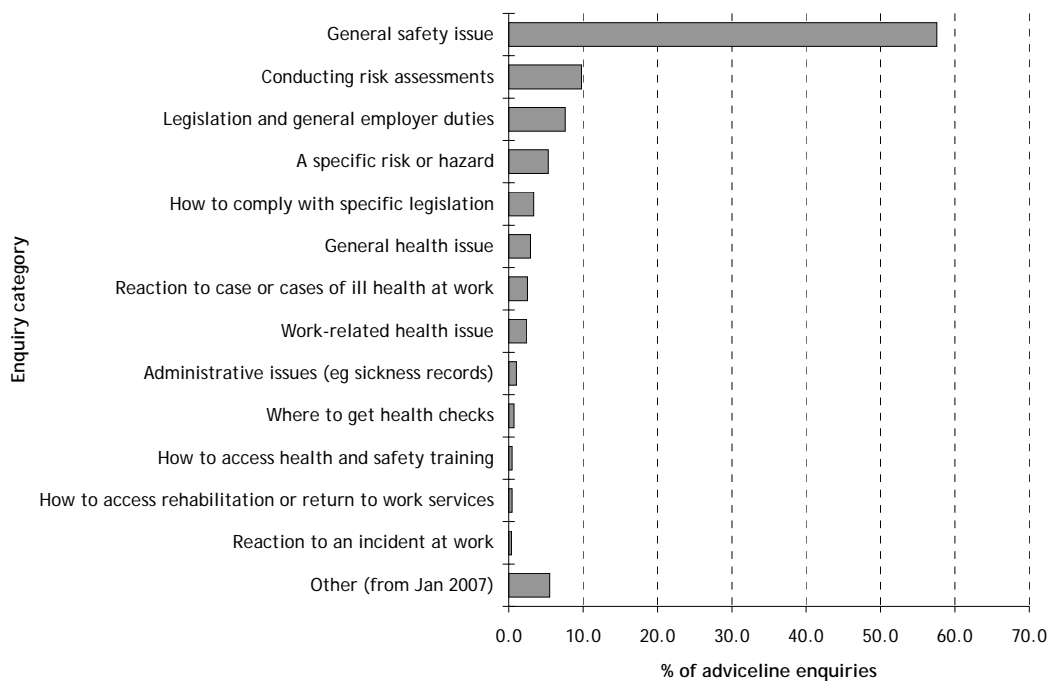
(29 per cent in the July 2007 report). It is worth noting that approximately 80 per cent of those Adviceline calls classified as ‘other’ originated from central telemarketing and are likely to be callers who have no interest in the service following the ‘cold’ sales call.

There does appear to be more appetite for receiving advice over the telephone where a caller is located outside one of the five pathfinder regions and is therefore not eligible for a workplace visit. Of calls originating outside the pathfinder regions, and being taken since January 2007, the vast majority (88 per cent) were classified as involving the provision of ‘advice’ to the caller.

### 2.2.2 Topics raised and covered

In addition to the broad type of call, the management information supplied by providers holds two further types of information about the nature of Adviceline calls. The first is a field which captures the user’s reason for calling or their main interest in the Adviceline service (Figure 2.2), the second shows the actual topic of advice that advisers provide to callers (Figure 2.3). This data demonstrates that the Adviceline is primarily of interest to employers as a source of advice about safety related matters, although around nine per cent of callers did contact the Adviceline regarding a health issue.

**Figure 2.2: Issues raised by Adviceline callers (per cent)**



Base: 8,956 Adviceline enquiries; 4,993 cases with missing information

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

Advisers are most likely, in response to these interests, to provide advice about hazard identification (which may include health hazards as well as safety hazards). There are a large number of categories under which Adviceline calls can be recorded. However, much of the advice provided is recorded under a generic ‘other’ category as it does not fit into one of the pre-coded options available to advisers. It is, therefore, difficult to determine the extent to

which health issues figure in these calls. Data from a ‘mystery shopper’ exercise conducted by the HSE may inform this in time for the final report.

**Figure 2.3: Type of advice given by the Adviceline (per cent)**

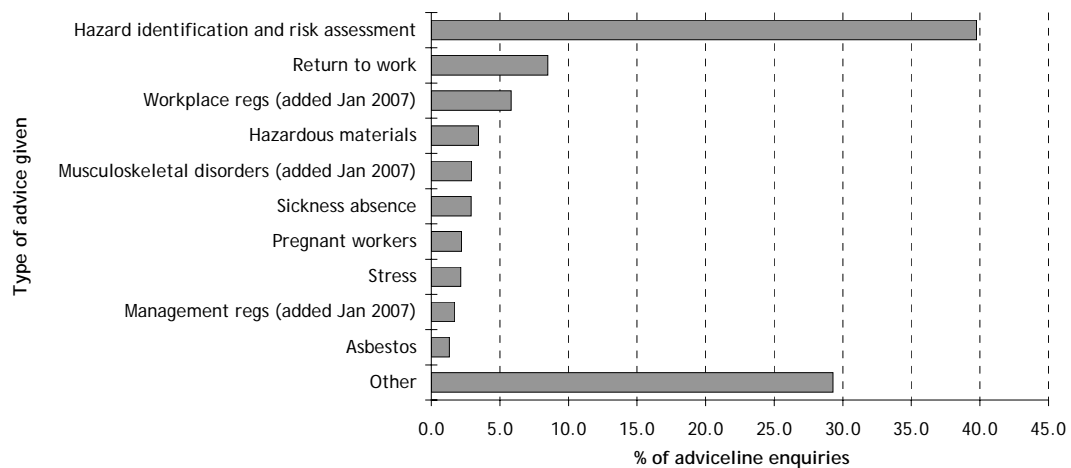


Base: 9,597 Adviceline calls; 4,352 calls had missing information

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

Additional analysis was conducted which looked solely at calls coming into the Adviceline since January 2007 and which have been recorded as ‘advice’ calls rather than referral or other types of callers (Figure 2.4). Whilst hazard identification remains the most common issue dealt with in these calls, a greater proportion (around 22 per cent) involved advice on health issues.

**Figure 2.4: Type of advice given by Adviceline (‘advice calls’ since Jan 2007, per cent)**



Base: 2,417 Adviceline calls; 9 calls with missing information

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

### 2.2.3 Nature of calls versus routes into the service

The type of calls taken by the Adviceline also varies according to how callers came to be on the line. Callers coming into the service via central telemarketing were far less likely than those from other routes to be classified as having received an advice or information based call (Table 2.1), according to data available since January 2007. Similarly, the main issue raised in the Adviceline call (which allows the analysis of data from all Adviceline callers) also varies by how the caller heard about the service (Table 2.2). Callers who heard about the service through central telemarketing were more likely to have their call classified as a general safety issue. In contrast, Adviceline callers who heard about the service through the Internet were more likely to require assistance across a wider range of issues.

**Table 2.1: Type of Adviceline contact by origin of call (Adviceline calls since Jan 2007)**

Type of caller enquiry	Telemarketing enquirers %	Other enquirers %
Advice	3.3	46.8
Information	1.9	25.6
Visit arrangement	27.8	8.9
Other	67.1	18.8
Base (N)	5,102	4,906

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

**Table 2.2: Issues discussed by adviser by origin of call (all Adviceline calls since Feb 2006)**

Issues discussed by adviser	Telemarketing enquirers %	Internet users %	Other %
Safety issue	80.6	42.1	50.1
Health issue	1.0	11.0	15.0
Risk assessment	11.1	18.7	15.5
Legislative/admin duties	3.6	19.4	12.9
Other	3.7	8.8	6.5
Base (N)	2,944	3,083	2,844

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

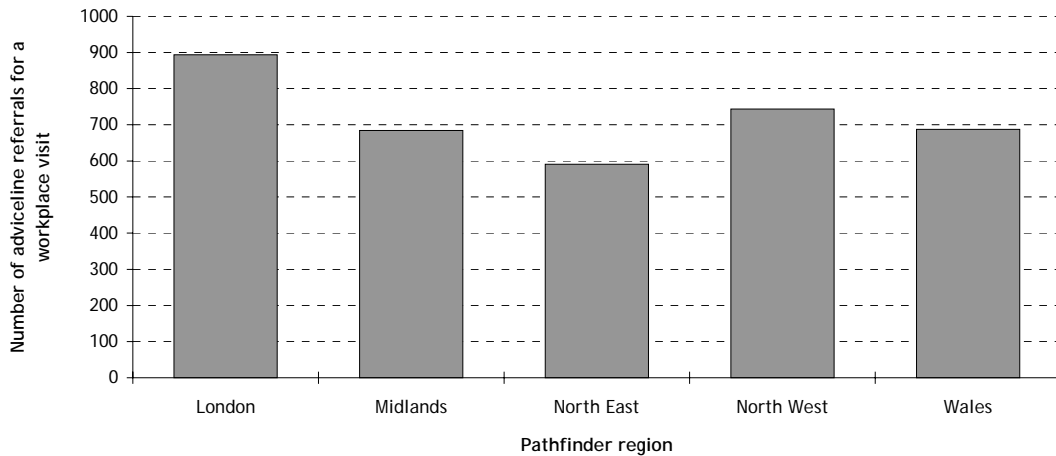
## 2.3 REFERRALS TO THE WORKPLACE VISIT SERVICE

The Adviceline is highly effective in referring eligible Adviceline callers to Level 2 services (85 per cent of eligible callers across the regions were referred to Level 2). According to the service definitions, Adviceline callers are eligible to receive a workplace visit if they are calling:

- as an employer
- have between five and 250 staff at their workplace
- do not have access to occupational health support
- and, are situated within one of the five pathfinder regions.

Of the 13,949 Adviceline calls made, 3,599 were passed onto the relevant regional pathfinder for a workplace visit. There has been some variation in the number of referrals to individual pathfinder regions by area (Figure 2.5). The greatest number of referrals from the Adviceline were received by the London pathfinder, and the least received by the North East, reflecting the variation in the proportion of callers from these different regions (as outlined by Figure 2.1 earlier).

**Figure 2.5: Adviceline referrals for a workplace visit by pathfinder region (number)**



Note: The figure shows all Adviceline calls marked as having been referred to Level 2

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

It would appear that advisers operating the Adviceline service use at least one of the eligibility criteria as a guide for referral to Level 2 rather than as an absolute rule. The experiences of Adviceline staff suggest that many individuals calling through their role as a manager, or on behalf of their employer (who are eligible according to the criteria) are unwilling to be formally entered into the service records as having such a responsibility. In 192 such cases, advisers have therefore used their discretion and have chosen to refer users who were not eligible according to the strict eligibility criteria as, in their judgement, the individuals do in fact qualify for assistance.

There is some, but only slight, variation in the proportion of referrals leading to workplace visits by pathfinder area (Table 2.3). The proportion is lowest for the Midlands pathfinder (71 per cent) and highest for the North East pathfinder (83 per cent).

**Table 2.3: Adviceline calls eligible for workplace visits and take-up**

Region	Adviceline calls eligible for Level 2 (N)	Referrals to Level 2 (N)	Initial workplace visit (N)
London	983	85.1	73.6
Midlands	763	84.3	70.6
North East	643	86.6	82.8
North West	815	84.8	80.3
Wales	761	84.8	76.4
All regions	3,965	85.1	76.5

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

## 2.4 WORKPLACE VISITS

Not all of those employers making contact with, or being referred onto, regional pathfinders went on to take up visits. There had been 4,923 initial workplace visits by November 2007. These had been sourced from either the 3,599 referrals from the Adviceline or the 2,630 employers known to pathfinders through their outreach activities. Those receiving initial workplace visits employed approximately 113,500 employees.

Of these, 2,561 employers had also received at least one follow-up visit. There is often a necessary lag between first and follow-up visits at the request of employers, therefore a full picture of the take-up of follow-up visits will not be available until the final data for the full operating period of the pilot becomes available. Just over 40 per cent of employers receiving a first visit (and a similar proportion of those receiving follow up visits) were generated by pathfinder marketing (or outreach) activities as opposed to referrals from the Adviceline (Table 2.4).

**Table 2.4: Type of workplace visit by origin of visit**

Origin of visit	Initial workplace visit %	Follow-up workplace visit %
Referral through Adviceline	56.3	57.3
Outreach	43.7	42.7
Base (N)	4,923	2,561

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

There is little variation across the pathfinder areas in terms of the number of completed initial visits. There are some differences, however, in the number of enquirers originating from outreach activities, and the relative success of different regions in converting these contacts into workplace visits (Table 2.5).

**Table 2.5: Level 2 referrals and take-up**

Region	No. of outreach enquirers (N)	Proportion leading to a workplace visit %	No. of outreach enquirers receiving visits (N)
London	388	85.3	331

Midlands	655	70.7	463
North East	550	85.3	469
North West	506	86.2	436
Wales	531	85.3	453
All regions	2,630	81.8	2,152

Note: The table includes all Adviceline calls with regional information (ie postcode). It excludes all calls with no such information and those calls outside of the pathfinder regions. There were 17 Adviceline calls that resulted in a workplace visit, although these were either not recorded as being referred to Level 2 in the CMS or did not have a valid pathfinder recorded in the CMS. Ten of these Adviceline calls also resulted in a follow-up visit according to the CMS. These calls are also not included in the above table.

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

## 2.5 MARKETING AND ROUTES INTO THE SERVICE

Employers may enter the Workplace Health Connect service either through the Adviceline or by directly contacting or being contacted by one of the regional pathfinders. There have been various marketing activities designed to draw employers into the service through one of these routes and they may have heard about the WHC service in a number of ways.

### 2.5.1 Central marketing

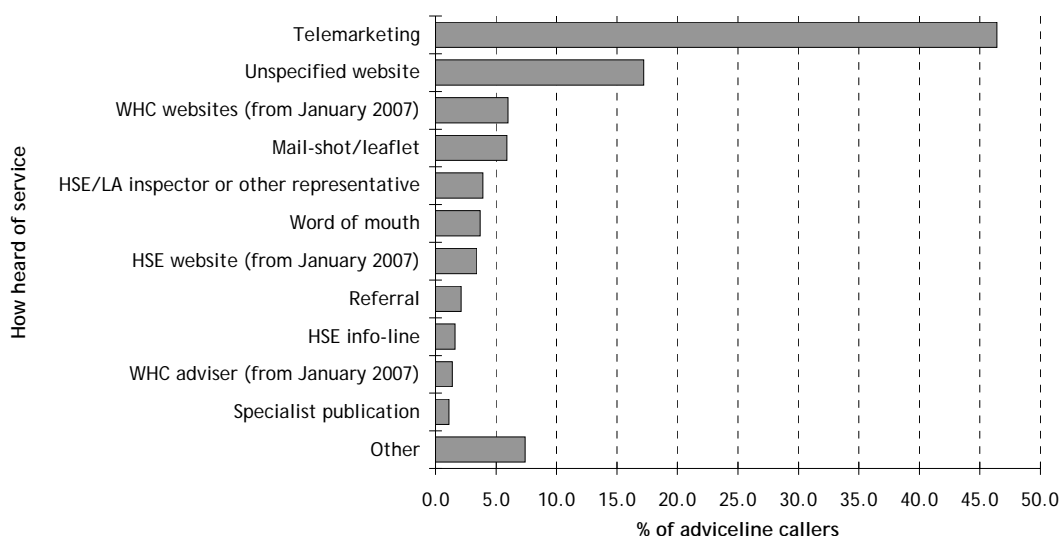
Central marketing, designed mainly to drive interest in the workplace visits, has used a number of methods to filter employers through to the Adviceline (Figure 2.6). Of the techniques used, telemarketing has been the most effective method for reaching employers, followed by marketing via the Internet. This latter activity was enhanced from January 2007 to include pay per click Internet advertising (ie sponsored Internet searches) using mainly Google, but also MSN and Yahoo search engines. Further details of the marketing activity undertaken throughout the history of WHC can be obtained from the previous interim evaluation progress reports<sup>1</sup> and a definitive analysis of marketing activity will be provided in the final evaluation report.

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<sup>1</sup> Tyers C, Lucy D, Sinclair A, Wilson S (2007), *Workplace Health Connect, July 2007 Progress Report, 3rd Evaluation Progress Report*.

Tyers C with Gifford J, Gordon-Dseagu V, Lucy D, Usher T, Wilson S (2007), *Workplace Health Connect January 2007 Progress Report, available on HSE website*.

**Figure 2.6: How Adviceline callers heard about the WHC service (per cent)**



Base: 13,813 Adviceline calls; information was missing for 136 Adviceline calls

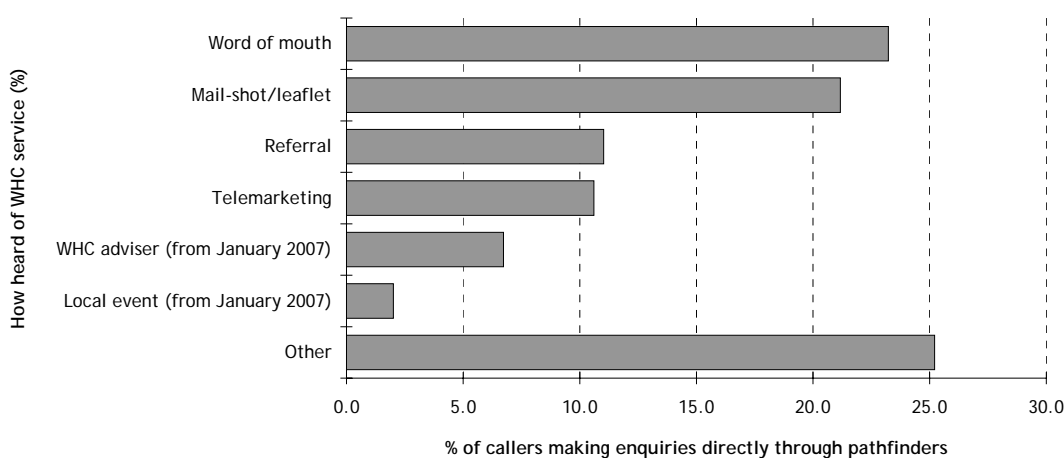
Note: The 'Unspecified website' category includes pay per click advertising on Internet search engines.

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

## 2.5.2 Regional marketing

The success of pathfinders in generating their own clients has relied on different methods (Figure 2.7). Word of mouth has been the most likely way in which employers contacting their regional service directly (or being contacted directly by pathfinders) have come into the service. Telemarketing still features strongly, as a number of pathfinders have used their own local telemarketing to attract employers to the service.

**Figure 2.7: How callers making enquiries direct to pathfinders heard about the WHC service (per cent)**



Source: IES Analysis of WHC Case Management System (up to Nov 2007)

### 2.5.3 Influence of marketing by size and sector

There is some evidence of variation in the types of marketing approach that are likely to be effective for different types of employers (Table 2.6). The figures shown do, however, partly reflect the types of employers targeted by WHC in that central telemarketing and outreach efforts are, as expected, mostly focused on small and medium-sized employers. Larger employers and those with access to occupational health support are more likely to contact the service proactively through searches on the Internet. Outreach has either been more successful or more heavily targeted at organisations involved in delivering public services.. These organisations are less likely to have heard about the service through central telemarketing which, in contrast, has been most successful in engaging organisations from the retail, hospitality and real estate sectors.

**Table 2.6: How callers (both Adviceline and outreach) heard about the service by sector, size and access to occupational health support**

	How heard of WHC service				Base (N)
	Outreach	Central telemarketing	Internet	Other	
<i>Industrial sector %</i>					
Primary services (manufacturing, construction, utilities)	23.3	24.5	25.3	26.9	2,595
Secondary services (retail, hospitality, real estate)	19.1	33.1	23.6	24.2	5,114
Tertiary services (public admin, health and education)	34.6	19.1	24.2	22.1	2,988
Other	(17.6)	(-)	(49.0)	(33.3)	51
<i>Size of workforce at workplace %</i>					
Micro (less than 5 employees)	2.2	7.3	49.6	40.8	846
Small (5 to 49 employees)	28.9	33.0	17.6	20.5	7,714
Medium (50 to 250 employees)	25.8	15.0	31.9	27.3	1,474
Large (250+ employees)	-	1.9	57.2	40.9	362
<i>Have access to occupational health support %</i>	0.2	12.6	49.6	37.5	957

Note: Percentages presented in brackets show that the base is less than 100

Source: IES Analysis of WHC Case Management System (up to Nov 2007)

## 2.6 USER VIEWS ON SERVICES

This chapter has, so far, used information collected as part of WHC service operation. In addition, data is available from a survey of users carried out as part of the WHC evaluation. In particular, the survey provides evidence about why employers chose to get involved with the service and their views of the service.

### 2.6.1 Reasons for getting involved with WHC

The survey asked WHC users what their main reason was for contacting WHC, and also the main reason they accepted the offer of a workplace visit (where appropriate). The most commonly cited main reason for contacting WHC for both users of the Adviceline and employers using the workplace visit service was for information on general health and safety

(Table 2.7). The second and third most common main reasons given also applied to both employers using the Adviceline and those using the workplace visit service. These were employers requiring help creating or revising health and safety policies and in completing risk assessments. These findings mirror the data provided by the management information held by the WHC service and some of the previous case study work presented in previous interim reports.

The figures show that a greater proportion of users of the Adviceline than of the workplace visit service give their main reason for contacting WHC as having concerns about a specific worker, about levels of absence or ill-health more generally, and in helping an employee return to work. It may be that users of the workplace visit service also address such concerns through WHC but prefer in the first instance to couch their enquiry in more general terms and only address more sensitive issues during the visit. In contrast, many of the Adviceline callers may not be eligible to receive such a visit and may therefore be more willing to seek advice on more sensitive issues over the telephone.

**Table 2.7: Main reason for contacting WHC**

<b>Main reason given by employers for contacting WHC</b>	<b>L1 User %</b>	<b>L2 User %</b>
General health & safety information required	22.7	25.4
Needed help creating/revising health & safety policy/ies	4.9	11.5
Wanted help doing risk assessment	4.9	8.0
Ongoing interest in occupational health at site/company	2.6	2.7
New company - wanted to know what should be doing for health & safety	1.9	2.9
Concerns about levels of absence/ill-health	3.6	1.8
Issue/concern about specific worker	4.5	1.0
Fire regulations	1.9	1.8
Advice about helping employee/s return to work	2.3	1.0
Wanted a visit	0	1.4
Accident or near miss	1.3	0.6
Stress	0	0.3
They contacted me/didn't contact them	9.1	21.9
Have not heard of workplace health connect	18.8	8.5
Other	11.0	8.0
Don't know	10.4	3.2
Base (N)*	308	979

\* There were 16 employers who gave more than one response.

*Source: IES/BMRB baseline survey of WHC users 2006/2007*

The reasons given by employers for taking up the offer of a workplace visit are similar in many respects to the reasons given for contacting the service in the first instance. Aside from the fact that the service was free, which was the main reason given by 20 per cent of individuals taking up a visit, the most popular reasons were that employers required more information on a topic (21 per cent), needed help creating or revising workplace health management (15 per cent), or wanted a risk assessment (13 per cent). Around ten per cent of employers took up the offer of a visit because they felt it offered reassurance that the organisation was meeting its responsibilities. A small percentage (four per cent) of

employers took up a visit to gain further help in implementing things discussed in calls to the Adviceline.

**Table 2.8: Main reason for taking up the offer of a workplace visit**

<b>Main reason</b>	<b>Level 2 users %</b>
Needed more information on topic	20.9
Needed help creating/revising workplace health management	19.7
It was free	14.6
Wanted risk assessment	13.1
Make sure we're doing things right	9.5
Adviceline call raised further issues	4.0
Needed help implementing things in Adviceline call	3.7
Wanted face-to-face meeting	3.7
To see what they could offer/advise	2.1
Query/concern about a particular issue	2.0
Other	4.9
Don't know	1.6
Base (N)	974
Missing*	20
Total (N)	994

\* There were 14 employers identified in the CMS as having received a workplace visit where the interviewee said they either had not or did not know whether they had received a visit. There were also six employers who gave more than one response to this question and who have not been included in the percentages shown.

Source: IES/BMRB baseline survey of WHC users 2006/2007

### **2.6.2 Views on service**

In order to gain some understanding of user views on the services they had received from WHC, the survey asked users to answer a number of questions about how they felt about the services and recommendations they received, and what they would have done in the absence of WHC.

#### ***Whether would have used other services in absence of WHC***

The majority of users of the Adviceline (77 per cent) and users of the workplace visit service (68 per cent) said they were likely to have done something else to address any issues they faced had WHC not been available (Table 2.9). It may be that some employers are unwilling to admit to inaction in the absence of the service, even when this is the case, but it is not clear from this data the extent to which this has affected the responses provided. However, 24 per cent of visit recipients were willing to say they would not have sought alternative sources of help if WHC had not been available, although the comparative figure for Adviceline users was only 16 per cent.

**Table 2.9: Whether would have taken other steps if WHC not available**

	L1 user %	L2 user %
Likely to have done something else	76.5	68.3
Not likely to have done something else, or neutral	16.3	24.1
Don't know	7.2	7.6
Base (N) *	251	911
Not applicable (N)	58	83
Total (N)	309	994

\* Base for this table are those employers who had heard of Workplace Health Connect in response to a previous question.

Source: IES/BMRB baseline survey of WHC users 2006/2007

Amongst those employers who did feel they would have sought other sources of support, the most common sources were using the Internet (30 per cent of Adviceline users and 29 per cent of visit recipients) or the HSE (30 per cent of Adviceline users and 25 per cent of visit recipients). Roughly one quarter of these employers (23 per cent of Adviceline users and 26 per cent of visit recipients) said they would have paid for an external provider in the absence of WHC, see Table 2.10.. Previous qualitative work, which offers more detailed insight from employers (and which has been more fully reported in previous progress reports) indicates that at least some employers have found paid-for services, often accessed prior to their involvement with WHC, expensive or insufficiently tailored to their needs.

**Table 2.10: Where would have sought further information**

Potential sources of alternative support	L1 user %	L2 user %
Internet search (other than HSE website)	30.2	28.6
Contacted HSE/HSE website	30.2	25.1
Paid for external provider	23.4	26.4
Drawn upon own experience or common sense	16.7	5.8
Contacted local authority/council	5.2	4.8
Consulted someone else ( no detail)	4.7	4.8
Contacted (external) trade association	1.0	2.7
Training courses	0	2.7
Other answers	17.7	14.3
Don't know	6.3	5.1
Base (N)*	192	622
Not applicable(N)	117	372
Total (N)	309	994

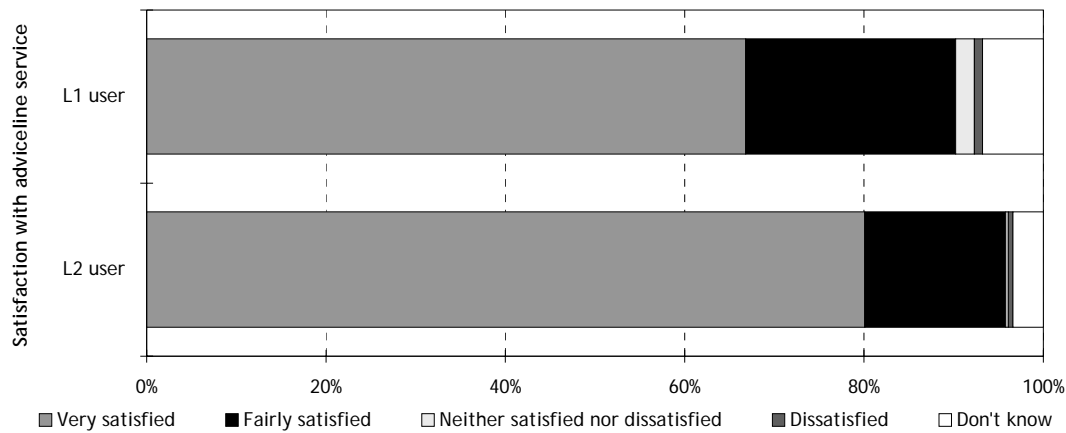
\* Base for this table is all employers indicating that they would have been likely to have done something else if Workplace Health Connect had not been available (Q19 of the baseline survey).

Source: IES/BMRB baseline survey of WHC users 2006/2007

### Satisfaction with services received

Satisfaction levels recorded amongst survey respondents were very high, and over 90 per cent of employers who only used the Adviceline said they were either fairly or very satisfied with the service they received (Figure 2.8). Amongst those who went on to receive visits, this figure rises to over 95 per cent. Adviceline users were also asked whether there was anything not provided by the Adviceline that they would have liked (Table 2.11). Only a minority of users felt that they would have liked something additional to that received and the most common responses were a workplace visit or more detailed information. This high level of satisfaction is also reflected in the high percentage of Adviceline users (94 per cent) who found recommendations they received during the call either fairly or very useful (Figure 2.9), and the proportion of visit recipients who found the recommendations from that visit either fairly or very useful (98 per cent).

**Figure 2.8: Satisfaction with Adviceline (by whether only received L1 service or went on to receive Level 2 as well)**



Base for Level 1 users is 235, and for Level 2 users is 861, as a number of respondents could not recall using the Adviceline.

Source: IES/BMRB baseline survey of WHC users 2006/2007

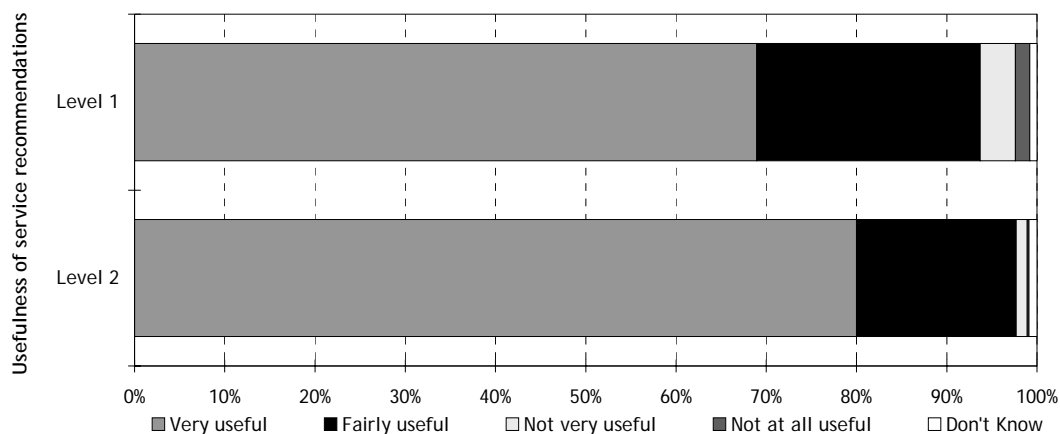
**Table 2.11: Whether anything not provided by the Adviceline that respondents would have liked**

	L1 users %	L2 users %
Yes	14.5	3.6
No	79.6	94.5
Don't know	6	1.9
Base (N)	235	861
Missing* (N)	74	133
Total (N)	309	994

\*Missing represents all users who said they did not call the Adviceline

Source: IES/BMRB baseline survey of WHC users 2006/2007

**Figure 2.9: Perceived usefulness of recommendations made during Adviceline call or visit**



Base for Level 1 users is comprised of all Adviceline callers who did not receive a workplace visit but received recommendations, which is 235 employers. Base for visit recipients includes all visit recipients who could recall recommendations being made either during the workplace visit, in a report, or both, which is 898 employers.

Source: IES/BMRB baseline survey of WHC users 2006/2007

## 2.7 CHAPTER SUMMARY

### 2.7.1 Adviceline usage

By November 2007, there had been 13,949 Adviceline enquiries.

There are two main types of caller:

Type 1. Callers from within a regional pathfinder area who are eligible for a workplace visit. These are likely to have been contacted directly by a telemarketer as part of a central marketing campaign. They either use the service as a referral point onto the regional services or choose not to leave their details and stop contact with the service at this point.

Type 2. Callers from outside the pathfinder areas who cannot access a workplace visit and who will not have been contacted by central telemarketing. They are more likely to have found out about the service themselves, most likely through the Internet. In these cases, the telephone service operates more as a traditional Adviceline.

Just over one-third of calls are estimated to have involved providing information or advice to callers. However, amongst employers from out of pathfinder areas (Type 2 employers), almost 90 per cent received advice or information. The first concern of employers tends to be recorded as safety issues, particularly amongst those that have been contacted directly by telemarketing. However, the main topic discussed by advisers is that of hazards and risks, which are likely to include both health and safety risks. Satisfaction levels with the Adviceline are very high, which is reflected in the perceived usefulness of recommendations made during calls.

### **2.7.2 The workplace visit service**

By November 2007, there had been 4,923 initial workplace visits to different employers covering an estimated 113,500 employees.

Employers can enter the workplace visit service through two different routes:

Route 1. They hear about the service through central marketing efforts, most likely a direct call from a telemarketer, they are then passed onto the Adviceline and from there onto the relevant regional pathfinder.

Route 2. Activities within their local area, run by the regional pathfinder, alert them to the service and lead to their details being recorded. They are then quite likely to take up the offer of a visit.

Employers involved in delivering public services are more likely to have entered the service through route 2, whereas employers in the services sector are more likely to have been targeted by telemarketing. Employers were equally likely to hear about the service through the internet regardless of their industry type. Employers took up the offer of a workplace visit because: it was free (15 per cent), they needed more information on a topic than that provided by the Adviceline (21 per cent); because they needed help creating or revising workplace health management (20 per cent); or because they wanted help with risk assessments (13 per cent). Satisfaction levels with the visit service are very high.

### 3 USER PROFILE

This chapter discusses the characteristics of those using the service. Chapter 2 outlined the scale and nature of use of WHC services, but it is also important to understand the type of employers that have been accessing services, particularly as the WHC service was designed to target small and medium sized workforces.

#### 3.1 EMPLOYER SIZE AND SECTOR

The three main characteristics recorded by Adviceline advisers are size and industrial sector, and similar information is collected during the survey (Table 3.1). The profile of the survey respondents does appear to differ from that of all users (as recorded by provider management information). Weighting may therefore be necessary to match survey respondents to the profile of all users when estimating impact in future evaluation reports.

The workforce size of employers using the service is important given the priorities of WHC to reach small and medium sized businesses. Initial concerns were that the service would be dominated by employers at the larger end of that scale due to, what was perceived to be, their greater interest in workplace health issues. These concerns have not been realised and the majority of users of both the Adviceline and the workplace visit service are in the size bands targeted by WHC. An indication of the average workforce size of users is provided using both the mean and median (ie the mid-point of a distribution which is less subject to the influence of 'outliers' than the mean) number of employees.

Amongst those receiving workplace visits, the mean and median values for workforce size are 23 and 12 employees respectively. For Adviceline callers, the mean number of employees was 70 and the median 12 employees. There was no size restriction on Adviceline use (unlike the offer of workplace visits) which explains the larger employee numbers for this group. It is also important to note that workforce size data was only available for around 56 per cent of Adviceline calls made in the management information.

A more detailed analysis of employer sector is also possible using provider and survey data. It is also possible to compare these results with the profile of similar sized businesses in the UK using data from the Annual Business Enquiry. The analysis shows that, compared to the population, there are differences in the sectors to which WHC users belong (Table 3.2). This suggests that there is non-random take-up of services.

The WHC Adviceline and workplace visits are both currently serving a greater proportion of employers from manufacturing, and community/social/personal services than might be expected. Similarly, Adviceline calls are being taken from a higher proportion of real estate/renting/other business activities and construction employers. In the hotel/restaurant sector, even though the proportion of Adviceline calls taken from this sector are lower than would be expected given the national population, this type of employer is actually taking up workplace visits in greater proportions. The differences observed may be a result of WHC marketing focussing more on some sectors than others, or that the response from employers in some sectors is more positive, or both. Whilst there was no purposive sectoral targeting from the central marketing arm of WHC, some pathfinders have chosen to focus their marketing efforts on sectors seen as responsive to the WHC offer.

**Table 3.1: Size and sector of WHC users**

Employer characteristic	Provider data		Survey respondents	
	L1 users %	L2 users %	L1 users %	L2 users %
<i>Industrial Sector</i>				
Primary services (manufacturing, utilities, construction)	24.5	21.8	17.5	18.3
Secondary services (retail, hospitality, real estate)	50.9	47.7	58.6	58
Public Administration, health & education	24.1	30.4	23.9	23.7
Missing (N)	5,804	13	-	-
<i>No. of employees (on payroll)</i>				
0 to 4	10.7	0.7	9.1	8.6
5 to 49	70.6	88.0	79.3	82.9
50 to 250	14.1	11.3	11.6	8.5
250+	4.7	-	-	-
Missing (N)	6,157	6	-	-
Base (N)	13,949	4,923	309	994

Source: IES/BMRB baseline survey of WHC users 2006/2007

**Table 3.2: Detailed analysis of industrial sector for provider data and survey respondents**

	Provider data		Survey respondents		Population estimate
	L1 Users %	L2 Users %	L1 Users %	L2 Users %	NOMIS data %
Manufacturing	14.4	16.1	15.9	17.5	9.4
Wholesale and retail trade	15.8	19.1	15.5	16.2	23.6
Real estate, renting and business activities	17.4	10.4	20.1	13.4	14.9
Other community, social and personal service	11.9	18.1	12.9	12.9	6.9
Hotels and restaurants	9.6	11.6	9.1	14.5	11.6
Health and social work	6.0	5.8	5.5	5.1	10.8
Construction	7.9	4.4	6.8	5.6	5.1
Financial intermediation	2.6	2.5	2.3	3.0	3.4
Transport, storage and communication	5.5	4.1	4.8	5.3	4.5
Education	4.3	6.0	3.9	4.5	6.2
Public administration and defence	1.9	0.4	1.6	1.1	2.8
Other	2.7	1.6	1.6	0.8	0.3
Missing	5,759	6	-	-	-
Base(N)	8,190	4,923	309	994	693,438

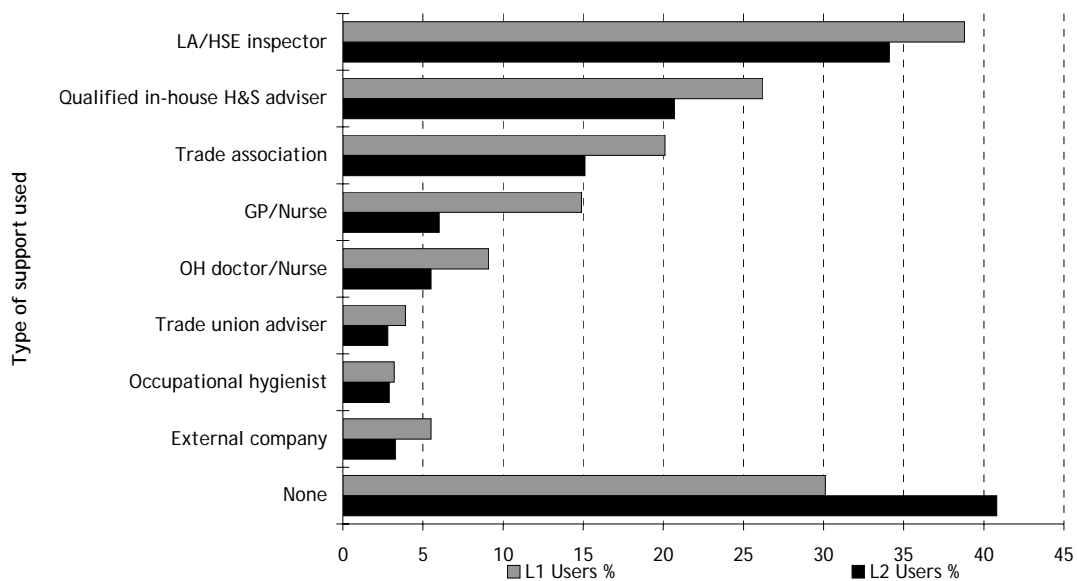
Source: IES Analysis of WHC Case Management System (up to Nov 2007), IES/BMRB baseline survey of WHC users and the Annual Business Inquiry from Nomis (June 2006)

### 3.2 PRIOR USE OF OCCUPATIONAL HEALTH SUPPORT

Both the survey data and management information contain indicative data on the level of use of sources of occupational health support (other than WHC). Adviceline advisers asked calling employers a simple question: “Do you have access to occupational health support?”. Only seven per cent of Adviceline users and less than one per cent of visit recipients felt that they had access to occupational health support when asked in this way. The low figure for the visit recipients reflects that a lack of access to such support was a key eligibility criteria for the Level 2 service.

In the survey, employers were asked, “Have you or your company used the services of any occupational health or medical professionals or advisers on safety issues over the last two years?”, in an attempt to get a more detailed understanding of occupational health support usage. Seventy per cent of Adviceline users and 59 per cent of visit recipients had used some form of support during the last two years. However, the sources of such support were varied (Figure 3.1). The three most commonly cited forms of occupational health and safety support used were a local authority or HSE health and safety inspector, a qualified in-house health and safety adviser, and a trade association. It should be noted that a further investigation of the use of occupational health services is being undertaken as part of this evaluation. The research involves interviews with WHC users and a control group and will be used both to inform the final evaluation report (due early 2009) and a stand alone report (due Summer 2008).

**Figure 3.1: Types of occupational health and safety support used in the last two years (per cent)**



Base is all users (N = 309 Level 1, and 994 Level 2 users)

Source: IES/BMRB baseline survey of WHC users 2006/2007

### 3.3 HEALTH AND SAFETY MANAGEMENT PRACTICES

The following section details the ‘baseline’ health and safety management practices of employers. When the follow-up survey of employers is complete, these details will be returned to, and changes plotted, from this time. This data will, therefore, eventually be used

in the analysis of the impact of WHC on employer practice, but within the current report is only presented descriptively.

### 3.3.1 Accident, absence and illness recording

Survey respondents were asked to indicate how they kept records of accidents, sickness absence and cases of work-related ill-health within their organisation before contact with WHC (Table 3.3). The majority of users reported that they had formal, centralised systems in place to record accident data (76 per cent of visit recipients and 80 per cent of Adviceline users). With regard to keeping formal records of sickness absence, a high proportion of respondents, although lower than that for accidents, kept such records (58 per cent of visit recipients and 65 of Adviceline users).

Keeping records of **work-related** ill-health was less common than accident and absence recording, and just 37 per cent of visit recipients claimed to do, although this figure was higher, at 50 per cent for those using the Adviceline. The majority of employers who did not keep such records stated that they did not do so because they had not experienced any such cases. However, it is not clear whether they were simply unaware of work-related ill-health. Not distinguishing occupational from general health issues in the way that sickness is recorded could make it difficult for employers to really know about a case of occupational related illness, even if it had occurred.

**Table 3.3: Accident, absence and ill-health records kept**

Type of records	Recording system in place	L1 Users %	L2 Users %
Accident data	There was a formal centralised system	80.3	75.6
	Line managers and employees kept individual records	12.9	15.2
	There were no records kept	3.9	7.7
	Don't Know	2.9	1.5
Sickness absence	There was a formal centralised system	65.0	57.8
	Line managers and employees kept individual records	22.3	21.9
	There are no records kept	9.7	18.1
	Don't Know	2.9	2.1
Work-related ill-health	Some form of records kept	49.5	37.3
	No records kept	4.5	7.7
	No records as have not experienced any cases	42.7	52.7
	Don't Know	3.2	2.2
Base (N)		309	994

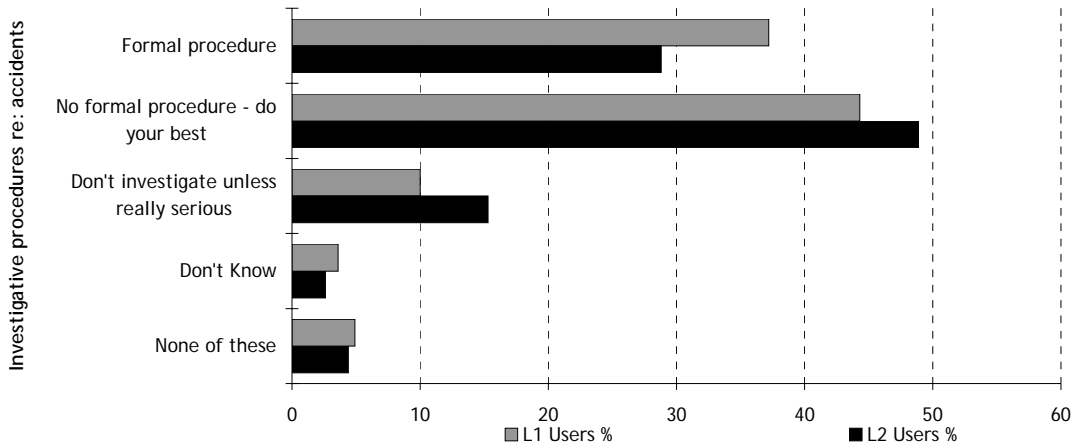
Source: IES/BMRB baseline survey of WHC users 2006/2007

### 3.3.2 Collection and analysis of information

Organisations were asked to elaborate on how they collected and analysed information on work-related illness (Figures 3.2 and 3.3). Just under half of all respondents stated that although there was not a formal procedure in place they would do their best to discover the cause of any such illness. Around one-third of organisations indicated that they did in fact have a formal procedure in place which outlined the steps that would be taken in such an instance. Adviceline users were more likely to have such a formal procedure. The main way

in which employers analysed their data on sickness absence was in order to identify recurring health problems (64 per cent of Adviceline users, 58 per cent of visit recipients). This was followed by a need to assess the costs of days lost and provision of staff cover (53 per cent of Adviceline users, 46 per cent of visit recipients) and to help assess company performance and productivity (40 per cent of Adviceline users, 34 per cent of visit recipients).

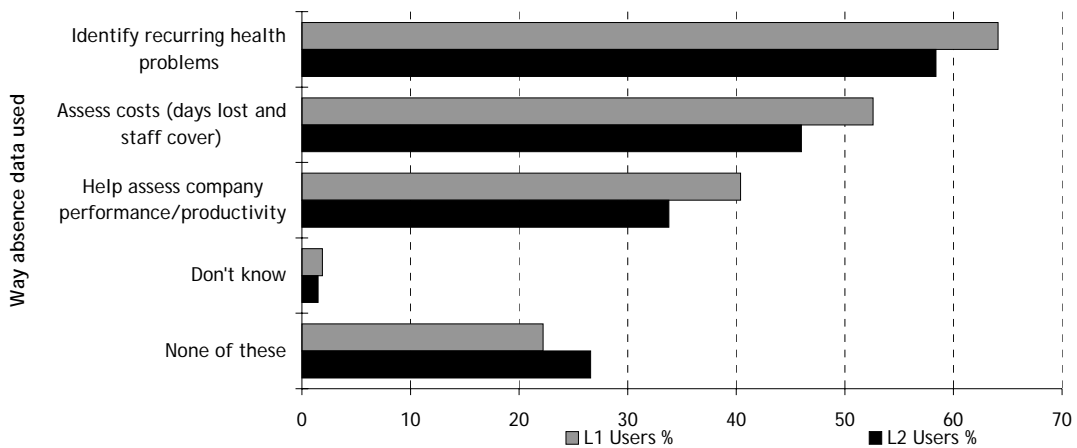
**Figure 3.2: How the cause of work related illnesses would be investigated (per cent)**



Base is all users (N = 309 Level 1, and 994 Level 2 users)

Source: IES/BMRB baseline survey of WHC users 2006/2007

**Figure 3.3: How absence information is used (per cent)**



Base is all employers who kept records and knew what these were (N = 270 Level 1 users, and 793 Level 2 users)

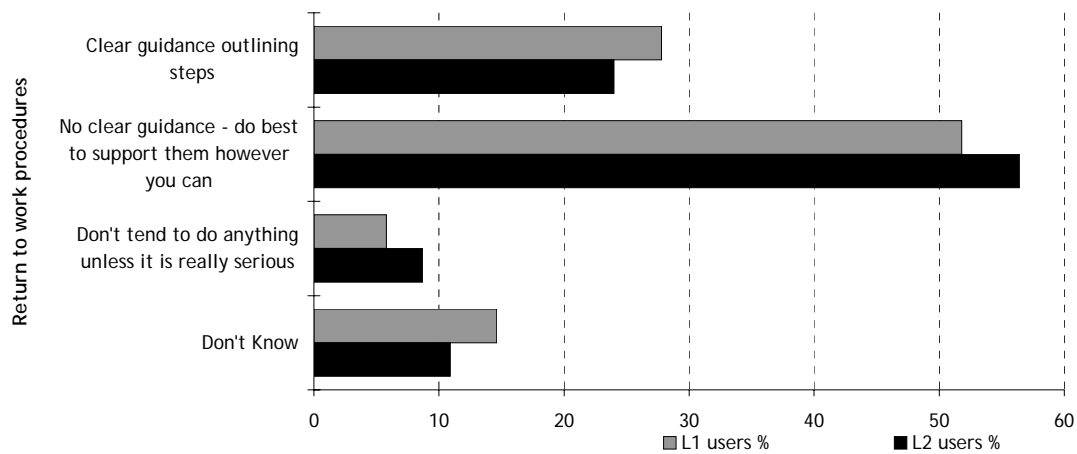
Source: IES/BMRB baseline survey of WHC users 2006/2007

### 3.3.3 Return to work

The survey asked employers whether there were any procedures in place to help workers return to work following a long-term sickness absence (Figure 3.4). The majority of

employers have no clear guidance on what to do to in such a situation, although still feel that they do their best. Those employers indicating either that they did have clear guidance or did their best to support workers (ie those that felt that they did actually do something) were asked what steps were involved in the formal procedure for managing cases of long-term absence (Table 3.4). The four most commonly cited steps taken were offering help, support and guidance; flexible working hours; keeping in contact; and conducting a return to work interview. Roughly one in ten respondents stated that they either had no experience of a case of long-term absence or one had not occurred recently.

**Figure 3.4: What workplace does to help workers return to work following a long-term sickness absence (per cent)**



Base is all users (N = 309 Level 1, and 994 Level 2 users)

Source: IES/BMRB baseline survey of WHC users 2006/2007

**Table 3.4: Steps involved in formal procedure for helping workers return following long-term sickness absence**

	L1 users %	L2 users %
Offer them help/support/guidance/discuss any issues	15.4	18.1
Flexible working hours (reduced hours/part-time)	16.3	14.1
No experience/not happened (recently)	10.2	13.3
Keep in contact/check progress (while absent)	11.0	13.9
Return to work (formal) interview/meeting	14.2	10.9
Put them on lighter duties/easier work	8.5	7.4
Action is taken as necessary/depends on circumstances	8.1	9.8
Adapt their job role to suit their needs	9.3	9.3
Ease/integrate them back in (slowly)	5.7	7.6
Assess their fitness/make sure they are well enough to do job	8.9	7.0
Don't know	6.5	10.1
Base (N)	246	800
Not applicable* (N)	63	194
Total (N)	309	994

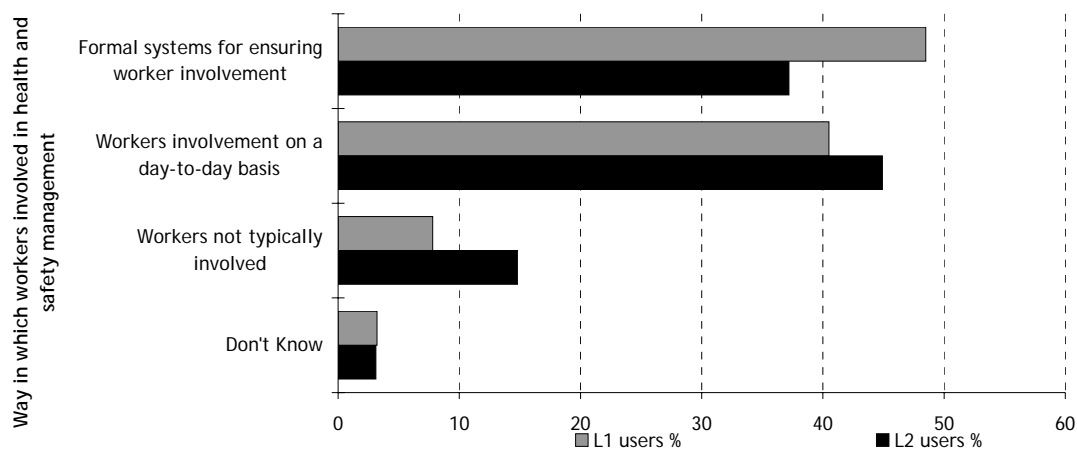
\*Only employers who said that there was clear guidance outlining the steps that must be taken or who said that they did their best to support workers to return to work following long-term absence were asked this question.

Source: IES/BMRB baseline survey of WHC users 2006/2007

### 3.3.4 Health and safety training and systems

Amongst individuals completing the survey, around half (47 per cent of visit recipients and 56 per cent of Adviceline users) had received some form of training from their employer or had such training paid for. When asked how workers were involved in health and safety management, if at all (Figure 3.5), over 85 per cent of employers stated that workers were involved in health and safety at the workplace either through formal systems or on a day-to-day basis. A slightly higher proportion of Adviceline users than visit recipients involved workers formally in health and safety management (49 per cent compared with 37 per cent).

**Figure 3.5: How workers are involved in the management of health and safety issues (per cent)**



Base is all users (N = 309 Level 1, and 994 Level 2 users)

Source: IES/BMRB baseline survey of WHC users 2006/2007

### 3.3.5 Risk assessment

The baseline survey asked respondents a number of questions about risks in the workplace and how they were assessed and managed. Respondents were asked how recently they had conducted their last risk assessment, whether this risk assessment formed part of a regular programme, and if so, how often risk assessments were conducted as part of this regular programme (Tables 3.5 and 3.6). Just less than a quarter of Adviceline users and visit recipients had conducted a risk assessment in 2007, but the majority claimed to have a regular programme of risk assessments (72 per cent of visit recipients compared and 82 per cent of Adviceline users). Of those employers who undertook risk assessments as part of a regular programme, the majority claimed that they conducted risk assessments either every six or 12 months (Figure 3.6).

**Table 3.5: Date of last risk assessment**

	L1 users %	L2 users %
Before 2005	0.9	1.6
2005	5.5	5.0
2006	52.8	42.4
2007 (up until July)	22.7	24.4
No answer	9.7	9.8
Don't know	10.7	16.7
Base (N)	309	994

Source: IES/BMRB baseline survey of WHC users 2006/2007

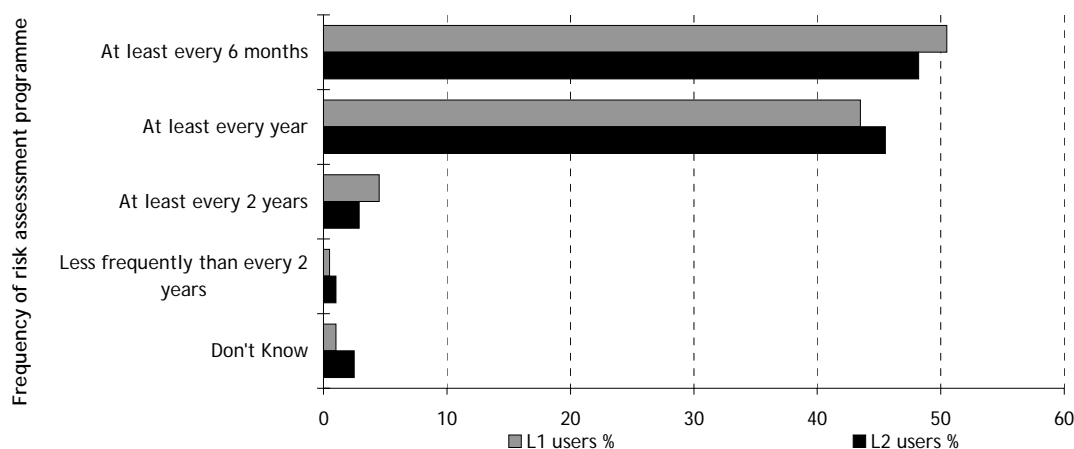
**Table 3.6: Whether last risk assessment conducted as part of a regular programme**

	L1 users %	L2 users %
Regularly undertake risk assessments	81.7	72.1
One-off incident/as and when	17.1	25.7
This was the first one	-	0.6
Will be regular from now on	0.4	0.3
It was required/we had to do it	-	-
Don't know	0.4	1.1
Other	0.4	0.3
Base (N)	246	727
Not applicable* (N)	63	267
Total (N)	309	994

\* Employers who did not give a date on which they last conducted a risk assessment in answer to the previous question were not asked this question.

Source: IES/BMRB baseline survey of WHC users 2006/2007

**Figure 3.6: How often risk assessments are undertaken as part of a regular programme (per cent)**

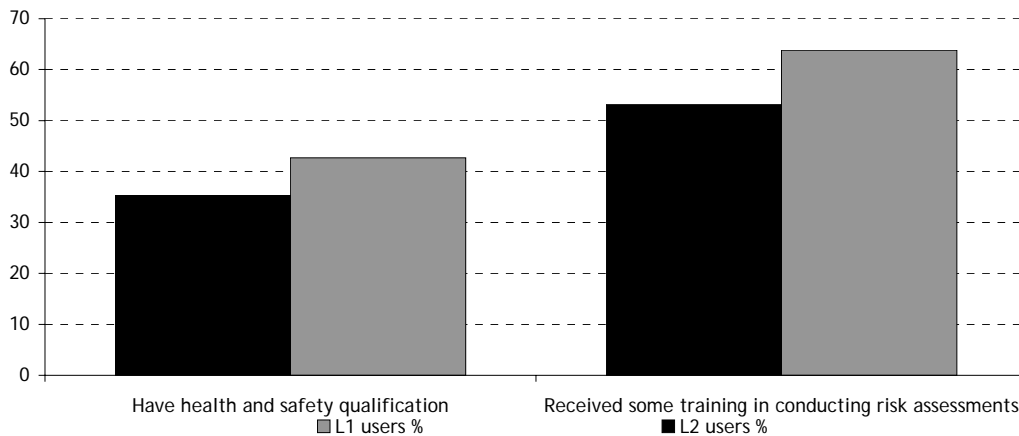


Base represents employers who were able to give a date on which a risk assessment was last conducted and who said that the risk assessment was part of a regular programme (N = 200 for Level 1 users, and 521 for Level 2 users).

Source: IES/BMRB baseline survey of WHC users 2006/2007

Employers were also asked whether the individual in their workplace responsible for conducting risk assessments had received training in this and whether that person had a health and safety qualification (Figure 3.7). Amongst visit recipients, 53 per cent claimed to have given specific training to staff, and 35 per cent had staff conducting risk assessments with a health and safety qualification. The corresponding figures for Adviceline users are 64 per cent and 43 per cent.

**Figure 3.7: Training received by those conducting risk assessments (per cent)**



Base is those employers who could answer questions about staff training (N = 246 Level 1 users, and 731 Level 2 users)

Source: IES/BMRB baseline survey of WHC users 2006/2007

### 3.3.6 Identified risks

Employers were also asked to provide information on the three main health and safety risks at their workplace (Table 3.7) that they could identify. The three most commonly mentioned risks were slipping or tripping; lifting or carrying; and handling sharp objects. Just over ten per cent of visit recipients were unable to say what the main risks were, compared to only one per cent of Adviceline users.

Employers were also asked for their assessment of the control of the risks they identified in their workplace. The majority of employers felt that their control of the three main risks identified was either good, very good or excellent. Survey respondents were also asked what, if anything, makes it difficult to improve risk control (Table 3.8). The three most commonly cited barriers to improving risk control were worker resistance and practices; lack of time; and the cost of making changes.

**Table 3.7: Three main risks identified**

	L1 users %	L2 users %
Slipping or tripping	40.8	41.6
Lifting or carrying	29.8	32.8
Cuts/handling sharp objects	15.5	14.0
Chemical or biological substances/CoSHH	8.1	11.0
Fire	9.3	12.1
PC/laptop use/DSE/display screen assessment	12.9	12.9
Electricity/electrocution	6.7	7.3
Driving/vehicles	6.4	8.4
Burns/scalds/handling hot items (foods/materials)	8.1	6.2
Equipment/machinery/tools	4.5	5.8
Breathing in dusts, fumes, smoke, gases or vapours	3.2	4.9
Working at height	3.6	4.6
Vibration from power tools or machines	2.3	2.7
Items falling on people	1.9	2.2
Being threatened or physically attacked	2.9	2.6
Work requiring repetitive movement of upper limbs	2.3	2.7
Noise	1.3	2.3
Stress	1.9	3.4
Work in awkward or tiring positions	2.9	2.1
Manual handling	1.9	1.1
Don't know	1.2	11.1
Other answers	2.2	19.4
Base (N)	309	994

*Source: IES/BMRB baseline survey of WHC users 2006/2007*

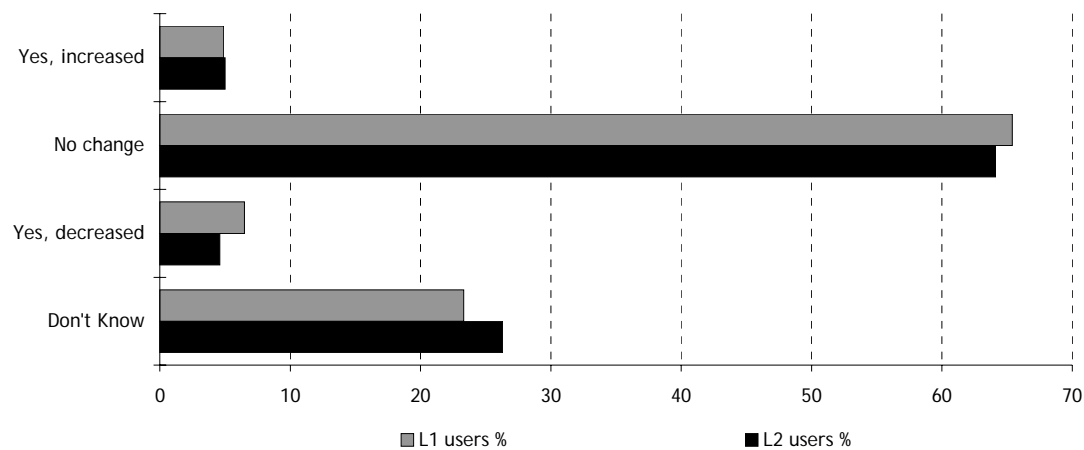
Employers were also asked whether the cost of their liability insurance had changed in the last two years as a result of a change in the organisation's health and safety performance (Figure 3.8). The majority of employers reported that the cost of their insurance had not changed.

**Table 3.8: Things that make it difficult to improve risk control**

	L1 users %	L2 users %
Worker resistance/practices	12.0	11.4
Lack of time	10.0	9.7
Cost of making changes	5.5	5.9
Lack of training/knowledge/expertise	4.9	4.5
Building/premises/site (layout)	3.9	2.4
Human element	1.6	2
The nature of the work	2.6	2.0
Lack of space	3.2	2.4
No staff available to make/enforce changes	1.9	1.8
Too complicated/don't understand regulations	1.0	1.3
Age of building	1.6	0.4
Lack of management support	1.0	4.0
Impact on productivity/profits	2.0	1.0
No answer	45.6	44.8
Don't know	4.9	7.1
Base (N)	309	994

Source: IES/BMRB baseline survey of WHC users 2006/2007

**Figure 3.8: Whether cost of employers' liability insurance changed in last two years due to health and safety performance (per cent)**



Base is all users (N = 309 Level 1, and 994 Level 2 users)

Source: IES/BMRB baseline survey of WHC users 2006/2007

### 3.4 ATTITUDES TOWARDS OCCUPATIONAL HEALTH

The following section details the views of respondents relating to five different attitude statements regarding health and safety. Employers were asked to give a response on a five point scale ranging from 'strongly disagree' at one to 'strongly agree' at five. Therefore the

higher the score, the more in agreement with that statement employers are. In addition to the breakdown of responses, we have also included a mean score for each group (Table 3.9).

Respondents were asked to rate their agreement with:

- *'In the type of work we do here, health issues aren't really a problem'*. Both Adviceline and visit recipients strongly agreed with this statement.
- *'It isn't always clear what an employer's responsibility is in relation to their employees' health'*. Both Adviceline and visit recipients indicated some disagreement with this statement.
- *'It is difficult to get workers here to take their own health seriously'*. This statement received the lowest overall mean score of between 2.3 and 2.4, reflecting strong disagreement with this from employers. This means that employers believe workers do take health seriously.
- *'Some health and safety procedures are not really practical'*. Adviceline users disagreed with this statement suggesting that procedures were seen as practical. Visit recipients also disagreed, but only marginally so, tending towards neutrality on the subject.
- *'Workers here would not take risks at work'*. With a mean score of around four, this statement had the highest level of agreement. Adviceline users were more likely than visit recipients to agree that workers would not take risks at work.

Overall, therefore, employers generally held positive views about the health and safety demands placed on them, didn't really feel that health issues were pertinent to them, and were positive about the attitudes and behaviour of their staff. This could be, to some degree, the subject of socially desirable responding (ie where survey respondents give the answers that they think interviewers want to hear or that paint them in a positive light), but the main issue for this data is whether employer attitudes change **over time** given their involvement with WHC when compared to a control group. This analysis will be conducted for the final evaluation report.

**Table 3.9: Employer attitudes**

<b>Attitude statement</b>	<b>Rating</b>	<b>L1 users %</b>	<b>L2 users %</b>
In the type of work we do here, health issues aren't really a problem	Strongly/tend to agree	62.5	63.4
	Neutral	6.0	3.3
	Strongly/tend to disagree	31.4	33.3
	<i>Mean score</i>	<i>3.62</i>	<i>3.55</i>
It isn't always clear what an employer's responsibility is in relation to their employees' health	Strongly/tend to agree	35.9	39.7
	Neutral	4.1	4.1
	Strongly/tend to disagree	60.0	56.3
	<i>Mean score</i>	<i>2.75</i>	<i>2.77</i>
It is difficult to get workers to take their own health seriously	Strongly/tend to agree	22.5	27.9
	Neutral	7.7	4.8
	Strongly/tend to disagree	69.8	67.2
	<i>Mean score</i>	<i>2.34</i>	<i>2.41</i>
Some health and safety procedures are not really practical	Strongly/tend to agree	36.9	45.3
	Neutral	6.3	6.2
	Strongly/tend to disagree	56.8	48.4
	<i>Mean score</i>	<i>2.72</i>	<i>2.98</i>
Workers here would not take risks at work	Strongly/tend to agree	74.9	72.8
	Neutral	4.3	5.5
	Strongly/tend to disagree	20.7	21.7
	<i>Mean score</i>	<i>4.10</i>	<i>3.98</i>

Source: IES/BMRB baseline survey of WHC users 2006/2007

### 3.5 CHAPTER SUMMARY

#### 3.5.1 User characteristics

WHC was targeted at small and medium sized employers without current access to OH support. Reflecting this, the average number of workers employed by WHC users was 23 (median 12) amongst those receiving workplace visits, and 70 (median 12) amongst those using the Adviceline. The larger mean figures for the Adviceline reflect the fact that the service was open to all employers, whereas the visits were only available to those with a workforce of fewer than 250. Just seven per cent of Adviceline callers felt that they have access to occupational health support, and less than one per cent of visit recipients.

#### 3.5.2 Baseline health and safety management levels

Perhaps reflecting the larger average size of Adviceline users, their recording procedures for accidents and ill-health appear more developed than that of visit recipients. However, the majority of employers felt that they had formal procedures for recording both accidents and sickness absence. Records of work-related ill-health were less common (just 37 per cent of visit recipients and 50 per cent of Adviceline users). The most common way that information on sickness absence was used by both user groups was to identify recurring health problems,

although a significant proportion also claimed to assess the costs of absence to their organisation. The majority of employers also claimed to undertake regular risk assessments.

However, whilst most employers feel that they are doing something with regard to occupational health, much of what goes on is fairly informal. For example:

- Nearly half of users have no formal procedure for investigating the causes of work related illness.
- Over half have no clear guidance for helping employees return to work following absence.
- Over 40 per cent of users do not formally involve workers in health and safety management.

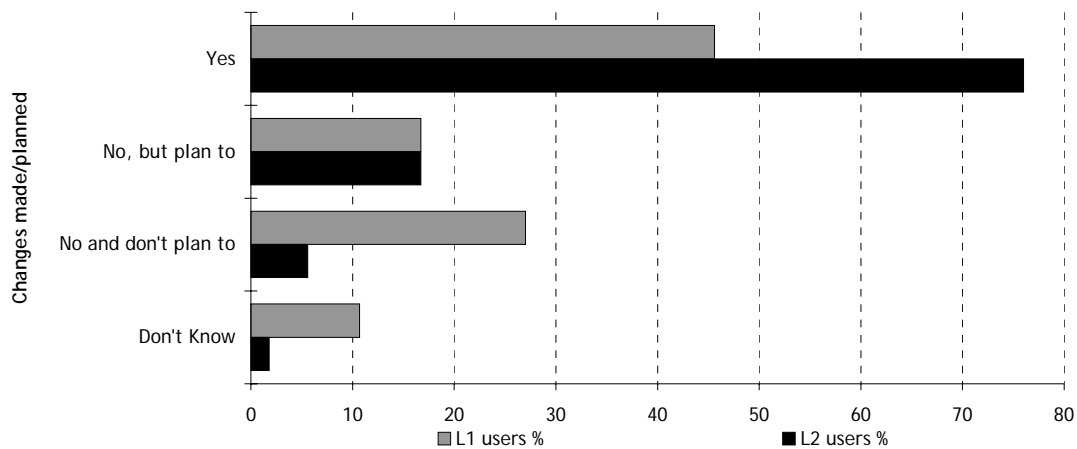
## 4 INITIAL INDICATORS OF IMPACT

An important part of this evaluation is assessing whether the service as provided resulted in any changes to workplace health, through changes to employer practice. The evaluation has been designed to consider this impact using two waves of survey work, with employers followed up a year after their initial interview to monitor any changes occurring over time. A more thorough understanding of the impact of WHC will therefore be available following wave two of the employer survey. It will not be possible to provide substantive comment on outcome data until the final evaluation report. At this stage, however, there are a range of useful indicators of initial employer outcomes that can be considered. These indicators are discussed in this chapter<sup>1</sup>.

### 4.1 IMPLEMENTING CHANGES

One indicator of impact is the extent to which employers are planning to make changes or believe that they already have (Figure 4.1). The majority of visit recipients (76 per cent) stated that they had made some changes as a result of their contact with WHC, with a further 17 per cent planning to make changes in the future. For Adviceline users, a lower proportion had made changes (46 per cent), but again, 17 per cent were planning some form of change. These differences are likely to reflect the more intensive advice and support that was offered through the extended contact of the Level 2 visits. Also the fact that visit recipients received a written record of the recommendations made.

**Figure 4.1: Whether made any changes as a result of contact with WHC (per cent)**



Base is all users who could recall using WHC Adviceline (N = 270 Level 1, and 990 Level 2 users)

Source: IES/BMRB baseline survey of WHC users 2006/72006/2007

Those employers stating that they had made or planned to make changes, were asked to specify the type of changes to which they referred (Table 4.1). The most common changes were to introduce or update health and safety policies (54 per cent of visit recipients and 41 per cent of Adviceline users), or to conduct a risk assessment (36 per cent of visit recipients and 24 per cent of Adviceline users). Around eight per cent of visit recipients and seven per cent of Adviceline users had updated or implemented a sickness absence policy as a result of

<sup>1</sup> This is an update of figures presented in the January 2007 Progress Report.

their contact with WHC. Similarly, those employers that did not plan or hadn't made changes were asked their reasons for not doing so (Figure 4.2). It is worth noting that a relatively small number of employers were therefore asked this question. The most common reasons were that there wasn't a need to make changes because nothing was wrong, or that they were already doing the right thing. The vast majority of employers plan to implement all or most of the recommendations given by their adviser (Figure 4.3).

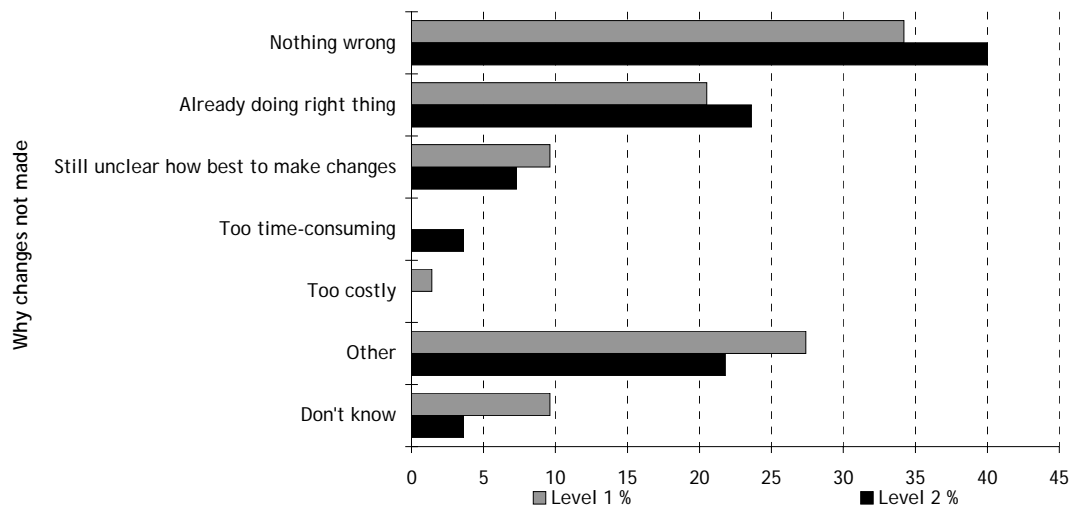
**Table 4.1: Changes made following advice from WHC**

	L1 users %	L2 users %
Health and safety policy updated/introduced	41.1	53.9
Risk assessments conducted	24.4	35.8
Sickness absence policy updated/introduced	7.1	8.0
Improved/changed/concentrated on environment	7.7	6.1
In-house (H&S) staff training	1.8	5.6
Comply with fire regulations	5.4	4.8
Put up signs/labels	0.6	3.8
Workplace assessments	3.0	3.2
General update/amendment/improvements	5.0	2.8
Making staff more aware of responsibilities	1.8	2.4
Improved/changed work practices	1.2	2.2
Manual handling/lifting	1.2	2.1
Better paperwork/recording	-	2.3
Use of personal safety equipment	1.2	1.7
New equipment installed	1.8	1.4
Introduced accident reporting/accident book	-	1.2
Appointed people for (certain) tasks	0.6	1.1
Extra storage space	1.2	0.8
Stress management	1.2	0.9
Cabling issues	1.2	0.7
Don't know	5.4	2.5
Other	13.7	9.3
Base (N)	168	917
Not applicable	141	77
Total (N)	309	994

\*Employers who said that they hadn't made, and didn't plan to make, any changes following contact with Workplace Health Connect or did not know whether they planned to make any changes were not asked this question.

Source: IES/BMRB baseline survey of WHC users 2006/72006/2007

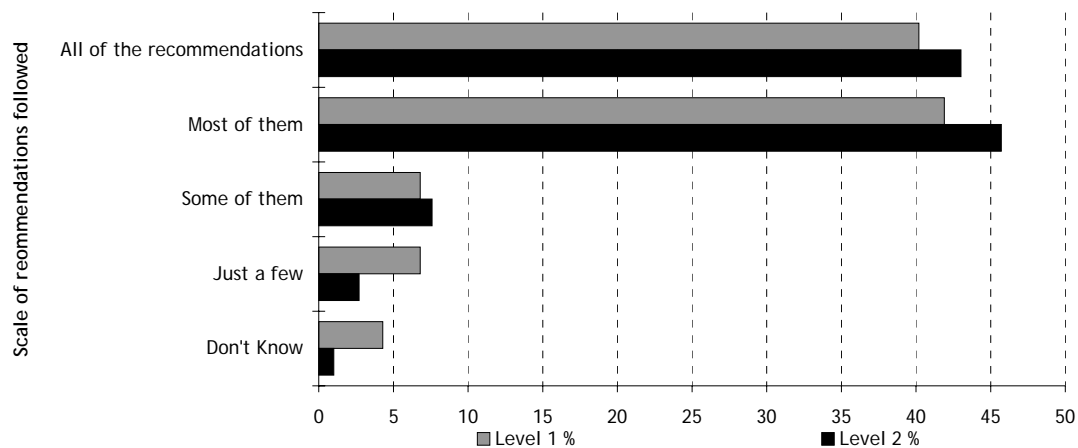
**Figure 4.2: Why changes not made (amongst those not making or planning to make changes, per cent)**



Base is all employers who said they had not, and did not plan to make, any changes following contact with WHC (N = 73 Adviceline users, 55 Level 2 users)

Source: IES/BMRB baseline survey of WHC users 2006/72006/2007

**Figure 4.3: How many of recommendations received plan to implement (per cent)**



Base is all employers who felt that they had received recommendations from WHC and who had planned or made changes (N = 117 Level 1, and 858 Level 2 users)

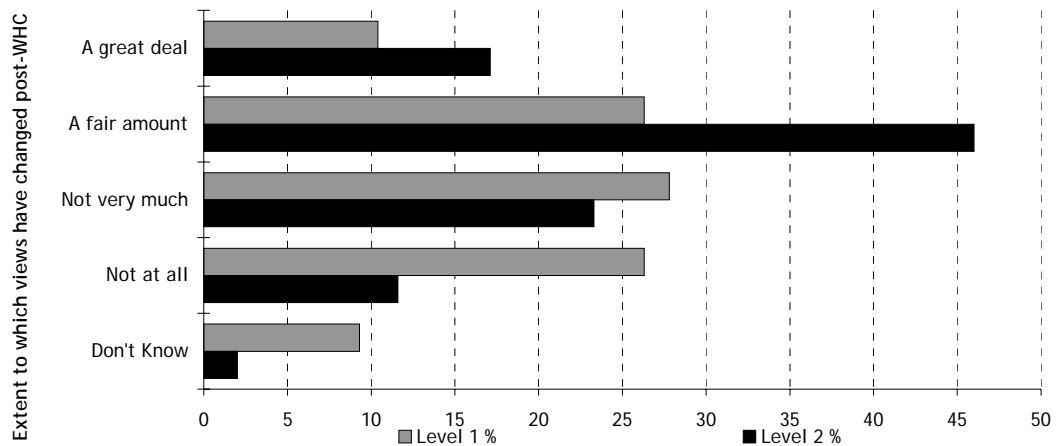
Source: IES/BMRB baseline survey of WHC users 2006/2007

## 4.2 CHANGING VIEWS

It could be argued that changing actual behaviours starts with changes to the way that individuals perceive issues and their awareness of them. All employers who recalled using WHC were also asked whether their views about workplace health and safety had changed following the use of the service (Figure 4.4). The majority of visit recipients felt that their views had changed a great deal or a fair amount (63 per cent), and a substantial proportion

(37 per cent) of Adviceline users felt the same. The final evaluation report will be able to discuss in more detail whether these changes in views affected actual employer practice.

**Figure 4.4: Extent to which employer believes their views about workplace health and safety have changed following use of WHC (per cent)**



Base are employers that could recall their involvement with WHC (N = 270 Level 1, and 990 Level 2 users)

Source: IES/BMRB baseline survey of WHC users 2006/2007

### 4.3 ANALYSIS NOTES: FINAL EVALUATION REPORT

The final part of this chapter is a discussion of the types of analysis that are planned for the final evaluation report, to provide an overview of the type of data that will be available to inform our understanding of the impact of WHC in the longer-term, using data from both the baseline and follow up surveys. Analysis will be conducted on both intermediate indicators of impact (eg health and safety management practices) and final indicators (eg absence rates).

The final evaluation will use propensity score matching (PSM) to create a control group from the sample of non-participants with which to establish the counterfactual (ie what would have happened to the same (or very similar) employers in the absence of the interventions). The essence of the technique is to find a case in the control group which is as similar as possible to one in the user group and to pair off these matched-cases. The degree of similarity is measured through an index of propensity to participate in WHC derived through a regression analysis. The key variables to be used in the matching process refer to the period before contact with WHC.

In addition to matching the user group with a control group of non-users, it will also be necessary to adjust for any bias introduced due to loss of cases between the baseline and follow-up surveys. It may be necessary to use a weighting procedure to ensure that the control group at baseline and follow-up, and the user group at follow-up are comparable with the user group at baseline.

The impact of WHC will be assessed using both intermediate and final outcome variables. It is possible that little change will be seen in final outcome variables such as levels of absence as the period of evaluation may be too short to register changes such as these which take time to take effect. It may also be that the provision of WHC services leads to a rise in levels of absence due to employers introducing better recording systems. For these reasons,

analysis considering intermediate outcome variables such as changes to health and safety practice may provide evidence of positive change and may also, to some extent, account for change in final outcome variables.

The impact of the WHC programme will be estimated using a difference-in-differences approach. This approach consists of comparing the change in the average outcomes pre- and post-intervention for the employers receiving support from WHC with the change in pre- and post-outcomes for the control group. Using differences allows easy analysis of the impact of the programme, while also allowing one to control for time invariant 'fixed effects'. For example, if we match an employer from one of the areas in which WHC provides services with an employer from the control area. If we believe that there are regional effects that also influence outcomes (and that these do not change over the study period) then using differences will eliminate these effects.

#### **4.4 CHAPTER SUMMARY**

It is too early to comment with certainty on the extent to which the use of WHC services has resulted in changes to employer policy and practice. However, initial indicators of impact suggest that the majority of employers are making some changes within their organisation as a result of their contact with the service. Three-quarters of visit recipients and almost half of Adviceline users have made some changes. The most common changes that employers identified were updating health and safety policies and conducting risk assessments. Over three-quarters of employers planning to make or having made changes, intended to implement most or all of the recommendations provided by WHC advisers. Where changes had not been made, employers tended to feel that there was no need to do anything because there was nothing wrong with their current practice. Amongst visit recipients, the majority felt that their views about workplace health and safety had changed either a fair amount or a great deal as a result of their contact with WHC.

It is worth noting that the analysis of data on impact will form a major part of the final evaluation report when the second survey wave data becomes available.

## **5 OBSERVATIONS**

This is now the fourth and last progress report provided on WHC from an evaluation perspective. It updates provider data outlined in earlier reports and is the first opportunity to see the profile of respondents to the baseline survey of users. One, final evaluation report is now outstanding and this will draw together all the data collected in this substantial evaluation. Until this final evaluation report is completed, it is difficult to comment on the impact of WHC in any detail. This progress report, therefore, is not the place for sweeping conclusions about the pilot, and we therefore simply present some observations on the data presented here and in other progress reports at this time.

### **5.1 THE ADVICELINE AS REFERRAL SERVICE**

The Adviceline serves a dual purpose. A referral service for employers who are eligible for workplace visits and a source of information and advice for employers who are not. A lot of the work of advisers is handling calls instigated by telemarketers. This can lead to a referral onto the relevant regional pathfinder, but also results in a large proportion of calls where callers are not interested in any further contact with the service and do not leave their details. Since the use of Internet advertising, however, there is some evidence of a wider usage of the service, and more employers calling for advice. When callers are put through to the Adviceline from central marketing, because of the way that the service has been ‘sold’ (ie as a way to receive a free workplace visit), it is not surprising that many callers opt to speak instead to an adviser when they visit the organisation (and when they have had time to prepare themselves) rather than discuss their issues over the telephone then and there. It is therefore difficult to compare the performance of the service against other ‘Advicelines’ as the WHC service is very different in nature from other operators due to its dual role. Service users do, however, appear to be satisfied with the service they receive from telephone advisers whether they provided referral or advice

### **5.2 PROGRESS AGAINST TARGETS**

It was originally estimated that between 37,000 and 69,000 Adviceline callers would be required to generate the target level of workplace visits. In practice, a high conversion rate from the Adviceline has meant that the target number of visits has been achieved through a much lower number of Adviceline calls than anticipated. The regional pathfinders have already exceeded their target number of employer visits, driven mainly by the use of telemarketing and regional outreach activities. There appears to be both an appetite for the visit service and a positive reaction to it.

### **5.3 HEALTH VERSUS SAFETY**

It is also worth discussing the content of Adviceline calls and visits, and the extent to which the WHC service is delivering workplace health support as aimed. It is difficult to identify with certainty how many of the callers using the Adviceline received or sought advice on a health issue. It is worth noting (particularly when considering data from the Adviceline on the content of calls) that it can be difficult to dissociate health from safety, and many employer concerns are likely to involve both (eg manual handling).

All advisers involved in delivering visits are required to cover a range of health issues during their time with employers, although there is some question about how well employers respond to messages about health during a first visit. Previous evaluation reports have discussed how the second visit can be crucial in giving advisers the space to fully cover their

remit. It remains to be seen how many employers receive a second visit but pathfinders are working towards a target of around 80 per cent. What seems clear is that smaller employers do not identify as well with health issues as with safety concerns. Data from the marketing campaigns demonstrate that messages about health and sickness absence, for example, failed to appeal to WHC's target audience.

When interpreting data on how effectively WHC has covered health, it is worth asking whether it is realistic to expect employers with no health and safety systems, or less sophisticated systems, in place to identify that they have a workplace health issue. This is particularly when considering data on the content of Adviceline calls, and it is perhaps not surprising that employers identify with safety rather than health issues when first telephoning the Adviceline, or being contacted by a telemarketer. One of the aims of WHC is to enhance awareness of the importance of workplace health issues, because it is accepted that smaller firms tend to lack an understanding of this area. It is important not to draw the conclusion from this report that just because employers do not, themselves, identify (with) health issues during a telephone call to WHC, that such issues are not important to this type of employer and their staff.

#### **5.4 NEXT STEPS**

The WHC service as it is now finishes as planned, at the end of February 2008. The Welsh pathfinder will continue to offer services, but under a new brand of Workboost Wales, and with an extended portfolio of objectives. Other pathfinders are seeking funding to continue to operate some form of the service in England, but the outcome of these endeavours is not yet clear.

With regard to the evaluation, the next stage is the collection of the follow up data that will allow the final evaluation report to comment on the impact of the WHC pilot initiative. This data will then be analysed in Autumn 2008 with the full report available sometime in early 2009. In addition, a separate stand alone report containing the results of a survey of employers (both WHC users and non-users), to determine their use of occupational health support in the last year, will be available in Summer 2008.

## APPENDIX 1: RESPONSE RATES OF EMPLOYER SURVEY

### CONFIRMED FINAL FIELDWORK FIGURES FROM WHC BASELINE SURVEY AND RESPONSE RATES

The response rate figures quoted in the tables below show:

- a. the number of interviews as a proportion of the total ‘resolved’ sample
- b. as a), but excluding cases which are ‘deadwood’ or ineligible.

b) is what would normally be quoted as the response rate, although a) gives a clearer view of the overall conversion of available sample to interviews.

	Level 1	Level 2	Control	Total
<b>Total sample in survey</b>	<b>733</b>	<b>1,432</b>	<b>9,966</b>	<b>12,131</b>
<b>Complete interviews</b>	<b>309</b>	<b>994</b>	<b>5,680</b> <b>(5,452)*</b>	<b>6,983</b>
Appointment	0	0	0	0
General Call Back	0	0	0	0
Stopped interview (will be re-started)	0	0	0	0
No answer/answer machine	0	0	0	0
Engaged	0	0	0	0
<b>Total Unresolved</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Number unobtainable	50	37	194	281
Contact unknown at number	16	3	41	60
Contact left company	3	1	10	14
Business closed down	18	5	136	159
<b>Total Deadwood</b>	<b>87</b>	<b>46</b>	<b>381</b>	<b>514</b>
Abandoned interview	13	31	229	273
Personal refusal	224	198	2,082	2,504
Proxy refusal	19	24	365	408
Opted out	9	5	89	103
<b>Total refusals</b>	<b>265</b>	<b>258</b>	<b>2,765</b>	<b>3,288</b>
Unable to identify appropriate respondent	4	2	34	40
Unavailable during fieldwork	36	70	474	580
30+ unsuccessful calls	32	62	344	438
<b>Total ineffective other</b>	<b>72</b>	<b>134</b>	<b>852</b>	<b>1,058</b>
Too few/too many employees at control workplace site	0	0	288	288
<b>Total ineligible</b>	<b>0</b>	<b>0</b>	<b>288</b>	<b>288</b>
<b>Response rates</b>				
<b>a) Number of interviews/total resolved sample</b>	<b>42%</b>	<b>69%</b>	<b>57%</b>	<b>58%</b>
<b>b) Number of interviews/total resolved sample, except deadwood or ineligible</b>	<b>48%</b>	<b>72%</b>	<b>61%</b>	<b>62%</b>

## APPENDIX 2: SURVEY INSTRUMENT USED

### WORKPLACE HEALTH CONNECT BASELINE SURVEY

#### Service Users (L1 only and L2) Questionnaire

Q1. My name is ..... and I am calling on behalf of BMRB, an independent research company. We recently sent you a letter about a survey we are conducting about a service called Workplace Health Connect, which you or your company has recently used. I was told you were the right person to speak to about that. Do you have a few minutes now to talk about this?

IF NECESSARY: This interview should take no more than 20 minutes.

All information collected will be treated as totally confidential. Your identity and that of your employer will not be disclosed in any way.

IF NECESSARY EXPLAIN: Workplace Health Connect began in February 2006, and is a national service offering a telephone Adviceline to workers and employers dealing with workplace health issues. [TEXT ONLY FOR L2 USERS: In your area, you also have access to further services, including a visit from a Workplace Health Connect representative to discuss health issues which could arise in your workplace.]

BMRB has been commissioned to run a survey of Workplace Health Connect users.

It is very important that your views and experiences of Workplace Health Connect are incorporated into this study to ensure that we can fully understand the effectiveness of the service and whether it was useful for people like you.

IT DOESN'T MATTER IF THE RESPONDENT DID NOT RECEIVE THE LETTER. WE CAN FAX IT TO THEM.

- Yes
- Send fax and call back later
- Call back another time
- Does not want to take part in survey

IF Q1 = 'Send fax and call back later'

INTERVIEWER DISPLAY: GO TO SMS, RECORD FAX NUMBER AND MAKE APPOINTMENT TO CALL BACK. WRITE DOWN INTERVIEW SERIAL NUMBER AND PASS TO SUPERVISOR.

IF Q1 = 'Call back another time'

MAKE APPOINTMENT TO CALL BACK.

IF Q1 = 'Does not want to take part in survey' ASK Q1x

Q1x May I ask why you do not wish to take part?

DO NOT READ OUT. CODE ALL THAT APPLY.

Asking too much/burden on the business

Respondent is too busy

Need head office approval

Other (specify)

Refused

Don't know

THANK AND CLOSE.

IF Q1 = 'Yes' THEN ASK Q1a

Q1a May I just check, did you receive the letter and datasheet we sent to you?

IF YES: And have you completed the datasheet?

Yes – have received datasheet and filled it in – CONTINUE WITH INTERVIEW  
(Q3)

Yes – have received datasheet and NOT filled it in

No – did not receive letter and datasheet

IF Q1a = 'Yes – have received datasheet and NOT filled it in' THEN ASK Q1b

Q1b Would you be able to fill in the datasheet?

Yes – MAKE APPOINTMENT TO CALL BACK

No

Don't know – MAKE APPOINTMENT TO CALL BACK

IF Q1b = 'No'

Q1c We can try to do the interview without this information.

TRY TO CONTINUE OR MAKE APPOINTMENT

CONTINUE WITH INTERVIEW (Q3)

MAKE APPOINTMENT TO CALL BACK

IF Q1a = 'No – did not receive letter and datasheet' THEN ASK Q1d

Q1d Do you have a fax number that we could use to fax the letter and datasheet to you?

IF RESPONDENT DOES NOT HAVE A FAX NUMBER, TAKE EMAIL ADDRESS.

IF RESPONDENT IS UNWILLING TO WAIT FOR REPLACEMENT LETTER AND DATASHEET IT IS OKAY TO PROCEED WITH THE INTERVIEW.

Yes – Send fax and call back later

Yes – Send email and call back later

No – proceed with interview now

IF Q1d = 'Yes - Send fax and call back later' OR 'Yes – Send email and call back later'

INTERVIEWER DISPLAY: GO TO SMS, RECORD FAX NUMBER OR EMAIL ADDRESS AND MAKE APPOINTMENT TO CALL BACK. WRITE DOWN INTERVIEW SERIAL NUMBER AND PASS TO SUPERVISOR.

IF Q1d = 'No – proceed with interview now

Q2 We can try to do the interview without this information.

TRY TO CONTINUE OR MAKE APPOINTMENT

CONTINUE WITH INTERVIEW (Q3)  
MAKE APPOINTMENT TO CALL BACK

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## MAIN INTERVIEW

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## COMPANY DETAILS

ASK ALL

First of all I'd like to ask you a few questions about the organisation you work for.

Q3 What do [NAME OF SITE] at [ADDRESS] mainly make or do at this site?

CODE MAIN ACTIVITY. DESCRIBE FULLY. PROBE MANUFACTURING OR PROCESSING OR DISTRIBUTING ETC... AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL, ETC...

(TYPE-IN)

Don't know

Q4 Can you tell me how many workers are currently on the pay roll, just at this site?  
REFER RESPONDENT TO Q1 ON THEIR INFORMATION SHEET IF  
NECESSARY

(ENTER NUMBER OF WORKERS)

Don't know

IF Q4 = 'Don't Know' THEN ASK Q5, OTHERS SKIP TO Q6

Q5 Can you give me the approximate number of workers on the pay roll at your site? Is  
it...

READ OUT

IF RESPONDENT IS UNSURE, GET THEIR BEST ESTIMATE

0 to 4

5 to 9

10 to 19

20 to 49

50 to 99

100 to 199

200 to 250

251 or more

(DO NOT READ OUT) Don't know

ASK ALL

Q6 In addition to the workers on the payroll, are there any others who work for your  
company at this site who are not on the payroll, even if they only work at this site  
occasionally?

Yes

No

Don't know

IF Q6 = 'Yes' ASK Q7, OTHERS SKIP TO Q9

Q7 And how many are there?

IF RESPONDENT NOT SURE WHETHER TO INCLUDE CERTAIN GROUPS  
OF NON-PAYROLL WORKERS INCLUDE THEM, AS WE ONLY NEED A  
ROUGH ESTIMATE

(ENTER NUMBER OF NON-PAYROLL WORKERS AT SITE)

Don't know

IF Q7 = 'Don't Know' THEN ASK Q8, OTHERS SKIP TO Q9

Q8 Can you give me the approximate number? Is it...

READ OUT

IF RESPONDENT IS UNSURE, GET THEIR BEST ESTIMATE

0 to 4

5 to 9

10 to 19

20 to 49

50 to 99

100 to 199

200 to 250

251 or more

(DO NOT READ OUT) Don't know

ASK ALL

Q9 Does this company have more than one site? By different sites we mean geographically separate workplaces or offices, not different workplaces or offices in the same location.

Yes – more than one site

No – only one site

Don't know

IF Q9 = 'Yes – more than one site' THEN ASK Q10, OTHERS SKIP TO Q15

Q10 Is this site the Head Office?

Yes

No

Don't know

Q11 And how many people are on the payroll for the whole organisation? That is, at this site and all others.

REFER RESPONDENT TO Q2 ON THEIR INFORMATION SHEET IF NECESSARY

(ENTER NUMBER OF WORKERS)

Don't know

IF Q11 = 'Don't Know' THEN ASK Q12, OTHERS SKIP TO Q13

Q12 Can you give me the approximate number of workers on the payroll for the whole organisation? Is it...

READ OUT

IF RESPONDENT IS UNSURE, GET THEIR BEST ESTIMATE

0 to 4

5 to 9

10 to 19

20 to 49

50 to 99

100 to 199

200 to 250

251 or more

(DO NOT READ OUT) Don't know

Q13 Can you tell me how many years your company has been in operation at this site?

IF LESS THAN 1 YEAR, ENTER 0

REFER RESPONDENT TO Q3 ON THEIR INFORMATION SHEET IF NECESSARY

(ENTER NUMBER OF YEARS)

Don't know

IF Q13 = 'Don't Know' THEN ASK Q14, OTHERS SKIP TO Q17

Q14 Can you give me the approximate number of years? Is it... READ OUT

IF RESPONDENT IS UNSURE, GET THEIR BEST ESTIMATE

0 to 2 years

3 to 5 years

6 to 10 years

11 to 20 years

More than 20 years

(DO NOT READ OUT) Don't know

IF Q9 = 'No – only one site' OR 'Don't know' THEN ASK Q15, OTHERS SKIP TO Q17

Q15 Can you tell me how many years your company has been in operation?

IF LESS THAN 1 YEAR, ENTER 0

REFER RESPONDENT TO Q4 ON THEIR INFORMATION SHEET IF NECESSARY

(ENTER NUMBER OF YEARS)

Don't know

IF Q15 = 'Don't Know' THEN ASK Q16, OTHERS SKIP TO Q17

Q16 Can you give me the approximate number of years? Is it... READ OUT  
IF RESPONDENT IS UNSURE, GET THEIR BEST ESTIMATE

0 to 2 years

3 to 5 years

6 to 10 years

11 to 20 years

More than 20 years

(DO NOT READ OUT) Don't know

ASK ALL

Q17 INITIAL TEXT FOR SERVICE USERS ONLY: Apart from Workplace Health  
Connect

TEXT FOR ALL: Which, if any, of the following have provided you or your  
workplace with occupational health and safety support in the past 2 years?

READ OUT. CODE ALL THAT APPLY.

A GP or nurse

An occupational health doctor or nurse

An occupational hygienist

A qualified in-house health and safety adviser

A local authority or HSE health and safety inspector

A trade association

A trade union adviser

Other (specify)

DO NOT READ OUT: None of these

DO NOT READ OUT: Don't know

**WORKPLACE HEALTH CONNECT**

**ASK ALL SERVICE USERS**

I'd now like to ask you a few questions about the Workplace Health Connect service you or your company recently used.

Q18 Thinking about when you first contacted Workplace Health Connect. What was the main workplace health or safety matter that led you to contact the service at that time?

DO NOT READ OUT. ONE CODE ONLY.

On-going interest in occupational health at site/company

New company – wanted to know what should be doing for health & safety

General health & safety information required

Concerns about levels of absence/ill-health

Issue/concern about specific worker

Accident or near miss

Needed help creating/revising health & safety policy/ies

Wanted help doing risk assessment

Advice about helping employee/s return to work

Stress

Wanted a visit

Have not heard of Workplace Health Connect

Other (specify)

Don't know

ASK ALL SERVICE USERS EXCEPT THOSE WHO SAID 'Have not heard of Workplace Health Connect' AT Q18 - THESE PEOPLE SKIP TO Q21

Q19 If Workplace Health Connect had not been available, would you have been likely or unlikely to have done something else to address this issue?

IF 'likely' OR 'unlikely' PROBE WHETHER 'Very' OR 'Fairly'

ONE CODE ONLY

Very likely

Fairly likely

Neither likely nor unlikely

Fairly unlikely

Very unlikely

DO NOT READ OUT: Don't know

ASK ALL WHO SAID 'Very likely' OR 'Fairly likely' AT Q19, OTHERS SKIP TO Q21

Q20 What would you have done?

PROMPT TO PRE-CODE. CODE ALL THAT APPLY.

IF SAYS WOULD HAVE CONTINUED LOOKING FOR INFORMATION SAY:  
'Where would you have looked?'

- Contacted HSE/HSE website
- Internet search (other than HSE website)
- Paid for external provider
- Drawn upon own experience or common sense
- Other (specify)
- Don't know

### LEVEL 1 SERVICE DETAILS

ASK ALL SERVICE USERS

Our records show that you called the Workplace Health Connect Adviceline in the last month or so. I'd like to ask you a few details about that and any subsequent calls.

Q21 Thinking about the person or people you spoke to when you called the Adviceline, were you satisfied or dissatisfied with the overall service you received from them?

IF 'satisfied' OR 'dissatisfied' PROBE WHETHER 'Very' OR 'Fairly'

ONE CODE ONLY

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- (DO NOT READ OUT) Did not call Adviceline
- (DO NOT READ OUT) Don't know

IF Q21 = 'Fairly dissatisfied' OR 'Very dissatisfied' THEN ASK Q22, IF Q21 = 'Did not call Adviceline' AND 'L2 USER' SKIP TO Q30, IF Q21 = 'Did not call Adviceline' AND 'L1 ONLY USER' SKIP TO INSTRUCTIONS ABOVE Q27, OTHERS SKIP TO Q23

Q22 What was it about the service that you weren't satisfied with?

DO NOT READ OUT. CODE ALL THAT APPLY.

- Time taken for query to be dealt with
- Helpfulness of staff
- Friendliness of staff
- Level of knowledge of staff
- Usefulness of information provided
- Relevance of information to original query
- Professionalism of the service
- Other (specify)
- Don't know/refused

Q23 Was there any information, advice or support that you would have like to have received that was not provided?

- Yes
- No
- Don't know

IF Q23 = 'Yes' THEN ASK Q24, OTHERS SKIP TO INSTRUCTIONS ABOVE Q25

Q24 What kind of information would you have liked?

- (TYPE-IN)
- Don't know

IF WAS REFERRED TO ANOTHER PROVIDER (NOT A PATHFINDER) (FROM SAMPLE)<sup>1</sup> THEN ASK Q25, OTHERS SKIP TO Q30 IF 'L2 USER' OR INSTRUCTIONS ABOVE Q27 IF 'L1 ONLY USER'

Q25 Our records show that you were given the name of another organisation to help you with something else. Did you go on to contact them?

ONE CODE ONLY.

IF NO SAY: Do you plan to contact them?

- Yes
- No, but plan to
- No and don't plan to
- Don't know

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<sup>1</sup> Based on the Case Management System this is all coded 'true' at either Data Ref. 14 (Referred to another service?) or Data Ref. 50 (Signposted to another service?) NB Referrals to level 3 are dealt with at Q46 & 47.

IF Q25 = 'No and don't plan to' THEN ASK Q26, OTHERS SKIP TO Q30 IF 'L2 USER'  
OR INSTRUCTIONS ABOVE Q27 IF 'L1 ONLY USER'

Q26 Why is that?

DO NOT READ OUT. CODE ANY THAT APPLY.

No time available to contact them

Problem already dealt with to satisfaction

Too difficult to contact them

Decided their help was not needed

Other (specify)

Don't know

NOTE: Q27 IS FOR IN-AREA 'LEVEL 1 ONLY' USERS, BUT NOT FOR OUT OF  
AREA USERS

IF WAS REFERRED TO A PATHFINDER (FROM SAMPLE)<sup>1</sup> THEN ASK Q27, OTHER  
'LEVEL 1 ONLY USERS' SKIP TO INSTRUCTIONS ABOVE Q37

Q27 Our records show that you were offered a free workplace visit as part of the  
workplace health connect service in your area, is this correct?

Yes

No

Don't know

IF Q27 = 'Yes' THEN ASK Q28, OTHERS SKIP TO INSTRUCTIONS ABOVE Q37

Q28 We understand that you did not take up the offer, is this correct?

Yes – DID NOT take up offer

No – DID take up offer

Don't know

IF Q28 = 'Yes – DID NOT take up offer' THEN ASK Q29, OTHERS SKIP TO Q30

Q29 Why was that?

DO NOT READ OUT. CODE ANY THAT APPLY.

No time available for a visit

Problem already dealt with to satisfaction

Too difficult to set up a visit

Decided their help was not needed

Other (specify)

Don't know

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<sup>1</sup> Based on all coded 'true' at Data Ref. 52 'Referred to Level 2?' in the Case Management System  
(or if there was an appointment date or appointment agreed but no sign of a visit having taken place  
or being due to take place when we received updated CMS data one month on.)

## LEVEL 2 SERVICE DETAILS

ASK ALL 'L1 ONLY USERS' WHO SAID 'No – DID take up offer' OR 'Don't know' AT Q28 AND ALL 'LEVEL 2 USERS', OTHER SERVICE USERS SKIP TO INSTRUCTIONS ABOVE Q37

Q30 TEXT FOR 'LEVEL 2' USERS: Our records show that you have received a visit from a Workplace Health Connect adviser. Is this correct?

TEXT FOR 'LEVEL 1 ONLY' USERS WHO SAID 'No – DID take up offer' OR 'Don't know' AT Q28: Have you received a visit from a Workplace Health Connect adviser?

Yes – have received visit  
No – have not received visit  
Don't know

IF Q30 = 'No – have not received visit' or 'Don't know' ASK Q31, OTHERS SKIP TO Q33

Q31 Are you going to receive a visit?

Yes  
No  
Don't know

IF Q31 = 'Yes' or 'Don't know', SHOW FOLLOWING DISPLAY TO INTERVIEWER, OTHERS SKIP TO Q32

INTERVIEWER DISPLAY: FIND OUT WHEN VISIT WILL/MIGHT TAKE PLACE, CODE 'STOP' (NOT 'QUIT') AND MAKE AN APPOINTMENT TO CALL BACK AFTER THIS DATE AND FINISH INTERVIEW

IF Q31 = 'No' THEN ASK Q32, OTHERS SKIP TO Q33

Q32 TEXT FOR 'LEVEL 2' USERS: Our records show that you were offered a free workplace visit as part of the Workplace Health Connect service in your area. Why did you decide not to take this up?

TEXT FOR 'LEVEL 1 ONLY' USERS WHO SAID 'No – DID take up offer' OR 'Don't know' AT Q28: Why are you not going to receive a visit?

DO NOT READ OUT. CODE ANY THAT APPLY.

- No time available for a visit
- Problem already dealt with to satisfaction
- Too difficult to set up a visit
- Decided their help was not needed
- Was not offered a visit
- Other (specify)
- Don't know

IF Q30 = 'Yes' THEN ASK Q33, OTHERS SKIP TO INSTRUCTIONS ABOVE Q37

Q33 When you were offered a visit from someone to talk about workplace health, what was your main reason for taking up the offer?

DO NOT READ OUT. ONE CODE ONLY.

- Adviceline call raised further issues
- Needed more information on topic
- Wanted face-to-face meeting
- Needed help implementing things raised in Adviceline call
- Wanted risk assessment
- It was free
- Needed help creating/revising workplace health management policies
- Other (specify)
- Don't know

Q34 Which health and safety matters did you discuss at the visit? Any others?

DO NOT READ OUT. CODE ALL THAT APPLY.

- General health and safety information
- Health and safety policy/ies
- Risk assessment
- Helping employee/s return to work
- Other (specify)
- Don't know

Q35 Were you given any recommendations either during the visit or in a report that you were given at a later date?

IF YES ASK: Did you receive the recommendations during the visit, in a report at a later date or both?

ONE CODE ONLY

During the visit

In a report

Both during the visit and in a report

DO NOT READ OUT: No recommendations made

DO NOT READ OUT: Don't know

IF Q35 = 'During the visit' OR 'In a report' OR 'Both during the visit and in a report' ASK Q36, OTHERS SKIP TO Q39

Q36 How useful were the recommendations? Were they...READ OUT

ONE CODE ONLY.

Very useful

Fairly useful

Not very useful

Not at all useful

DO NOT READ OUT: Don't know

ASK ALL WHO DID NOT RECEIVE A VISIT (I.E. Q30 NOT = 'Yes'), EXCEPT THOSE WHO DO NOT RECALL WHC (I.E. Q18 = 'Have not heard of Workplace Health Connect' AND Q21 'Did not call Adviceline' AND NOT Q30 = 'Yes') – THESE PEOPLE SKIP TO Q48, LEVEL 2 USERS (I.E. Q30 = 'Yes') SKIP TO Q39

Q37 When you called the Workplace Health Connect Adviceline were you given any recommendations?

ONE CODE ONLY

Yes

No

Don't know

IF Q37 = 'Yes' ASK Q38, OTHERS SKIP TO Q39

Q38 How useful were the recommendations? Were they...READ OUT

ONE CODE ONLY.

Very useful

Fairly useful

Not very useful

Not at all useful

DO NOT READ OUT: Don't know

ASK ALL SERVICE USERS EXCEPT THOSE WHO DO NOT RECALL WHC (I.E. Q18 = 'Have not heard of Workplace Health Connect' AND Q21 'Did not call Adviceline' AND NOT Q30 = 'Yes')

Q39 Have you made any changes at work as a result of your contact with Workplace Health Connect?

ONE CODE ONLY.

IF NO SAY: Do you plan to?

- Yes
- No, but plan to
- No and don't plan to
- DO NOT READ OUT: Don't know

IF Q39 = 'No and don't plan to' ASK Q40, OTHERS SKIP TO INSTRUCTIONS ABOVE Q41

Q40 Why is this?

DO NOT READ OUT. CODE ALL THAT APPLY.

- Too costly to implement changes
- Too time-consuming to implement changes
- Too difficult to implement changes
- Adviceline call / visit confirmed we were doing the right thing to start with
- Still unclear how best to make changes
- Other (specify)
- Don't know

IF Q39 = 'Yes' OR 'No, but plan to' THEN ASK Q41, OTHERS SKIP TO INSTRUCTIONS ABOVE Q42

Q41 What changes [have you made/are you hoping to make]?

DO NOT READ OUT. CODE ALL THAT APPLY.

- Health & safety policy updated / introduced
- Risk assessments conducted
- Sickness absence policy updated / introduced
- Other (specify)
- Don't know

ASK ALL WHO RECEIVED RECOMMENDATIONS (I.E. Q35 = 'During the visit' OR Q35 = 'In a report' OR Q35 = 'Both during the visit and in a report' OR Q37 = 'Yes') AND THEY HAVE OR PLAN TO MAKE CHANGES (I.E. Q39 = 'Yes' OR 'No, but plan to') - OTHERS SKIP TO Q42b

Q42 Thinking about the recommendations you were given, which of the following best describes how many you plan to implement? Do you plan to implement...

READ OUT. ONE CODE ONLY.

- All of the recommendations
- Most of them
- Some of them
- Or just a few
- (DO NOT READ OUT) Don't know

ASK ALL SERVICE USERS EXCEPT THOSE WHO DO NOT RECALL WHC (I.E. Q18 = 'Have not heard of Workplace Health Connect' AND Q21 'Did not call Adviceline' AND NOT Q30 = 'Yes')

Q42b To what extent has Workplace Health Connect changed your view of health and safety in the workplace? Has it changed it ...? READ OUT

ONE CODE ONLY

A great deal  
A fair amount  
Not very much  
Not at all

DO NOT READ OUT: Don't know

ASK ALL WHO RECEIVED A VISIT (I.E. Q30 = 'Yes'), OTHERS SKIP TO INSTRUCTIONS ABOVE Q46

Q43 Thinking about the person or people who conducted the workplace visit, were you satisfied or dissatisfied with the overall service you received?

IF 'satisfied' OR 'dissatisfied' PROBE WHETHER 'Very' OR 'Fairly'

ONE CODE ONLY.

Very satisfied  
Fairly satisfied  
Neither satisfied nor dissatisfied  
Fairly dissatisfied  
Very dissatisfied  
Don't know

Q44 I'd now like you to think about the health and safety matters you discussed at the visit. If you had not had the visit, would you have been likely or unlikely to have done something else to address this issue/these issues?

IF 'likely' OR 'unlikely' PROBE WHETHER 'Very' OR 'Fairly'

ONE CODE ONLY.

Very likely  
Fairly likely  
Neither likely nor unlikely  
Fairly unlikely  
Very unlikely  
DO NOT READ OUT: Don't know

If Q44 = 'Very likely' or 'Fairly likely' ASK Q45, OTHERS SKIP TO INSTRUCTIONS ABOVE Q46

Q45 What would you have done instead?

PROMPT TO PRE-CODE. CODE ALL THAT APPLY.

- Contacted HSE/HSE website
- Internet search (other than HSE website)
- Paid for external provider
- Drawn upon own experience or common sense
- Other (specify)
- Don't know

IF A REFERRAL WAS MADE TO LEVEL 3 (I.E. ALL CODED 'TRUE' AT 'REFERRED TO L3' IN CASE MANAGEMENT SYSTEM) THEN ASK Q46, OTHERS SKIP TO Q48

Q46 Our records show that as part of this service, you were given the name of another organisation to help you with something else. Did you go on to contact them?

ONE CODE ONLY.

IF NO SAY: Do you plan to?

- Yes
- No, but plan to
- No and don't plan to
- Don't know

IF Q46 = 'No and don't plan to' THEN ASK Q47, OTHERS SKIP TO Q48

Q47 Why is this?

DO NOT READ OUT. CODE ALL THAT APPLY.

- No time available to contact them
- Problem already dealt with to satisfaction
- Too difficult to contact them
- Decided their help was not needed
- Other (specify)
- Don't know

## **ABSENCE, ACCIDENT AND ILLNESS REPORTING**

ASK ALL

I am now going to ask you some questions about the workers on the payroll at the [NAME OF SITE] site at [ADDRESS OF SITE]. Some of these questions were included in the letter we sent in advance of the interview.

Q48<sup>1</sup> Before your contact with Workplace Health Connect, which of the following best describes how, if at all, your company kept a record of employees' sickness absence?

READ OUT. SINGLE CODE ONLY.

IF RESPONDENT SAYS 'There was a formal centralised system' AND 'Line managers and employees kept individual records' CODE 'There was a formal centralised system'

There was a formal centralised system  
Line managers and employees kept individual records  
There were no records kept  
DO NOT READ OUT: Don't know

IF Q48 = 'There was a formal centralised system' OR 'Line managers and employees kept individual records' THEN ASK Q49, OTHERS SKIP TO Q50

Q49 In which if any of the following ways did you or your colleagues use the sickness absence information? Did you use it....

READ OUT. CODE ALL THAT APPLY.

To help assess company performance or productivity  
To identify recurring health problems  
To assess the costs of days lost and staff cover  
DO NOT READ OUT: None of these  
DO NOT READ OUT: Don't know

ASK ALL

Q50 During the last 12 months, how many days off sick have been taken by your workers?

IF RESPONDENT IS NOT SURE, GET BEST ESTIMATE.

REFER RESPONDENT TO Q5 ON THEIR INFORMATION SHEET IF NECESSARY  
(ENTER NUMBER OF DAYS)  
Don't know

Q51 And during the last 12 months, how many workers have taken sick leave?

IF RESPONDENT IS NOT SURE, GET BEST ESTIMATE.

REFER RESPONDENT TO Q6 ON THEIR INFORMATION SHEET IF NECESSARY  
(ENTER NUMBER OF WORKERS)  
Don't know

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<sup>1</sup> Text for Q48 & 49 differs slightly for control respondents – see control questionnaire

Q52<sup>1</sup> Before your contact with Workplace Health Connect, which of the following best describes how, if at all, you or your colleagues kept records of any accidents? Was there...

READ OUT. SINGLE CODE ONLY.

IF RESPONDENT SAYS 'A formal centralised system' AND 'line managers and employees kept individual records' CODE 'A formal centralised system'

A formal centralised system  
Did line managers and employees keep individual records  
Or were there no records kept  
DO NOT READ OUT: Don't know

Q53 How many workers have experienced any injuries in the workplace or in the course of their work in the last 12 months? By injuries I mean injuries which required at least some form of first aid treatment.

IF RESPONDENT IS NOT SURE, GET BEST ESTIMATE.

REFER RESPONDENT TO Q7 ON THEIR INFORMATION SHEET IF NECESSARY

(ENTER NUMBER OF WORKERS)  
Don't know

IF Q53 = 0 OR 'Don't know' THEN SKIP TO Q55, ASK ALL OTHERS Q54

Q54 And how many of these workers in the last 12 months experienced injuries resulting in 4 or more day's absence from their normal duties?

IF RESPONDENT IS NOT SURE, GET BEST ESTIMATE.

REFER RESPONDENT TO Q8 ON THEIR INFORMATION SHEET IF NECESSARY

(ENTER NUMBER OF WORKERS)  
Don't know

ASK ALL

Q55<sup>2</sup> Before your contact with Workplace Health Connect did you or your colleagues keep records of workers who suffer from any illness, disability or health problem caused or made worse by the work they do?

IF NO SAY: Is this simply because you didn't keep such records or because you have not experienced any such cases?

Yes  
No, did not keep such records  
No, have not experienced such cases  
Don't know

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<sup>1</sup> Text for Q52 differs slightly for control respondents – see control questionnaire

<sup>2</sup> Text for Q55 differs slightly for control respondents – see control questionnaire

IF Q55 = 'Yes' THEN ASK Q56, OTHERS SKIP TO Q58

Q56 How many workers in the last 12 months were affected by an illness, disability or health problem which was caused by or made worse by the work that they do?

IF RESPONDENT IS NOT SURE, GET BEST ESTIMATE.

REFER RESPONDENT TO Q9 ON THEIR INFORMATION SHEET IF NECESSARY

(ENTER NUMBER OF WORKERS)

Don't know

IF NUMBER >0 AT Q56 or Q56 = 'Don't Know' ASK Q57, OTHERS SKIP TO Q59

Q57 And how many days were taken off in the past 12 months by workers due to an illness, disability or health problem which was caused by or made worse by the work that they do?

REFER RESPONDENT TO Q10 ON THEIR INFORMATION SHEET IF NECESSARY

(ENTER NUMBER OF DAYS)

Don't know

IF Q55 = 'No, did not keep such records' OR 'Don't know' THEN ASK Q58, OTHERS SKIP TO Q59

Q58 What proportion of time taken off in the past 12 months due to illness, disability or health problems do you think was due to something caused by or made worse by the work that individuals do?

IF RESPONDENT IS NOT SURE GET BEST ESTIMATE.

(ENTER PERCENTAGE BETWEEN 0% AND 100%)

Don't know

ASK ALL

Q59 Which of the following best describes the steps you take [IF Q55 NOT = 'No, have not experienced such cases] / would take [IF Q55 = 'No, have not experienced such cases] to find out the cause of a work-related illness, disability or health problem that a worker is suffering from?

READ OUT. SINGLE CODE ONLY.

There is a formal procedure which outlines the steps you must take

There is no formal procedure but you do your best to discover the cause

You don't tend to investigate the causes unless it is really serious

DO NOT READ OUT: None of these

DO NOT READ OUT: Don't know

IF Q59 = 'There is a formal procedure which outlines the steps you must take' ASK Q60,  
OTHERS SKIP TO Q61

Q60 What steps are involved in the formal procedure?

PROBE FULLY.

(TYPE-IN)

Don't know

## RISK ASSESSMENT AND HEALTH AND SAFETY MANAGEMENT

ASK ALL

I'd now like to ask you a few questions about what you do in relation to health and safety on site.

Q61 Have you had any training in health and safety provided or paid for by your employer at your main job, including on the job training?

Yes

No

Don't know

Q62 Which of the following ways best describes how, if at all, your workers are involved in the management of health and safety issues at this site?

READ OUT. ONE CODE ONLY.

- We have formal systems for ensuring that workers are involved in health and safety
- Workers are involved in health and safety on a day-to-day basis but there are no formal mechanisms for ensuring this happens
- Workers are not typically involved in health and safety issues
- (DO NOT READ OUT) Don't know

IF Q62 = 'We have formal systems for ensuring that workers are involved in health and safety' ASK Q63, OTHERS SKIP TO Q64

Q63 What does the formal system involve? What else?

DO NOT READ OUT. CODE ALL THAT APPLY. PROBE FULLY

- Regular meetings
- Non-regular / ad-hoc meetings
- Designated health and safety representative
- Health and safety committee
- Health and safety training courses
- Staff encouraged to report issues
- Written updates/feedback to staff from management
- Other (specify)
- Don't know

ASK ALL

Q64 A risk assessment is a systematic review of the possible risks of the workplace and the work people do. It doesn't have to be written down. May I ask, when was the last time that you or your colleagues carried out a health or safety risk assessment at this site?

TEXT FOR THOSE WHO RECEIVED A VISIT ONLY (I.E. Q30 = 'yes'): Please do not include any risk assessments carried out by the Workplace Health Connect adviser who visited your premises.

[ENTER MONTH AND YEAR]

- Not conducted one
- Don't know

IF DATE GIVEN AT Q64 ASK Q65, OTHERS SKIP TO Q69

Q65 Was this risk assessment part of a regular programme or a one-off incident?

- Regularly undertake risk assessments
- One-off incident / As and when
- Other (specify)
- Don't know

IF Q65 = 'Regularly undertake risk assessments' ASK Q66, OTHERS SKIP TO Q67

Q66 And how regularly do you or your colleagues conduct risk assessments? Do you conduct them..... READ OUT. ONE CODE ONLY

IF RESPONDENT NOT SURE GET BEST ESTIMATE

- At least every 6 months
- At least every year
- At least every 2 years
- Less frequently than every 2 years
- DO NOT READ OUT: Don't know

ASK ALL WHO HAVE CONDUCTED AT LEAST ONE RISK ASSESSMENT (I.E. IF DATE GIVEN AT Q64)

Q67 Has the person who [conducts these risk assessments/conducted this risk assessment] received formal training in this?

Yes  
No  
Don't know

Q68 And have they got a health and safety qualification?

Yes  
No  
Don't know

ASK ALL

Q69 What are the three main health and safety risks at this site?

By risks I am referring to risks to WORKERS rather than anyone else who may visit or use the site. Please think about issues that might affect the health of your workers as well as potential workplace accidents.

IF NECESSARY: So what are the three main risks?

DO NOT READ OUT. MULTICODE OK. PROBE FULLY BUT DO NOT PROMPT.

CODE THREE RISKS ONLY

- Being threatened or physically attacked
- Breathing in dusts, fumes, smoke, gases or vapours
- Chemical or biological substances
- Cuts/ Handling sharp objects
- Driving / vehicles
- Electricity / electrocution
- Fire
- Items falling on people
- Lifting or carrying
- Noise
- PC/Laptop usage
- Work requiring repetitive movement of upper limbs OTHER THAN PC RELATED
- Slipping or tripping
- Stress
- Vibration from power tools or machines
- Working at height
- Work in awkward or tiring positions
- Other (specify)
- None of these
- Don't know

ASK FOR EACH RISK IDENTIFIED AT Q69 IN TURN, IF 'None of these' or 'Don't know' AT Q69 SKIP TO Q71

Q70 How would you assess your current control of [RISK MENTIONED AT Q69]? Is it...? READ OUT.

- Excellent
- Very good
- Good
- Neither good nor poor
- Fairly poor
- Poor
- Don't know

ASK ALL

Q71 What things, if any, make it difficult for you to improve risk control?  
DO NOT READ OUT. CODE ALL THAT APPLY. PROBE: Anything else?

- Cost of making changes
- Lack of training/knowledge/expertise
- Lack of time
- No staff available to make/enforce changes
- Impact on productivity/profits
- Worker resistance/practices
- Too complicated/don't understand regulations
- Other (specify)
- Nothing
- Don't know

Q72 Which of the following best describes what your workplace does, if anything, to help workers return to work following a long-term sickness absence?

READ OUT. ONE CODE ONLY.

- There is clear guidance which outlines the steps you must take
- There is no clear guidance but you do your best to support them in whatever way you can
- You don't tend to do anything to support them unless it is really serious
- DO NOT READ OUT: Don't know

IF Q72 = 'There is clear guidance which outlines the steps you must take' OR 'There is no clear guidance but you do your best to support them in whatever way you can' ASK Q73, OTHERS SKIP TO Q74

Q73 What steps are involved in the formal procedure/What do you typically do?  
PROBE FULLY

- (TYPE-IN)
- Don't know

ASK ALL

Q74 May I ask, what is the annual cost of employer liability insurance for this work site?  
I am interested in the premium you pay, rather than the amount of cover.

IF RESPONDENT DOES NOT KNOW, GET BEST ESTIMATE.

REFER RESPONDENT TO Q11 ON THEIR INFORMATION SHEET IF  
NECESSARY

[ENTER ANNUAL COST IN POUNDS STERLING]

Don't know/Refused

Q75 Has the cost of employer liability insurance changed in last two years due to your  
health and safety performance?

IF YES ASK: Has it increased or decreased?

Yes, increased

Yes, decreased

No change

Don't know

## EMPLOYER ATTITUDES

ASK ALL

Q76 I am going to read out some statements about the health and safety culture at this  
site. For each statement please say whether you agree or disagree with it.

FOR FIRST STATEMENT: So firstly...[READ STATEMENT]?

FOR SUBSEQUENT STATEMENTS: And how about...[READ STATEMENT]?

RANDOMISE LIST.

1. In the type of work we do here, health issues aren't really a problem
2. It isn't always clear what an employer's responsibility is in relation to their  
employee's health
3. It is difficult to get workers here to take their own health seriously
4. Some health and safety procedures are not really practical
5. Workers here would not take risks at work.

FOR FIRST THREE STATEMENTS: Do you agree or disagree with this in relation to  
this site?

IF 'agree' OR 'disagree' PROBE WHETHER 'strongly' OR 'tend to'

ONE CODE ONLY.

FOR SUBSEQUENT STATEMENTS: Do you agree or disagree?  
IF 'agree' OR 'disagree' PROBE WHETHER 'strongly' OR 'tend to'  
ONE CODE ONLY.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

ASK ALL SERVICE USERS

Q77 We would like to be able to add the information you have provided today, to the information you provided when you originally contacted Workplace Health Connect. This will help us greatly when we analyse the results. Your details will remain confidential and will not be used for any other purpose other than for this research project. Any personally identifiable information will not be passed to anyone else other than the contractors who will be carrying out the research. Is this okay?

INTERVIEWER: IT IS IMPORTANT THAT AS MANY RESPONDENTS AS POSSIBLE GIVE INFORMED CONSENT AT THIS QUESTION.

- Yes
- No

ASK ALL

Q78 Finally, we may like to contact you again to see if your circumstances have changed at all. This would involve an interviewer from BMRB contacting you by phone in about a year's time to ask you a few more questions.

Can I just check, would it be all right if someone from BMRB contacted you again?

- Yes
- No
- Don't know

IF RECEIVED VISIT (I.E. Q30 = 'Yes') ASK Q79, OTHERS SKIP TO CONFIRMATION OF CONTACT DETAILS

Q79 We also want to find a small number of companies who would be interested in talking to a researcher from the Institute of Employment Studies face-to-face and in more detail about the service they received from Workplace Health Connect, as well as the kinds of issues they face in relation to occupational health. Would you be interested in going forward to this stage; they would contact you in a couple of weeks to set up a suitable time?

IF RESPONDENT ASKS HOW LONG THE INTERVIEW WILL LAST SAY IT WILL BE FLEXIBLE AND WILL BE BASED ON THE TIME THE RESPONDENT CAN SPARE.

Yes

No

Don't know

CONFIRM NAME OF RESPONDENT AND TELEPHONE NUMBER, AS WELL AS COMPANY NAME AND **ADDRESS**

THANK AND CLOSE.