

Workplace Health Connect

July 2007 Progress Report

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

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EXECUTIVE SUMMARY

WORKPLACE HEALTH CONNECT

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 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 third progress report from the evaluation, covering around 16 months of pilot activities. Further reports will continue to track the progress of WHC until 2008. The two main on-going 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; interview data from service providers reflecting on their experiences in more depth; and in-depth case study work with employers to follow up on their experiences of using the service.

EVALUATION FINDINGS

Call volumes to level 1 boosted by recent marketing efforts

Call levels to the adviceline remain well below the initial targets, reflecting the fact that the adviceline has operated differently in practice to the role originally envisaged for it. The adviceline operates predominantly as a referral service for level 2 services rather than as the national telephone advice service originally conceived. Whilst overall call levels to the adviceline remain well below the initial targets, call volumes have substantially increased

over recent months. Between February 2006 and May 2007, a total of 7,867 calls have been taken by the adviceline. This means that call levels have almost doubled over the last six months. Some of this increase, however, reflects a change in the way calls are logged. Since January 2007, the adviceline has recorded all calls received rather than only those regarded as meaningful enquiries. Taking this change into account, call volumes have increased by roughly 60 per cent since the last progress report. Anecdotal evidence from the adviceline suggests that the increase in call volumes follows the prominent placement of WHC in the results of a number of Internet search engines, and mailings to HSE Books customers.

The proportion of callers requesting or receiving advice from the Level 1 service, rather than simply using it as a way of getting referred to Level 2, has also increased. Callers proactively finding the service (ie those not coming into it through telemarketing) are both more likely to want advice, and to receive advice about health issues.

Referral and take-up rates high, and improving

Referral rates from the adviceline to Level 2 have slightly improved (although they were already high), and now 87 per cent of eligible callers agree to have their details passed on. Within pathfinders, the proportion of referred employers who go on to take up visits has also increased overall, with the result that now three-quarters of employers referred by the adviceline go on to receive visits. Pathfinders have also been successful in generating employer interest in their services. Eighty per cent of referrals generated by pathfinders lead to at least one visit to the employer. There were 2,902¹ users of Level 2 services by the end of May 2007.

Telemarketing delivers, but employers are harder to engage

Telemarketing remains the single most important way of generating take-up of WHC services. However, there is emerging evidence that employers who come into the service through this route are proving harder to engage, and harder to help than employers who actively seek out the service for themselves. Employers coming through telemarketing are less likely than those finding out about the service through other means to go on to receive a visit following referral to Level 2, and are also less likely to take up a second visit.

Service continues to reach small employers

The majority of adviceline callers (70 per cent) and those receiving visits (88 per cent) have between five and 49 employees. The median (or average) workforce size of employers using the adviceline is 14, and using Level 2 services is 13.

A small proportion of adviceline users are large employers (around six per cent of all callers), and these contribute significantly to the number of employees covered by the service so far. In total, callers to both the adviceline and pathfinders represent organisations employing 443,354 workers. The number of workers represented by companies using Level 2 services is lower, 68,828 in total. This reflects the smaller number of employers covered by Level 2 services, and the fact that large employers are excluded from accessing Level 2. This estimate therefore provides a better estimate of the number of employees on whom WHC has had a 'positive impact' (a measure against which WHC has been specifically set targets).

1 This figure includes all enquiries resulting in at least one visit on the CMS.

Employers in the care sector, and those in manufacturing seem particularly responsive to the offer.

Responses to the service remain positive

Overall reactions to the service are extremely positive and advisers continue to be seen as knowledgeable, helpful and dealing with employers' individual needs. Employers appreciate having access to a second visit, often to check progress made on the recommendations given in the first visit and in the written visit report. The approach of encouraging employers to think through issues rather than giving them specific instructions was noted by employers and felt to be a positive, if surprising, aspect of the service. This approach was valued because they could see how, by developing their skills and awareness in the area, they were more likely to be able to continue good practice after their WHC contact time was over. Evidence from level 2 user feedback forms provided by pathfinders suggest that many level 2 users feel better able to manage workplace health and safety after having received a visit from a WHC adviser.

Employer toolkit popular where in use

The employer toolkit developed by the Midlands pathfinder has been made available to the other pathfinders for use with their clients. There has been a somewhat mixed response from the different regions, and whilst one has gone on to use the toolkit as a core part of all visits, others use it with some clients and not others, whilst others prefer to use other tools. Amongst employers who have used the toolkit, there was a very positive reaction to the content and the overall approach, although some had also experienced difficulties in using it in practice.

Service remains health focussed, but employers driven by safety concerns

The majority of callers to the adviceline have an initial interest in a general safety issue, and this is driving their interest in the WHC service. Despite this, it is important for WHC to take forward a health focussed agenda. However, defining where health begins and safety stops can be difficult. In fact for some issues, such a distinction simply isn't appropriate or possible.

The advisers, both adviceline and Level 2, are working hard to introduce employers to a range of health issues, however, this is not always straightforward. The employers using the service often have very basic needs with regard to health and safety systems and do not identify with issues such as stress which they see as only of peripheral concern. In particular, sickness absence can be difficult to get employers to engage with because many organisations have not experienced any problems with staff absence (or do not believe they have). However, Level 2 advisers are increasingly developing ways around this, and there is evidence from the case studies that some employers are taking messages about stress and sickness absence on board quite successfully where they can identify with them and/or they do not have to devote as much time to improving their systems.

IMPLICATIONS

Within this report there are a few suggestions on how to make small, practical, improvements to the service (eg employer suggestions on improvements to the toolkit). However, the main message from this analysis is that the service continues to receive a positive response from employers. In addition, the levels of adviceline calls and referrals

onto Level 2 are both increasing, demonstrating that leads are followed through effectively by staff at all levels of service delivery.

The service has maintained its contact with smaller and less well developed employers (in health and safety terms), therefore effectively reaching its target audience, although there are some sectoral disparities in take-up (which seem to be a result of both regional sectoral targeting and better responses amongst sectors such as care and manufacturing). The use of telemarketing has maintained user levels effectively, but employers coming into the service through this route are proving less likely to actually take up a first or second visit than employers who find out about the service themselves or through regional outreach activities.

Taking health messages into SMEs remains a challenge, although there is evidence that advisers, both Level 1 and 2 are continuing to raise the issues as a standard service element. However, the driving concerns about 'safety' within smaller employers can often be related to health issues (eg manual handling, exposure to hazardous substances). Sickness absence and stress are often seen, on the other hand, by both advisers and employers, as 'not a small business issue'. Despite this, through its knowledge transfer approach, WHC might be laying down the foundations in these areas which employers can build on if needed in the future. Having access to resource materials which they can access as and when needed in such circumstances would seem to be a useful approach to back up the work of advisers in this area.

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 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 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.²

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.

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
- change employer and worker behaviours so that, ultimately, preventative measures are put in place to avoid unnecessary workplace health issues

² See www.workplacehealthconnect.co.uk for further details.

- 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:

- handle up to 60,000 calls to the dedicated adviceline
- 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.

1.3 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 the third progress report from the evaluation, covering around 18 months of pilot activities. Further reports will continue to track the progress of WHC until 2008. The two main on-going 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.

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 and employers and their workforces to follow up on their experiences of using the service and any impact that doing so has had upon workplace practices (see Appendix for details of case studies conducted and analysis methods)
- analysis of secondary data to contextualise these findings.

It is worth noting at this point that it has not been possible to conduct an impact evaluation of the Level 1 service. As noted later in this report, actual service delivery (both in terms of content and volume) are very different from what was originally anticipated. The changes which have occurred as the service has developed mean that only a process evaluation will be available for Level 1.

1.4 THE CONTENT OF THIS REPORT

This report focuses mainly on the process evaluation by drawing heavily on information collected by the adviceline and pathfinders about their clients. It also presents the views of WHC staff on progress so far, including any operational changes or developments. The final employer baseline survey interviews are currently in process, and a full report of the baseline survey will be available in the next progress report in January 2008. Further to that, a full impact analysis and, therefore, cost benefit evaluation will be available later in 2008.

This progress report, therefore, attempts to update readers on what has been happening within and across the different WHC services over the last six months. It primarily uses data provided by pathfinders, either in the form of management data (from the national CMS), or that provided in interviews with the evaluation team. In addition, we provide further insights from the additional 25 employer case studies (bringing the overall total to 50) which have been conducted since the submission of the last report.

This progress report is, therefore, broken down into:

- Chapter 2, which provides an overview of marketing activities
- Chapter 3, which considers call and visit volumes
- Chapter 4, which looks at some of the characteristics of users
- Chapter 5, which looks at the nature of the service and developments in service delivery over the past six months
- Chapter 6, which examines user reactions to the service, including steps taken to implement recommendations
- Chapter 7, which draws out some conclusions from the messages of the earlier chapters.

2 MARKETING EFFORTS AND RESPONSES

Marketing WHC has been a significant and ongoing activity throughout the course of the pilot so far. Central marketing has been successful in generating a large proportion of leads and actual service use, but increasingly pathfinders have been engaged in regional activities to network with the business community and other stakeholders. This chapter details the marketing activities undertaken over the last six months and their impact on service take up.

2.1 CENTRAL MARKETING APPROACHES

WHC has capitalised on a range of marketing efforts. The first six months involved: a branding exercise; public relations activities including launch events in four out of five regions, and the use of direct mail and other press advertising. The next six months saw a shift to a strategy which relied heavily on telemarketing approaches to companies and the use of low cost web-based mailings and advertising. Further details on these activities are provided in the first two progress reports of the evaluation.

The most significant techniques used over the first six months of 2007 have been:

- Continued use of outbound telemarketing (OBTM), utilising six full-time equivalent operators since April. This is due to cease in December on the basis that contacts will be difficult to obtain in the week immediately preceding Christmas
- OBTM pre-empted by email until all email contacts are exhausted (probably early September), when OBTM will continue.
- Pay per click Internet activity (ie sponsored Internet searches) using mainly Google, also MSN and Yahoo search engines. Again, this will cease in December.
- The mailing of a letter and booklet to the database of SMEs who have used HSE Books (8,000 letters). Also cards and booklets sent out with every order for MISC066 (an HSE information card) and other warehouse orders. This activity will continue until December, or as long as stocks of cards and leaflets remain, as there will be no further print runs.

Telemarketing activity will continue in the new year using four operators and will complete in late January 2008. There will be no further marketing activity during this period so the marketing activity will effectively finish on Friday 25 January.

2.2 RELATIVE SUCCESS OF DIFFERENT CENTRAL MARKETING APPROACHES

The CMS data is helpful in understanding how marketing has affected take-up as it provides information on how users recall hearing about WHC at the point where they speak to the adviceline (Figure 2.1). There have been some changes to the way that the information relating to this field on the CMS is recorded however, which affects the breakdown of calls. These change need to be noted in interpreting the data in the figure.

To better reflect actual, rather than projected, marketing activity, the database has been changed since January 2007 to incorporate:

- enquiries generated through sponsored links to the WHC website through search engines such as Google. Prior to January 2007, the adviceline used a generic 'Internet' category. This has now been replaced by the category 'Unspecified website'. From January 2007,

'Unspecified website' is mainly concerned with employers hearing about the service through internet search engines

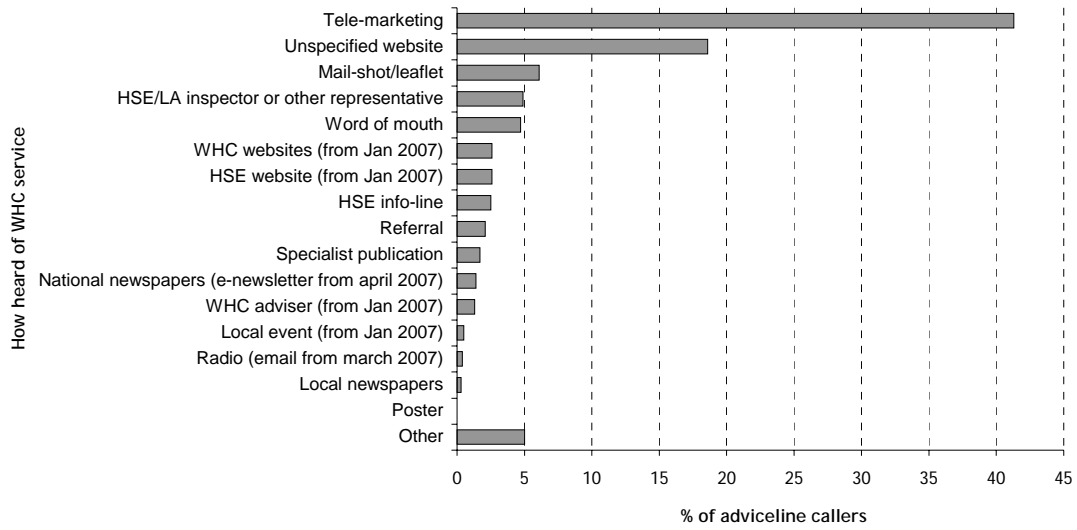
- the additional options of 'WHC websites', 'HSE website', 'WHC adviser', and 'Local event'
- the inclusion of email enquiries in the field labelled 'Radio', to reflect the lack of use of radio marketing throughout the campaign
- the inclusion of responses from e-newsletters in the 'National newspapers' field.

The most common ways that individuals have heard about WHC are through the telemarketing activity, just over 40 per cent of callers, followed by hits on different websites, (most commonly through Google or other pay per click search engines). It would, therefore, appear that the main marketing strategies used have been successful generating leads. Data from the telemarketing company suggests that they have a hit rate of between 11 and 14 per cent (depending on whether a named contact is called or not). This compares favourably (in their experience) with other campaigns = where the target is SMEs and they are offering a free service, where the hit rate has fallen as low as three per cent. Therefore, the WHC service does appear to be a relatively attractive one for employers, according to the information available from telemarketing.

The data also shows that employers of different sizes are still (as was noted in the last progress report) hearing about the service in different ways (Table 2.1). Small employers are the most likely to enter the service following contact by a telemarketer (45 per cent of these companies compared with 22 per cent of medium sized employers). Medium sized employers are more likely to have come into contact with the service following their use of an 'unspecified website' (30 per cent, compared to just 17 per cent of small employers), which will primarily reflect the use of Google (or other pay per click search engines used by WHC). The two size bands of employers not directly targeted by WHC (large and micro) are both most likely to have come through an 'unspecified' website or some other route (ie found out about the service themselves).

There are also a number of trends across and between different industrial sectors (Table 2.2). For all but four of the sectors listed (real estate/renting/business activities, education, health/social work and community/personal services being the exceptions) there has been a slight increase in the proportion hearing about WHC through the internet, suggesting that the influence of the Internet advertising has been fairly widespread. Hotels and restaurants remain those most likely to have received a telemarketing call, followed by employers in the wholesale and retail trade, corresponding to the trends identified in the last report. Public administration employers in particular rely on the use of the Internet, or word of mouth to hear about WHC, and more so in this latest analysis than they did at the time of the last report.

Figure 2.1: How adviceline callers heard about WHC service



Base: 7,867 adviceline callers (441 callers with missing information)

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

Table 2.1: How adviceline callers heard about WHC service (by employer size) – per cent

Workforce size	Local newspapers	National newspapers (e-newsletter from April 2007)	Specialist publication	Unspecified website	Referral	HSE info-line	HSE/LA inspector or other representative	Word of mouth	Tele-marketing	Radio (email from March 2007)	Mail-shot/leaflet	Poster	Other	WHC websites (from 22 January 2007)	HSE website (from 22 January 2007)	Local event (from 22 January 2007)	WHC adviser (from 22 January 2007)	Base (N)
Micro (less than 5 employees)	-	3.5	3.1	35.4	5.5	5.1	6.4	7.2	9.2	0.8	7.0	-	7.2	3.1	4.7	1.0	0.8	512
Small (5 to 49 employees)	0.3	1.6	1.6	17.2	2.5	1.7	6.1	6.0	45.4	0.3	8.6	0.1	3.2	2.3	2.5	0.2	0.5	3,534
Medium (50 to 250 employees)	0.7	0.7	4.0	29.5	3	6.8	7.3	6.5	22.0	0.7	6.8	-	4.1	2.5	4.8	0.3	0.5	755
Large (250+ employees)	0.7	1.1	4.2	47.0	4.2	12	6.4	8.5	2.1	0.4	0.7	-	5.7	1.8	5.3	-	-	283

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

Table 2.2: How adviceline callers heard about WHC service (by industrial sector of employer) – per cent

Industrial sector	Local newspapers	National newspapers (e-newsletter from April 2007)	Specialist publication	Unspecified website	Referral	HSE info-line	HSE/LA inspector or other representative	Word of mouth	Tele-marketing	Radio (email from March 2007)	Mail-shot/leaflet	Poster	Other	WHC websites (from 22 January 2007)	HSE website (from 22 January 2007)	Local event (from 22 January 2007)	WHC adviser (from 22 January 2007)	Base (N)
Agriculture/hunting/forestry*	(3.7)	(1.9)	(5.6)	(22.2)	(1.9)	(7.4)	(11.1)	(7.4)	(20.4)	(-)	(11.1)	(-)	(1.9)	(1.9)	(3.7)	(-)	(-)	54
Manufacturing	0.2	0.7	2.6	21.1	3	3.5	8.4	6.1	38.4	0.2	7.3	0.2	3.0	1.8	2.4	0.1	0.7	831
Construction	-	1.9	4.0	27.2	4.0	2.6	4.4	6.3	30.0	0.2	6.1	-	6.6	3.0	3.5	0.2	-	427
Wholesale and retail trade	0.5	1.4	1.6	19.1	2.6	2.1	9.8	4.5	42.4	0.7	8.1	-	2.5	1.6	2.5	0.1	0.5	874
Hotels and restaurants	-	0.8	0.4	8.1	1.8	0.8	5.1	4.1	66.5	-	7.3	-	3.1	0.4	0.8	0.4	0.4	508
Transport, storage and communications	0.3	2.5	0.9	23.6	2.8	4.7	4.7	6.9	33.3	0.9	7.9	0.3	3.8	2.5	3.1	0.9	0.6	318
Financial intermediation	0	0.7	3.4	25	0.7	6.1	4.7	5.4	31.8	0.7	8.8	-	2.0	2.0	8.1	-	0.7	148
Real estate, renting and business activities	0.4	2.8	2.7	28.7	2.6	4.9	3.6	6.6	27.4	0.3	8.8	-	4.8	3.2	2.9	0.1	0.3	899
Public administration and defence; comp. soc. sec.	0.8	0.8	3.3	40.7	2.4	4.1	5.7	12.2	13.8	0	7.3	-	4.9	0	4.1	0	0	123

Industrial sector	Local newspapers	National newspapers (e-newsletter from April 2007)	Specialist publication	Unspecified website	Referral	HSE info-line	HSE/LA inspector or other representative	Word of mouth	Tele-marketing	Radio (email from March 2007)	Mail-shot/leaflet	Poster	Other	WHC websites (from 22 January 2007)	HSE website (from 22 January 2007)	Local event (from 22 January 2007)	WHC adviser (from 22 January 2007)	Base (N)
Education	0	2.8	2.4	36.8	2.8	4.2	5.7	12.3	15.1	0.5	4.2	-	4.7	5.2	2.8	0.5	0	212
Health and social work	1.6	1.6	2.9	31.9	4.6	5.9	3.9	7.2	14.3	1.3	6.2	-	7.8	4.6	4.6	0.7	1	307
Other community, social and personal service activities	0.3	2.7	1.9	24.1	3.6	2	5.8	6.9	33.2	0.8	8	-	3.8	1.9	3.9	0.3	0.8	636
Other*	(1.2)	(3.5)	(4.7)	(43.0)	(2.3)	(8.1)	(5.8)	(3.5)	(11.6)	(-)	(7.0)	(-)	(4.7)	(-)	(4.7)	(-)	(-)	86

Note: * indicates that the base for the percentages on that row is less than 100 cases, hence, the figures have been marked in brackets to express the caution needed in interpretation

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

2.2.1 Provider views on central marketing

On the whole, pathfinders accept the usefulness of central marketing in generating their customer base, however, they also have some concerns. There is the perception that some pathfinders have been receiving more referrals through the central telemarketing than others. In one area, the pathfinder manager estimate that central telemarketing produces only one-third of the referrals they require. In another, the manager felt that they were receiving many fewer referrals from the adviceline than the majority of other pathfinders. Managers have taken active steps from the start to ‘top-up’ the number of employers they deal with, anticipating that reliance on central marketing could be a risk.

‘We could see quite early on... the second month of the service we got 13 referrals in total and eight out of them were our own, so we got five through the adviceline. We knew then, right we can’t carry on like this and we’re not going to let it even get started. We’re going to make sure we get our own referrals and we’ve worked at it since then.’ (Pathfinder service manager)

The figures from the CMS would suggest that the distribution across the regions of employers coming through telemarketing is relatively balanced. The data does have some limitation, however, in that postcode details are missing or incomplete for a relatively large number of callers. However, amongst those who first heard about WHC through telemarketing (and for whom we have postcode details) and who are then referred onto Level 2, the variation between regions is only from 17 per cent of the total (in London) to 21 per cent (in the Midlands). However, data which includes other routes into the service (eg outreach) does show different overall levels of referral to the different Level 2 pathfinders.

Whatever the specific criticisms, a number of pathfinders noted that it was difficult to work with central marketing when they were given what they saw as little information about the activities of telemarketers. It would appear that detailed reports or statistics on hit rates within different regions, or the number of employers approached in different regions, for example, have not been shared with the pathfinders. Doing so could alleviate any perceptions of disparity of effort from central marketing across areas.

Whilst many pathfinders noticed an improvement in the quality of referrals from the central telemarketing after changes to telemarketing procedures over the summer of 2006, there were still concerns that many employers aren’t being adequately informed about what the WHC service offers (eg a lack of knowledge of how long a visit will last). This was felt to be a factor in poor quality referrals and the number of cancelled appointments. Pathfinders were keen that the quality of telemarketing calls remains closely monitored. Most pathfinders felt that the quality of referrals from their own marketing activities was higher, but still relied on the central marketing to help them reach their target.

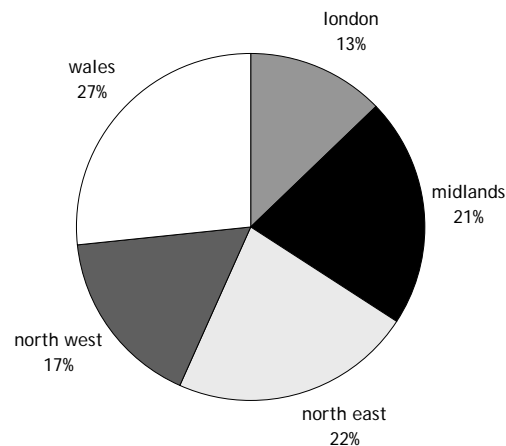
There was general consensus that the HSE books and Google adverts had been successful at providing good quality referrals. It is partly because these employers are looking for help and are therefore signed up to the service. It was suggested that more links to other HSE services (eg the infoline) would be very welcome.

‘I think that’s been a fantastic boost to the whole service, the HSE book things. It seems an obvious one now.’ (Service manager)

2.3 OUTREACH ACTIVITIES

Overall, out of the 9,294 enquiries recorded in the CMS between 20 February 2006 and 25 May 2007, 1,427 (15.3 per cent) originated through the WHC pathfinders. The proportion of leads coming through this route has, therefore, slightly increased since the last evaluation report (when the proportion was 13.2 per cent). Wales, the North East and the Midlands have so far generated the greatest proportions of enquiries. (Figure 2.2).

Figure 2.2: Employers entering WHC through outreach activities: breakdown by region



Note: The percentage of enquiries shown for the North West is likely to be lower than that shown. This is because in the early days of the operation of the WHC service the North West pathfinder routed all enquiries through the adviceline.

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

2.3.1 Methods used to reach employers

The marketing strategies used by pathfinders to generate regional interest in the WHC service vary widely, but include a mix of mailings, telesales and other outreach activities. The pathfinder managers, however, have different experiences of which methods were most effective in their areas.

In the West Midlands, the main approach used is telesales. They have bought a large database of local company details and are working through this sector by sector. A targeted mailing is generally sent to employers prior to the call with sector-specific information, but they have found that this does not always make much difference to outcomes. What they rely upon most is the skill of their telesales staff in convincing employers that WHC is a useful service. Whilst other techniques, such as attending events and various forums, have also been trialled, these have not been found to be as successful.

'The modus operandi is telesales, because I think everyone's found that is pretty effective.' (West Midlands pathfinder manager)

Telemarketing is also used in the North West where a local telesales professional is used to target employers in the region. This has proved very successful in terms of level of referrals. Other advantages of this approach are flexibility and sensitivity to the pathfinders needs. For

example, they can request a target number of referrals within a region over a specified time period to boost numbers to meet targets. Having one person working with the pathfinder on this has ensured consistently high quality referrals.

Additionally, the North West has used other outreach activities through advertising at events:

'Whenever we have the opportunity at training events or other events we will promote Workplace Health Connect as part of our offering'

In one sub-region a six month contract on taxi advertising has just been taken out.

In contrast, the Welsh pathfinder has found that face-to-face outreach work is the best means of getting good quality referrals. Whilst they also conduct telesales activities, there are concerns this leads to a high number of cancelled appointments. Their outreach activities therefore include presentations and seminars as well as inviting companies to master classes on specific subjects.

'My theory is, and I actually believe this strongly, that if we generate referrals ourselves through word of mouth... they're going to be warmer referrals. They'd be people who are more likely to be receptive to the advice we're giving them and actually do something as a result of it.' (Welsh pathfinder manager)

In the North East, advisers also get involved themselves, but mostly their work is focussed on reaching contacts through intermediaries such as Education Business Link whose role is to assess local employers' suitability for work experience pupils. They also use local training providers who carry out health and safety checks for apprentice placements with employers. Additional outreach activities are carried out through the Regional Development Agency, North East Business Link, the Federation of Small Businesses, the North East Chamber of Commerce, the TUC and some voluntary sector organisations.

London has experienced the biggest changes to its marketing strategy since the last evaluation report. They have ceased to use their partner Tomorrow's People and have brought their marketing team in-house. The previous marketing function was felt to take too great an interest in generating 'sales' rather than engaging with the WHC product and the complex accompanying messages. London's strategy now also includes face-to-face work. The new marketing manager is responsible for 'getting out there' and meeting people whilst they have two full-time staff working solely on the telesales. In most cases these approaches are conducted independently but often the outreach will generate leads for the telesales staff to pick up. They believe that this new strategy is effective as it means that advisers can give very quick feedback to the sales and outreach team when clients are not properly informed prior to the visit. The new marketing manager they have employed is a health and safety expert, which they believe helps when it comes to selling the service.

'By bringing the referral generation in house we are able to control the quality.'

London has also adopted a fairly targeted marketing strategy, focussing on bigger businesses and those in Central London. It was recognised, however, that there is balance between meeting the aims of the service and working with small businesses, and actually having the greatest impact within firms. At present they are aiming to get the more straightforward cases to help them with reaching their target numbers. Once they are back on track they plan to spend more time and energy in trying to work with the more difficult end of the spectrum.

'We're getting fed up with the smaller businesses. They're doing great things but to really get some of the stress work done, you need somewhere that's bigger. You need somewhere that's more than 30 people.'

'That is a conundrum because the more you go for that spectrum the more time and energy you waste that could actually have gone into helping a lot of people enjoy a better, more healthy, safer workplace.' (London pathfinder manager)

'He (the new marketing manager) can actually go out and meet people and speak from a position of understanding their needs and our service much more than the partner did.' (London pathfinder manager)

In a number of pathfinders conducting outreach, it was acknowledged that it is important that any regional marketing is carried out by someone who has a good understanding of the WHC service. In Wales, for example, advisers get involved in speaking to employers through events. This also helps to offer longstanding advisers a greater degree of variety in their role, as well as put a human face on the service.

'The adviser does the presentation... Somebody in the audience says I've got this problem.... Could you come and help me with that? And they're talking to the adviser who's then going to visit them the next week. And they already know the service and that's bound to give us a better result.' (Wales pathfinder manager)

In addition, the adviceline team have now agreed with HSE that they can begin their own telemarketing activity. Initial plans are that, during any 'downtime' when call volumes are low, adviceline staff can begin re-contacting employers, who are based in pathfinder regions, that have received advice but not gone on to use Level 2 services. They will be encouraged to consider taking up a visit. Advisers will also follow up the advice provided in the first call with the employer.

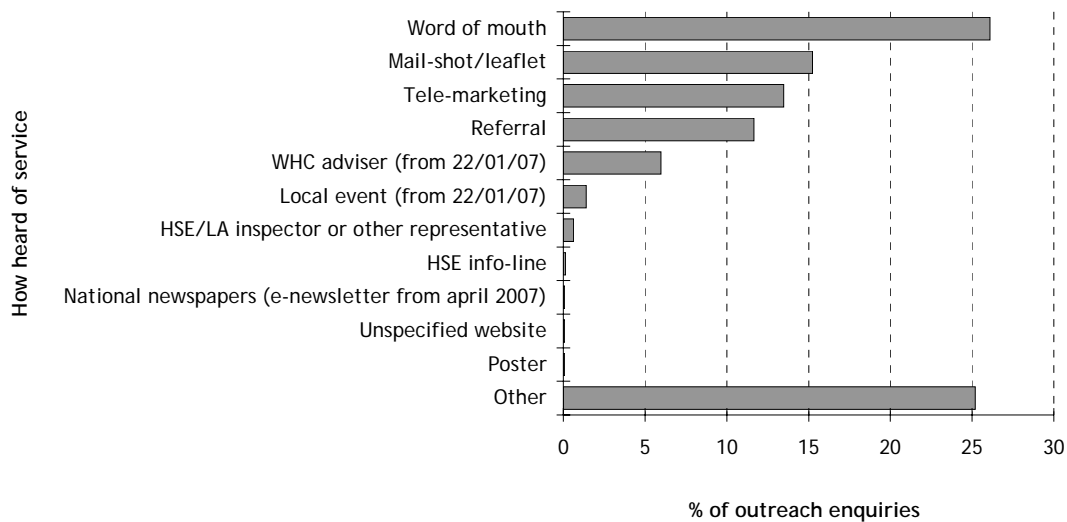
2.3.2 Employer Responses to Outreach

The CMS data records enquirers separately if they have originated from some form of contact with a pathfinder, rather than coming through the adviceline. To date, these records show that:

- 1,427 enquiries recorded in the CMS (ie 15 per cent of all enquirers) originated through outreach activities up to end of May 2007
- since the last report in January 2007 (including enquiries up until 24 November 2006) the proportion of overall outreach enquiries received by the Welsh and North East pathfinders has grown substantially; whereas the proportion of outreach enquiries received by the London and Midlands pathfinders has declined.

Records are also available to determine how these outreach contacts first heard about WHC (Figure 2.3). As in the January 2007 report, word of mouth is the most common way that employers find out about pathfinders. However, the proportion of outreach contacts coming through this route has substantially reduced, as the role of telemarketing as a method for pathfinders to contact local employers has become more important. The proportion of referrals to pathfinders from other agencies/organisations has remained steady since the last report.

Figure 2.3: How outreach contacts heard about the WHC service



Base: 1,425 outreach enquiries (2 enquiries had missing information)

Source :IES Analysis of WHC Case Management System (Feb '06 to May '07)

2.4 EMPLOYER ROUTES INTO THE SERVICE

The majority of case study organisations became involved in WHC following a cold call from the telemarketing contractor; however, there are examples of other routes into the service. Responses to telemarketing and to other marketing approaches by WHC appear to be related to whether:

- a) the company has an existing interest/concern in improving their health and safety performance, or
- b) they have a need at that time for specific advice about a topic.

Some more detailed examples are listed below.

The HR manager of a small management consultancy was stimulated to contact WHC following the receipt of a direct mailing.

'I had a flier through the door and I just phoned up because I knew it was an area that we were neglecting and so any kind of advice and support for that would have been great.' (HR manager, management consultancy, 35 employees)

Another employer was concerned about overall levels of safety within his premises.

'What we'd done I think basically was the absolute bare minimum. And because the nature of our work is so hazardous I was anxious to implement as safe a method of working as we possibly could. So really and truly, it wasn't effective health and safety measures before they came in, which is why I asked them to come and visit.' (Managing Director, manufacturing company 15 employees)

Another company agreed to a visit because they felt that it would help address general concerns about health and safety management. Their main concerns surrounded writing and updating their health and safety policy and conducting risk assessments. Most of their work

comes in from government contracts, and largely consists of fitting boilers in domestic properties.

'We needed some advice ... because we work on a Government contract and obviously are a small business and they did an audit on us and they had a few concerns about our procedures, so we got WHC in.' (Health and safety officer, heating contractors, nine employees)

A financial company responded to an advertisement in a local newspaper as they had just been bought out by a large company based in the US. This had involved a change of premises and also, taking on responsibilities for health and safety which had previously been managed by their previous, UK-based parent company. They were aware that they needed to write a new health and safety policy but were unsure how to go about the process.

'It came at exactly the right time because we knew that we had to do... so we wanted to make sure we were going along the right path and we weren't working to old policies or wrong rules...it just so happened that we saw this advert for small businesses and it was like, this looks like exactly what we want so that's why we rang her. And it turned out it was, it was very good.' (Administration manager, insurance company, 30 employees)

One company agreed to a visit, following telemarketing, because they felt that 'it wouldn't do any harm' to have some advice about conducting risk assessments. They also felt that they needed advice on complying with the new fire safety regulations.

'The fire officer used to give you your fire certificate, which he no longer does...and used to visit the premises from time to time. That's all discontinued and it's now actually the employer who does that. And that's what prompted the fire risk assessment.' (Health and Safety Officer, insurance company, 30 employees)

The visit addressed the interviewee's concerns about the impact of the new Fire Safety Regulations and confirmed that a visit from a fire officer would be helpful. Apart from this issue, the first visit primarily focussed on the risks associated with manual handling and use of desk equipment.

There is, therefore, continuing evidence of the importance of safety concerns in motivating employers to take up WHC services. Fire safety was a common area of concern, and whilst this lies outside the scope of WHC (and would not have been mentioned in any form of marketing), often (along with other more general safety concerns) stimulated companies to get involved with WHC. In many cases, WHC's association with HSE served as a positive draw for the service and there were no concerns about enforcement issues. However, there were examples where there was some initial apprehension, particularly in high-hazard sectors, stimulated by a concern that HSE possibly had a hidden agenda. These concerns were generally addressed by the advisers conducting the visits.

'I did wonder were we really getting something for nothing and was there a catch. But after the visit, it seemed to be the answer was no and it was something for nothing.' (Compliance Manager, insurance company, 30 employees)

2.5 SUMMARY

The past six months of marketing activities have continued to use extensive telemarketing as a way of generating clients for WHC. However, the use of mailings to HSE Books customers and pay per click advertising on common search engines have also been successful in generating new clients. Call levels to the adviceline have increased dramatically over recent

months, as have the proportion of callers requesting telephone advice rather than using the adviceline as a referral to the face-to-face support of Level 2. This is largely attributed to employers finding the WHC service through a more visible web-presence or as a reaction to the HSE Books mailing. Pathfinders continue to feel that employers who come through telemarketing are less engaged with the service than other employers, but rely on central marketing efforts to help them achieve their target number of visits.

Level 2 regions are also engaged in a range of regional marketing, or outreach, activities. The proportion of enquiries coming through outreach has slightly increased since the last progress report. Wales is particularly successful at generating outreach leads, and does so through the use of face-to-face employer contact at events or master classes. The North East also has a high proportion of outreach contacts, which has mainly been achieved through contacts held by intermediaries. Word of mouth continues to be the most common way that employers hear about services through regional marketing efforts. There has also been an increase in the proportion of outreach leads hearing about WHC through telemarketing, reflecting the fact that a number of pathfinders have begun their own telemarketing activities over the last six months.

Employers tend to respond positively to an approach from WHC, or to information about the service according to whether:

- they have an existing concern regarding, or some pressure to improve, their health and safety performance
- they have a need at that time for specific advice about a topic.

3 LEVELS OF SERVICE USE

Given the different marketing methods that have been used to encourage employer uptake of WHC services, and their reactions to these methods, it is also important to consider how this relates to actual levels of service take-up. This chapter provides overall usage levels, looks at how adviceline calls break down by the different pathfinder/non-pathfinder regions, examines overall call levels to the adviceline and the breakdown of calls over time. It also presents details on how many callers to the adviceline are referred onto Level 2 services and from where.

3.1 ADVICELINE CALLS

Since the start of operations in February 2006, through to the latest analysis of the CMS data, using data for around 18 months of service activity, there have been:

- 7,867 adviceline calls recorded by the CMS
- around 1,200 to 1,400 calls generated by telemarketing where the record has no or few details about users. Anecdotal evidence from the adviceline suggests these callers are not interested in further contact with the service once they reach the adviceline
- 1,221 calls to the adviceline from callers not eligible for a Level 2 visit (ie they are classified as 'out of area' for Level 2 as defined by the full list of postcodes covered by pathfinders).

The way that the adviceline has functioned in practice is very different from how the service was designed to operate. Firstly, the volume of calls taken by the adviceline are far below the targets (which were set as 60,000 calls for the first two years). Secondly, the proportion of calls taken which have resulted in a referral to Level 2 services rather than the provision of in-depth advice and/or information on the telephone is far larger than initial estimates. National marketing for the adviceline has been minimal until recent months compared to efforts (eg telemarketing) involved in generating interest in the Level 2 services. This could explain why only a low level of calls have been received from employers outside of the pathfinder areas (ie from callers ineligible for Level 2 visits). As such, most employers prefer to wait for detailed advice until they meet face-to-face with their Level 2 adviser. In the main, therefore, the Level 1 service has been a referral point for callers in pathfinder areas, acting as an adviceline only for a limited number of callers from outside these areas. The design of this evaluation therefore only allows a process evaluation to be conducted on the adviceline as the volume of users is insufficient to conduct a detailed impact evaluation on this aspect of the service independent from the Level 2 provision (in contrast to the assumptions made in designing the evaluation at the outset).

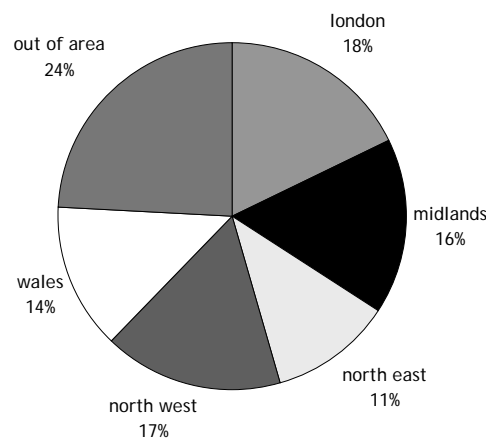
Call volumes have, however, doubled in the six months of operation since the previous interim report. It is not, unfortunately, possible to say with certainty whether this is the result of larger actual calls volumes as the adviceline changed the way it records calls in January 2007. From this date, the adviceline has logged all calls rather than only those calls regarded as meaningful enquiries. Since January 2007, the adviceline has also classified calls received. It appears that roughly 1,700 calls received since January 2007 have been classified as 'other' and that roughly 1,300 of these calls were generated through telemarketing. Comparing these latest figures with the previous report suggests that calls regarded as meaningful enquiries have increased by roughly 60 per cent once the change in recording is taken into account. Much of this increase has occurred over the last few months (Figure 3.2), starting around week 49 of service delivery (or in February 2007). Interviews with the

adviceline service manager would suggest that this is due to the greater number of callers contacting the adviceline directly, following a 'hit' on an Internet search engine, or having received the HSE Books mailings. This surge, therefore, demonstrates the effectiveness of these two methods in generating interest in the adviceline.

Sixty-nine per cent of adviceline callers categorised themselves as either employers or as 'authorised persons'. 'Authorised person' was added by the adviceline from January 2007 to distinguish callers who were calling on behalf of their employer but who did not want to be classified as an employer (eg a health and safety officer in a medium to large organisation)¹. This is potentially an important distinction as, officially, only those with authorisation are eligible to be put forward to Level 2.

The breakdown of callers by the different pathfinder regions shows some variation (Figure 3.1), in particular, there are fewer callers to the adviceline from the North East and from Wales. The comparative figures from the last report show that the proportion of callers from both of these regions has also actually slightly reduced over the last six months.

Figure 3.1: Regional analysis of adviceline calls

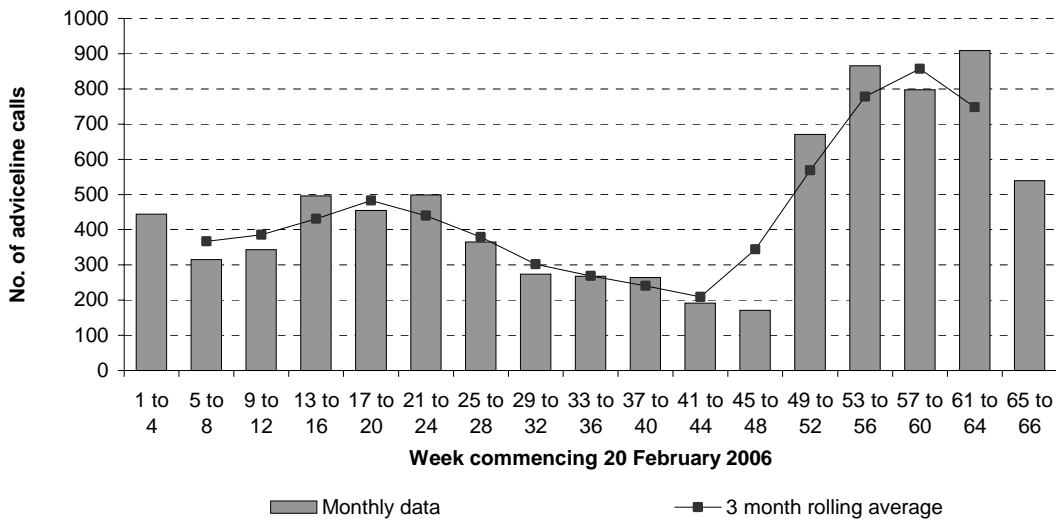


Base: 5,081 adviceline calls (2,786 adviceline calls had missing information)

Source :IES Analysis of WHC Case Management System (Feb '06 to May '07)

¹ Prior to Jan 2007, anecdotal evidence from the adviceline suggests that a number of 'authorised persons' were classified as employees within the data. However, the difference created by the new recording classification appears relatively small, as within the data for the full operating period, 28 per cent of adviceline callers categorised themselves as employees, and since the introduction of the 'authorised person' category, 26 per cent of adviceline callers categorised themselves as employees.

Figure 3.2: Level of adviceline calls



Base: 7,867 adviceline calls

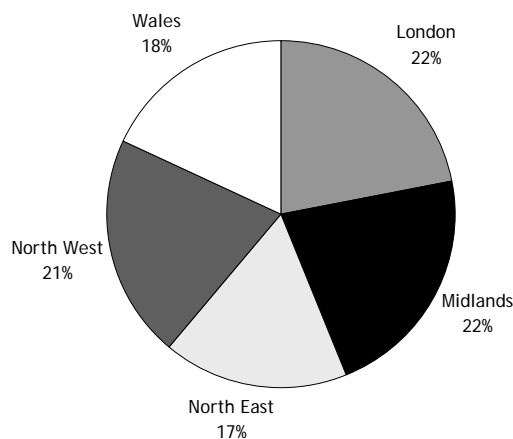
Notes: The last bar in the graph, weeks 65 to 66, represents a two-week period ending on 25 May 2007.

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

3.2 SOURCE OF REFERRALS TO LEVEL 2

Since the beginning of the service delivery, this adviceline activity has led to 2,314 adviceline callers referred to Level 2. Over the same time period, there have been 1,427 referrals from outreach activities (ie those coming through pathfinders directly). So the majority of users, overall, are still coming through the adviceline. The overall breakdown of referrals to Level 2 achieved through the adviceline shows that there are some differences in the spread of Level 2 adviceline referrals by region (Figure 3.3). There are also clearly fluctuating adviceline referral numbers across and within regions over time (Figure 3.4).

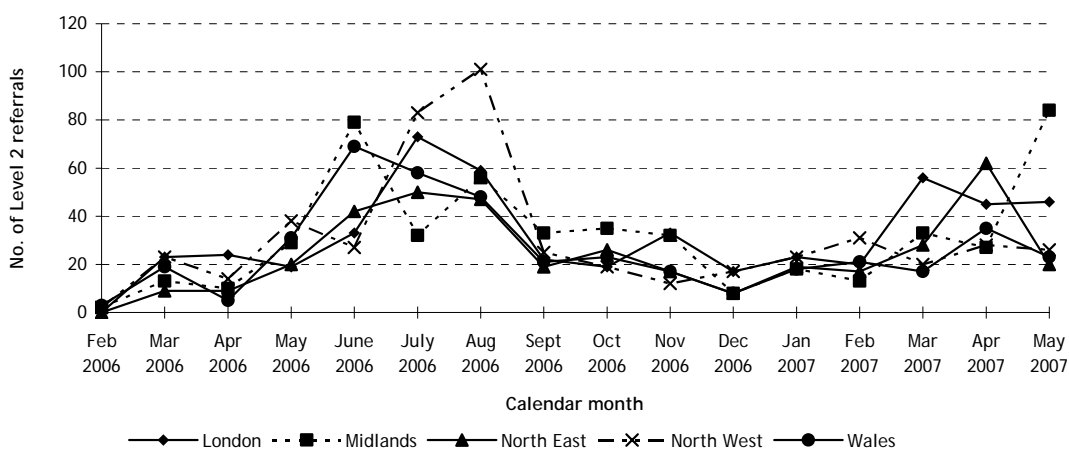
Figure 3.3: Regional analysis of Level 2 referrals from the adviceline



Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

Base: 2,314 Level 2 adviceline referrals

Figure 3.4: Number of Level 2 adviceline referrals by pathfinder region over time



Source :IES Analysis of WHC Case Management System (Feb '06 to May '07)

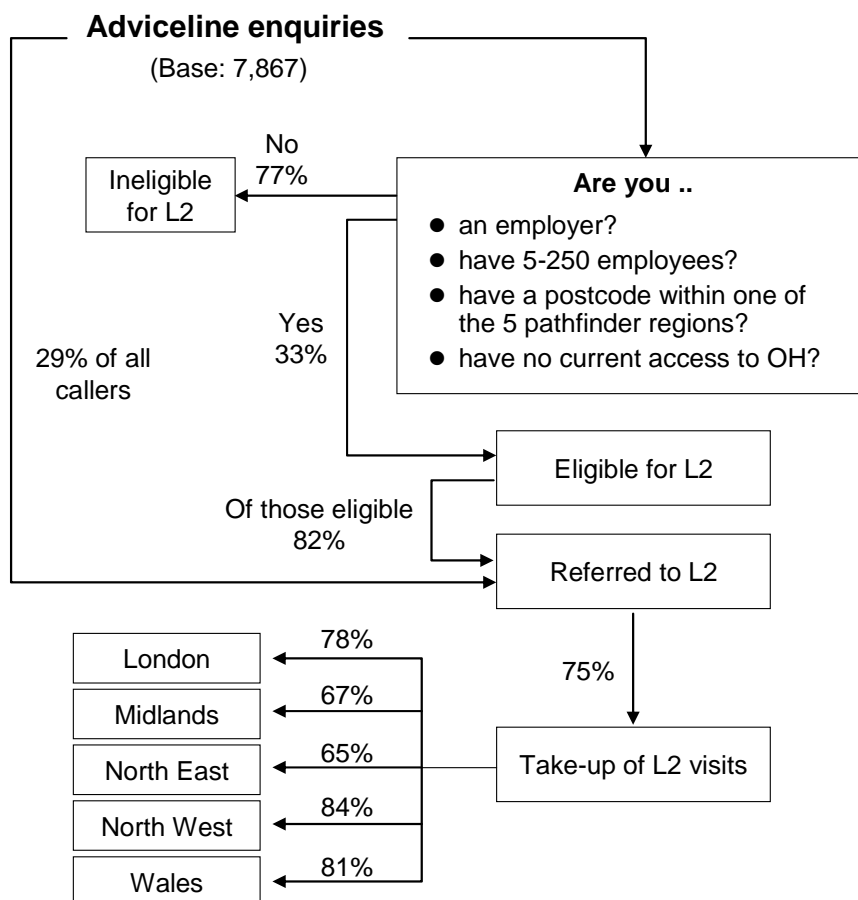
3.3 SERVICE TAKE-UP

Whilst the majority of Level 2 referrals originate from adviceline enquiries, another issue is the proportion of referrals from both the adviceline and from outreach who subsequently go on to receive visits. The main eligibility for referral to Level 2 services are that they are calling on behalf of an employer (ie not with an individual concern), have between five and 250 employees, operate within the postcode areas covered by one of the pathfinders and do not have existing access to occupational health support.

3.3.1 Overall

Of the 7,867 adviceline calls received to May 2007, 33 per cent were eligible for Level 2 support and of these 82 per cent were referred on to Level 2. Of the 82 per cent of eligible adviceline calls referred on to level 2, 75 per cent went on to receive one or more visits from the relevant pathfinder (Figure 3.5). In addition, there were 143 Level 2 users who were either ineligible or were not recorded in the CMS as having been referred to Level 2. Of the 1,427 outreach referrals, 1,141 went on to receive a Level 2 visit. Collectively, outreach and adviceline contacts led to 2,902 employers receiving a first visit over this period.

Figure 3.5: Adviceline referral rates and take-up



Notes: (1) There were 156 Level 2 referrals who were, according to the inclusion criteria, ineligible for support. These referrals have been excluded from this analysis and their inclusion could slightly change some of the percentages contained within this figure. (2) In the January report, ineligible referrals were included in this diagram, so the two are not strictly comparable.

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

3.3.2 By region

The number of eligible adviceline callers does vary somewhat between regions (Table 3.1). The North East pathfinder has the lowest overall number of eligible callers from their area (with 444 potential users) compared to London which has the highest number of eligible callers (583). However, the North East also has the highest referral rate onto Level 2, and overall the referral rates of eligible callers from the adviceline to the different pathfinders are fairly similar, and all very high at between 79 and 84 per cent. Within regions, the proportion of referrals which actually lead to visits also differs somewhat, with Wales and the North West proving the most successful at making these conversions.

Table 3.1: Referrals to Level 2 and take-up of Level 2 visits (per cent)

Route into WHC	Region	Eligible adviceline calls (N)	Proportion of calls/enquiries referred to Level 2	Proportion of referrals leading to visits
Adviceline	London	583	80.6	77.7
	Midlands	569	82.6	66.6
	North East	444	84.0	64.9
	North West	543	82.9	84.0
	Wales	495	79.8	81.0
	All regions	2,634	81.9	75.0

Notes: (1) There were 349 adviceline calls that were deemed ‘out of area’ using this postcode list, but which were otherwise eligible for Level 2. These calls are not included in the 2,634 eligible adviceline calls shown above. There were also 70 cases with missing information. These cases are also not included in the 2,634 eligible adviceline calls shown above. (2) The table shows the proportion of eligible adviceline calls referred to Level 2, and the proportion of eligible adviceline calls referred to Level 2 that went on to result in visits by the WHC pathfinder. There were 156 ineligible adviceline enquiries that were referred to Level 2. (3) Of the 156 ineligible referrals to Level 2, 115 were categorised as employees; 16 had less than five or more than 250 employees; and 30 had access to occupational health support. Some of the ineligible referrals were therefore ineligible on more than one criterion. (4) There were also 14 adviceline enquiries that were not referred to level 2 but did receive a visit. These are excluded from the table above.

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

3.3.3 By route into the service

It is also interesting to determine any difference in the referral rates of organisations who call the adviceline directly and those who are contacted by telemarketers (Table 3.2). It is clear that organisations contacted through telemarketing which are eligible for the Level 2 service:

- have a higher referral rate to Level 2 than those which contact the adviceline directly
- result in a lower proportion of referrals to Level 2 resulting in a first visit
- lead to a lower proportion of second visits than those contacting WHC directly.

This data, therefore, provides some evidence that employers coming through telemarketing are proving more difficult to engage with the service than those from other routes. Although there is evidence overall that adviceline callers contacted through telemarketing and referred to level 2 are less likely to go on to receive a visit (see Section 3.3.3 below), the effect of telemarketing on the variation between regions in take-up is mixed. Sixty-two per cent of eligible adviceline enquiries in the North East are generated through telemarketing. This may explain the comparatively low take-up of visits in this region. However, the Welsh pathfinder converts a comparatively high proportion of referrals into visits despite the fact that 57 per cent of eligible adviceline enquiries received from callers in Wales are generated through telemarketing.

Table 3.2: Referral rates to Level 2 from adviceline by route into service (eligible callers only)

How eligible adviceline enquiry generated	% referred to Level 2	% of referrals leading to a visit	% of referrals receiving a first visit who also received a follow-up visit	Base(N)
Telemarketing	86.5	68.8	43.4	1,561
Other route	75.1	85.7	53.1	1,059
Missing				4

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

3.3.4 By classification of caller

It is also possible to look at any variations in take-up by the type of individual making contact with Workplace Health Connect. Looking at the period since the introduction of the 'authorised person' caller category, it appears that adviceline callers referred to level 2 and classifying themselves as an 'authorised person' are just as likely as those classifying themselves as an 'employer' to go on to receive a visit from an adviser. Fifty-six per cent of adviceline callers self-classified as an 'employer' go on to receive a visit compared to 58 per cent of those self-classified as an 'authorised person'.

3.4 SUMMARY

Between February 2006 and May 2007, there have been 7,867 adviceline calls, one-third of which were eligible for support from Level 2. Of the eligible employers, three-quarters went on to receive one or more visits from a regional pathfinder. There was some variation in the take up rates from employers in the different regions; for example, in the North West 84 per cent of eligible employers go on to receive at least one visit, compared to 65 per cent in the North East. Over the same time period, outreach activities have generated 1,427 referrals, 80 per cent of which have resulted in visits. In total, 2,902 employers have received at least one visit from a WHC adviser over this period.

There were also some differences in the take-up rates of adviceline referrals coming into the service through different routes. Employers coming in through telemarketing were less likely to be converted from a referral to a visit, and less likely to take up a second visit than employers coming through other routes. This provides some evidence that employers coming through telemarketing are proving harder to engage with the service.

4 USER PROFILE

This chapter presents the characteristics of employers using the WHC service. It relies on data from the CMS (ie adviceline and pathfinder management information). It covers basic company profile data such as size and industrial sector, as well as prior use of occupational health support.

4.1 EMPLOYER SIZE

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. An overview of the size of employers using the service is provided by the mean number of employees, however, this can be a misleading figure if there are outliers with particularly high employee numbers (which skew the figure). This is particularly important when considering adviceline callers as size does not limit access to the service in the same way as for Level 2 users. We have, therefore, provided both the mean number of employees and the median number of employees (which is the middle point of any distribution and not subject to skew in the same way as the mean).

These show that:

- adviceline callers had a mean of 80 employees and a median of 14
- companies accessed by outreach had a mean of 24 employees and a median of 14
- adviceline callers referred to Level 2 had a mean of 23 employees and a median of 12
- actual Level 2 users had a mean of 24 employees and a median of 13.

Therefore, WHC is effectively reaching smaller companies from within its target user population. As would be expected, given that there is no size restriction on access to the service, the adviceline has served the needs of a number of larger employers and very small employers who cannot access Level 2 support. The distribution of enquiries across size of employer has remained roughly equivalent from that presented in the last progress report (Table 4.1). By far the greatest proportion of users of both the adviceline and the Level 2 service has been employers with between five and 49 staff.

Table 4.1: Size of employers using WHC

No of employees	Adviceline (%)	Outreach (%)	Level 2 Users (%)
Micro - 0 to 4	10.1	1.1	0.8
Small - 5 to 49	69.5	87.0	88.1
Medium - 50 to 250	14.8	11.9	11.1
Large >250	5.6	-	-
Missing (N)	2,759	-	-
Base (N)	7,867	1,427	2,902

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

4.2 INDUSTRIAL SECTOR

The data from the CMS allows an analysis by different industrial sectors. Estimates are also provided for the UK business population to allow a comparison (Table 4.2). The figures shown are broadly similar to those presented in the previous progress report in January 2007.

There are some differences between the profile of users and that of the UK population worthy of note. In more detail:

- There is a lower proportion of companies in health and social work, and public administration, represented within the WHC user sample (and across adviceline, outreach and Level 2 users) than in the UK population. This reflects the focus of WHC on private sector companies.
- There are a lower proportion of employers from the wholesale and retail trades in the WHC user sample than in the UK population, whilst there is a higher proportion of employers in manufacturing trades.
- The profile of outreach employers is different to that of those coming through the adviceline route, and the adviceline profile more closely matches that of Level 2 users. This is due to the fact that the greatest single source of referrals to Level 2 remains the adviceline.
- Community, social and personal services (which includes the care sector) represent the single largest source of outreach referrals, with a proportion that is three times the size of that found in the UK business population, and double that found in the adviceline profile.

These differences suggest that either WHC marketing is focussed more on some sectors than others, or that the response from employers within some sectors to marketing approaches is more positive, or both. Whilst there is no sectoral targeting from the central marketing arm of WHC (some early marketing focussed on construction and manufacturing sectors, but was not found to be successful). However, there is anecdotal evidence from pathfinder staff that the care sector is particularly responsive, and within some regions, pathfinders have chosen to capitalise on this through their own marketing efforts by specifically targeting this type of employer.

4.3 USE OF OCCUPATIONAL HEALTH SUPPORT

Another factor in the provision of WHC services is whether employers have access to occupational health support. This is important as WHC is specifically designed to target, as far as possible, employers without such access. Of the 5,531 adviceline enquiries with available information, 748 (14 per cent) had access to occupational health support. In January 2007, a change was made to the database to allow employers to be allocated to a 'don't know' option on this variable. However, this addition has made little difference to the figures (less than one per cent of adviceline callers since January have been recorded as 'don't know' with regard to occupational health support).

There is a clear size difference in terms of which employers do have access to support (Figure 4.1), and the likelihood of existing access increases with size, a finding which is unchanged from earlier progress reports. In addition, there are some sectoral differences (Figure 4.2), and as per the previous report, adviceline callers from the public administration and defence, health and social work, and education sectors were most likely to have access to some form of occupational health support.

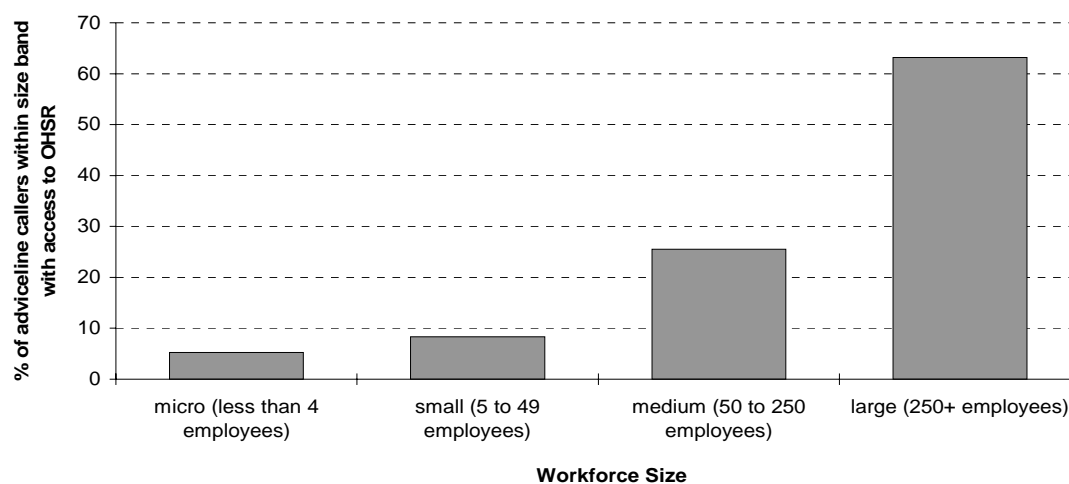
Table 4.2: Detailed analysis of WHC users, with population comparison (per cent)

Industrial Sector	Adviceline users	Outreach enquiries	Level 2 users	Population estimate
Wholesale and retail trade	16.0	18.6	18.8	23.6
Manufacturing	15.2	16.7	16.5	9.4
Hotels and restaurants	9.3	7.4	11.8	11.6
Real estate, renting and business activities	16.6	2.6	9.7	14.9
Other community, social and personal services	11.8	22.3	17.2	6.9
Construction	7.9	4.3	5.1	5.1
Transport, storage and communications	6.0	2.9	4.8	4.5
Health and social work	5.6	9.4	5.5	10.8
Financial intermediation	2.7	1.9	2.4	3.4
Education	3.9	11.0	6.2	6.2
Public admin and defence; comp soc sec	2.3	0.2	0.5	2.8
Other	2.7	2.7	1.5	0.3
Base for sector (N)	5,490	1,421	2,902	693,438
Missing	2,377	6	-	
Base all (N)	7,867	1,427	2,902	

Note: (1) Data from ABI are based on users with up to 299 staff whereas, WHC users have up to 249 staff, thus there will be a slight discrepancy and this figure should be considered indicative only. (2) 2,902 Level 2 users represents all users recorded in the CMS.

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

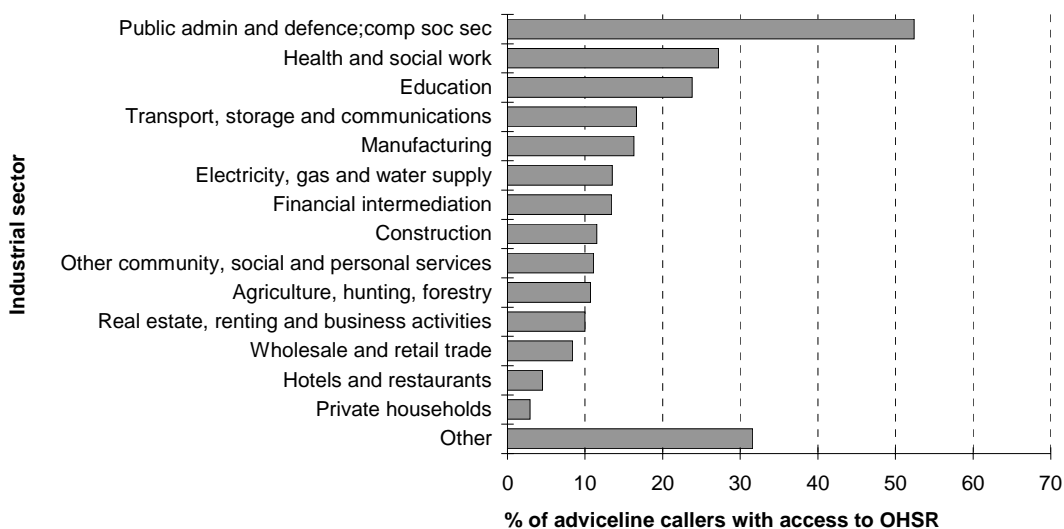
Figure 4.1: Employers with access to occupational health support by size (adviceline callers only)



Base: 5,108 adviceline callers

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

Figure 4.2: Employers with access to occupational health support by industrial sector (advice line callers only)



Base: 5,490 advice line callers

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

Only a minority of those participating in case study interviews reported paying for external health and safety support prior to using WHC. In some cases employers had ceased to use them because of their cost, or simply because of a lack of continuity in managing these issues.

'In 2003 we actually had a company that we paid for that did an overhaul basically. They gave us all the standard documents that we needed and so it was like a management company that we paid to do that. We downsized in 2003 and got rid of an admin whose responsibility it was so then it kind of drifted for a while. At the time when we brought them [ie private health and safety consultants] in as a business we were doing fairly well, now we've got even tighter financial constraints and there's no way I think that we could have done that.' (HR manager, management consultancy, 35 employees)

In addition, very few of the case study employers thought that the option of buying in external health and safety advice might have been considered had WHC services not been available. However, even these employers were not certain that any alternative services would have been affordable.

4.4 PROVIDER VIEWS ON USERS

The pathfinders are still reaching a varied group of organisations. The most common industries are nursing or care homes and nurseries which are felt to be more receptive to the offer. The harder clients to reach are viewed as more high-risk workplaces such as manufacturing, engineering or construction companies. High-hazard companies were seen as being more likely to have competent health and safety specialists than other SMEs. Some pathfinders also drew a distinction between what they say as businesses under local authority enforcement and those enforced by the HSE. However, it should be noted that the situation with regard to enforcement is actually fairly complicated. Whilst residential care homes are enforced by local authorities, for example, nursing homes are actually HSE enforced

businesses. Similarly, some nurseries (those in residential homes) are enforced by the HSE, whereas those run by the local authority are also enforced by it. Drawing such distinctions in practice therefore, could be difficult for advisers to do.

'...HSE enforce, generally speaking, higher risk premises. Now those people tend to employ competent people and even health and safety people to address those things who have done policies and risk assessments. What HSE really don't fully appreciate, or haven't fully appreciated, that in local authority sector, in low and medium risk, where risks aren't so maybe obvious, and they haven't had anybody competent as such but they've managed and got by maybe without a safety policy or a formal risk assessment. But they've obviously wanted to look after the staff to the best they have in a haphazard way and probably haven't done the right job. For some it's – you're in a sense formalising some of the things they've done intuitively or through a modicum of commonsense. But then it's – once you've done that it's a matter of pushing some of the other occupational health buttons.' (Pathfinder manager)

The overall level of health and safety management performance, or the 'starting point' of the clients that pathfinders are in contact with varies significantly. A large proportion of clients had few systems or procedures in place whilst others needed to update or upgrade what they already had. The sector of the employer in question was felt to be related to their starting position. Strongly regulated clients, such as independent schools, were more likely to have something in place whilst businesses like corner shops were less likely to have anything. The level of existing health and safety systems also seems to vary by area (although this is based on anecdotal evidence only). In the West Midlands and the North East the majority of clients were felt to have nothing in place, whilst in London, pathfinder staff believe this to be around half of employers. In contrast, in Wales it is estimated to be only around 20 per cent.

'I still say it's ten per cent with a specific problem. About 20 per cent start up. Maybe a bit more, might be 20-25 per cent. And then the rest is where they want us to check over what they've already got ad see how they're doing.' (Service manager)

In the North West the split is between larger organisations who tend to have a specific problem which they want help with as opposed to smaller organisations who tend to have very little in place:

'The larger organisation tends to be a specific issue so it's sickness absence or it's manual handling or whatever the issue. With the small businesses its "we haven't really got very much and we don't really know what we want" so it is more a review and going down the path of risk assessments and getting onto that road whereas the larger organisations they have the basics in place and they have one specific issue that they are not sure how to deal with'. (Adviser)

There have also been some examples of slightly changing profiles within pathfinder regions. One example is that the expansion of the North East where the service has moved into York, Scarborough and Harrogate. This has meant that more hotels and restaurants are included in their potential user population as these are popular tourist destinations. Also, in London, the size of the companies they are working with has increased in recent months, with the median up from 12 to 14. This is in line with their marketing strategy which is focussed on attracting bigger employers. This type of targeting has taken place because the London pathfinder believes that slightly larger companies are more likely to act on the advice received from WHC, that they are more willing to look at stress and sickness absence issues and that any actions taken have the potential to have an impact on more workers.

The adviceline has also experienced changes to the types of clients it deals with. The nature of callers has altered following the upsurge in user numbers generated by Internet search engine advertising and marketing to HSE Books customers.

'We're now capturing the people that really do want help'. (Adviceline service manager)

4.5 EMPLOYEE COVERAGE

Taking into account all enquiries received from both employers and employees and through both the adviceline and pathfinders, the total number of employees covered by the WHC service from 20 February 2006 to 25 May 2007 is 443,354. Over the same time period, 2,902 visits took place representing 68,828 employees. These figures are based on the workforce size at the worksite where the call originated.

Breaking this estimate down further, over 60 per cent of these employees are represented by large employers (250 employees plus), and will, therefore, have only used the adviceline given that they are ineligible for Level 2 support. In addition, around 75 per cent of callers from larger companies are recorded as having been made by 'employees'. However, it is likely that some of these enquiries were actually on behalf of their employer (eg from HR and health and safety professionals), rather than a matter of individual concern. Also, a number of enquiries from 'employees' were referred to Level 2. This suggests that Level 1 advisers took the decision to forward the call, and did so on the basis that the call related to an organisational matter. On this basis, employee calls and the details of their employers are included in the coverage estimates presented.

From January 2007, an 'authorised person' option was added which allowed the adviceline to distinguish between employees enquiring about an issue for themselves and employees calling on behalf of their employer to more specifically address this issue, although there has been little corresponding change to the figures (the total proportion of calls taken from employers is around 70 per cent, and so too is the proportion now classified as employers or 'authorised persons'. Even since January 2007, there have still been cases of employees referred to Level 2. This suggests that some callers calling on behalf of their employer and referred to Level 2 are unwilling to be classified as either 'employer' or 'authorised person'.

4.6 SUMMARY

The profile of service users remain relatively unchanged since the last report. WHC continues to successfully reach smaller employers, and the mean workforce size of adviceline callers is 80 (median 14), and of Level 2 users is 24 (median 13). The majority of employers using both the adviceline and Level 2 service have between five and 49 employees. There are a number of sectors which WHC is penetrating particularly successfully, these are employers in manufacturing trades and community, social and personal services. The care sector has been both particularly responsive to the service, and specifically targeted by a number of pathfinders in their marketing activities. Pathfinders believe that WHC is particularly successful at working with non-HSE enforced sectors, and suggest that this may be why so many employers have such a low base level of health and safety management policies and procedures.

Around 14 per cent of employers when asked a simple yes or no question, stated that they had access to occupational health support. The likelihood of employers having such access was strongly related to size (with large employers over six times as likely to have access as small employers), and to sector (public sector employers were more likely than private sector employers).

So far, the adviceline and pathfinders have been in contact with employers representing 443,354 workers; of these, 2,902 firms received at least one visit, and these firms represent 68,828 workers. It should be noted, however, that over 60 per cent of workers covered by the adviceline are employed by large employers.

5 SERVICE DETAILS

An important part of the WHC service is that it provides a health focussed service, but one which is tailored to the needs of the SMEs who are involved. This chapter, therefore, considers the content of adviceline calls and visits and how well the priorities of the service are balanced against the interests expressed by employers. In addition, the service continues to develop over time, and this chapter discusses emerging issues related to service delivery.

5.1 NATURE OF ADVICELINE CALLS

Previous progress reports have discussed the role of the adviceline and how staff often provide a referral service onto Level 2 rather than offering substantive advice as part of the call. In order to determine with more precision how often the adviceline staff are called upon to offer advice, from January 2007 a new field was added to the CMS – ‘type of contact’. This field is used to classify the nature of each adviceline call.

Of the 3,709 adviceline calls with this field completed:

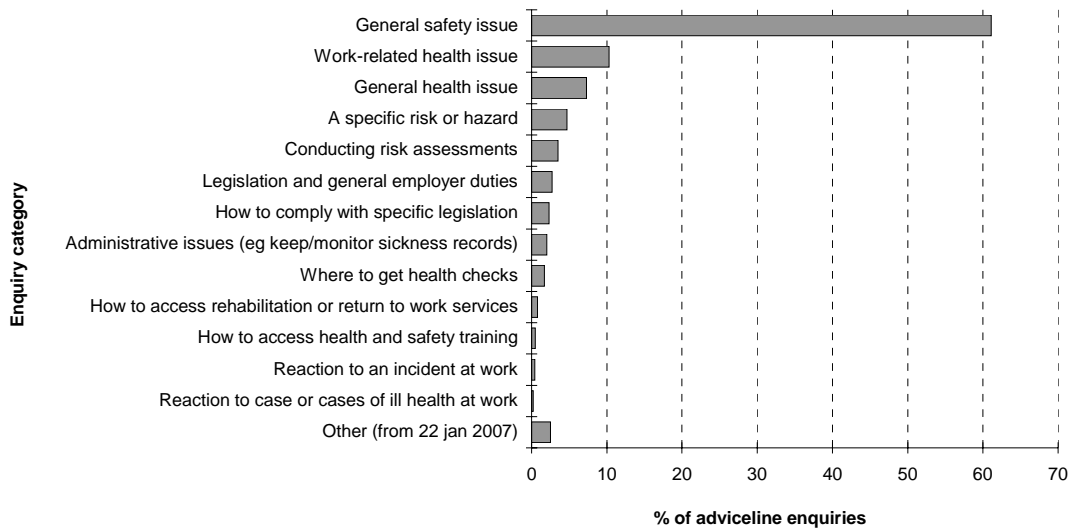
- 29 per cent were classified as calls seeking advice
- seven per cent were requests for information
- 18 per cent to arrange a visit
- and 45 per cent were classified as ‘other’ (these calls tend to be where callers were not interested in the service at all following a telemarketing call).

5.1.1 Topics covered by calls

In addition, the CMS data holds two further types of information about the nature of adviceline calls. The first is a field which captures the caller’s reason for calling or main interest in the adviceline service (Figure 5.1), the second shows the actual topic of advice that advisers provide to callers (Figure 5.2). This data demonstrates that the adviceline is primarily of interest to employers as a source of advice about safety related matters, although around 11 per cent of callers did ring with a specific health enquiry. 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), but they also introduce other health issues to callers by specifically discussing health issues with just over 15 per cent of callers.

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.

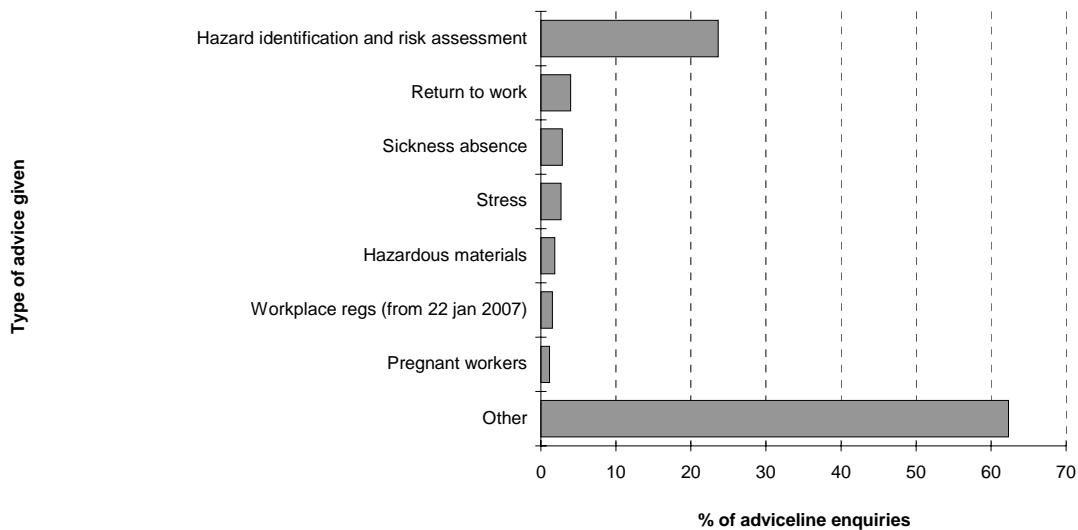
Figure 5.1: Issues raised by adviceline callers (all callers)



Base: 5,510 adviceline enquiries (2,357 cases with missing information)

Source :IES Analysis of WHC Case Management System (Feb '06 to May '07)

Figure 5.2: Type of advice given by the adviceline



Base: 6,150 adviceline enquiries, 1,717 enquiries had missing information.

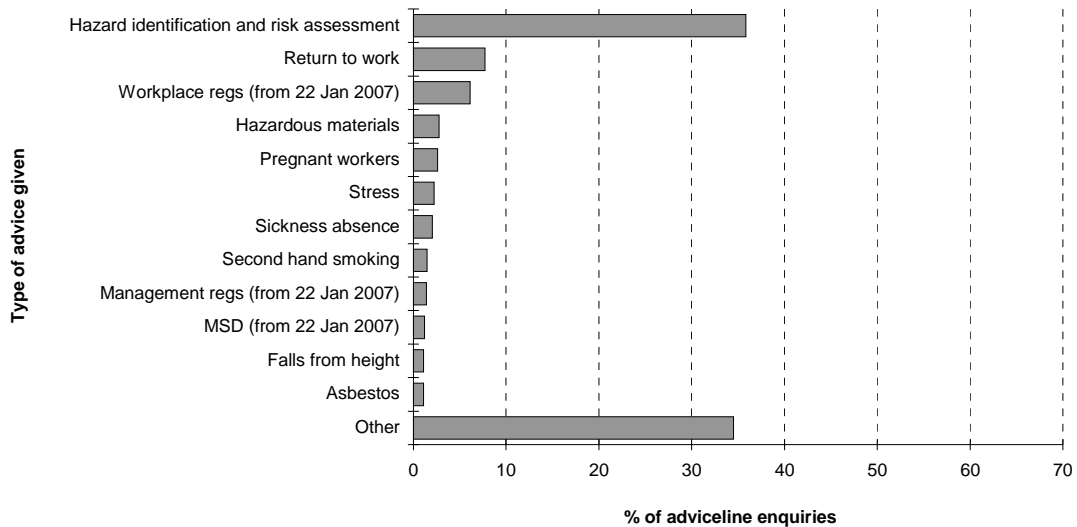
Note: (1) Categories of advice with less than 1 per cent of cases have been subsumed into 'other'. (2) 'Other' also represents a category used by the adviceline. (3) From January 2007, several additional options were introduced to the adviceline. These were 'workplace regs', 'management regs', 'bullying', 'violence', and 'cdm regs', but these applied to relatively few callers.

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

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). The results are presented in Figure 5.3. Whilst hazard identification remains by far the most common issue dealt with in these calls, a greater proportion, around

20 per cent, of callers are given advice about health issues. Callers coming into the service via routes other than telemarketing are far more likely to be classified as having received an advice or information based call (Table 5.1).

Figure 5.3: Type of advice given by adviceline (calls since January 2007 only)



Base: 1,077 adviceline enquiries.

Note: (1) The chart includes all adviceline enquiries from January 2007 to 25 May 2007 that were categorised as ‘advice’ using the ‘Type of contact’ field introduced by the adviceline in January 2007. (2) The ‘other’ category shown above is comprised of 30 per cent of calls categorised as ‘other’ by the adviceline. The remainder is made up of categories of advice with less than one per cent of cases subsumed into ‘other’.

Source: IES Analysis of WHC Case Management System (Jan ‘07 to May ‘07)

Table 5.1: Adviceline enquiries by whether received telemarketing

Type of enquiry	Telemarketing enquiries	Other enquiries
Advice	3.6	55.2
Information	1.3	13.6
Arrange a visit	25.8	10.0
Other	69.2	21.3
Missing	12	223
Base (N)	1,878	2,053

Source: IES Analysis of WHC Case Management System (Jan ‘07 to May ‘07)

5.1.2 Differences in caller interests

In order to better understand caller interests in the adviceline service, analysis has been conducted on the nature of enquiry by four different caller characteristics, namely:

- the type of caller (ie whether the caller was an employer (or authorised person) or an employee)

- the workforce size of callers
- the industrial sector of callers
- whether the caller came through telemarketing or some other route into WHC.

For the purposes of this analysis, the different categories of calls have been collapsed into five overarching themes, these are: general safety issue; hazard identification/risk assessment; compliance with legislation or other administrative duties; and health specific issues, as well as an ‘other’ category. The full analysis is provided in Tables 5.2 and 5.3.

Employees have a different pattern of interests than employers, as might be expected (Table 5.2). Almost 70 per cent of employer callers were interested in general safety issues, a further 15 per cent were calling about hazard identification or risk assessments and just seven per cent calling about a health specific issue. Although half of employees were calling about a general safety issue and a further 18 per cent about hazard identification or risk assessment, they were also more likely than employers to be calling about a health issue (16 per cent), and about employer duties or about legislation (12 per cent compared to seven per cent of employers) – which were likely to include health as well as safety legislation.

The propensity of callers to have an enquiry about health related issues increased with the size of their workforce (Table 5.2). Over a quarter of callers from large employers had a health specific issue, compared to 17 per cent of medium sized employers, around six per cent of small employers and seven per cent of micro employers. Micro and large employers were most likely to be calling about legislative or administrative duties.

Table 5.2: Adviceline enquiries by type of caller

	Type of Enquiry					Base (N)
	Safety issue	Health issue	Hazard identification/assessment	Legislative/admin duties	Other	
Type of caller						
Employee	53.2	16.1	17.5	12.4	1.0	1,199
Employer /authorised person	69.6	7.1	15.3	7.3	0.6	3,426
Workforce size of employer						
Micro (less than 4 employees)	59.4	7.4	18.8	13.9	0.5	404
Small (5 to 49 employees)	69.2	5.8	16.5	7.9	0.6	3,210
Medium (50 to 250 employees)	56.0	17.4	16.7	9.1	0.8	639
Large (250+ employees)	46.5	28.0	12.8	12.8	0.0	243
Missing	-	-	-	-	-	3,191
Industrial sector of employer						
Manufacturing	63.4	9.8	16.6	8	2.3	755
Construction	61.7	8.6	17.1	11.3	1.4	363
Wholesale and retail trade	66	6.8	18.4	7.7	1.1	795
Hotels and restaurants	77.1	3.1	14.2	4.8	0.8	480
Transport, storage and communications	68.7	7.8	16.2	6.4	1	297
Financial intermediation	64.6	11.7	10.3	12.6	0.8	127

	Type of Enquiry					Base (N)
	Safety issue	Health issue	Hazard identification/assessment	Legislative/admin duties	Other	
Real estate, renting and business activities	66.1	8.9	13.2	9.3	2.5	796
Public admin and defence; comp soc sec	58.6	13.5	17.1	8.1	2.7	111
Education	54.5	9.6	20.4	14.7	0.6	176
Health and social work	53.9	15.7	14.5	12.2	3.9	256
Other community, social and personal services	67.1	7.1	16	8.6	1.1	566
Other	63.4	10.8	10.8	11.7	3.3	120
Missing						3,025

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

Employers coming through telemarketing were far more likely than those through other routes to be interested in general safety issues (Table 5.3).

Table 5.3: Adviceline enquiries by route into the service

Nature of enquiry	Nature of adviceline enquiry						Base (N)
	Safety issue	Health issue	Hazard identification/assessment	Legislative/admin duties	Other	Missing (N)	
Tele-marketing enquiries	83.8	1.1	10.8	3.5	0.8	1,344	3,197
Other enquiries	49.1	10.8	17.2	15.4	0.7	972	4,544

Note: There were 126 enquiries with missing information on how they heard about the service

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

5.2 USE OF EMPLOYER TOOLKIT

The West Midlands pathfinder, has developed employer ‘toolkits’ as a way to work through issues during the visit, and as a resource for employers following the visits. These toolkits have now been made available to all pathfinders. The current toolkit borrows heavily from other materials that the West Midlands provider has been developing over the last ten years for various audiences, and has been specifically designed to reach smaller companies where managers need to learn about topics themselves before starting to train their staff. WHC provided the emphasis for the development of this new product.

‘We had a delivery platform which was the web e-learning system. We had videos that we could put out over the web. But it was about moulding all that stuff in a format that a small business could pick up and make sense of it and run with it.’
(Midlands Pathfinder Service Manager and Toolkit Developer)

5.2.1 Use of toolkits within WHC

At the start of WHC, the West Midlands pathfinder had five toolkits – general risk assessments, sickness absence, stress, Display Screen Equipment and manual handling. More recently they have added two more on hazardous substances and noise. The materials have all been vetted by the HSE before being distributed. Each toolkit is structured in the same modular format based on the Five Steps to Risk Assessment template.

'Because health and safety is so big, you can't just put it in one pot. And the difficulty with some of these off the shelf systems is that it's just – there's the manual, and one size fits all. But one size doesn't fit all and it's very complicated to get to the bits you need. So we thought if we break it into bite-sized pieces and they can just pick the ones that relate to their business and if necessary just pick one and start with that general overview one and then dive into more detail if they need to.' (Midlands Pathfinder Service Manager and Toolkit Developer)

Each toolkit starts by introducing the 'check, plan, do' cycle of management. It then looks at the relevant policy, giving an example, goes through a worked example of the relevant activity (eg a risk assessment) and then looks at training. The training section includes information on how to use the videos to train staff and how to test their knowledge with an example test. Once a toolkit is complete the client receives a certificate.

A key feature of the toolkits is accompanying DVDs which cover the same topics as those in the toolkit as well as offering additional training materials, and a CD with example documentation that can be downloaded. There are over 20 videos in total and each is around 10-15 minutes in length. All of the toolkit information is available either as a booklet, with supplementary DVDs and CDs, or online. The online facility provides systems for recording risk assessments and scoring of tests for staff. The toolkits have been used in the West Midlands for some time and advisers start to use the toolkit on first visits, beginning with the general risk topic and going through other topics if necessary and if there is time. The most commonly used additional topics are manual handling and sickness absence.

The toolkit has also been available to other pathfinders for a few months, but each provider has been required to cover the costs of offering the materials to employers from within their existing budget. In Wales they have been used in every visit from May, whilst the North West and North East have been more gradually increasing their use of the toolkits over time. London have not used the materials at all yet, but do plan to start using the training materials.

5.2.2 Use outside of WHC

The toolkits are now also being used by AIG Insurance, who have made them available to 3,500 of their policy holders. In the new AIG system the toolkits generate certificates for the client, which state accreditation from ROSPA. The Midlands pathfinder believes that small businesses want recognition by an independent recognised authority so that they can convince larger clients that they are doing the right thing. They have discussed getting accreditation for the AIG and ROSPA systems from the HSE and were hoping to essentially set up one system that looks the same, rather than a separate one for all the different organisations. The HSE have asked that the WHC logo is not used on the AIG materials, but has allowed a statement from the CEO to go on the materials saying that the HSE recognises and supports the system.

5.2.3 The toolkit in practice

Pathfinder views on the toolkits vary, and there are some areas identified where they believe the toolkits could potentially be improved. One pathfinder, however, has been using them for some time and is very happy with them. With a fairly simple operational structure, this pathfinder found implementing the toolkits relatively easy as it was not difficult to get together key staff and discuss how the toolkits should be put into practice. The documentation was identified as a particularly useful element, as was the ability for employers to get started straight after the first visit.

'It's all cleverly put together. I've been really impressed by it...As soon as I saw it I thought it was the answer to a lot of the queries, concerns I had about consistency and quality of the tools that we use.'

'It's the difference between telling somebody what to do and how to do it and actually making them able to do it.'

(Pathfinder service manager)

This same pathfinder gave an example of how the toolkit had worked in practice with one of their clients.

'The guy that was there was running the pub, he'd worked in construction for a long time and he knew all about health and safety, he'd done a lot of training with them and he knew how to do risk assessments. And what he basically said was that the toolkit is absolutely perfect basically. It's exactly what he's been looking for because although he knew what to do, how to do it, he just needed some simple tools, a way of documenting it and pulling it together in a tidy format. So it was just exactly what he needed to get on with it. Because if he goes to the HSE website or any of the other resources that are available, it does tell you what you've got to do but it doesn't actually give you the tools to do it, you still have to go away and work it out, generate a form of your own and work out how to fill it in. But what we're giving them is the toolkit exactly how to do it and the format to use.' (Pathfinder service manager)

They had also generally received a positive response from clients, who were pleased to receive access to the toolkit free of charge, however, the view from pathfinders was also that employers would not be prepared to pay even a small amount for such a service. It is still relatively early to determine the type of impact that toolkits will have had on practice.

'They're amazed when they realise what they're getting for nothing. They can't believe it, a lot of them ask us well you are going to charge me for this at some point aren't you? And they just can't believe it. They find it simple to use and it's gone down very well.'

'I've seen clients' faces light up when they see what they're getting.'

'The majority of them wouldn't pay for a service no matter how much it cost... The very small businesses, some of them have got less than ten people and any cost they just can't stand it.'

(Pathfinder service manager)

Another pathfinder has adopted the toolkit, but only where they believe it is appropriate for the employer in question. Whilst employers tend to find the toolkit useful, there are concerns that some clients will have difficulties with the relatively 'high tech' design of the toolkit.

The view of this pathfinder was that some SMEs would not be interested in viewing DVDs and that many would not be comfortable, or able, to view information on line. In fact, having access to another tool which advisers can use has actually made their job harder in some ways, as in each individual case advisers need to determine the materials that are most useful for that employer.

'I think there are some challenges or difficulties we have with them on risk assessment for example, got HSE's 5 steps to risk assessment, and the WHC risk assessment tool. And now we have the human focus tool or tools which include risk assessment. And for me, to simplify risk assessments for SMEs you shouldn't be presenting them with three different options. And so you have to choose one which obviously is the most appropriate and stick with that. Otherwise they just get confused, and it can be just too much for them. Because although they're similar, they're presented differently and sometimes it is the presentation which is important to people. And at least in terms of the initial perception, how well they're going to take something on board. I think there is more work that needs to be done on how we present, or best present risk assessment to clients.' (Pathfinder service manager)

In another example, a pathfinder described how SME clients vary in their needs:

'They like [the toolkits], obviously depending on the size and type of business the on-line is not attractive to some organisations, for example, I went to a Funeral Director's who had manual handling issues they didn't have a computer in the building so the on-line approach wasn't attractive but what they were intending to do is use the DVD, and I haven't been back for a second visit yet, but was to show each of the individuals the DVD, bring a TV and DVD player in and sit people down with the DVD and go through the training with them in the workplace.' (Adviser)

Another pathfinder shared concerns about asking SMEs to rely on computers and potentially broadband access to the internet and preferred the approach of some of the existing tools to which they had access (eg a preference for the simple HSE's 5 steps to risk assessment or other HSE materials). Additionally, they felt that the toolkit had the potential to be too onerous and generic for some employers, and worried about the literacy skills of some clients and, therefore, their ability to access the information contained in the toolkit.

'It's excessive. If a company adopted all of the policies their overall policy would be incredibly long and repetitive basically. ... we thought the whole approach was to encourage people to tick the box rather than to think about what they were doing, and what could go wrong. They're generic risk assessments which we felt the SME was unlikely to tailor to themselves sufficiently.' (Pathfinder service manager)

Despite this, the training materials were welcomed as *'comprehensive, clear and simple'*.

One pathfinder reported that the risk assessment and manual handling toolkits were the most popular ones with clients:

'They are the topics that people mostly have an issue with so therefore they are the ones that we move people into.' (Pathfinder service manager)

5.3 TAKING THE HEALTH MESSAGE TO EMPLOYERS THROUGH VISITS

The quality standards for the Level 2 visits dictate that a number of common elements (eg the three priority areas of manual handling and musculoskeletal disorders, workplace stress and return to work/absence management issues) are covered. There is, therefore, a degree of commonality in the experiences of advisers conducting visits, but they also deal with a wide

range of issues that are raised by SMEs with different needs. Readers are referred to earlier progress reports for further detail on the topics covered by visits, or to Chapter 6 of this report for user views on dealing with the recommendations given in reports. One particular issue raised by pathfinders, however, was how taking health messages into SMEs can raise a number of challenges.

The last progress report discussed how it can be difficult to disentangle health issues from safety issues, and often in practice the two can merge (eg asbestos is both a health and safety issue, as is manual handling). One pathfinder reflected on this, particularly in reference to the finding that many employers failed to identify the WHC service specifically with health.

'Well to start with I think it's a spurious thing about it being health or its safety. Most safety issues also include all sorts of health issues... I think that's a slightly random division, I do... It's an artificial division that they've come up with.' (Adviser manager)

A number of pathfinders raised the fact that there were some health issues that employers connected with very easily, but that these were often seen by the employer in question as a safety rather than health matter.

'The others, hazardous substances, noise, manual handling, not such a problem at all (to sell). They probably see that more as a – it's a clear thing they can identify, they understand it.' (Pathfinder service manager)

'I think the issues like hazardous substances and display screen and manual handling, people don't really see those as health issues. So it's easy, they understand the problems associated with manual handling and working at a computer so that isn't a concern at all.' (Pathfinder service manager)

All pathfinders have found that employers are less interested in certain health issues, such as sickness absence and stress. This is particularly true amongst smaller employers. It is worth noting, however, that managers may be unaware of stress issues affecting their staff. Therefore, the use of traditional gatekeepers within small firms as the main way of gathering information about stress might not gather entirely accurate information on these issues.

'It really depends on the attitude I think of the individual you are seeing or maybe the Managing Director and you can introduce the topic and skirt around stress but talk about other things like workload and work-life balance and all those sort of things to try and get them involved, to get round to thinking that maybe it is actually stress issues but very few of them actually believe they have a stress problem so it is trying to convince them of that and get them to look at the toolkits and see where and when they could use them in the future. The perception from businesses I come across is that it is an issue for local authorities or NHS authorities etc, it is not an SME issue and you try and go through with them why it is an SME issue and some you can turn and some you are struggling a bit to turn.' (Adviser)

'When it comes to sickness absence and stress, it's a hard one to sell. Most small businesses say we don't have a sickness absence problem, it just doesn't happen. People turn up and that's it... But the idea of a small business having even one person off regularly or for a long period, it doesn't happen. So that person either gets themselves into work and pulls their end, or they're just not there... Also if you talk about stress, it's no, no, no we don't have that problem. And it's just, for many of them it's a step too far at that point.' (Pathfinder service manager)

'Some employers are completely unengaged about absence management and stress. I remember a transport company said 'Well, if anybody said they were stressed I would sack them.'... It's very difficult sometimes to sell. For small companies absence management as well if you've got five or six people to manage, you know what their cousins are called, you know what they're doing at the weekend. So that's very typical, it's only when you get into the medium size enterprises really that occupational health is maybe seen to be more important to them.' (Pathfinder service manager)

'You know for a very small employer like 10 and below, sickness absence is not an issue, because everybody knows the impact. If they're off sick, first of all they're not going to get paid. But they know what the hassle is, if they're off, even for a day or so, they know the impact they're having. And the employer knows them very well. It's going to be a very loyal team of people in a company that size.' (Pathfinder service manager)

However, some pathfinders are taking active steps to ensure that these specific areas become a focus of visits. Examples include:

- Raising the issues of stress and absence management earlier in the visit to ensure that employers are relatively fresh when asked to think about these issues. The feeling is that if they are left until later in the visit, employers can already be overloaded and therefore not take on board the specific information on these topics.
- Encouraging advisers to see it as their role to make employers feel more comfortable about discussing these issues with their workforce, specifically helping to ease fears about 'opening a can of worms' with regard to legal actions by employees.
- Asking advisers to prove that they have covered the issues during visits, rather than leaving it to the discretion of individual advisers.

In one pathfinder, they believe that having a clear focus on sickness absence and stress during visits can be useful in another way – helping to explain the purposes of the service, and why it is being offered for free.

'It also helps people understand why the service is being given for free. It sort of provides a rationale, OK you've got an agenda, you want to cover those things, fair enough.' (Pathfinder service manager)

In this area, the pathfinder felt that the response to their advice to employers on stress has been positive, particularly with regard to the stress management standards which provide a practical approach to dealing with a 'stressed' employee. Employers in this region have a high level of awareness that such guidance exists, suggests the regional service manager. However, the pathfinder is now deliberately targeting larger employers partly because they feel that these companies are able to do more in this area, and use the tools like the stress indicator tool which they feel would be meaningless in a small firm.

In another area, the pathfinder manager believes that advisers find stress and sickness absence harder topics to deal with, because a typical health and safety professional will not have looked at these issues in the past. Their perception was that using the new toolkits helped to work through the issues with employers. They have also recently started mentioning these topics very early on, when the adviser makes telephone contact to confirm the visit. As well as stating that they will deal with whatever the concern is, the adviser mentions that they will update them on key workplace health issues which perhaps they will not have thought about yet.

'And it leaves a seed in their mind that oh, have I missed something, is there something I need to know about? A bit of psychology.' (Pathfinder service manager)

5.4 DEVELOPMENTS WITHIN THE PATHFINDERS

As the service develops, and staff gain valuable experience of operating systems and working with clients, interesting insights on service delivery and design often emerge. In this section, the views and reflections of pathfinder and adviceline staff are provided on the issues involved in actually delivering the WHC service.

5.4.1 Organisational/HR issues

Most pathfinders are still using the same organisational structure as outlined in the last progress report. London, however, has substantially changed its structure and only the two core partners remain after two other organisations drafted in to conduct specialist roles were dropped. Reflecting on this experience, the service manager commented that providers often feel obliged to include additional partners when putting in bids for work as they feel this strengthens their offer on paper. However, they may in fact feel that they could operate successfully (and perhaps more economically) without outside involvement from partners. HSE could perhaps provide greater clarity for bidders for any future projects on if, why and how, partnerships should be employed.

Most of the pathfinders have taken on new advisers to provide extra capacity in the last few months. Both London and West Midlands noted that they need to be able to increase the number of visits each month if they are to reach the final target before the project ends. They have been asked to plan for the contingency that the service will not continue past the agreed pilot period (ie service provision will cease in February 2008), hence all first visits need to be completed by the end of 2007. A number of pathfinders are aiming to reach 110 per cent of their target numbers. In both Wales and the North East the expansion of the eligible areas has meant a need for more advisers, and/or advisers located in the new areas.

Recruitment has proved difficult throughout the operation of WHC. In one area, it was felt to be particularly important that advisers were given a very detailed description of what the job entails at the recruitment stage (eg talking to people, getting out and about, travelling by public transport).

'We've had trouble finding people, frankly it's been quite depressing really.'
(Pathfinder service manager)

'Yes, it's always a time consuming thing to find them, interview them, you have to see quite a few people, find the right people, take them through the induction process which takes quite a while.' (Pathfinder service manager)

There has also been recruitment for administrator roles in the last few months. Pathfinders note how critical a role this is within the WHC service, particularly in completing the necessary management information

'A lot of its to do with struggling with systems... they spend a lot of time just making sure that everything lines up between the different systems.' (Pathfinder service manager)

5.4.2 The adviser role

A number of pathfinders have noted how the nature of the adviser role within WHC can be fairly repetitive for individuals if they work in it full-time. In one case, associates are being used more regularly so that staff can be taken off the WHC role and given other tasks to complete. In another area, some advisers have become more involved in marketing and outreach, particularly in attending employer events. This has allowed a greater variability in their role and allowed them to work with key stakeholders and deliver training and other different types of inputs to employers.

'It's really good for advisers' development within the project because you're seeing a lot of companies that you wouldn't normally see... It's really good up to a point because undoubtedly, because of the nature of the project, you're never getting really really technical and difficult [work] because it's all fairly sort of, basic isn't quite the word, but it's a certain level basically... I don't think it's good for people to do day in day out... even though every business is different you're often talking about the same things.' (Pathfinder service manager)

'Yeah, I think if you were doing it all day every day it would be a problem or it could be. So ours don't have that as an issue. I think what they do for us is very different, well it is, to what they do outside. So it's a nice contrast.' (Pathfinder service manager)

Many of the advisers have been provided with training over the last few months. All of the new advisers have been working through the distance learning package. In one area they have decided that all advisers should revisit the distance learning packages in their monthly team meetings as a refresher. In particular they have used the scenarios in the materials and discussed how they would go about dealing with these. They are also encouraging advisers to double up on some visits so they can learn from each other's different styles. In another area advisers have recently received training on construction, following a tightening of regulations in this sector, to tighten up adviser knowledge on emerging issues.

In one pathfinder there was a reflection that the constraints of the adviser role can be frustrating at times:

'Sometimes businesses want to know about the fire risk assessment and you can just refer them on and that can be a little frustrating at times when you do actually have the knowledge to pass on to them and sometimes that can be a conflict internally for us and the advisors.' (Adviser)

There were mixed views on the usefulness of the adviser conference and whether this was a worthwhile use of adviser time. In one area, the pathfinder manager felt that whilst the advisers on the whole benefit from meeting with other advisers, some presentations do not teach them anything new. This might suggest that the structured networking element of future conferences could be enhanced.

'It depends on the pathfinder and who they've got working for them. All of our people said well I know all that, and it is a little bit of, you're talking to very experienced people who stay up to date and giving them a briefing on something they already know.' (Pathfinder service manager)

One of the major challenges facing pathfinders is the possibility that the project will end in February. It is a particular issue for those who employ staff full-time on the project. In one area recruitment has been limited to associate advisers until more information is available on the close down or roll out situation. More generally, some pathfinders felt they could find it

difficult in the next few months to keep up staff morale in a situation where it is not clear how long adviser jobs will remain available.

Staff operating the adviceline also have a number of challenges. In recent months the call volumes to the adviceline have increased, as have the number of callers using the service proactively rather than through telemarketing (see Chapter 3 for further details). However, these changes are welcomed by the team, particularly the opportunity to provide a larger proportion of advice calls rather than simply a referral service onto Level 2. In addition, some adviceline advisers have shadowed Level 2 adviser visits so that they can understand the whole process from a client's perspective. Interestingly, however, no Level 2 staff have attempted to shadow the work of the adviceline.

Another issue raised by the adviceline is a lack of calls from employers who have used Level 2 services. This might be because Level 2 advisers are not recommending the Level 1 service during their time with employers as a way to gain continued access to support. Alternatively, after having had face-to-face contact, employers may be reluctant to use an adviceline. However, there are certainly examples of some Level 2 advisers offering additional contact with employers by telephone after the second visits, rather than suggesting they use the services of the adviceline. Whilst this is understandable and from a client perspective extremely valuable, it does not make best use of the adviceline resource at this time. Better links between Level 1 and Level 2 advisers, particularly as Level 1 advisers cannot be spared to attend adviser conferences, could be useful. In particular, it is likely to be difficult for Level 2 advisers to understand the role played by Level 1 staff without further exposure to what they do. Offering Level 2 staff the opportunity to listen in to some adviceline calls (or tape recordings of calls), for example, might help with this.

There have been recent changes to the payment structure for pathfinders, and they only receive full payment for each client if a follow-up visit is completed. In some cases this had led to a greater emphasis on carrying out the follow ups (eg ensuring that adviser diaries have slots allocated specifically for follow up visits).

5.4.3 Regional Stakeholder Forums

Each pathfinder has conducted meetings with their Regional Stakeholder Forums in recent months. For a number of pathfinders, however, it has been difficult to get full participation at these events. In one area, only three members turned up at the last meeting. The pathfinder service manager, however, did not see this as a lack of support for WHC in the area, but rather that it showed that holding regular meetings was unnecessary as communication with individual members takes place all the time. In this area, a stakeholder from the HSE has been particularly helpful, and the service manager talks to them on a weekly basis to share contacts and discuss participation at events.

'Every person that is on our stakeholder council is engaged with us. And I speak to them, maybe not that often but the key people on that council I do talk to and they're helping us. But... as a committee, and the meeting in itself, I don't think they're getting a lot out of it.' (Pathfinder service manager)

Whilst other pathfinders found the forum useful as a sounding board, they reported difficulties capitalising on the links of their members. In one area they had hoped to use their forum to boost outreach activities but have found that their message tends to get 'lost' as members have little direct contact with SMEs.

'I think the difficulty is to a certain extent they tend to be fairly high and strategic, or in management, so they themselves are fairly removed from anybody within their organisation who actually goes out and sees SMEs.' (Pathfinder service manager)

In another area, most stakeholders are enthusiastic about the project and happy to help but there has been little use of their networks to date as the pathfinder finds it difficult to know how to use these contacts. They would like to place more links on their members' websites, however, they are finding it difficult to know quite how much to do at this stage given uncertainties about the future of the service.

In one area there has been some tension with local HSE representatives on the forum. The tension appeared to arise following the WHC evaluation progress reports which noted how well the service was being received by employers. The service manager felt that HSE inspectors were unhappy that their work was not given a similar positive endorsement or profile. The HSE contact appeared to hold the view that the resources used for WHC could have been used to avoid cuts in the field operations division instead.

At least two pathfinders were unsure of the overall value of the Regional Stakeholder Forum, which can be very labour intensive.

'We've had some useful conversations, but it's also kind of ultimately leaving a question, 'What has it achieved?' and I must answer I don't know.' (Pathfinder service manager)

'It's not something we view as having added much to what we do.' (Pathfinder service manager)

5.4.4 Delivery issues

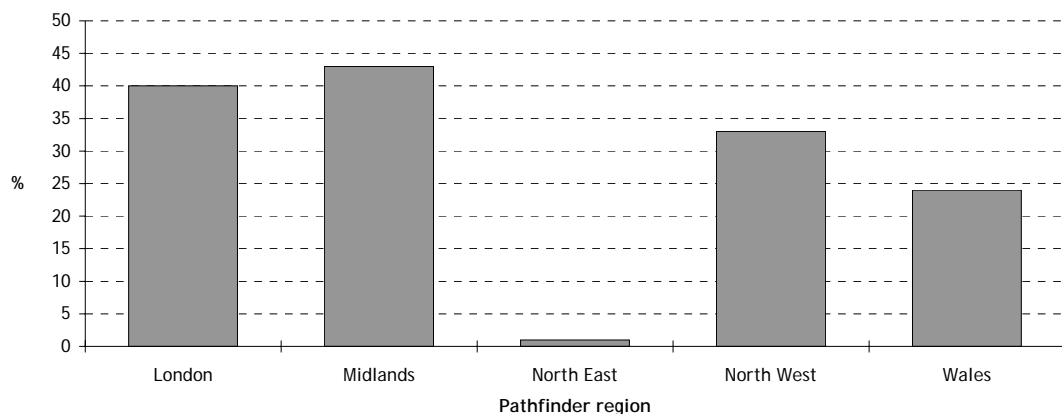
There were also a number of difficulties raised by pathfinders and the advice line about certain aspects of delivery. These included:

- Travel time to visits. In some areas, it can take almost a whole day to complete a visit because of the travel time involved. In some areas this has meant a focus on companies in the centre of their region, or drafting in associates to cover a greater geographical area.
- Late and increased levels of cancellations, particularly amongst very small employers. A number of steps are being taken to reduce the impact of cancellations across the regions, such as:
 - focussing on face-to-face outreach activities to warm up potential clients
 - tightening the script relating to confirmation calls, and making it very clear that they are only looking to get directions, using language that doesn't give the client the option to cancel at that stage
 - ceasing contacts with clients who cancel twice
 - seeking confirmation for follow up visits or calling employers in advance of visits to specifically seek their confirmation (although there can be problems with this when individuals cannot confirm for legitimate reasons, such as being on holiday).
- Difficulties obtaining follow up visits due to:
 - reluctant employers, who only partially engage with the service (pathfinders feel that employers entering through telemarketing are more likely to fit into this category)

- employers not having implemented the recommendations from the first visit and therefore not wanting to have the adviser back either because they do not feel ready (ie they want to have something to show them on the second visit), or because they have no intention of implementing changes and do not want to be seen to be taking this position
- a lack of time amongst managers of smaller employers. The use of more, but shorter visits, was raised as a possible alternative model for such companies.
- A lack of flexibility from the CMS system, particularly in supporting the follow up of employers who cancel or refuse visits (it is difficult and time consuming to pull off reports which show the employers who require following up).
- Changes to HSE staff which has caused some difficulties and inevitable delays while new staff come up to speed.

Further information is available from the CMS which helps to put the issue regarding visit cancellations in some context (Figure 5.4). On the CMS, a cancellation is recorded if the employer changes the date of a visit and/or if they cancel the visit altogether. Therefore, many of these cancellations will have been followed up by advisers at a later date, but the cancellations can cause organisational and resourcing issues nevertheless. There are a relatively large proportion of referrals to level 2 cancelling at least one visit in most of the regions. In London, the Midlands and the North West, between 36 and 38 per cent of clients make at least one cancellation to a scheduled visit. In Wales this figure is lower, at just 23 per cent. In the North East, however, there are almost no cancellations, according to this data. However, it is not clear whether this is the result of a different way of recording cancellations across regions, so this will need to be investigated for the purposes of future progress reports.

Figure 5.4: Proportion of level 2 referrals making at least one visit cancellation



Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

Note: Figures are based on all referrals to level 2 made through the adviceline

5.4.5 Level 3 referrals

There is still very little referral to Level 3 services across all pathfinders. Some believe that the WHC service is actually working at two levels rather than three. In most cases, however, this was because in the advisers' professional opinions, there was no need for employers to seek out further help at that point in time. Many of the employers were interested in, or needed help with, fairly basic or common issues which advisers could deal with themselves. The issue of the costs involved in seeking out further, specialist, support, however, did cause a general reluctance amongst most employers to consider using any Level 3 providers.

'Well in a lot of cases they just don't need any extra help. What we give them is enough and that's fine. In other cases, even when we refer them, the ones we have signposted, they might not even take it up, they might not want to pay for it.' (Pathfinder service manager)

'The problems these people have are often very simple in nature... I think another big driving factor is these people are just not going to spend any money, that's the reality.' (Pathfinder service manager)

'Not a lot [of referrals to level three] that I'm aware of. It tends to be training for advice is the main thing because people have maybe done a one-day training course and so it needs to be slightly more than that in most organisations. Some Occupational Hygienists and chemical evaluations or whatever. Not a lot, certainly to Occupational Health providers.' (Adviser)

In one area, advisers have found that even where recommendations are made to Level 3 providers, employers prefer to shop around themselves in an attempt to find the best deal.

'Yes, the ones where I've recommended occupational health ...they've actually gone down the route of finding the cheapest themselves, so quite often they won't have chosen from my three, but then go into Yellow Pages and price them up themselves and think oh well hang on, I'll choose a cheaper one.' (Adviser)

Often pathfinders signpost employers to free resources, such as St John's ambulance for first aid training, and the HSE website. One pathfinder was surprised how few employers have used the HSE website beforehand, so found this a useful way of allowing employers to find out more information on issues for themselves. Often, a specific page reference is needed to help employers navigate the site, however.

'People find the information on the HSE site brilliant and really helpful but very few of them, relatively few, have actually done anything about it themselves... Yes, it's interesting how few of them have actually used it. It's disappointing actually because it's a great resource.' (Adviser manager)

5.5 SUMMARY

The adviceline acts as a source of referral to Level 2 services as well as providing advice to callers. Since January 2007, call details have been broken down between different types of activity. Of the 3,709 calls received since January, 29 per cent have resulted in the provision of advice to callers and a further seven per cent resulted in sharing of information with the remainder dealing with referrals or employers from telemarketing who do not wish to receive either advice or a referral. Callers not coming through the telemarketing route are far more likely to receive advice (55 per cent) or information (14 per cent).

Concerns about safety at work are the main prompt for callers to the advice line, but advisers discuss health issues with around 15 per cent of those calling and 20 per cent of those who actually receive advice. Employees are more likely than employers to call the advice line with an interest in health issues (16 per cent compared with just seven per cent of employers), as are larger employers.

Service developments have included the availability of an employer 'toolkit' developed by the Midlands pathfinder which provides access for employers to a web-based modular resource including staff training packages. Some pathfinders have found this to be a very useful addition to the service, whilst others have some concerns about how 'low tech' employers can access this facility.

Pathfinders continue to find it more difficult to engage employers with health messages on visits than they do with safety. However, drawing a stark distinction between what is health and what is safety is often not practical and many issues blur the boundaries between the two (eg manual handling). In cases where there is a safety element as well as health, employers find it easier to understand the relevance to their staff and business. Issues such as stress and sickness absence can be particularly difficult to work on, particularly with smaller businesses. However, pathfinders have introduced a range of methods to allow them to more effectively 'push' these issues with employers. Examples include: dealing with these issues at the start of the first visit, rather than leaving them to the end or to the second visit, and; making it clear that covering these issues is a condition of the free service they are receiving.

The adviser role is challenging, but can also be repetitive as many of the issues dealt with by WHC are common to the majority of employers. In order to add a greater variety to the role, some pathfinders are broadening it to include outreach or other activities. Adviser recruitment can be difficult, and it has become clear that good administrative support is a vital part of the service. The regional stakeholder forums are providing different levels of input across regions, and in some areas are not being capitalised on, despite stakeholder engagement. Referrals to and take up of Level 3 services remains very low.

6 USER PERSPECTIVE

This chapter provides a brief insight into the views of users. The last progress report presented user views from the first 25 case studies, conducted in late 2006. Many of themes identified in that report cut across the second 25 case studies conducted since that report (in early 2007). In this chapter we provide some additional employer views from the latter case study round, but readers are referred to the January 2007 WHC progress report for more details.

6.1 OVERALL SATISFACTION LEVELS

A basic indicator of user satisfaction with WHC is available from data collected during adviceline calls (Table 6.1). This shows that over three-quarters of callers are very satisfied with the service they have received and less than five per cent of callers express any dissatisfaction at all with the service. It should be noted, however, that the Level 1 advisers themselves ask callers to give their rating, so it is possible that some degree of bias is present in this data. In the next progress report a more independent measure of satisfaction will be available from the employer survey data, so the two results can be compared.

Table 6.1: Levels of satisfaction with adviceline

Satisfaction with adviceline	%
Very satisfied	77.0
Fairly satisfied	19.1
Neither satisfied nor unsatisfied	3.7
Dissatisfied	0.2
Very dissatisfied	0.0
Base (N)	5,383
Missing	2,484

Source: IES Analysis of WHC Case Management System (Feb '06 to May '07)

In general, the views from case study employers were positive about the service, and feedback typically included comments such as 'useful' 'practical' and 'tailored'. Adviser professionalism was often particularly singled out.

'Very keen, very enthusiastic, knew her job back backwards ... and she passed that enthusiasm on to me.' (Managing director, specialist retailers, 18 employees)

In general users who participated in the employer case studies felt that the advice they had been offered was appropriate to the size of the organisation and to health and safety priorities within their employment sector. In general, advisers seemed to be sensitive to the needs of particular organisations.

'Great...on the right level and seemed to know what we wanted. Recognised pretty soon that we were pretty much up to date with things but still gave us some interesting information which was helpful.' (Compliance manager, insurance company, 30 employees)

'We had to think hard. Workplace Health Connect made us think hard but once we thought it through, created that groove, yeah this is going to work and it is and now I

don't have to think. I've come full circle... it has honed my vision, my perspective on the whole thing of health and safety.' (Managing director, specialist retailers, 18 employees)

There were a few examples where employers highlighted areas that advisers covered but which they did not feel were of interest or were applicable to their organisation.

'Some of the stuff when we went through first of all, we went through liquid hazards and stuff like that, and it didn't really apply to us.' (Administration manager, financial trading company, 26 employees)

One employer expressed the view that the adviser appeared to have a fixed agenda.

'They were very helpful but I got the impressionthat they had come out with an agenda from WHC to drive certain issues like risk assessment, like manual handling. And they were quite focussed on procedural awareness with the issues rather than practical application... I got the impression that they had been tasked to concentrate or focus on certain issues. And they tried to stick to that, maybe that was a personal thing I'm not sure, but I got the impression that that was guidance from WHC to promote certain routes if you like.' (Health and safety manager, landscaping company, 35 employees)

However, overall, the levels of satisfaction within case study companies suggest that satisfaction with the Level 2 service is likely to be as high as that for the adviceline. The pathfinders are still receiving extremely positive feedback on the service. The indicators suggest a very high level of customer satisfaction. In London, for example, over 98 per cent of clients who fill in the feedback forms say that they would recommend the service to other SMEs.

'On our feedback form we ask if there's anything we could do to make the service better and you get comments like "You're already better".' (Pathfinder service manager)

6.2 SATISFACTION WITH SPECIFIC SERVICE ELEMENTS

From the user perspective, the WHC service is broken down into a number of specific elements. This section outlines views from the case studies on various stages in the process.

6.2.1 Adviceline calls

Very few of the employers involved in the case study component of the evaluation recalled specific details about the content of their dealings with the adviceline. This was in the main because the Level 1 service had been used solely as a route to arranging a Level 2 visit. However most reactions to the quality of service they had received was positive.

6.2.2 Initial visits

All of the case study organisations had received an initial visit from a WHC adviser. These generally took the form of a tour around the premises, followed by a 'walk through' of existing health and safety systems.

Several employers mentioned that the visit had lasted longer than expected. In some cases the employers felt that they had been led to believe the visit would only take about an hour, whilst some others had made that assumption. In one pathfinder area, this issue was

specifically highlighted as a problem for advisers when they arrived on site. It could be useful to have greater clarity about visit time fed into telemarketing, adviceline or pathfinder administrator scripts to ensure that employers are better informed about the actual time required for a full first visit.

The nature and level of advice offered at the first visit was generally felt to be appropriate, however, a number of employers had expected to be ‘spoon-fed’ by the adviser with regard to actually making changes, which did not happen. However, there was often a positive response to the fact that the visits encouraged those involved to think through issues on their own. This approach was felt to encourage people to take on board new ideas, and have the ability to do so again in the future. This is supported by evidence from customer feedback forms received by pathfinders which suggest that the majority of users felt more able to manage health and safety at the workplace after receiving a visit from an advisor.

‘I personally thought that it would be someone would come to me and say right, you need to do this, you need to do that. But it wasn’t, it was more discussing with me, finding out practical ways of doing what I needed to do. Saying is this practical for you to do, if it’s not, try it this way. I thought it would be more someone would come in and I’d have our health and safety policy there, I’d have risk assessment, and it wasn’t, it was something that I had to put input into it as well and I did find it a lot better that way that I understood it.’ (Manager, glazing company, five employees)

In some cases expectations exceeded the level of intervention that WHC was able to offer, for example, in cases where the employers already had sophisticated health and safety systems and WHC could add little to their existing knowledge. In one case the manager of a landscape gardening company contacted the helpline with a very specific enquiry about exposure to noise and how to deal with new regulations on (eg Control of Vibration at Work Regulations 2005). He was also concerned about current exposure levels, lacking the equipment and the necessary technical knowledge to carry out assessments himself.

‘I wanted to try and clarify if I should be doing with health surveillance and things like this as well. So I was hoping that they would come out and perhaps maybe do some measurements and say yes, their exposure level’s above than your action levels because... that’s what I was looking for.’

‘We just showed him our policies and procedures and he just basically said that as far as he could see everything was fine, gave us a couple of pointers and that was it really.’ (Health and safety manager, landscaping company, 35 employees)

The majority of users, however, had found the recommendations and the report that WHC advisers had produced useful. In particular, some appreciated having a written record of the action points arising from the visit to add to their files, particularly where they had accompanying paperwork that demonstrated that they had dealt with the points.

‘They highlighted the main issues for us whereas we might have thought that could have waited but now we know it needs doing so we do it. So it has helped to prioritize things.’ (HR manager, specialist retailers, 18 employees)

6.2.3 Follow up visit

Users tended to see the second visit as a way to allow them to check their progress with their adviser and gain reassurance about how they had instigated changes in their organisation. There were several instances where employers also found the second visit useful in clarifying or expanding on issues raised in the first visit. In cases where employers had

nothing, or very limited procedures or systems in place prior to the first visit (eg where they needed help from an adviser in writing a health and safety policy or conducting risk assessments for the first time), or where urgent risks needed to be tackled, the follow-up visit enabled specific checking of measures that had been introduced. In some cases the prospect of a second visit served as ‘an incentive to get things done’.

‘I think most of the meat of it came in the second visit...in that time, I’d done a risk assessment, both of the offices and of our [theatre] performances. And I had drawn up a list of the key things we needed to do and ran that through with the staff. So in that second visit I actively sat down with him and sort of explained ‘here’s the ideas and here’s what we need to work on, here’s the policies that we need to put in practice’. And it was very helpful because he went through with me one by one as to what things were.’ (Business manager, community theatre company, ten employees)

Several employers commented on the large range of topics that the adviser covered and some confessed to feeling ‘overloaded’ on the first occasion. For them, the follow-up provided a welcome opportunity to explore themes that they considered more relevant to the particular needs of their own business.

‘Yeah, he almost bombarded me on the first call, we went through the essentials and then this time he double checked that we’d done the areas that we needed to address urgently. And then he even addressed further things like the stress awareness survey that we could do and some other items. So it actually moved us along which was good.’ (HR manager, management consultancy, 35 employees)

Of the 25 individual organisations involved in the recent case study work, 17 had received a follow up visit. Three more planned to make time available to receive a second visit. Of the five who did not want a second visit, three felt that it was not necessary – everything they felt they needed to know was covered in the first visit and the remaining two felt that it was not a priority for them.

In one case, a follow-up visit had taken place when the adviser herself had thought the second visit unnecessary. This small employer (a laboratory which carried out laboratory-based machine calibration) was unusual in they already had stress, sickness absence and return to work policies in place prior to contact with WHC, as well as exemplary health and safety management systems. The employer nevertheless was eager for reassurance and a second visit took place on their request.

6.2.4 Health and safety tools/templates

In general, where the advisers had introduced tools, employers saw them as appropriate and useful. There were some negative comments, however, regarding the Performance Indicator, particularly in terms of the appropriateness of the tool for employers in different sectors.

‘Just the type of questions that they were asking, they weren’t relevant...and she [the adviser] said actually, they’d had quite a few people come back and say it didn’t do them any favours whatsoever and it didn’t show what we actually did have in place already.’ (Manager, glazing company, five employees)

More specifically, some employers were able to discuss their experiences of using the online toolkit developed by the Midlands pathfinder and now available in some other pathfinder areas (eg Wales). Overall, the response was very positive, and employers were keen to use the toolkit as a way to take forward staff training, or get staff more involved in health and safety issues. However, there were some practical criticisms, and at least one employer had

passed them directly back to the Midlands pathfinder to help them continue to develop the toolkit.

Some specific examples of improvement difficulties that employers have had using the toolkit include:

- difficulties in getting an online account set up, leading to a delay in which the employer couldn't use the facilities
- problems with the response options for some questions which weren't felt to match with the questions
- issues in navigating around the different toolkit pages due to a lack of signposting
- the inability to print off certificates after a test has been taken if this is not done immediately after the test. This was felt to be a particular problem where employees were accessing the information remotely or didn't have access to a printer for other reasons
- difficulties logging in, particularly if a mistake is made in the log in procedure
- poor spelling on the site.

With very small companies the resources available to them were limited by lack of IT on-site. Even when computers were available they were often solely used to manage financial aspects of the business and were not always connected to the Internet. This could be important in taking forward the online toolkit, although the availability of DVDs and paper versions may adequately cover this.

However, despite these difficulties, the employers involved in case studies that had used the toolkit were very supportive of the approach and the content, and seeking improvements solely in the details or operation of the toolkit.

6.2.5 Referrals to third party support

There were only limited examples amongst the case studies which highlighted the referral to or use of third party support. In one case, the WHC visit acted as a catalyst to buy in specialist HR advice support.

'...it was something that the directors were already considering, it reinforced it that it was so important that we did need a company like that.' (Compliance manager, insurance company, 30 employees)

The adviser also provided them with details of First Aid training courses. The compliance manager felt that was 'something they would have done anyway' but that the WHC intervention served as a prompt.

One manufacturing company was advised to obtain health surveillance support

'... hand/arm vibration, we'd have two guys who are exposed, both using an angle grinder. We want to be sure that we're not making them ill. We send them every 12 months and they can say yes you're OK or no you're not.' (Manager, steel-grinding factory, 15 employees)

Some employees would like to see WHC as an ongoing resource.

'I've been here a year now and I've never received any information from the HSE at all. And that's one of the things that concerns me being responsible for health and

safety is am I meant to be going to find out this information myself if something's changed. Or how does it actually get out there to businesses to say there's a new legislation, you must make sure you follow it. So that to me is a grey area so I would contact them again purely for that reason, to say we've had this in place for a year, can you tell us are we still on the same right lines, is there anything that's changed that we should know about. (Administration manager, financial trading company, 26 employees)

6.3 DEALING WITH WHC RECOMMENDATIONS

Some of the most common recommendations that employers recall being asked to take forward, related to: the recording and reporting of accidents; monitoring and design of health and safety policies, and generally taking a more structured and formalised approach to the management of health and safety within organisations. Some of the most common outcomes were a greater awareness amongst employers or health and safety managers/representatives about documentation and conducting risk assessments. Some more detailed examples of how employers are taking forward recommendations are presented as the remainder of this section.

6.3.1 Risk identification and removal

Several users were alerted to health and safety risks during their contact with WHC that they might not otherwise have considered.

Some examples include how one office-based organisation had not recognised the hazards associated with peripatetic elements of their consultancy work such as lone working or driving. In another case, a construction company improved their ability to conduct risk assessments which led them to consider the consequences of leaving work tools lying around. On discovering that psychiatric inpatients had access to an area close to a hospital site they were working on, they had purchased tool belts so that workers could store their equipment away safely at all times. The same company had also taken the unusual step of putting procedures in place for lone working.

'She said we were very good with the risk assessment I'd done for the guys to go out on site, for the lone working, if my guys went out on site on a night time, it's late at night, could be on estates. And it's just what we put in that the guys have their mobile phones on, we roughly knew what they were going to, the time they were gonna be on site. If it went past that time we give them a call. It really worked.' (Manager, glazing company, five employees)

The initial visit enabled some employers to make small immediate changes to the work environment which they had not previously thought of doing. Some examples of risks that had been identified included: a storage area for hazardous substances; formalised risk assessment for VDU work; training in manual handling, and; safe working loads of storage racking. Several employers also reported making adjustments to storage facilities, particularly where hazardous substances were in use.

'A very simple thing that came out of that was "why don't you put a couple of these big mats at the top of the stairs to absorb the moisture?" which would stop the stairs becoming slippery, all the supermarkets do it so why don't you do it and it is like yeah, I've not thought about that so I got a couple of mats and that has been great, it's worked a treat...she was able to teach me a lot even on that first visit.' (Managing Director, small retailer)

'Yes, we've got one guy who's very tall it was obvious when you actually looked at him having done the assessment around that, that he just wasn't sitting in a very comfortable position. So we had his desk tightened, I've just ordered him another screen so that he's got a bigger screen. And the difference, you can see he's a lot happier with the way it's set up. So that's good as well, it makes you more aware of the staff.' (Administration manager, medium size financial company)

'What he's done is given me the tools so that I can do an effective risk assessment and now I feel confident that I've covered as many things as I possibly can.' (Manager, steel grinding company, 15 employees, manufacturing sector)

Prior to WHC's input one small employer in the construction sector had not had the confidence to carry out his own risk assessments and had resorted to paying an external party to do this. Following consultation with the adviser his attitude, as well as his working practises, had changed completely, and he now routinely conducted risk assessments, even for larger jobs, which he was able to conduct himself.

'It's given me more confidence to go on site, meet up with the maintenance or the managers and then as I said, when I'm on site and we go round and we look at the jobs and I'm actually coming up to them now and saying, there's an issue with such and such....And obviously the risk assessments I'm putting in they are practical and the company [ie the client] can see that I've actually thought about the works that I'm doing, and they're quite happy with me....' (Manager, glazing company, five employees)

6.3.2 Policy design

WHC commonly provides advice on improving policies. An illustrative example is provided by the experiences of one company. Following their first visit from a Level 2 adviser, one company made a complete revision of their health and safety literature. This made it more accessible to employees. In their own words, as well as the 'big thick health and safety manual which no-one looks at', they now have a series of small booklets each focussing on a particular hazard. Newly contracted engineers now receive a newly-revised health and safety information pack as part of their induction.

'So they have something that is useable for them and they can see what we are doing and what they should do to work safely. Rather than what we had... a massive great big blurb that no one's ever gonna read.' (Health and safety officer, heating contractors, nine employees)

6.3.3 Sickness absence management and return to work

Employers tended to be hard to engage with sickness absence management. Often this is because they do not perceive any problem with sickness absence within their organisation. Most of those participating in the case studies could recall having gone over the facts regarding sickness absence management with their adviser, but had little comment or opinion about the issue with regard to their own firm.

However, there were exceptions, including a small steel processing company. Unfortunately, despite some assistance from WHC in dealing with the problem, the manager concerned still didn't feel that he'd been able to successfully tackle the issue.

'We have an ongoing issue with that (sickness absence). We have implemented the sickness and absence policy but with variable results really. I wouldn't say that it's

stopped it...It's a general problem, its people probably have too much to drink the night before and wake up with whatever.' (Manager, steel-grinding factory, 15 employees)

In a number of companies, whilst absence rates were not currently a problem, it was acknowledged that the information that WHC shared on this issue could be useful in dealing with any future problems. In one finance company, for example, they had successfully managed the phased return-to-work of two members of staff who had been on long-term absence. They also arranged home-working in one of these cases. In line with other, office-based organisations, they were receptive to advice on monitoring sickness absence and enabling return to work.

'He (the adviser) encouraged us to keep in contact with people that go off work for any length of time, which we've never really done before. So now we do look at ... contacting them at home just to check that things are OK. And on maternity leave as well. I think in the past they could be off for a year and there'd be no contact.' (Health and safety officer, finance sector)

6.3.4 Stress

In general, there was a limited identification with the issue of stress amongst case study employers. However, a number of employers did feel that their awareness of the issue had been enhanced through their contact with WHC. There were some companies, however, that took the issue of stress seriously, and responded well to the advice they received on this issue. These employers tended to be office based, often dealing with fewer physical hazards in the workplace.

'Well, being a small company, it's really not...if there are problems, if there are stress problems, they can be talked over. And you're sitting next door to the person who's having the problems, you're bound to find out what's happening. So it's not as if we have a remote sort of managerial system where the workers don't interact or anything, everybody is together.' (Office manager, planning consultancy, 11 employees)

In the case of a small management consultancy, they were already aware that stress was an issue for many of their operational staff, but unsure how to tackle it in within the context of their 'macho' culture. Their job frequently involved implementing unwelcome changes within client organisations and dealing with hostile responses to these changes. Their HR manager was keen to use the stress questionnaire and the WHC adviser had also persuaded her to set up an in-house stress training day.

'The other item was stress in the workplace ...because they do a lot of lone working in environments where they are change agents...and now we're recognising that we're able to survey the staffwhich is what we're going to be doing in March. We may open doors that we can't shut but at least it shows that we're trying to do something about it. So it actually moved us along which was good.'

'...the training that we're doing on the 30 March is also about stress because it's a male dominated environment and stress is still a word that they don't openly talk about. It's a taboo and I think the main thing for me is that if I can get it out in the open as something that's not to be ashamed of, then perhaps there may be other things that come out from that which will help us address it.' (HR manager, management consultancy, 35 employees, finance sector)

Another employer discussed how they were specifically dealing with staff welfare issues because they clearly related these to absence levels within the firm.

'The more we look after people, hopefully, the better the situation of both stress and them being off ill and things like that. We're going through company, offering the personnel things like flexible working hours and stuff. So we're gradually now moving on to that next stage.' (Facilities manager, solicitors firm, 200 employees)

6.3.5 Impact on employees

The case studies attempted to examine the views of employees about how their organisations contact with WHC had impacted on them, if at all. However, it was difficult to identify any real impact at this stage. For example, where changes were confined to policy and accompanying paperwork, there was little if any impact on the day to day experiences of employees that they could identify. This tended to be the case particularly in office based, low-risk environments.

Where organisations had taken forward new training or induction programmes on the basis of their involvement with WHC, however, regardless of the sector, changes in baseline knowledge and attitudes were clearer. Several organisations had introduced or intended to introduce manual handling training for their employees, for example.

'It's changed our induction process which has meant that obviously we're making people a lot more aware than previously. We're actually doing a training session with all of our consultants so they're more aware.' (HR manager, management consultancy, 35 employees, finance sector)

'Yes, I think they have because they've actually had training on lifting and they've watched all the DVDs and things and I think they're feeling the benefit of that.' (Director, tool manufacturers 15 employees, manufacturing sector)

One organisation had also decided to implement a new mentoring system, to ensure that employees have an opportunity to raise potentially stressful issues with their managers.

In one company, the revised health and safety policy had been distilled into employee friendly leaflets and distributed. This has encouraged employees then to seek out health and safety guidance more frequently. The health and safety officer found that he was consulted more often prior to working on jobs involving hazards such as asbestos or working at height.

6.3.6 Business benefits

There were some examples where employers outlined how WHC had brought about bottom-line business benefits for them. In particular, the benefits of having good paperwork systems and well documented and implemented risk assessment procedures had been identified in gaining a competitive advantage as subcontractors, although this tended to be limited to the employers in the construction sector.

'We're getting bigger and we're bidding for bigger contracts and obviously the companies that we're working with they want to see us with clear cut policies. This happens quite regularly now, when we do start building site work that I have to provide a full method statement and risk assessments and everything for that site. We're all prepared for it now to a large extent, I mean a lot of it's a pro forma now, it's there ready.' (Health and safety officer, heating contractors, nine employees)

'I'm definitely going up slightly on the ladder as regards to the type of works I'm getting now ...they're contracts that I'd sort of previously supplied but all I was getting was the general maintenance day to day work, now they'll send me a tender...and I'll tender for it and I've actually started getting the works back now so....' (Manager, glazing company, five employees)

In one case, the turnaround in the size and quality of jobs the employer was able to take on had allowed them to refuse to accept work where the risks placed on employees (usually involving work at height) were felt to be too great. He felt that he was operating as a more professional outfit and that potential clients were also seeing his company that way.

There was also some acknowledgement that WHC advice could result in potential savings, since their advice enabled organisations to make more informed decisions about health and safety management and hence focus their health and safety expenditure on only what was strictly necessary to comply with legislation.

6.3.7 Pathfinder views

When asked which employers benefit most from the WHC offer, one pathfinder responded:

'I think it's small growing businesses so it's organisations who recognise not just what they have to do but actually see a benefit and I am sure Workplace Health Connect turns them onto that, they actually see that if they actually take care of this and take care of their people the problems and productivity gains which we try to give them they actually see those coming through.' (Adviser)

Describing the changes that they see following their contact with employers, advisers are able to discuss a range of initial outcomes. On the whole, advisers feel that they are seeing tangible changes in workplaces on a regular basis. This view is supported by customer feedback forms received by pathfinders which suggest that in the majority of cases employers have or intend to take action as a result of a visit from an advisor.

'There is absolutely no doubt that people are taking action on health and safety issues as a result of the visits that we're doing.' (Adviser manager)

'Even with the firms who already have systems in place, they believe that they are 'improving what they have, without a doubt', sometimes pointing that 'off radar' issues, eg that driving between meetings constitutes the most serious risk to their employees than any thing they do on site.' (Pathfinder service manager)

'It's very rare that we get an adviser saying couldn't really add much value there.' (Pathfinder service manager)

'Some companies come to us who are fairly good, they know they're fairly good and they want to be told they're fairly good. In which case there's sometimes not a lot to do with them. But they want a bit of reassurance and comfort and maybe even patted on the back to say you're doing a good job. And that's fine. But there's always some added value you can get out of them normally.' (Pathfinder service manager)

Sometimes, changes can be small. One adviser described it as 'seeing a light go on' when they explained a certain issue. In such cases advisers identify the main change as being a greater awareness and understanding, which they hope will translate into better practice over time. One service manager felt that one major benefit from getting involved in the service is the ability for managers to talk to their staff about health and safety issues. The advisers help with this by instilling confidence and giving advice on how to simplify the information.

'One of the things I think they do always benefit from is a lot of them aren't very good at talking to their staff. .. It's that they've got all these things in place but they've never really discussed them or shown them to people.' (Pathfinder service manager)

Some pathfinders recognised that different employers benefit in different ways. For example, manufacturing businesses tend to get more from manual handling advice, whilst larger, office based companies find the advice on stress useful. Some of the pathfinders felt that those companies that benefit most from the service are those that have an enthusiastic individual committed to taking health and safety seriously.

'I don't think you can say there's a profile of company, but there probably is a profile of an individual as sort of somebody who's got it as a responsibility, has always possibly seen it as a problem but actually realises that at worst it's not as big a problem as they thought it was and that at best it's something that's worthwhile and a positive thing to be doing.' (Pathfinder service manager)

'It's independent of size and sector, if they're up for it and they're saying I need to sort this out they will do it. If we're working hard from the first minute to convince them to let us in, it's a lot harder.' (Pathfinder service manager)

6.4 SUMMARY

Satisfaction levels with the service seem high, for both Level 1 and 2 services and employers' reactions to the service are very positive overall. Feedback typically involved words such as 'useful', 'practical' or 'tailored', with the approach and knowledge of advisers particularly singled out as a positive element. In some cases, however, the first visit could last longer than employers had anticipated suggesting that those responsible for setting up visits might need to reinforce messages about the time required to receive a full first visit.

Employers were often surprised by the fact that WHC advisers required them to think for themselves, rather than 'spoon feed' them. However, they were also generally appreciative of the fact that this meant that they were actually learning skills which could continue to benefit them in the future, after their contact with the service had ceased. There were some specific, and constructive, comments on the use of the employer toolkit, but those employers who had used it were very positive about what it offered, often using it to train staff as well as themselves.

The main areas of commonality with regard to recommendations from visits were that employers:

- improved risk assessment procedures and knowledge of how to conduct them
- re-designed or introduced policies, in some cases simplifying policies so that they can be easily shared with staff
- knew how to maintain better contact with those off-sick or encourage them back to work, although most employers did not have a current issue with absence within their organisation
- discuss and consider stress issues amongst their workforce, although some employers found this message harder to engage with.

Pathfinders are very positive about the impact that their work is having on employers, even if the changes that they see are relatively small in some cases. The case studies provide a

number of specific examples of how employers have acted on the recommendations given to them.

7 IMPLICATIONS AND RECOMMENDATIONS

The issues raised in this report represent the experiences of WHC staff and their clients over the last six months, but build on messages provided in earlier progress reports. Readers are referred to earlier progress reports for additional service implications emerging from the evaluation.

7.1 MARKETING AND REACH

WHC continues to progress towards its target numbers of users. Referral levels from the adviceline to Level 2 are very high and improving, as are the conversion rates of these referrals into actual WHC customers. It is clear, therefore, that all leads are followed up rigorously throughout the process suggesting that the administrative systems and design of the service, are operating successfully. New marketing approaches employed over the last six months have been particularly successful in attracting callers to the adviceline, many of whom use the facility as a source of advice rather than a referral point. This suggests that there could be untapped demand for the adviceline, but the difficulty for the service remains how best to promote this national aspect of WHC given limited overall marketing resource.

Telemarketing remains a successful method of generating leads across all pathfinder regions for the Level 2 services. However, there are perceptions that the telemarketing is not serving all pathfinders equally. Sharing information with the different regions on the number of employers contacted and the conversion rates within and across regions could help pathfinders better understand how telemarketing is working for them, and perhaps allay any concerns.

There are also some issues which need to be considered by the evaluation in relation to telemarketing, not least the fact that there is now emerging evidence (since the last progress report) to support pathfinder views that employers coming through telemarketing are more difficult to engage with the service and to maintain their engagement over time. This could suggest that there will be differences in the impact that WHC will have had between proactive employers and those reacting to an approach by the service, and this will need to be monitored.

The proportion of outreach contacts secured differs by pathfinder region, as does the approaches used to contact employers. In regions where the main efforts are focussed on networking with and meeting up with employers, particularly where this capitalises on contacts of intermediaries, there seems to be greater success. This approach also offers advisers the chance to broaden their role and may help to maintain staff engagement with the adviser role. In general, outreach activities are successful at generating users of level 2 services.

Regional marketing in some areas is becoming fairly focussed and generally appears to be target driven. This means that there are greater efforts to engage with employers in the care sector, for example, because these are seen as particularly responsive. Also, in at least one area, larger SMEs are a target because that pathfinder feels that the impact that they can have, in relation to stress as well as other issues, is greater when the company has more employees/resource. This could mean that there could be sectoral imbalances in the overall user population, and again, this will need to be considered when drawing conclusions about the impact of WHC in the final analysis.

7.2 SERVICE ELEMENTS

The roll out of the employer toolkit has met with a mixed response from pathfinders. Whilst some pathfinders are using the toolkit with all employers, others only use it with employers they feel will respond to it, whilst others do not wish to use it all. The main issues raised in relation to the toolkit are that it might be too 'high-tech' for some, particularly smaller, employers, and that taken as a whole is too onerous. However, the modular nature of the toolkit and the availability of paper-based resources to accompany the online materials do mean that it would be challenging to make it more accessible. There are, however, a number of specific difficulties that employers have noted which could be dealt with (or may already have been as some employers had already fed these back to the Midlands pathfinder), which could help to improve the user experience. Overall, however, users of the toolkit express a very positive reaction to its contents and approach.

The role of the regional stakeholder forums also seems to be very different across regions. In some areas they are clearly a useful resource and have been used in a considered and extensive way by pathfinders to support their outreach activities. In other areas, however, pathfinder managers appear to have had difficulties knowing how to exploit their contacts. There does seem to be support for the service from key stakeholders in most areas, however, but whether focussing on strategic contacts in the business community is appropriate for a service targeted at SMEs is not clear. In some areas, it would seem that including actual SME owners/managers on forums could be a useful additional activity, particularly in providing practical advice from a business perspective. Holding regular face-to-face meetings as a vehicle for forums does seem to have caused universal difficulties.

There seems to be an absence of a relationship between Level 1 and Level 2 advisers beyond their contact through referrals. This is particularly apparent in that the adviceline has not been used as a source of support from Level 2 clients following their second visits. To make most use of the resources deployed to the adviceline, and the skills of the Level 1 advisers involved, this would seem a useful way forward. However, it would require Level 2 advisers to take a step back, by recommending clients use the adviceline rather than themselves for any initial future queries and they may not see this as practical or appropriate. Regardless, it could be helpful, generally, for Level 2 advisers to have a clearer picture of the role played by Level 1 advisers. Encouraging the pathfinders to listen to a few (probably taped) calls taken by the adviceline could help to build a stronger relationship between the two service elements. The inability of Level 1 advisers to attend adviser conferences (as they practically need to be available to take calls at all times) is also likely to have limited their ability to network as effectively as Level 2 advisers have been able to do with each other.

7.3 EMPLOYER REACTIONS

The employer response to the WHC service remains very positive. Whilst there is evidence that second visits are not always popular or required by some employers, for the majority having a two visit model is a very important part of the service. The second visit is a useful source of reassurance about steps taken, but perhaps more importantly helps to prompt employers to take the actions recommended to them by advisers.

Whilst the main focus of this report is on the process evaluation, there are some emerging indicators of the types of actions that employers are taking as a result of their involvement in WHC. Whether this progress is measurable in any evaluative sense will become clear with further data collection and analysis, and information on this will be available in 2008. For now, it is possible to comment, using early impressions from service users and providers, on some of the most common progress made by employers.

Where progress has been made, most commonly it includes one or more of the following:

- better risk awareness, including about health risks
- improved housekeeping and awareness about how the work environment can impact on worker health (and safety)
- more appropriate policy design, including enhanced communication about policies with workers
- greater awareness of how to effectively manage sickness absence, although for many employers this is not currently an issue. There is some discussion, however, amongst both advisers and clients about whether sickness absence really is a small business problem
- some examples of the implementation of good practice elements in relation to stress management, although this is more limited.

Overall, therefore, within a specific employer, the changes that are made following their involvement with WHC can be relatively small in practical terms and it remains to be seen whether such changes have a quantifiable impact on outcome measures. The messages that employers choose to take out of their WHC experience tend to be driven by their specific needs, and this is often related to the nature of their business. For example in construction the benefits of showing good health and safety systems can be more apparent as firms are required to demonstrate this on a regular basis in order to get work as subcontractors from larger firms. Similarly, in office based environments, where the safety risks can be less problematic, managers are often more able to see the need for stress management or other health systems. Sectoral analysis will therefore form an important part of any future estimation of impact.

GLOSSARY

Case Management System (CMS) – a specially designed IT system used to collect monitoring data by the adviceline and pathfinders.

Level 1 – a free, national adviceline taking calls from both employers and employees, offering detailed and practical advice on workplace health and safety. The adviceline also acts as a referral point for Level 2. The adviceline is supported by a dedicated website.

Level 2 – free problem-solving visits from qualified advisers for employers with postcodes within five regions. Only employers with between five and 250 employees and without access to occupational health support are eligible to receive the Level 2 service. The Level 2 service includes an initial and follow-up visit, and a telephone follow-up three months after the second visit.

Level 2 Referral – an employer may be referred to Level 2 by the adviceline whereby their details are passed on to the appropriate regional pathfinder who will then contact them to offer a visit. Employers contacted through outreach are also registered as referrals to Level 2 although these employers will have had their first direct contact with WHC via their regional pathfinder.

Level 2 User – an employer receiving at least one visit from a Level 2 service provider.

Level 3 – employers requiring further support may be directed by either the adviceline or pathfinders to approved local specialists. The additional support from these providers support does not form part of the core free service and is at the discretion of the employer. Level 3 providers were identified by their relevant regional pathfinders as part of development activities in the area and each pathfinder holds a database of relevant professionals working in their area to which they can refer employers.

Outreach – marketing activities carried out by pathfinders in an attempt to engage local employers with the WHC service. Pathfinders vary in their approach to outreach, some have focused more on the use of telemarketing, others on more face-to-face approaches such as attending events. Outreach plans were submitted as part of the initial bidding process, but pathfinders have refined their approaches over time.

Pathfinder – contractors that deliver the Level 2 service. Pathfinder organisations are often based on regional partnerships and are contract managed through an intermediary by the HSE.

APPENDIX: DETAILS OF EMPLOYER CASE STUDIES

SAMPLE INFORMATION FOR CASE STUDIES

The study attempted to involve a range of type of organisations, based around a number of factors; as can be seen from the table below diversity was achieved in terms of:

- sector
- size
- whether the organization had more than one sight
- number of years in operation
- whether they had used some form of occupational health
- whether the company had workers on site not on the payroll.

IES has conducted initial visits to 49 case study organisations, all of which have used Level 2 WHC services.

Case study components

In each case, the research involved a face-to-face interview with the WHC contact within each organisation. Further interviews were conducted in some cases where the WHC adviser had interacted with more than one member of staff. These interviews covered:

- the person's job title, experience within the organisation and role with regards to health and safety
- the nature of the organisation and how H&S had been managed in the past
- how the organisation came to be involved with WHC
- WHC services used, areas of discussion, tools used and satisfaction
- outcomes and views of WHC overall.

Where possible, IES also interviewed the WHC adviser and additional members of staff who had less direct interaction with WHC. The employer reports and interviews with WHC advisers provided background and corroboration on the issues identified, services used and outcomes achieved. It was also useful to get the adviser's views on any barriers that the organisation may face in moving forward. The employee interviews provided richer detail on workplace hazards and confirmation on issues such as staff involvement in H&S and levels of sickness absence. However, in most cases, employees were not involved directly with the service and were not able to comment on WHC.

ANALYSIS

Each case study was fully transcribed and the transcripts used to construct detailed notes for each. Therefore a full write up of each case study was produced which included the views of both the advisers responsible for conducting the Level 2 visits, and staff within the employer. These case study write ups were then used by the report authors throughout this main report.

Table A: Summary of organisations visited and staff interviewed

Organisation size/type	Title of principal WHC contact interviewed	Employee(s) interviewed
Medium sized furniture manufacturer	Finance Director	No
Small manufacturing organisation	Managing Director	No
Small steel company	H&S Manager	No
Small glazing firm	Manager	No
Small bar	Bar Manager	Yes
Small paintballing company	H&S manager	No
Small structural engineering firm	Office Manager	Yes
Small automobile maintenance garage	Garage owner	No
Medium size	H&S officer	No
Medium sized basic skills training partnership	Health and Safety Officer	Yes
Large (180 emp) ground works and landscaping	Group H&S Manager	No
Large (200 emp) solicitors	H&S Manager	No
Small vehicle workshop and recovery service	Owner/Director	No
Medium sized vending company	HR Manager	No
Small community health partnership	Chief Executive	Yes
Small property development company	Managing director	No
Small heating company	H&S officer	No
Small manufacturer of labelling and binding products	Quality Assurance Manager	Yes
Small catering equipment wholesaler	Office Manager	Yes
Small care home (i)	Owner/Care Manager	Yes
Medium-sized manufacturer of medical materials	Quality Manager	Yes
Small manufacturer	Managing Director	Yes
Small hairdressing salon	Salon owner	Yes
Small events booking company	Account Co-ordinator	Yes
Small manufacturing organisation	Company Director	No
Small care home (ii)	Administrator/Deputy	Yes
Small roofing supplies wholesaler	Senior Partner	No
Small language school	H&S Manager	Yes
Small social club	(Licensee's wife)	No
Small theatre group	Manager	No
Small manufacturer	Owner Manager	No
Small hotel	Manager (& H&S)	No
Industrial heating, service and repair	General Manager	No
Small foundry	Manager	No
Small energy company	-	No
Small company	H&S Manager	No
Small computer services company	Managing Director	Yes

Organisation size/type	Title of principal WHC contact interviewed	Employee(s) interviewed
Small finance broker	Member Services Liaison	No
Med sized high tech firm	H&S Manager	No
Small care home (iii)	Chief Executive	Yes
Small paper products manufacturer	Director	Yes
Small manufacturing organisation	Officer Manager	No
Small community centre	Centre Manager	No
Small financial services company	H&S Manager	Yes
Medium sized employment service	Administrator	Yes
Small independent hotel	Manager	No
Small financial networking company	H&S Manager	Yes
Medium sized care home	Care Manager	Yes
Community youth project	Director	Yes