HSE

Research Summary

The Health and Safety Executive's non-statutory, principle-based guidance development and formative evaluation

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Research conducted by Kantar Public

August 2023

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Commissioning

This report summarises the findings of a qualitative research study conducted by Kantar Public between May 2022 and March 2023. The research was commissioned by the Insight and Service Design Team in the Health and Safety Executive.

The content of the report, including any opinions and/or conclusions expressed, are the views of the agency alone and do not necessarily represent the views of the Health and Safety Executive.

Background and objectives

Policy background

The Government aims to improve access to work for disabled people and people with long term health conditions.

The Government set out a ten-year plan and vision for how to do this in Improving Lives: The Future of Work, Health and Disability, Green Paper[1]. Following this in 2019, the Work and Health Unit (WHU)[2] ran a 15-week consultation, focusing on the role employers play in helping disabled people and people with long term health conditions to stay in, and thrive in, work.

One part of the Government's response to the consultation was to propose that the Health and Safety Executive (HSE) created non-statutory guidance to support employers in Small and Medium Enterprises (SMEs)[3] to support disabled people and people with long term health conditions to remain in work and manage related sickness absence.

The new guidance provides clear principles for employers, to help them create a work environment in which disabled people and people with long term health conditions can fulfil their potential, work effectively, and stay in work.

The overall aims of the new guidance are:

- To empower employers to take appropriate, timely action to support disabled people and people with long term health conditions to remain in work and/or return from sickness related absence
- To help workers to feel more confident in raising health concerns that have an impact on their day to day working lives with their employers.

The overall focus of the new guidance is to encourage employers to act early and supportively in relation to their workers – and to inform workers and help them to have pertinent and productive conversations with their employer to support them remaining in and returning to work.

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663399/improving-lives-the-future-of-work-health-and-disability.PDF

[2] https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss/outcome/government-response-health-is-everyones-business

[3] In this context, Small and Medium Enterprises (SMEs) are defined by number of employees: Micro (1-9 employees), Small (10-49 employees) and Medium (50-249 employees)

Research objectives

Research was commissioned to understand responses to the guidance and support its ongoing development in two stages:

- **Stage 1:** research to help inform the development of guidance prior to its launch in November 2022, in terms of structure, content, tone, language and key channels for communication
- **Stage 2:** post-publication research to explore the initial impact of the guidance on employers and workers, after it was published on the HSE website.[4]

[4] Overview - Support disabled workers and workers with long-term health conditions - HSE

Research approach

Stage 1: pre-publication research

The approach was qualitative and involved two research phases:

- In **Phase 1**, six documents were reviewed and ten, one hour, video interviews were conducted with internal and external HSE stakeholders
- In **Phase 2**, 36, one hour, video interviews were conducted with 18 SME employers and 18 SME workers.
    - Before their interviews, all participants were asked to read a working draft of the guidance, a conversation template and review two alternative formats.

Phase 2 participants were recruited from across a range of business sizes and sectors. This included workers, and employers managing workers, with a variety of impairments and long-term health conditions, who were experiencing barriers to employment.

Participants were all pre-tasked and interviews included a discussion of participants' individual situations and their responses to the working draft of the guidance, the conversation template and the alternative formats.

Interviews took place in May 2022.

Stage 2: post-publication research

This comprised 45, one hour, video interviews: 25 with SME employers and 20 with SME workers. Once again, participants were recruited from across a range of business sizes, sectors, and individual situations, similar to Stage 1.

In Stage 2, around half of both the employer (x 13) and worker (x 10) participants were recalled from Stage 1 and, therefore, were aware of, and had a degree of familiarity with, the published guidance. The other half were new recruits (employers (x 12), workers (x 10)

Interviews took place mid- February to mid- March 2023.

Participants were pre-tasked to read the published guidance and complete an exercise designed to explore its usability: tasks differed slightly for employers and workers.

Interviews involved a discussion of individuals' situations and their responses to the published guidance. Recalled participants were also invited to comment on whether they

thought the published guidance had improved compared to the previous working draft they had viewed in Stage 1.

One new participant had come across the guidance independently, but the others had not seen the guidance before the research took place.

Main findings

SME organisational context

Organisations varied significantly in their approach to the management of the impact of work on health. Factors that contributed to this included an organisation's sector, size and structure; overall workforce profile; sites and the types of tasks that workers were performing; overall management structures; and individual managers' attitudes and experiences.

These factors interacted to create an array of organisational cultures. These differed in terms of their overall focus on the importance of inclusivity and wellbeing in the workplace, and the structures and relationships that existed between members of the workplace hierarchy.

This meant that there was variation in the extent to which organisations were willing, or able, to develop and maintain a focus on an inclusive work culture that aimed to remove barriers for workers in the workplace.

Workers also differed significantly, between and within organisations, in terms of how they related to the issue of health at work. Components of this included their self-concept or relationship with their impairment or long term health condition; knowledge about the rights of disabled people; role and status within the organisation; relationships with others at work; and their personal circumstances regarding the barriers they were facing in their workplace.

Additionally, there were assorted levels of knowledge and understanding of, and varying interpretations made around, the terminology used in this subject area. For example, while the status of disabled people was generally recognised, understanding of what constitutes a 'long term health condition' was not established and there was confusion about, or diverse uses of, other terms such as 'wellbeing' and 'inclusivity'. The lack of a common language, shared concepts, or an agreed sense of what is acceptable, contributed to employers feeling uncertain about how best to approach these issues with workers, and workers feeling disempowered.

Experiences of disclosure

This complex context meant that different attitudes, behaviours and outcomes were observed in the research, regarding workers' disclosure of the impact of work on their health, and workers' ability to remain in work.

Workers’ experiences of disclosing an impairment or long term health condition differed significantly, depending on their individual situations and the organisational culture in which they worked.

For some workers, disclosure of the impact work had on their health was a one-off event; whereas for others it happened over time, especially if workers were living with impairments or conditions that fluctuated or changed over time. Others had not disclosed the impact of work on their health to their employers at all and did not intend to do so until there were changes in their circumstances, that they felt, would make disclosure necessary.

Whether they had disclosed the impact of work on them to their employer or not, workers were concerned about the negative impact disclosure could have on them, their reputation, or their future employment opportunities. Workers experiencing mental health conditions were particularly likely to be hesitant to disclose their condition, as they feared being stigmatised by managers and/or other workers.

While some instances of proactive disclosure were found within the research, many workers put this off until there was an acute need to disclose, such as the worker needing repeated time off for medical appointments or when they were unable to work due to illness.

There were some examples cited of employers who had implemented policies aiming to understand workers’ barriers to employment and/or support wellbeing. However, this was not widespread, and managers tended to report reacting to workers’ situations on a case-by-case basis, especially in response to worker illness or absence. Managers tended to use either the general HR resources available to them in their organisation or generic online searches and GOV.UK to seek information on how to proceed in these cases.

Responses to the draft guidance (Stage 1)

At a spontaneous level, employers and workers felt the development of the non-statutory principles was positive, as they imagined the guidance would help to raise awareness and establish understanding of this topic in the workplace.

While there were variations in responses, employers mostly felt the principles would enable and stimulate organisations to develop their approaches and give ideas for action in specific situations.

Workers were also open to the guidance in theory, although given individual workers' previous experiences of interacting with their employers about this issue, there was some cynicism about whether employers would put the principles into practice.

In terms of presentation, workers and employers generally praised the content, tone and language and the overall focus of the guidance on encouraging the removal of barriers to employment in the workplace. Participants were particularly positive about the inclusion of conversation templates as a prompt to structuring and recording interactions with workers.

However, some participants felt that the guidance could be developed in some areas, especially in terms of making it more concise overall.

Responses to the published guidance (Stage 2)

Responses to the published guidance were overwhelmingly positive and those participants who had been recalled from Stage 1 and had seen the draft version felt that the published guidance had improved from its previous iteration.

The three main benefits of the guidance were it:

- Introduces the topic of health at work – many participants felt relieved that something is being done to raise this as an issue
- Provides reassurance about what to do – both employers and workers felt the guidance gave them confidence around how to talk, and what to do, about work impacting on workers’ health
- Provides a resource that is comprehensive, clear and flexible to use – participants agreed that the guidance was relatively straightforward and could be applied in a range of situations.

The non-statutory labelling of the guidance was highlighted by employers as the main barrier to organisations taking it on, especially in those organisations less focused on the removal of barriers to employment. Although employers expressing this view were a minority in the research, there was evidence that some organisations were focused on compliance with minimum standards and so were reluctant to engage with any practices beyond this.

Some workers did not feel they would be able to use the guidance to hold their employers to account, as they assumed employers would push back against anything that is not ‘the law’.

Usability of the guidance

Employers who were anticipating using the guidance to direct activity in their organisation at a holistic level were most positive about the guidance. This was because they felt that in

its current format the guidance supports this way of thinking and is flexible enough to be relatively easily adopted into current working practices.

However, employers who were more focused on using the guidance in response to acute issues, raised by individual workers, were less positive about it. For their purposes, they believed that the guidance was not specific or directive enough, and too long, for them to identify easily what they would need to do in their circumstances. This was compounded by the fact that the first section of the guidance ('Create a supportive and enabling workplace') relates to addressing organisational cultures, rather how to respond to individual situations.[5]

When asked to use the guidance to help inform responses to a hypothetical situation, most employers felt that it confirmed their current practice: they tended to believe that they had mostly put the principles in place, especially around having open-ended conversations between workers and line managers. However, on detailed reading of the guidance, especially the conversation templates, employers commonly identified areas in which they could improve.

Some employers rejected the guidance outright, although this was a minority in this qualitative sample. These employers felt the administrative burden, they imagined the guidance to involve, would be too much to take on: for example, the time required to brief managers, plan conversations with workers and document these, could not be supported by current structures.

Other employers, who were the most focused on manifesting best practice, felt that the guidance could stimulate them to take a more proactive approach to thinking about health at work, and could give them inspiration about how to improve their current ways of working.

Workers often felt, in theory, the guidance would have improved their treatment in their situation, if it had been used. Those most positive about it tended to be workers who had a good pre-existing relationship with their manager. These workers believed the guidance could have helped to signal a shift in the balance of power towards the worker, prompting openness and improving the sensitivity of managers to workers' situations.

However, many feared the consequences of this, especially those who had had negative experiences with managers in the past. They were concerned that managers would not have the skills or willingness to handle conversations sensitively, that documenting conversations could also have negative repercussions for them in the future, or that conversations would be treated as a 'tick box exercise' that would have no consequences.

[5] The Department for Work and Pensions has created an online tool that fulfils the role of helping guide employers and managers in individual situations. It can be found here: [Support with employee health and disability – GOV.UK (dwp.gov.uk)]

Participants welcomed the inclusion of illustrative examples in the guidance, as these were perceived as useful. However, these examples were not always noticed, as users are required to click onto a title on the webpage to reveal hidden content. Participants were keen for the illustrative examples to be developed and elaborated on over time.

The conversation templates were perceived as the most impactful aspect of the guidance, as employers imagined these could help to formalise conversations with workers, give structure and encourage a focus on action points. The templates included questions that even employers who considered their practice in this area to be good were not currently asking, such as questions relating to barriers to employment, and agreeing regular contact with workers on sick leave.

Employers thought the templates could be used formally or informally, whichever was judged appropriate by a manager, and had the benefit of providing a record of interactions. Participants working in HR were particularly keen on the templates, as they believed that line managers could use the templates to take a more proactive role in handling these issues. Workers were open to managers being provided with a starting point and structure for a conversation.

However, some participants were negative about the fact that the template is a document to be filled in as part of a conversation. This was where some employers’ concerns about the administrative burden emerged from. Also, some workers feared the filled in template could be used as ‘evidence’ against them in the future.

Impact of the guidance

At the time of the post-launch interviews, the guidance had been published for around three months. There may not have been sufficient time for awareness of the guidance to have become established. In this context, it is extremely difficult to assess the ‘impact’ of the guidance, although it is possible to consider participants’ views on its potential impact.

In the sample, there were two participants who had used the guidance.

One was an employer who had been alerted to the guidance by their HR consultant. The employer had used it to direct their action in relation to a worker who had experienced a long term hip injury. The employer felt the guidance had given them confidence in what approach to take and had made them more empathetic towards the worker.

The second one was a worker with a mental health condition (recalled from Stage 1), who had shown the working draft of the guidance to their manager. They felt that the manager had changed their approach towards the worker and had become more focused on maintaining regular, friendly contact with the worker after having seen the draft guidance.

Many participants felt the guidance could have a range of positive potential impacts and anticipated how their own practice might change because of it.

Examples given included:

- Checking the guidance proactively in reference to their individual situation
- Developing/improving policies/processes
- Proactively considering how to remove barriers at work
- Developing training for line managers/supervisors
- Taking the guidance to organisation leaders/HR/their own line manager to help raise awareness of it.

All participants believed that, if used as intended, the guidance could change organisational cultures on this topic over time. This was because the guidance puts the focus on the worker and their experience of barriers to employment, directly supports conversations about these topics, and changes the context and focus of conversations, especially around how to remove barriers in the workplace.

All workers particularly felt that if organisational cultures changed this would have the benefit of improving their experience of work, which in the long term may lead to a greater retention of disabled workers and workers with long term health conditions.

However, many participants feared the guidance would not be taken up as intended and so may have a limited impact. Employers were sometimes concerned the guidance could trigger challenges to existing power structures, or that it would be impractical to make reasonable adjustments in particular situations. Some workers also expressed reluctance to engage with it at work, as they imagined that any information they disclosed could be used by their employer to discriminate against them in the future.

Participants did not have fixed views on which organisations should be the 'messenger' for communication on these issues. While HSE has a good reputation among workers, 'traditional' sectors and HR professionals were more 'top of mind' in this space. Participants were also open to other organisations communicating about the guidance, such as DWP (The Department for Work and Pensions), ACAS (The Advisory, Conciliation and Arbitration Service), CIPD (The Chartered Institute of Personnel and Development) or condition-specific, medical or community-based organisations.

Further information

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the HSE website for details. First published [11/23].

Published by the Health and Safety Executive [11/23].