

# Constructing Better Health

## Final Evaluation Report

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

# Constructing Better Health

## Final Evaluation Report

Claire Tyers BSc, MSc  
Alice Sinclair BSc, MSc  
Daniel Lucy BSc, MSc  
Marc Cowling BA, MSc, PhD  
Vanessa Gordon-Dseagu BSc, MSc  
Institute for Employment Studies  
Mantell Building  
University of Sussex Campus  
Brighton BN1 9RF

Dr Jo Rick BA, PhD, CPsychol, AFBPsS  
Institute of Work Psychology  
University of Sheffield  
Sheffield S10 2TN

The Constructing Better Health pilot aimed to raise awareness of occupational health issues within the construction industry, as well as to test out a model of delivery so that learning points could be used in the design of any national scheme. The pilot was carried out in Leicestershire from October 2004 to June 2006.

This report investigates both the process and the impact of the pilot. It considers:

- the model of delivery and the reaction amongst employers and workers in the pilot area to the service;
- levels of take-up of the service and the reactions to different elements of service provision;
- intermediate outcomes such as awareness of occupational health issues and better health management procedures; and
- the ultimate outcome measures including levels of accidents and days lost due to ill-health.

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

© Crown copyright 2007

*First published 2007*

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the copyright owner.

Applications for reproduction should be made in writing to:  
Licensing Division, Her Majesty's Stationery Office,  
St Clements House, 2-16 Colegate, Norwich NR3 1BQ  
or by e-mail to [hmsolicensing@cabinet-office.x.gsi.gov.uk](mailto:hmsolicensing@cabinet-office.x.gsi.gov.uk)

## **The Institute for Employment Studies**

The Institute for Employment Studies is an independent, apolitical, international centre of research and consultancy in human resource issues. It works closely with employers in the manufacturing, service and public sectors, government departments, agencies, and professional and employee bodies. For over 35 years the Institute has been a focus of knowledge and practical experience in employment and training policy, the operation of labour markets and human resource planning and development. IES is a not-for-profit organisation which has over 60 multidisciplinary staff and international associates. IES expertise is available to all organisations through research, consultancy, publications and the Internet.

IES aims to help bring about sustainable improvements in employment policy and human resource management. IES achieves this by increasing the understanding and improving the practice of key decision makers in policy bodies and employing organisations.

## **Acknowledgements**

This work has been guided by an advisory group at the Health and Safety Executive with specific remit for assisting the evaluation and by the broader steering group for Constructing Better Health (CBH) initiative. In particular, Monica Smith and Colleen Bowen have worked closely with the IES team in developing and implementing the evaluation, and Paul Edens, Eleanor Keech, James Noble, Alan Spence and Laura Smethurst have also provided support from within HSE. Additionally, we would like to acknowledge the contribution of staff within CBH, particularly Michelle Aldous and Dulcie Adams, to this evaluation, not least their willingness to reflect on progress to date and share insights gained from their practical experiences. Derek Smallwood and his team within Business Healthcare have also provided valuable information on the healthcheck side of the pilot.

We would also like to acknowledge the role played by a range of stakeholders in Leicestershire and further afield for helping us to understand the broader issues. Additionally, the crucial role of employers and their workers who spoke to the evaluation team needs to be acknowledged and we are very grateful to all those who gave up their time to help us. In addition to the report authors, a number of other IES staff have also had a key role in shaping the evaluation, including Nii Djan Tackey who assisted in collecting employer and worker views, and Gill Howd and Denise Hassany who provided valuable support in the production of this report.



# CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>vii</b>
<b>1. INTRODUCTION</b>	<b>1</b>
1.1 Overview	1
1.2 Policy context	1
1.3 Remainder of the report	2
<b>2. THE CONSTRUCTING BETTER HEALTH SERVICE</b>	<b>3</b>
2.1 Overview	3
2.2 Pilot Aims	3
2.3 Portfolio of CBH activities	3
2.4 Pilot targets and delivery design	9
2.5 Understanding the target users	10
2.6 Understanding Industry and policy interests	14
2.7 Summary	14
<b>3. THE CBH EVALUATION</b>	<b>17</b>
3.1 Evaluation design	17
3.2 Data sources	17
3.3 Summary	25
<b>4. MARKETING</b>	<b>27</b>
4.1 Introduction	27
4.2 Types of CBH activity	27
4.3 Marketing approaches used	27
4.4 Effectiveness of marketing approaches	30
4.5 Difficulties in reaching small employers	32
4.6 Reaching subcontractors on larger sites	34
4.7 Scale of marketing and sales activities required to 'convert' users	35
4.8 Awareness of the pilot	36
4.9 Summary	38
<b>5. SERVICE TAKE-UP</b>	<b>39</b>
5.1 Introduction	39
5.2 Employer patterns	39
5.3 Take-up by individuals	42
5.4 Understanding take-up	44
5.5 Understanding take-up of different service elements	51
5.6 Summary	54
<b>6. HEALTH CHECK OUTCOMES</b>	<b>57</b>
6.1 Type and scale of testing	57
6.2 Interpreting the results of the tests	58
6.3 Test results	59
6.4 Trends by age and trade	61
6.5 Referral to General Practitioners	63
6.6 Summary	64

<b>7. USER VIEWS ON CBH AND SELF ASSESSED OUTCOMES</b>	<b>65</b>
7.1 User satisfaction	65
7.2 Self-assessed outcomes	68
7.3 Summary	78
<b>8. IMPACT OF CBH SERVICES</b>	<b>81</b>
8.1 Overview	81
8.2 Profile of service use: survey respondents vs. all users	83
8.3 Changes to core outcomes	83
8.4 Other data on outcomes	88
8.5 Service costs and progress against targets	102
8.6 Summary	104
<b>9. CONCLUSIONS</b>	<b>105</b>
9.1 This evaluation	105
9.2 Learning about the construction industry	105
9.3 Messages about occupational health	106
9.4 Operational lessons	107
9.5 Future of the CBH brand	107
<b>APPENDIX 1: RESPONSE RATES</b>	<b>109</b>
<b>APPENDIX 2: WEIGHTS USED IN ANALYSIS</b>	<b>110</b>
<b>APPENDIX 3: QUESTIONNAIRE USED IN WAVE TWO SURVEY</b>	<b>115</b>
<b>APPENDIX 4: DETAILS OF CASE STUDY PARTICIPANTS</b>	<b>142</b>
<b>APPENDIX 5: DETAILS OF REGRESSIONS USED IN IMPACT ANALYSIS</b>	<b>143</b>
<b>APPENDIX 6: ADDITIONAL TABLES TO ACCOMPANY CHAPTER 8</b>	<b>221</b>

# EXECUTIVE SUMMARY

## INTRODUCTION

The Health and Safety Commission (HSC) is responsible for health and safety regulation in Great Britain. The Health and Safety Executive (HSE) and local government are the enforcing authorities who work in support of the Commission.

Construction is a key target because of high levels of work-related illness and workplace injuries and fatalities. There are also skills shortages projected for the future, meaning that effective management of ill-health within the industry is a very important, but also a challenging issue.

With the support of sector representatives, activities have been underway since 2000 to establish a comprehensive occupational health support scheme for the construction industry. In order to determine which elements would be most useful in any national initiatives, the HSC's Construction Industry Advisory Committee (CONIAC) nominated an Action Forum of key industry players who set up a company (Constructing Better Health, or CBH) on a not-for-profit basis to manage a pilot of the same name. The CBH pilot offered a specifically designed occupational health intervention targeted at the construction industry in Leicestershire from October 2004 to June 2006. It was an attempt for policymakers to work closely with the construction industry and the success of the initiative will be judged differently from these two perspectives.

## PILOT AIM

The main aim of the CBH pilot was to raise awareness of occupational health issues within the construction industry as well as to test out a model of delivery so that learning points could be used in the design of any national scheme.

In addition, secondary aims were: to help tackle cases of ill-health identified amongst workers, to help employers improve systems dealing with health to promote good risk assessments processes that address health issues and, ultimately, to reduce the incidence of ill-health and associated absence within the pilot area.

## PILOT SERVICES

The CBH pilot was jointly run by two specialist providers. Anyone working in the construction industry within Leicestershire was eligible for their support. The actual services on offer were:

- site visits where occupational health issues were discussed and employer needs determined either for other aspects of the CBH service or for referral onto other providers
- risk assessments conducted by qualified staff on construction sites
- document reviews to ensure that employers are operating the most effective health and safety management systems and policies to counter any employee health risks
- the provision of training in the form of 'toolbox talks' designed specifically by CBH staff to cover a range of occupational health issues and information for workers, and two- day management training interventions tailored to individual employer needs



- the use of a mobile health testing unit staffed by a qualified occupational health nurse or technician to deliver health surveillance and voluntary health checks
- case management by trained occupational health professionals for those on sick leave, or identified as in need of support through health testing.

## **EVALUATION DESIGN**

The evaluation was designed to investigate both the process and the impact of the pilot. It therefore considered:

- the model of delivery and the reaction amongst employers and workers in the pilot area to the service
- levels of take-up of the service and the reactions to different elements of service provision
- intermediate outcomes such as awareness of occupational health issues and better health management procedures
- the ultimate outcome measures including levels of accidents and days lost due to ill-health.

## **MARKETING**

- As a new initiative working with a hard-to-reach sector, CBH tested a range of marketing and promotional activities. By the end of the pilot, 40 per cent of employers in the pilot area had heard about the service. Getting the messages and approach right has taken time, but there are a number of learning points that have emerged. These included:
- the need for continued and repeated contacts with employers to generate interest in the pilot, particularly in the first year of operation
- the difficulties inherent in reaching the smallest contractors, although those who sub-contract to larger companies can be reached via these main contractors
- the time required to use larger employers as a means of cascading messages and, within each employer, to get to the point of actual service delivery were both significant
- the proven effectiveness of telemarketing in reaching employers with more than five employees
- the lack of interest in web-based resources or a telephone helpline. Employers in this sector respond better to proactive approaches by service providers and face-to-face contact.

## **SERVICE TAKE-UP**

After 21 months of operation, the pilot had provided services to 367 different employers. The most popular services were:

- initial briefings and set-up meetings, with most employers preferring to meet a member of CBH staff prior to setting up actual service delivery on site
- site visits where occupational health issues were discussed in depth (often following a full site walk round) as well as the other types of services on offer





































































































































































































































































































































































































































































































































