

Evaluation of Occupational Health Advice Lines evaluation: Final report

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The Occupational Health (OH) Advice Lines pilot was designed to provide small and medium-sized businesses (SMEs) with access to early and high quality professional advice that would help them to manage employee health conditions in the workplace. It ran as a telephone-based service across Great Britain from late 2009 to March 2011. The evaluation of the pilot was carried out by the Institute for Employment Studies (IES) and the survey house TNS-BMRB, and involved the collection of management information data from the pilot sites, a telephone survey of 505 employers who used the service, 50 further in-depth telephone interviews with selected employers and interviews between the evaluation team and pilot staff across the nine sites of the pilot programme. The evaluation focused on calls from SMEs and General Practitioners (GPs), which are referred to here as 'eligible callers', although employees from SME firms were also able to use the line.

Key messages:

- The pilot successfully targeted the intended users of the service, who were mainly SME employers looking for help in managing an employee health problem.
- The service was helpful both in offering reassurance to employers considering a range of options and in providing guidance to employers who had no idea what to do. This indicates that the OH Advice Lines are useful to employers regardless of whether they have experience of dealing with OH in their workplace.
- Queries from employers were generally about managing sickness absence or dealing with fit notes, but problems were often multifaceted with some requiring legal advice and/or a signpost to another specialist provider such as Acas, implying that further co-operation between intermediaries could help maximise reach to SMEs.
- Around half of callers felt they would have made the same changes even without the service, by acting on the plans they had in mind or by finding help elsewhere. However, users valued the service because it provided them with the reassurance that they were taking the right approach. They also saw it as offering something more and different to existing provision: access to a free 'one-stop shop', staffed by a professional team.
- Call volumes were lower than anticipated, reflecting the difficulties of marketing to SMEs generally, and specifically with a service such as this which is only useful at a point of need.
- Online marketing and the use of Acas to promote the service were the methods that proved most effective in reaching the target audience.
- A further delivery phase is now taking place. This has taken on board learning from the pilot and will continue to test out marketing approaches and demand for the service.

Background

SMEs with fewer than 250 employees generally have little or no access to OH support to help them deal with employee sickness absence or employee health issues at work¹. The OH Advice Lines service was designed to both test the demand for OH services amongst this group and appropriate delivery models. Specifically the service aimed to provide SMEs with early and easy access to high quality advice concerning employee health issues. After the launch of the fit note in April 2010, the service was also made available to GPs to assist with any professional queries they had about the fit note or other OH issues related to their patients.

The OH Advice Lines pilot was delivered and project managed by different teams in England, Scotland and Wales, with separate budgets and delivery models in each country. A separate telephone number to gain access was used in each country.

Findings

User profile: From November 2009 to the end of March 2011, the pilot took 1,875 calls from employers and GPs (1,432 in England, 300 in Scotland and 143 in Wales). GPs calling about patients made relatively limited use of the service, making up six per cent of all calls. The OH Advice Lines in Scotland and Wales achieved a higher penetration of SMEs despite higher call volumes in England. Micro employers (those with fewer than ten employees) were underrepresented in the sample of users, and made up a quarter of all callers. This reflects the lower incidence of sickness absence in small as opposed to medium-sized firms, and difficulties in reaching this group. Callers came from various sectors with the most prevalent being the health and social care sector (21 per cent of all callers), possibly reflecting higher absence rates or greater awareness of the initiative within this sector.

Views on the service: The vast majority of employers viewed the service positively, and found getting through to an adviser a quick and smooth process. The level of professionalism and approach of the advisers was rated highly, as was having the opportunity to talk to a real person who had no commercial interest in the advice they were providing.

Reasons for service use: Users were mainly calling for help with an employee health problem. The employer survey found that 34 per cent of employers called for advice on how to deal with a mental health condition, with work-related stress the most common employee health issue facing employers. Management data showed that 21 per cent of calls were fit note queries. Interviews with employers revealed that they were often calling for confirmation that they were choosing the right course of action from a range of options they were considering. They found out about the service when they began seeking help for a specific problem, often finding it through internet search engines or through intermediaries such as Acas. According to the survey, 47 per cent of the employers had used some other kind of support for staff health, well-being or sickness absence issues in the last 12 months, although evidence suggests that some of these services referred the callers onto the OH Advice Lines. This shows the value in promoting co-operation between intermediaries to ensure that any other services SMEs use can refer employers onto the OH Advice Lines where they are not able to deal with their queries. Most of the employers interviewed told how they had not been required to deal with OH issues in the past.

Type of advice provided: This included recommendations and advice on how to: keep in contact with the absent employee; carry out a return to work plan; make contact with the employee's GP; and, when appropriate, consider the processes required if the employer wanted to correctly terminate the contract of the employee who had been on long-term sick leave. Both the survey and management information showed that around half of calls resulted in signposting onto other support and many employers were recommended to use online resources.

¹ DWP (2008). *Working for a Healthier Tomorrow: Dame Carol Black's Review of the Health of Britain's Working Age Population*.

Actions taken following the call: A few weeks after using the OH Advice Lines, 54 per cent of the SMEs that responded to the survey had taken action in their workplace as a result of the call, with another seven per cent still planning to do so. When presented with a list of actions and asked to include changes made following use of services/websites they were signposted to, the proportion reporting action rose to 90 per cent. The most common action taken was to consult a third party (including face-to-face or local OH services) for further support or advice. More direct actions included: contacting the employee who was off sick; changing the employee's role or working conditions; putting together a return to work plan, and; conducting a risk assessment. Overall, the changes demonstrate good practice in relation to dealing with an OH issue, which should lead to reduced staff absence and improved retention in the future.

Impact of the service: The objective of the pilot from the outset was that it should be made available to as many SMEs as possible. As data for a plausible comparison group could not be collected at a proportionate cost, it was not possible to formally assess the impact of the OH Advice Lines. Instead, the evaluation examined the perceived impact of the service and the value placed upon it by those who used it. Of the employers surveyed, 50 per cent believed that they would have taken some of the actions mentioned even without the support of the OH Advice Lines service, for example by finding the information elsewhere or by going ahead with the changes they already had in mind. This is likely to reflect the fact that these employers were already looking for some kind of help and were committed to dealing with the issues they faced. Nonetheless, many of those interviewed were keen to point out a number of benefits to using the service over and above the internet or other sources of information, including: it is free; it can be immediately accessed and provides a 'one-stop shop' (which means they can deal with the situation more quickly), and; it provides an expert opinion and reassurance that they are taking the right approach. Over 90 per cent of survey respondents felt that the OH Advice Lines service was useful and the same proportion would recommend it to others.

'It's good, it's business-focussed, it's responsive. The advice is accessible when we need it.'

(Medium-sized employer)

'I think for a small employer who wants to do the right thing, both legally and morally, just to have that resource is invaluable.'

(Micro employer)

'They were very reassuring in that the steps we had taken were reasonable and appropriate. They gave us extra bits that we could consider but the most useful thing they gave me was a one-stop shop for all the other places I could go to. I didn't need to spend hours Googling.'

(Medium-sized employer)

Views on paying for the service: It was difficult to assess the extent to which SMEs would be prepared to pay for the service as survey respondents tended not to hold financial positions in their organisations, but 37 per cent stated that they would not pay. Thirty-four per cent said that they would pay for the service whilst 25 per cent said they might or that it would depend on circumstances (with the remainder unsure). Callers from Wales and those with fewer than ten employees were less willing to pay for the service than other groups, despite being just as likely to find it useful. Some said they did not have the budget available to pay although others thought they could have found the information they needed elsewhere. Overall, a pay-per-use model was preferred over a subscription service, reflecting the fact that frequency of demand is low.

Policy implications

The priorities for future service delivery are to raise the visibility of the service amongst SMEs, although this is likely to be a continuing challenge. Other challenging aims include educating employers from smaller businesses about the benefits of good OH practice and encouraging them to have effective absence management policies in place, both for the benefit of themselves, their employees and the economy as a whole. In designing an appropriate

marketing strategy it will be necessary to recognise that this service is designed to offer value to employers at a point of need, so even when they do hear about it, managers may not need to call. The pilot has been extended to allow further market testing to occur, and a number of operational efficiencies to be introduced.

Broader policy implications can also be drawn from the service, these include:

- web based marketing proved to be most effective for SMEs and should be used where possible in preference to more expensive methods such as regional events as these have not been shown to be as effective in generating demand;
- fostering mutually beneficial relationships with intermediaries, drawing on the specialisms of each, enables handling of multi-faceted problems that might be faced by employers. Efficient referrals between services can also help to attract SMEs to an OH service;
- the strategy for promoting services such as this should focus on ensuring information about the service is high profile enough for users to find it when they need it. Establishing broader brand awareness may come with time, but is likely to be too costly to generate in the short term;
- some form of ongoing promotion will be necessary to promote the service and ensure that new users can find it – continued efforts to ensure that any websites do well in internet search engines, for example;
- front-line staff should not be expected to develop and implement successful marketing strategies unless they have specific experience or training in this area.

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The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 908523 54 9. Research Report 793. March 2012).

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