

Evaluation of the Occupational Health Advice Lines pilot: Interim findings

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This research summary presents interim findings from the evaluation of the Occupational Health (OH) Advice Lines pilot launched in winter 2009. This is one of a number of initiatives being trialled to address the issues raised by Dame Carol Black in her review of the health of the working population, *Working for a Healthier Tomorrow*¹. The pilot operates nationally across England (from seven sites), Scotland (one site) and Wales (one site) and is being evaluated by the Institute for Employment Studies (IES).

The evaluation aims to: understand use of the Advice Lines; map delivery models and examine their effectiveness; and explore the (perceived) impact of the services. Data are being collected using a variety of techniques, including:

- management information collected at the pilot sites (this provides details of the call and the caller, and is used for internal monitoring and evaluation purposes);
- a telephone survey of employers who used the service (212 responses have been analysed so far, a response rate of 78 per cent) conducted by IES and the survey house TNS-BMRB;
- in-depth telephone interviews with employers who used the Advice Lines (33 have been completed) conducted by IES; and
- regular contact between the evaluation team and providers across the nine sites.

This research summary draws on data from the first year of operation – management data from the first 11 months of the pilot and the views of callers using the Advice Lines between April and August 2010. These interim findings reflect partial data only and should therefore be treated as preliminary at this stage. The full evaluation report is due to be published in early 2012.

What are the OH Advice Lines?

Dame Carol Black's review identified a lack of OH coverage for small and medium-sized enterprises (SMEs), i.e. a lack of support available to help them deal with employee sickness absence or employee health issues at work. The aim of the OH Advice Lines pilot is to fill that gap and test the demand for the services amongst this group. Specifically, the pilot aims to provide SMEs with early and easy access to high quality, professional advice in response to individual OH issues facing their employees. The advice, which is tailored to the needs of the caller, should assist the business in retaining the services of their employee and/or assist a member of staff back to the workplace following a period of sickness-related absence. The Advice Lines cover all work-related and non-work-related health conditions, but there is a specific focus on providing support to those with mental health conditions. The Advice Lines are also designed to signpost employers to relevant, professional specialist advice and services where the employer (or their employee) needs additional or on-going support that the Advice Lines are not designed to provide.

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

The Advice Lines are being run separately in England, Scotland and Wales, with separate budgets, plans for raising awareness, and initial telephone numbers to gain access. The services reflect each country's unique infrastructure and utilise some existing services, thereby enabling the testing of slightly different models and ensuring as little duplication as possible within the public health sector².

The primary focus of the pilot is on SMEs with fewer than 250 employees calling about an OH issue and GPs calling about patients (these two groups are referred to as 'in-target' calls). The evaluation focuses on these calls. The Advice Lines are also available to employees from SME organisations (referred to as 'in-scope' callers).

Who is using the Advice Lines?

In the first 11 months, the Advice Lines had taken 1,260 calls from in-target callers (1,001 in England, 187 in Scotland and 72 in Wales)³. Some of these were repeat calls so the number of unique in-target callers was slightly lower at 1,164 in total (939⁴ in England, 158 in Scotland and 67 in Wales). These figures show that the pilot has achieved relatively low call volumes. It remains unclear at this stage whether this is due to a lack of demand for OH

In-target callers by country and organisation size

	England		Scotland		Wales		All	
	N	%	N	%	N	%	N	%
0 to 9	208	22	32	20	25	37	265	23
10 to 49	436	47	61	39	32	48	529	45
50 to 249	250	27	36	23	10	15	296	25
Don't know	45*	5	29**	18	-	-	74	6
Total	939	100	158	100	67	100	1,164	100

* These 45 are GPs calling about patients for whom organisation size was not recorded.

** Due to a reporting issue with the Scottish evaluation database, some otherwise in-target cases with unknown organisation size cannot be separated from some micro organisations. Although these cases have been thoroughly checked it is still feasible that some of these 'don't know' responses are from organisations with more than 250 employees. These calls from large organisations would not be in-target.

Source: DWP management information for OH Advice Lines up to 18 October 2010.

² Responsibility for health in Scotland and Wales is devolved from the UK Parliament to the Scottish Government and Welsh Assembly Government.

³ Up to 18 October 2010.

⁴ Please note that this is likely to be an overestimation of the number of unique callers in England as it has not been possible to identify all of the repeat callers from the management information.

⁵ The Department for Work and Pensions introduced the Statement of Fitness for Work (the 'fit note') on 6 April 2010, replacing the previous Medical Statement (the 'sick note').

support from SMEs, whether SMEs are for some reason reluctant to use the Advice Lines for support, or because SMEs have not yet heard about the pilot. Marketing issues around the Advice Lines will be explored in the remaining interviews with providers, and reported in the final evaluation report.

Callers from organisations with between 10 and 49 employees made up the largest group in each of the regions. In England and Wales, these made up around half of callers (47 per cent and 48 per cent respectively). In Scotland the proportion of callers from this group was slightly lower, but this was still the largest group by organisation size (39 per cent of callers). Callers from micro organisations (with zero to nine employees) made up 22 per cent of in-target callers in England; 20 per cent in Scotland; and 37 per cent in Wales.

Callers were most frequently from the health and social care sector (21 per cent of all callers). This group includes a number of care homes, in addition to GP and dental practices where calls were made about employees. Few GPs had called the service for help about a patient issue (e.g. for advice on the Statement of Fitness for Work or 'fit note'⁵).

Why do people use the Advice Lines?

The management information provides data on the reasons given by the callers for calling the Advice Lines⁶. Employers called mainly for help with sickness absence or attendance management issues (38 per cent of all calls) or for advice on dealing with a fit note (20 per cent of all calls). Employers also sought advice on health surveillance (17 per cent of all calls). Fifteen per cent of calls were in relation to mental health issues (including anxiety, depression other mental health, stress and distress).

During in-depth interviews, most employers described how they had found out about the Advice Lines as a result of seeking help for a specific OH issue, usually involving one employee. This supports the policy proposition that employers will use the Advice Lines in response to a problem, rather than for general support on dealing with staff OH policies or procedures. Often, employers found out about the Advice Lines through internet search engines, sites such as the Business Link or Health and Safety Executive (HSE) websites, or through an intermediary like Acas. Employers were attracted to using the pilot because: it was free; it appeared to be a one-stop shop; and it offered immediate access to support. Links to Acas, and being a government sponsored service added to the credibility of the offer.

Employers stated in the interviews that they needed help to:

- deal with individuals with ‘difficult’ health problems (e.g. some employers were unsure how to treat employees with mental health conditions);
- check that the steps they were taking were adequate;
- understand the fit note and adapt to the ‘fit for work’ concept;
- deal with staff on long-term sick who were unlikely to come back to work; and
- address perceived non-genuine absence.

Employers were often looking for confirmation that they were already doing the right thing as well as new ideas on how to tackle sickness absence problems, e.g. some needed reassurance that it was reasonable for them to contact the absent employee.

The survey found that around half of employers had also used some other kind of external organisation for support in dealing with staff health, well-being or sickness absence issues in the last 12 months. It is unclear whether these external organisations were used for assistance with a separate or related OH issue. It is also possible that these organisations referred the employers on to the Advice Lines. The final evaluation report will examine this issue more closely.

What do people think of the Advice Lines?

Employers were asked in the in-depth interviews to describe their experiences of using the Advice Lines and for the vast majority, these were very positive. Getting through to advisers had worked smoothly for most. The level of professionalism and approach of the advisers was also viewed positively.

‘It was superb. It was easy to access and understand the information. It wasn’t given in a superior way. It was very helpful. To just talk to someone neutral was very helpful to me.’

(Medium-sized employer)

The nature of the advice received tended to reflect the interests of callers in dealing with individual cases of absence or ill health at work. However, examples of the type of advice provided included:

- keeping in contact with the absent employee;
- making contact with the employee’s GP;
- considering the processes required to deal with staff who were off sick long term; and
- working out how to carry out a return to work plan.

⁶ Please note that multiple reasons were allowed.

The survey found that two-thirds (67 per cent) of employers were given information, as part of the call, which allowed them to secure further information or support, relevant to their issues.

During in-depth interviews, it was clear that the telephone-based delivery model was popular and seen to have many benefits over searching for generic information online. The benefits mentioned were that the telephone model makes it quicker and easier to get the information required, can be tailored to the user's needs, and the information obtained is less open to misinterpretation. It should be noted, however, that users of the Advice Lines have self-selected to use this type of support, and may, therefore, be expected to have positive views about using telephone-based advice. These views may not, therefore, be representative of all SMEs.

What actions are taken following the call?

Taking account of actions taken following both the initial call and any follow-up contact with other providers or websites, over 90 per cent of employers who responded to the survey took some action after using the Advice Lines.

In response to the specific advice received from the Advice Lines **alone** (i.e. before any follow-up services had been used), four to eight weeks after making the call, 56 per cent of employers said they had taken action. In total 35 per cent said they had taken no action, whilst another eight per cent said they had not taken action yet but planned to make changes in the future. This result is comparable with another similar pilot, the Workplace Health Connect⁷ advice line, where 47 per cent of users reported taking action two to three months after calling the advice line with a further 18 per cent planning to do so⁸.

The most common action taken after contacting the Advice Lines was to consult a third party service (reported by 24 per cent of those who had taken action). Whilst it is not clear exactly which organisations they went on to use, it is likely that some of these services were those suggested for further support by the advisers. The survey found that around half of those receiving referral information had gone on to use it: 45 per cent of those referred to websites had used them whilst 56 per cent of those referred to external services or organisations had gone on to use them.

Of those who had not taken any action, their reasons for this included:

- it was no longer relevant to make any changes (e.g. because the employee had left the organisation);
- the call to the Advice Line confirmed that what they were already doing was correct.

However, 12 employers (13 per cent of those who had not taken action) stated concerns that they had not received either enough, or the right, information they needed from the Advice Lines to make any changes in the workplace.

The most common actions taken after **both** the initial call **and** use of any follow-up services were: talking to the employee (66 per cent); keeping in contact with the employee (54 per cent); improving knowledge of a specific health condition (45 per cent); reviewing existing work practices (37 per cent); improving communication with staff (36 per cent); and conducting a return to work interview (34 per cent). The in-depth interviews revealed that in the vast majority of cases, the actions taken related to a particular individual, but there was a small number of examples of wider changes affecting organisational policies and procedures.

⁷ Workplace Health Connect was an HSE-funded service which aimed to provide SMEs with advice on workplace health. It included a national advice line which took calls from both employers and employees, offering detailed and tailored practical advice. The evaluation focused on the employers.

⁸ *Workplace Health Connect Evaluation Findings*. 2010. Health and Safety Executive.

What impact do the Advice Lines have?

The survey found that the overwhelming majority (92 per cent) of users felt that the Advice Lines were very or fairly useful and the same proportion would recommend them to others. These positive findings are reinforced by the fact that 17 per cent of employers who completed the survey reported that they had used the Advice Lines more than once⁹. Employers felt that the pilot offered: someone to talk to; a free service; a way to help them better understand the issues; and neutral advice.

'I thought it was good, very handy and definitely something people should use more.'

(Small employer)

'It's good, it's business-focused, it's responsive – the advice is accessible when we need it.'

(Medium-sized employer)

With a one-wave survey and no easy way of identifying a control group, this evaluation is only able to assess the perceived impact of the Advice Lines from the viewpoint of users. It has not been possible to identify reliably whether any changes made would have taken place in the absence of the Advice Lines. Despite, on the whole, finding the service useful, in the survey, 76 per cent of users reported that they were likely to have taken the same actions to deal with the OH issue even if the pilot had not been available.

In the in-depth interviews, employers described how they believed they would have eventually found the information they were looking for themselves or with the assistance of others. These results are perhaps not that surprising given that users were already seeking to take some kind of action to solve a current problem when they called the Advice Lines.

Despite this, having access to one of the Advice Lines was beneficial because it:

- provided reassurance that they were on the right track;
- gave them more confidence that they were taking the right steps;
- provided a faster access to information and was a 'one-stop shop'; and
- helped them feel better equipped to deal with an OH issue in the future.

'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)

Would employers pay to use the Advice Lines?

In the survey, views on payment to use the Advice Lines were split roughly evenly between employers who would be prepared to pay for the service, those who would not, and those who did not know. In the interviews, it became clear that many employers did not know whether their organisation would be willing to pay because they were not responsible for organisational budgets. Employers also found it difficult to be specific about what would be a reasonable sum. If a charge was applied to the service, the majority (79 per cent of those prepared to pay for the service) stated that they would prefer to pay per use rather than an annual fee. For those employers who stated that they would not be prepared to pay, this was mainly because they felt that there was free support available elsewhere (48 per cent gave this reason) or because their organisational budgets would not allow it (19 per cent gave this reason).

⁹ Please note that this does not correspond with the number of repeat callers in the management information data, which may relate to sampling bias and/or difficulties identifying repeat callers in the England database.

Conclusions

These interim findings show that the pilot Advice Lines are being used by the target population, i.e. SMEs that are dealing reactively to an OH issue involving an employee with a health condition. In total, 15 per cent of the calls to the Advice Lines concerned mental health issues. Whilst overall call volumes are relatively low, it is unclear whether this is due to a lack of demand or due to problems in marketing the services.

It is difficult to isolate the impact of the Advice Lines or estimate their additionality. However, the data so far suggest they offer employers speedy access to a high quality service that provides tailored support. In addition, the Advice Lines provide employers with reassurance and greater confidence that they are taking the right approach, and help employers feel better equipped to deal with OH issues in the future. The Advice Lines are well received by those who use them, even though they believe that they would have taken action of some sort in the absence of the services.

Early findings show that the Advice Lines have been successful in encouraging employers to take on elements of good absence management. Around a third of users said they would be prepared to pay for the service, emphasising that some SMEs would welcome, and fund, this type of support.

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