Sustaining Health & Wellbeing Programmes

Kevin Daniels
University of East Anglia



University of East Anglia

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The Case For Workplace Health & Wellbeing

'You've got to do it': Legal case	*'An employer owes a duty to his employees not to cause to cause them psychiatric damage by the volume or the character of the work they are required to perform'* Mr Justice Coleman, 1994
'You ought to do it': Moral case	Corporate Social Responsibility
'You'll be glad you did it': Business case	Accumulated *not* accumulating evidence* Link to performance, presenteeism and absence e.g. Est. 13% productivity loss due to mental health risk
'The Treasury should want to you to do it': Social value case	Lost corporation & income tax, NHS spend, regional economic development

** e.g., RAND (2015). Health, Wellbeing and Productivity In the Workplace.*

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The Gap

- Discrete initiatives involving 1-3 components *relatively* well researched
- Leading organisations have multiple initiatives in rolling programmes
- Move beyond traditional occupational health and risk prevention
- More organisational culture transformation

- Multiple systematic reviews
  - One review focused on implementation of initiatives in primary (job redesign), primary (health promotion), secondary, tertiary, multifocal = 74 studies
- 42 interviews in 6 organisations
- 192 interviews with 74 participants across three waves, 8 organisations
- Secondary data-analyses (WERS, BHW)

What's in a strategic approach



- Not a silver bullet
- Multiple activities
  - Subsumes statutory requirements
  - Continuous improvement
  - Best practice guidelines – NICE, WHO, ISO
  - What progressive organisations do

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Why and why not?



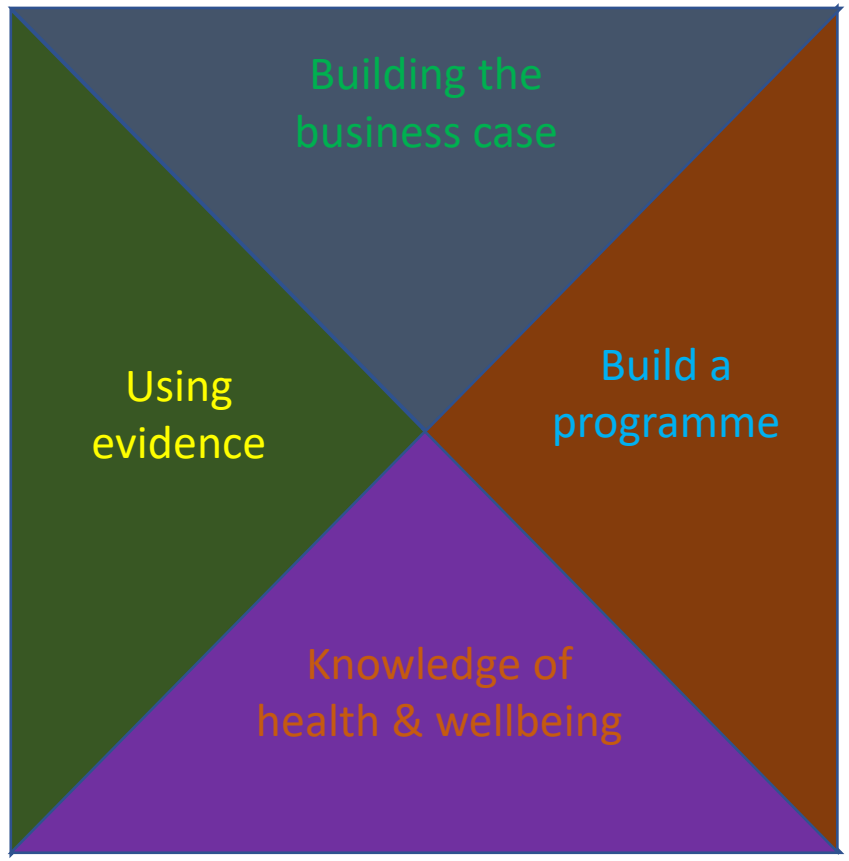
- Why
  - Legal case – HASW & EDI
  - Moral case – CSR, SDGs
  - Business case – Performance, absence, turnover, conflict, employer image linked to ‘average’ and state of the worst off

- Why not
  - Something is always more pressing/important
  - Rarely are we told ‘we can’t afford it’
  - Performance linked to other things
  - Cost of doing business
  - Health and wellbeing not built into business ‘logic’



Know yourself

- Business case
  - Business awareness & stakeholder engagement
- Using evidence
  - Collecting, analysing, interpreting
  - Narratives to provide context
- Expert knowledge of health & wellbeing
  - Credibility
  - Evidence-led arguments for programme components
- Building a programme
  - Strategy & planning
  - Contextualised solutions
  - Organisational & governance skills
  - Large-scale communication skills
  - Building capacity to deliver change



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What's an effective business case?

- The economic case gives you a £ ROI
  - Useful for choosing the best elements in a programme

- The business case is wider
  - Conveys a health and wellbeing 'logic'
  - How health and wellbeing address a business concern
  - Knocks out counter-argument on initiatives with better ROI
  - Is remade and evolves

- Usually recruitment or retention
- Sometimes explicitly cultural – it's the kind of organisation we want to be
  - Always cultural – sometimes it's implicit
- More rarely absence or presenteeism
  - Which might be seen as the cost of doing business
  - And are lagging indicators – recruitment arguably a leading indicator ….

What & who contributes to embedding & evolving?

A clear **understanding embedded** at all levels of the organisation that helping people thrive can help the business thrive too.

Pro-active and open-minded enquiry ('what if we…?') on the impacts of every work process and procedure on workplace wellbeing.

Manager and employee involvement in promoting, setting up and contributing to activities that support workplace wellbeing.

Ongoing dialogue about what could be better, how it could be made better, trying out relevant solutions and then checking back.

Realistic expectation that it takes work and time to make employees aware of a wellbeing approach, to build trust and coherence.

Catalysts

Expert implementers

Agents



Evolving Authentically

- Successful organisations seem to:

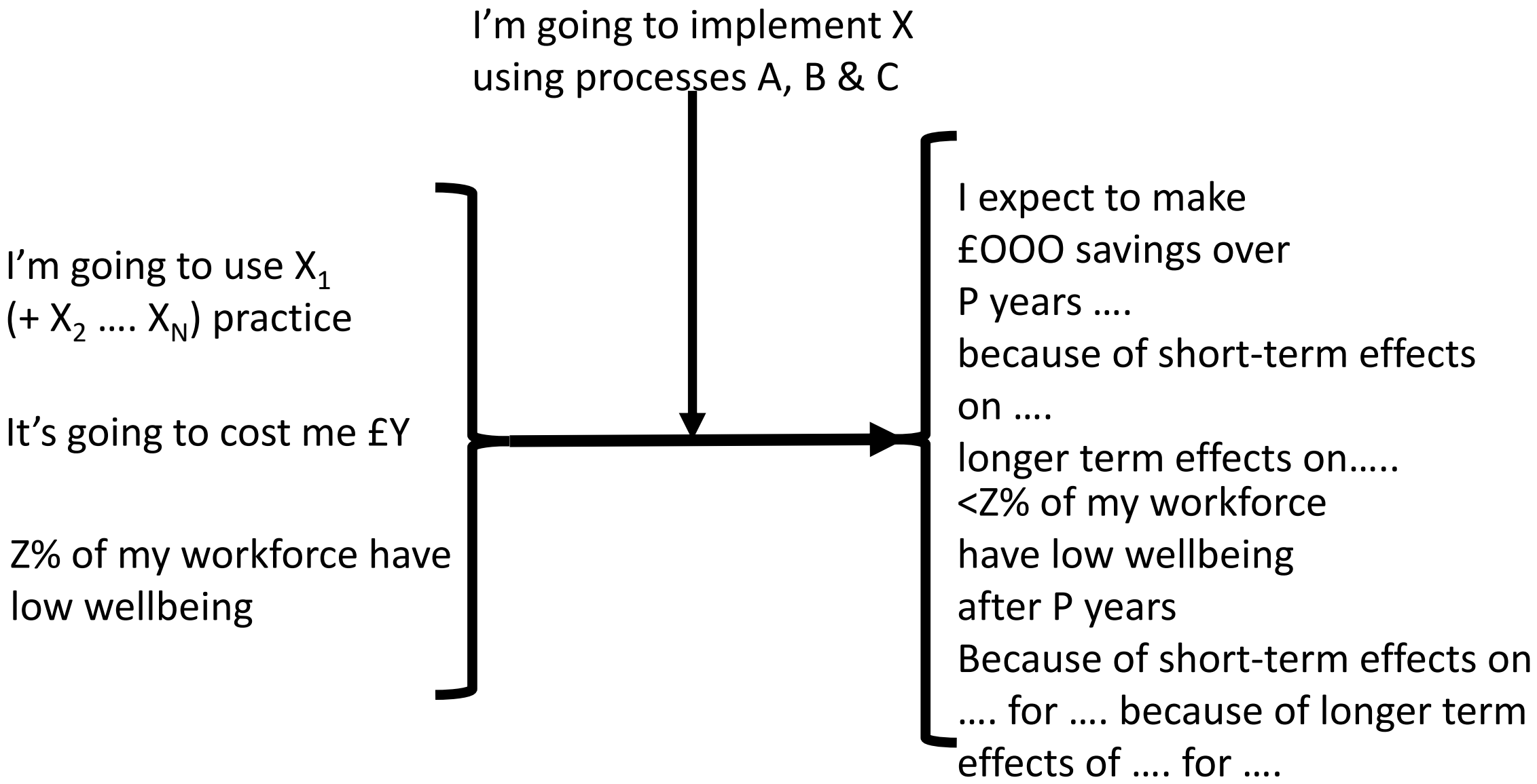
- Learn, adapt and persevere – **Commitment**
  - Requires good, inclusive governance and monitoring across all activities
  - Rational functions: Planning, structures, resources, programme management (cf. intervention steering groups)
  - Political savvy (consultation, co-optation, coercion)
  - A pattern of actions signals authenticity and fosters trust & engagement

- Have an integrated approach – **Coherence**
  - People can see it all adds up
  - Sends signals on what is important – ROI is better where people are aware even if use is low
  - Promotes 'non-specific' effects
  - Brings elements from other areas under the wellbeing umbrella
  - – e.g. EDI, flexible working, physical space

- Consult with and inform employees – **Communication**
  - Reinforces the above
  - Ensures evolution in step with employee concerns

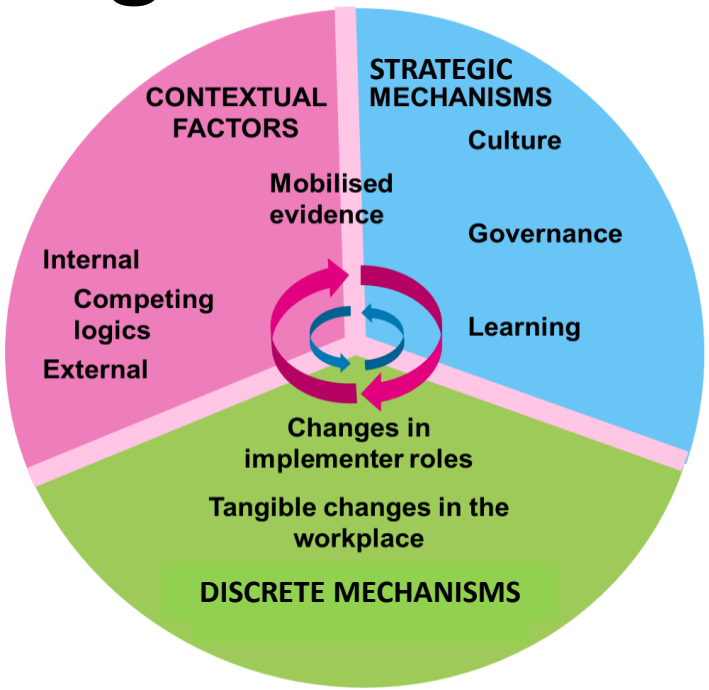
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From one static state to another ….

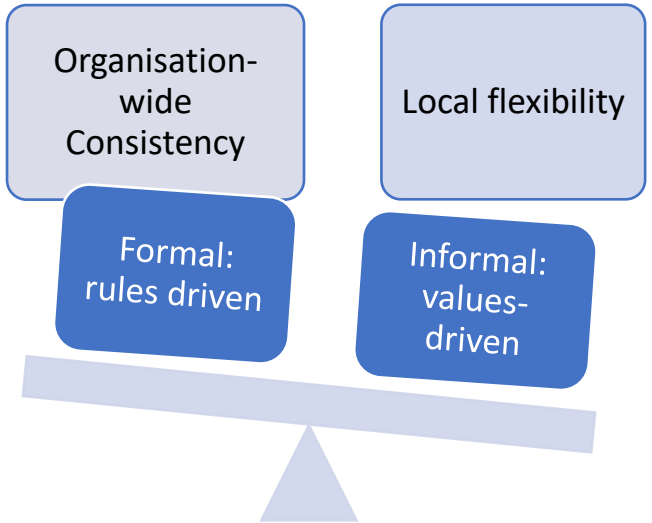


To dynamic, balancing & non-linear

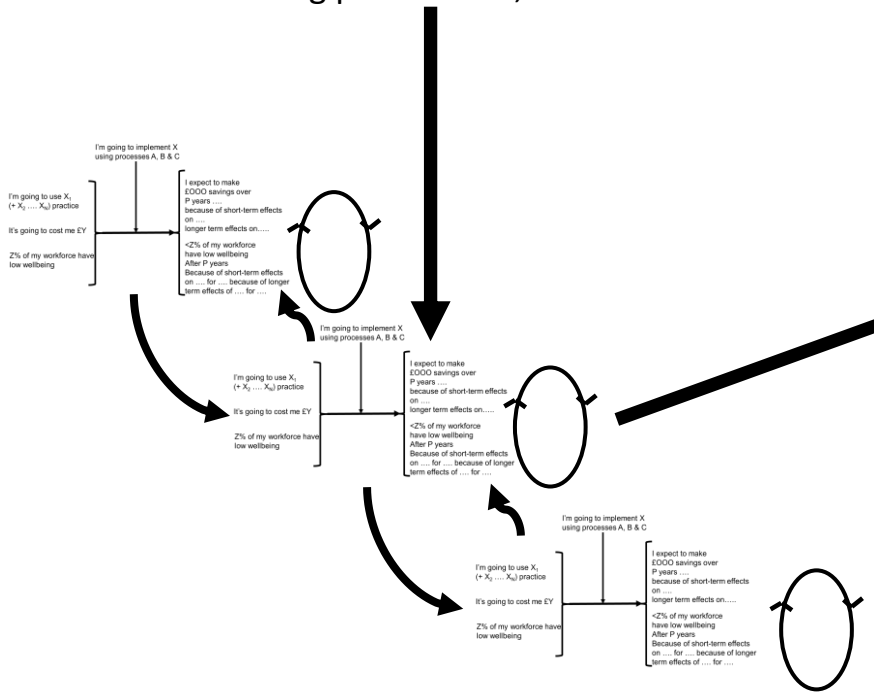
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Balancing flexibility with consistency

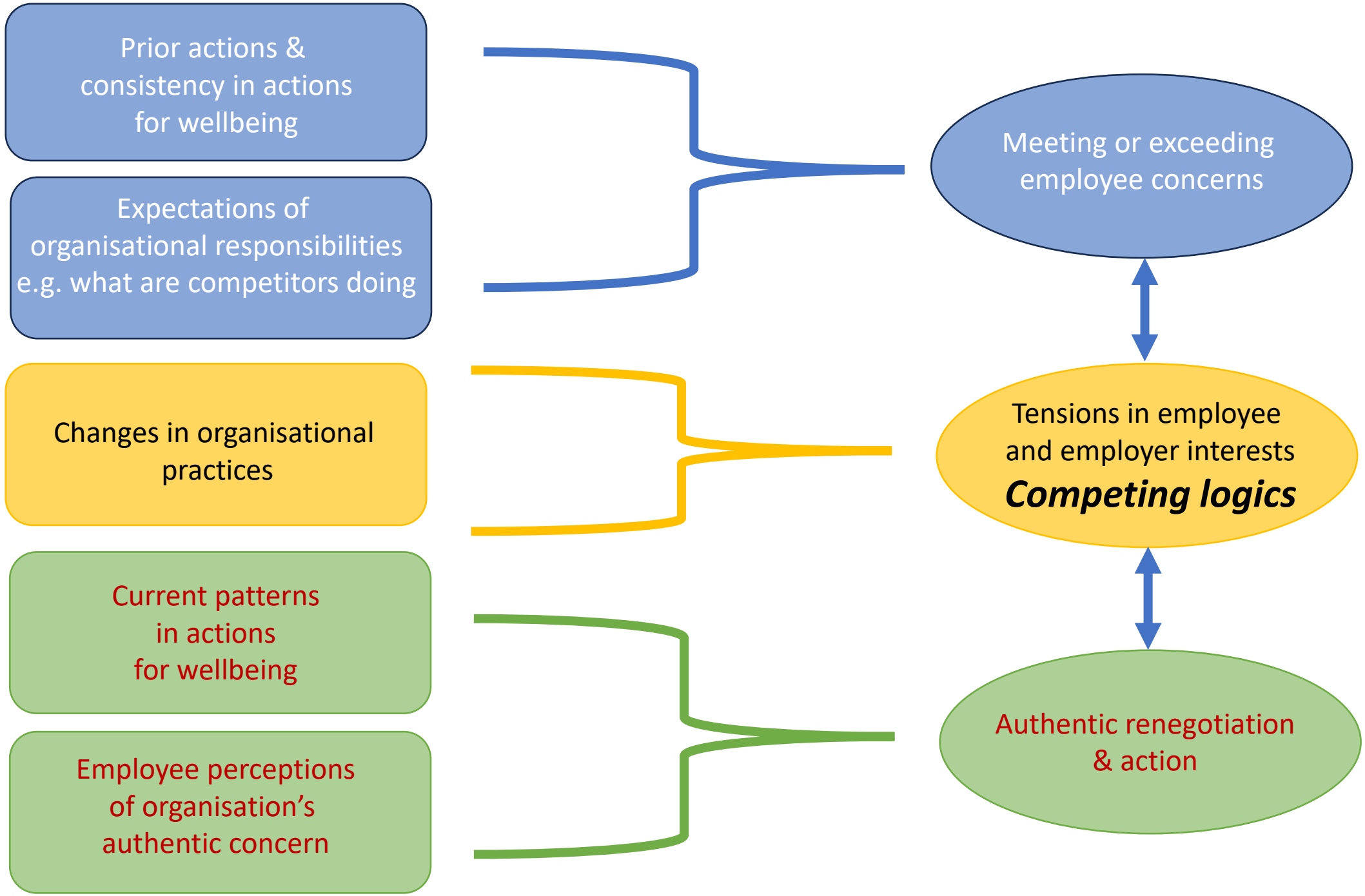


I'm going to implement programme X using processes A, B & C



Changed organisation

Mixes planned & emergent activities,
Recognises some things may not work
or even be implemented


Prior actions & consistency in actions for wellbeing
Expectations of organisational responsibilities e.g. what are competitors doing
Changes in organisational practices
Current patterns in actions for wellbeing
Employee perceptions of organisation's authentic concern
Meeting or exceeding employee concerns
Tensions in employee and employer interests
Competing logics
Authentic renegotiation & action

Yes, shock tactics. And there might have been, the one thing I've learnt is, you know, the numbers are so, so important to them, that's their language. And I didn't want them to think, oh it's HR coming in with another fluffy initiative. So I made it real and, you know, it's tangible then, isn't it?

When I joined in early 2016, their staff turnover rate was higher than the turnover rate in the …. call centres in the late nineties, when call centres were badged as Satanic mills of hell and all of that, and it was higher than the turnover in the call centre back in, you know, the bad days, if you like. And I think that was a real shocker to them.

And said, look, if you say you're not going to sign up to this, you're saying that you don't care about the wellbeing of your people. And I think it was the realisation, I think they all knew, they're all behind it, you know, they all support it. But I think it was the kind of, the jolt that was needed, the honesty that was needed. Because I think things had not been how they wanted it for some time but they didn't have that kind of catalyst, if you like. So I came in and just, you know, threw the rocket in and made it happen. **(Head of HR)**

I think there is no doubt there are people in business still who would be listening to me thinking what a load of old tosh, I don't get this at all, but that's the type of stuff we have to re-educate people on, in my view. And it is a re-educational process and you're never too old to be re-educated, to learn **(Managing partner)**

Competing Logics

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- Sometimes but not always associated with disruption

- They never seem to go away …. or come back in other ways
  - Highly resistant to change and need clear signals

- But, as pandemic shows – they can be overcome
  - Commitment, learning and adapting are important
  - An on-going pattern of past & present activities in relation to H&WB concerns
  - Notice, understand and acting on changes in employee H&WB concerns

- Try to mainstream H&WB by integrating with other practices - **Consistency**
- Work on changing those norms and practices that get in the way - **Creativity**

Summary

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Changing health concerns

Authentically meeting those concerns with tangible action

Dynamic balance of local adaptability to efficiency of uniform provision

Incorporation of multiple initiatives, somethings not starting from HWB

Every organisation has a unique starting point

Competing logics don’t go away easily and evolve too

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