

The background is a dark wood-grain surface. In the top-left corner, there is a silver laptop keyboard. Below it, a pair of black-rimmed glasses lies horizontally. In the top-center, a clear plastic water bottle with a red cap is tilted. In the bottom-left corner, a green lunchbox is open, showing a slice of dark brown bread, a portion of green lettuce, several cherry tomatoes, and some sliced cucumbers.

Health and wellbeing in SMEs: Understanding the challenge and evidence

The Inclusivity Project, September 7

Chris van Stolk

Context

- DWP has problems reaching SMEs and understanding how they access advice and make decisions
- Better understanding how productivity is linked to health and wellbeing
- Work started under the coalition government to better understand how SMEs can be supported to improve the health and wellbeing of their employees

An overview of some evidence

- What is SMEs' 'willingness to pay' for better health and wellbeing and what are the trade-offs
- Do financial incentives work to get SMEs to do more around health and wellbeing and in what way
- Early lessons from the Mental Health Productivity Pilot in the Midlands



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Willingness to pay



What was the project about?

- The research for DWP included
 - a quantitative telephone survey with 500 SME employers (with at least 10 employees) in Great Britain
 - 30 in-depth qualitative interviews
 - and a discrete choice modelling experiment embedded within the survey
- The discrete choice experiment explored the potential uptake amongst SMEs of government-provided financial incentives and signposting advice for health and wellbeing schemes

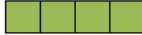
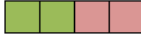
Attributes we asked SMEs to consider

Attribute	Levels
Types of health and wellbeing services in scope for purchase	Proactive health-promotion schemes open to all employees, i.e. schemes to encourage healthy eating, or stress management
	Schemes targeted for employees with health conditions, i.e. occupational health assessments
	Both in scope
Needs assessment and advice on interventions	No support available – baseline
	Online resources available
	Personal advisor available
Financial support (% of cost is reimbursed)	No financial support – baseline
	25% of cost is reimbursed
	50% of cost is reimbursed
	75% of cost is reimbursed
	100% of cost is reimbursed
When support payment is made	All paid at the end – baseline
	30% paid up front and 70% paid at the end
Administrative requirements	Only proof of purchase required – baseline
	Proof of purchase plus funding request submitted beforehand
	Proof of purchase plus requirement to provide data on impacts of scheme
	Proof of purchase plus both

Example of an experiment

Choice 1 of 6

If offered the following options, which, if any, would your business choose?

		Option A	Option B	Continue as now
Type of schemes supported	<p><i>Schemes open to all employees e.g. training and general support schemes</i></p> <p><i>Schemes for employees with known health conditions e.g. expert-led support and condition management</i></p>	<p>not supported</p> <p>supported</p>	<p>supported</p> <p>supported</p>	
Advice available	<p><i>Needs assessment and advice on interventions</i></p>	<p>online resources available</p>	<p>no support</p>	
Financial support	<p><i>Amount reimbursed</i></p> <p><i>When payment made</i></p>	<p> 100% of cost is reimbursed</p> <p>All paid at the end</p>	<p> 50% of cost is reimbursed</p> <p>30% paid up front 70% paid at the end</p>	
Administrative requirements <i>proof of purchase plus</i>	<p><i>You make a funding request beforehand</i></p> <p><i>You provide data on impacts of scheme</i></p>	<p>required</p> <p>required</p>	<p>required</p> <p>not required</p>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Findings

- SMEs were equally as likely to choose a preventative health and wellbeing scheme as they were to choose a scheme targeted for employees with health conditions
 - but they were more likely to choose a scheme including both types of support than just one
- SMEs with experience of employees with long-term health conditions or disabilities were more likely to choose either type of scheme than SMEs without that experience
 - but they were particularly more likely to choose preventative schemes
- The experiment found that as the rate of financial reimbursement increases, the likelihood of choosing an option increases
 - However, there are diminishing marginal returns as reimbursement rates increase

Findings (continued)

- The provision of supplementary advice had a statistically significant positive impact on uptake of the support package
 - However, on average there was no statistically significant difference between whether this support was delivered online or by a personal advisor
- Including additional administrative requirements for employers to participate in a scheme had no statistically significant impact on the likelihood of employers choosing that scheme
 - However, in the qualitative interviews, many SMEs emphasised that any administrative requirements needed to be proportionate to the funding

Recommendations

- The experiment, supported by qualitative evidence, suggests that the following could be effective at improving SME uptake of health and wellbeing schemes:
 - Financial support: a greater impact could be achieved by funding a larger group of SMEs at 50 per cent reimbursement than half as many SMEs at 100 per cent
 - Supplementary advice, in the form of a needs assessment and signposting to appropriate health and wellbeing schemes



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Evaluating a financial incentive in the West Midlands



A randomised control trial

- Research for the WMCA and DWP to see whether a financial incentive and/or structured advice leads to changes in how SMEs support health and wellbeing programmes and improvements for employees (taking part in HWB initiatives, conscious effort to improve HWB, and spill-over effects)
- Signed up 152 SMEs to participate in a trial across four arms
- Interventions ranged from financial support (up to maximum of £12,500), network meetings (quarterly), and participation in the Thrive at Work programme and toolkit



Set up of the trial

	Thrive at Work Commitment and toolkit	Grant amount	Network meetings	Impact evaluation (all)	Process evaluation (sample)
Arm 1 (High incentive)	Yes	100%	Yes	Baseline, Midline, Final	Baseline, Midline, Final*
Arm 2 (Low incentive)	Yes	50%	Yes	Baseline, Midline, Final	Baseline, Midline, Final*
Arm 3 (Single Control)	Yes	-	Yes	Baseline, Midline, Final	Baseline, Midline, Final*
Arm 4 (Double Control)	Yes	-	Only the final meeting	Final	Final †

<https://www.wmca.org.uk/what-we-do/thrive/thrive-at-work/>

Outcomes of interest

- A greater investment of time and £ by employers
- Better attendance management
- Workforce better able to self-manage
- Employers adopt good practice demonstrated by other SMEs
- Raised awareness and expectations amongst employees
- Increased take-up of initiatives by employees
- Changes in lifestyles by employees

Findings

- High incentive produced more of an effect on the outcomes than the low incentive
- Some evidence of improvements in the high incentive group on employee perceptions of the provision of information, activities, and/or services for MSK and lifestyle health (95% probability)
- Some evidence of increases in the high incentive group for the personal wellbeing items from baseline to endline, and relative to the control group.
- Some evidence of positive changes in outcomes from baseline to endline regardless of the intervention (95% probability) – Applies to all SMEs in the trial

Findings (continued)

- Weak evidence of employee behaviour change, although employees in the high incentive group did make more of a conscious effort to improve their MSK health
- Little to no evidence of measurement reactivity – Applies to all SMEs in the trial

Some other observations

- The time commitment required to implement Thrive at Work largely exceeded expectations of the WMCA and participating organisations
- Despite high demand declared by many employees for health and wellbeing offer to be provided by their employer, they (self-) reported level of participation was relatively low
- Understanding of the Commitment and toolkit among employers – although limited at the start – has improved over time
- Many employers emphasised that the opportunity to receive a grant had not been a central part of their motivation to sign up to Thrive at Work and the level of spend of the initial grant was low
- **The participation in the network meetings was high but declined towards the end**



Lessons from the Mental Health Productivity Pilot in the Midlands



What is the MHPP?

- MHPP supports employers across the Midlands Engine region to understand the link between mental health and productivity
- It promotes employees' engagement with a package of impactful resources
- The resources are free of charge and employers can access them via multiple routes

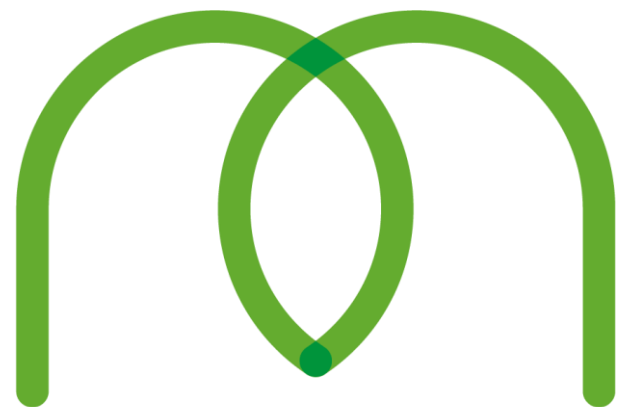


<https://mhpp.me/>

What is the support offered?

every mind
matters

This is *me*TM



MHFA England

MENTAL
HEALTH
AT WORK




thrive
at work

Early lessons

- It is possible to get high participation
 - Pilot reached about 13% of people employed in Midlands
 - 1900 employers engaged with about 600 actively engaged in programmes
- Pilot found it hard to engage with construction and men (25-34)
- It is hard to evaluate these campaigns and programmes
- Early lessons focus on importance of:
 - Early and continued engagement with businesses
 - Updating the offer and adapting to circumstances (e.g. COVID)
 - Focusing on the customer journey and having a slick interface
 - Identifying what success looks like



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