



Llywodraeth Cymru
Welsh Government

RESEARCH

Evaluation of the In Work Support Service (summary)

This paper presents the findings from a second evaluation into the performance of the In Work Support Service in reducing sickness absenteeism and presenteeism rates in the workplace, effectiveness of the delivery process and participant experience of the service.

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Introduction

The Healthy Working Wales: In-Work Support Service (IWS) was a Welsh Government (WG) and European Social Fund (ESF) funded programme which began in September 2015 and ran until December 2022. IWS was originally intended to finish in August 2018 and was extended for a further four years to December 2022, following a re-evaluation in 2018.

IWS' objectives were to tackle poverty and social exclusion through sustainable employment in parts of North and South Wales by reducing sickness absenteeism and presenteeism rates in the workplace. IWS was designed to promote ESF's cross-cutting themes of equal opportunities and gender mainstreaming, tackling poverty and social exclusion, and sustainable development.

The wider policy context was the Well-being of Future Generations Act (2015), where IWS has the potential to contribute to indicators relating to health, employment and pay equality.

IWS took a preventative approach that was intended to curb job losses resulting from work-limiting health conditions or disabilities by early intervention. The IWS operation supported absentees (employees who have reached or are expected to reach four weeks of sickness absence) and presentees (employees who are at risk of long-term sickness absence) with rapid free access to a range of practical, personalised support and therapies to address personal barriers such as mental health issues (including stress, anxiety and depression) and physical health symptoms related to muscle and joint pain which are impacting on their ability to work. IWS also provided enterprise support which comprised of free advice, guidance, training and support for small and medium-sized enterprises based in the delivery areas to develop and implement a workplace health programme to promote workplace wellbeing.

IWS was delivered by two providers. Swansea Bay University Health Board (SBU) covered Swansea, Neath Port Talbot and Bridgend, and used predominantly remote methods of delivery. Rhyl City Strategy initially covered Conwy, Denbighshire and parts of Gwynedd around Bangor, before being expanded to cover the whole of Gwynedd and Anglesey. This was then expanded to Carmarthenshire and Ceredigion from October 2021. RCS used a mix of face-to-face and remote methods of delivery.

Research aims and methods

In June 2022, the Welsh Government appointed Learning and Work Institute (L&W) to evaluate the latest phase of the IWS. The evaluation started in July 2022 and was completed in October 2022. It follows an initial evaluation of IWS published in April 2019. This covered activities between September 2015 and June 2018.

The initial evaluation identified areas of good practice including the principles of early intervention and found that there was evidence of individual participants achieving expected outcomes. However, it found there was much less evidence of successful outcomes for enterprises, suggested that the original targets set for engaging and supporting employers were unrealistic and that more flexible models of support should be offered to employers. Challenges were identified in promoting the service to employer groups and GPs and it was recommended that further resource should be invested in promotion activities. Other recommendations included that IWS should focus on those geographical areas and client groups which face the greatest need.

The second evaluation carried out by L&W was informed by the previous research and included the following research aims:

- To evaluate the performance and perceived impact of the IWS against

delivery aims, including the benefit of its workplace health programmes.

- To assess progress against cross cutting themes.
- To assess how IWS has contributed to the goals of the Well-being of Future Generations Act.
- To examine whether relevant recommendations made in the previous evaluation have been, or are being, met.
- To explore how effectively IWS was able to respond to the additional challenges presented by the COVID-19 pandemic.

The evaluation took a mixed method approach. It included an analysis of participant management information including details of service delivery, client demographics, and client outcomes. The qualitative research included semi-structured interviews with 62 clients, 13 staff members, eight employers, four health care professionals, a survey with three further health care professionals, and three stakeholders. The interviews were analysed thematically.

There were limitations to both the qualitative and quantitative research. The delivery partners experienced challenges in collecting and recording participant outcomes, which meant analysis of participant outcome data was limited. The full quota of interview participants was also not achieved; in particular, it was challenging to recruit employers and general practitioners (GPs), which meant the findings from these participant groups need to be treated with caution.

Main findings

Neither delivery partner was able to recruit and support the expected number of sickness absentee participants, with SBU only recording 41% of the expected target and RCS 47%. The reasons for this primarily relate to not receiving anticipated referrals through Fit for Work. SBU were successful in recruiting 89% of their presentee target, while RCS delivered support to 175% of their presentee target. The delivery partners were also unable to support the targeted

number of employers or deliver the targeted number of workplace health programmes. While both partners were found to have improved their outreach and promotional activities since the first evaluation, COVID-19 was identified as having a significant impact on recruitment.

Qualitative evidence on the performance and impact of the service suggests that it delivered substantial benefits for individual recipients of support, on both the physiotherapy and mental health pathways. By offering early intervention and promoting self-management of health, it enabled participants to return to work, minimised the amount of time taken off sick, and prevented many individuals from going on sick leave.

Core features of delivery contributing to the effectiveness of individual support included: rapid referral and commencement of support; effective initial assessment and matching of participants to therapists; tailored and personalised support; and a focus on equipping individuals with tools and techniques to manage their own health.

Challenges remained in reaching those who may benefit from the service. While promotion of the service improved, coverage and quality of information remained patchy. In particular engagement with GPs was challenging for both delivery partners.

The volume, duration and intensity of support generally reflected individual needs. However, a small minority of individuals, particularly those receiving mental health support, required more sessions than the service was funded to deliver. There was no agreed and consistent way of responding to this, so that what happened in individual cases was extremely variable and in a small number of instances had a negative impact.

There was evidence of effective practice with employers which raised awareness and understanding of workplace wellbeing and promoted a more open and supportive organisational culture in relation to mental and physical

wellbeing.

In both delivery areas, the service responded quickly and effectively to the challenges presented by the COVID-19 pandemic. Changes to the delivery methods for supporting individuals and employers enabled the service to continue to provide support throughout the period of restrictions. A legacy of this was the wider adoption of online delivery. This allowed greater choice and flexibility in how support was accessed and improved accessibility for some groups.

There were challenges around evidencing eligibility and outcomes which were generally attributed to specific funder requirements relating to the format in which evidence had to be submitted.

Conclusions and recommendations

The evidence presented in the evaluation of individuals with health conditions being supported to return to, or stay in work, suggests that the service has potential to make a significant contribution to the delivery of the 'Healthy Work, Healthy Wales' priority area of action within the new Employment and Skills Plan.

While it seems unlikely that IWS at its current level, could contribute to change beyond that experienced by individuals or particular workplaces, a nationwide roll out could contribute to wider policy outcomes. However, consideration may need to be given as to whether particular client groups would need to be targeted in order to ensure impact.

IWS' wider roll out has the potential to contribute to several indicators of The Well-being of Future Generations (Wales) Act (2015). Evidence from the qualitative research suggests that IWS can help people stay in, or return to work,

thus contributing to the percentage of people in employment. There is also qualitative evidence from both partners and quantitative evidence from RCS that IWS can have a positive impact on individuals' wellbeing and how they manage their health, thus contributing to mean mental health scores and number of people engaging in healthy behaviours.

There was also some evidence of IWS supporting progress towards cross cutting themes. IWS potentially contributed to progress towards equal opportunities as demonstrated by the delivery partners implementing positive action measures for different groups, and broadly meeting targets for service delivery to women, people from ethnic minority backgrounds, and people with caring responsibilities. There was also some evidence of progress towards sustainable development through the organisational change observed in enterprises, and towards tackling poverty in the evidence that individuals were supported to return to work.

However, it is outside the scope of the evaluation to consider these impacts at a societal rather than individual level.

The evaluation identified that the service has demonstrated benefits to individuals and organisations and there is a clear case for extending it across Wales.

A series of recommendations were made for consideration in any future national roll out of IWS:

- The delivery infrastructure for a Wales-wide service should include clear communication mechanisms to ensure that learning is captured and shared between delivery partners.
- Raising awareness of the service has been the key challenge. A national roll out provides an opportunity for the implementation of a more consistent strategic approach to raising the profile of the service across Wales. This should include engagement with wider stakeholders, the use of diverse

communication and outreach methods, a targeted approach to increasing self referrals from GPs, and promotion of workplace wellbeing champions as a national initiative.

- A successful national promotion campaign with the anticipated increased demand for the service, may mean that further consideration needs to be given to prioritising particular client groups, and more targeted outreach.
- The flexible delivery model should be further strengthened and developed to meet the needs of individual participants, to include the number of sessions, support offer, mode of delivery, choice of therapist and language preferences.
- A consistent approach should be agreed and implemented for meeting the needs of the small minority of participants who require more than six sessions to complete their support.
- The flexible model of support to employers should continue, with particular emphasis on the development and dissemination of examples of effective practice.
- Wider roll out provides an opportunity to learn from the historic challenges around both evidencing eligibility and recording participant outcomes. The aim should be to develop and implement a simplified approach to both referrals and post intervention follow up.
- The challenges experienced in this and the previous evaluation, suggest that further consideration should be given to how the wider roll out is evaluated. This could include involving an evaluation team in a formative evaluation, and finding alternative ways to engage employers and GPs with the research.

Contact details

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Views expressed in this report are those of the researchers and not necessarily

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