

Work health and wellbeing

Strengthen your business

Evaluation factsheet

Measuring the effectiveness of work health and wellbeing interventions and including them in your risk management and organisations systems is essential. This should be done in consultation with your workers and reviewed on a regular basis. You should carry out evaluation at the start of the process when you identify your risks, and again before you make changes and then, at regular intervals.

Evaluation may seem a daunting task but it doesn't have to be. It can include questions such as:

- What difference did that make?
- What went well or not so well?
- Are we increasing worker participation?

A formal evaluation process uses questions like these, as part of a cohesive plan which includes reporting the results.

Critical success factors

Monitoring and evaluating your work health and wellbeing interventions is an important part of good planning and ensuring the sustainability of your efforts.

- **Decide** what your motivators are, e.g. decrease absenteeism (You can refer to the Key motivators reporting tool).
- **Set targets** for what your organisation wants to achieve. These are often called key performance indicators, objectives or lead indicators. Ensure that the scale of the evaluation is appropriate to the scale of the strategy. Decide on the best way to measure whether you have met the targets and if not, why not. They could include:
 - organisational changes (e.g. inclusion of work health in policies and operational systems, regular worker consultation, flexible work schedules).
 - work environment changes (e.g. end of trip facilities, design promotes movement throughout the day).
 - participation rates (e.g. how many workers, range of participants).
 - worker awareness and knowledge of healthy lifestyle behaviours.
- **Gather** baseline data to assess current and future changes.
 - Consult with workers about the best way to collect the data. Are workers available to collect information from e.g. shift workers, multiple sites?
 - Encourage as many workers as possible to be involved in the evaluation so that data is representative of the workforce.
 - When collecting information, it is important to de-identify all data.
 - Ensure the language used is easy to understand.
- **Analyse** – compare and analyse the data to measure the outcomes and identify what is working well and what can be improved.
- **Report** your findings to management. Names or any identifying information must not be used in any report or output without the written consent of workers.

The most informative data is a combination of both quantitative and qualitative data. Quantitative data provides numbers and information that can be presented in tables, graphs, numbers, percentages or rates. Quantitative data includes sick leave, worker health status, healthy workplaces survey and healthy workers survey.

Qualitative data is expressed in words and relates to personal or 'human' stories. It provides detailed information and expresses the opinion or attitudes of workers. It can provide information on behaviours or systems. Qualitative collection methods include the small business discussion tool and observation of the workplace and workers.

How to gather data

Surveys are sets of questions that are asked of a particular group of people. They can be paper based or online. They are often used to assess the needs and interests of workers and results are numbers based. Surveys can also have open-ended questions which you can group into themes and summarise.

Tips for surveys

- Use a validated survey or questions where possible
- If developing your own questions, test them with a small group to check for understanding
- Keep surveys short and well worded.

Focus groups are structured discussions, led by a facilitator, to explore the experiences and/or views of workers on a topic or issue.

Tips for focus groups

- The facilitator must remain neutral and non-judgemental and keep people on track.
- Focus groups can be useful to reflect on previous and current interventions and brainstorm new ideas.

Interviews are used to get insight into an activity or topic that cannot be gained through analysis of numbers alone. Interviews can provide information for case studies and 'good news' stories.

Tips for interviews

- Ask open ended questions, not questions that can be answered by 'yes' or 'no' or in one or two words.
- Give the interviewee a copy of the questions before the interview so they can think about their answers.
- Ensure the interviewee has knowledge and experience in relation to the questions asked.

Face to face or workshops can create discussion and explore the views of many people about topics and issues. Workshops can be used to communicate and consult with workers on relevant and achievable strategies and interventions.

Tips for group discussions/workshops

- Have a structured process in place so everyone can be involved.
- Ensure everyone understands the instructions of workshop activities.
- Have a process for summarising answers.

Resources

- Small business discussion tool
- Work health and wellbeing toolkit
- Key motivators reporting tool.

Current	Short term (one year)	Medium term (one to two years)	Long term (three to five years)
Statistics and information that will form your baseline data. <i>Can complete the business case</i>	Indicators help you assess the type, quantity, and quality of interventions.	Indicators relate to the action plan and what you want to change.	Indicators are used to measure the goals of your work health and wellbeing strategy.
Potential measurement indicators			
<ul style="list-style-type: none"> • Absenteeism rates. • Injury rates. • Level of worker chronic disease risk factors. • Level of worker awareness of chronic disease risk factors. • Impact of work and workplace environment on worker health and wellbeing. • Level of management commitment. • Changes in team cohesion. • Identified workers work health and wellbeing outcomes. 	<ul style="list-style-type: none"> • Level of interest and participation rates. • Level of satisfaction with interventions. • Number and type of interventions • Level of management support. • Worker knowledge and behaviour. 	<ul style="list-style-type: none"> • Changes in health behaviours. • Changes in the physical work environment. • Changes in organisational systems. • Changes in design of work. • Development and/or update of a policy or guidelines. • Changes in staff morale and team cohesion. 	<ul style="list-style-type: none"> • Changes in physical and cultural environment. • Changes to organisational systems. • Workplace improvements (e.g. rates of absenteeism, injuries, number and type of claims, return on investment). • Changes in worker health. • Other business outcomes.
Potential data sources			
<ul style="list-style-type: none"> • Health checks. • Health self-assessments. • Healthy workers survey. • Healthy workplace audit tool. • Key motivators reporting tool. 	<ul style="list-style-type: none"> • Surveys. • Focus groups. • Informal feedback from workers and management. • Records of participation. • Workplace champion reflections. 	<ul style="list-style-type: none"> • Observation, photographs. • Surveys. • Risk assessments. • Workplace audits. • Interviews with management, workers and/or committees. 	<ul style="list-style-type: none"> • Healthy workers survey. • Healthy workplace audit tool. • Self-assessments. • Key motivators reporting tool. • Human resources/health and safety data. • WorkCover Queensland data.