


# Exemplar physical activity employer

Pilot evaluation

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# Exemplar physical activity employer (EPAE) evaluation

## 1.0 Introduction

- 1.1. There is a wealth of evidence to suggest that physical activity can have a role in improving both physical health and mental health outcomes. In 2015, 67% of men and 59% of women met the recommended physical activity guidelines.<sup>i</sup> Physical inactivity is estimated to result in 2,500 premature deaths each year across Scotland.<sup>ii</sup>
- 1.2. In 2003, the Scottish Government launched their national Physical Activity Strategy<sup>iii</sup> to reduce physical inactivity across Scotland over the next 20 years. Within Let's Make Scotland More Active, workplaces and employers were highlighted as having a potential role in increasing physical activity, which can improve health outcomes and reduce sickness and absence rates for employers.
- 1.3. In 2014, the Scottish Government released their first national Physical Activity Implementation Plan.<sup>iv</sup> The actions within the plan are structured under five themes, one of which specifically relates to the workplace setting. The overarching aim is:

‘Employers make it easier for people to be more physically active as part of everyday working lives.’

A More Active Scotland – Building a Legacy from the Commonwealth Games, 2014

- 1.4. One of the outcomes identified within the plan is that the Scottish Government and other potential employers across the public, private and voluntary sector are recognised as exemplary employers in encouraging staff to be physically active. With the longer term outcome that physical activity during the working day becomes the norm for employees.
- 1.5. NHS Health Scotland offered and led on the delivery of this action, the process of which is fully outlined in **Appendix 1** of this report.

In summary, extensive work through two workshops and ongoing communications established:

- a definition of an exemplar physical activity employer

- the draft criteria required to achieve this status
- draft measures to confirm if EPAE status had been achieved.

An exemplar physical activity employer, depending on organisation status and size, will provide a series of essential provisions for employees. This will be combined with a set number of additional provisions that are known to encourage and/or contribute to increased levels of physical activity across the workforce.

## **2.0 The evaluation pilot – background**

- 2.1. The pilot was delivered over a nine-month period from February to October 2016.
- 2.2. The aim of the pilot was to determine the feasibility of future rollout of EPAE across Scotland and gather evidence from employers' and assessors' experiences of being part of the pilot process.
- 2.3. Employers who were members of the EPAE working group and/or nominated employers operating with Healthy Working Lives (HWL) were invited to take part in the EPAE pilots. Eight employers signed up:
  - Paths for All
  - Cycling Scotland
  - Scottish Student Sport
  - NHS Greater Glasgow and Clyde
  - Young's Seafood
  - NHS Health Scotland
  - NHS Education for Scotland
  - Two divisions within Scottish Government (Active Scotland Division; Corporate Communications and Marketing Division)
- 2.4. Three assessors were asked to take part in the pilot to conduct the EPAE assessments submitted by employers. Two assessors were employees of NHS Health Scotland and one was external. Two assessors had experience of carrying out assessments as part of the

HWL programme and one assessor had experience of carrying out assessments as part of the Healthy Living Award.

- 2.5. Employers were provided with background information, instructions on how to participate, and resources to assist with participation. The contact details of a named officer within NHS Health Scotland's Physical Activity and Place team, who acted as a point of contact for both assessors and organisations, were also provided.
- 2.6. Employers were required to submit evidence to demonstrate their status as an exemplar physical activity employer. There were two employer categories as part of EPAE:
  - A category 1 employer refers to an employer with a workforce consisting of fewer than 250 employees.
  - A category 2 employer refers to an employer with a workforce larger than 250 employees or a statutory public service (irrespective of size).
- 2.7. The criteria to meet EPAE was dependent on whether the employer was classed as category 1 or category 2, with category 2 employers expected to meet a greater number of criteria. Employers also had the opportunity to apply for EPAE-plus status, by demonstrating that they met all standard and optional additional EPAE criteria.

Evidence to be submitted included, but was not limited to:

- an assessment of employee physical activity knowledge
- baseline data captured on employees' physical activity levels
- staff engagement activities
- identifying physical activity champions
- the provision of physical activity opportunities (free workplace-based activities)
- targeted activities to their least active staff members identified through a physical activity survey and by conducting equality screening
- development of an active travel plan.

A full list of the criteria for both employer categories is shown in **Appendix 1**.

- 2.8. Employers were required to submit an EPAE plan after three months to demonstrate the actions they would implement to achieve the EPAE award. Their plan was reviewed by one of the three assessors who then provided feedback.
- 2.9. Employers were then asked to submit their evidence at the end of July 2016 within six months of embarking on the pilot. The assessors carried out their assessment within four weeks of employers submitting evidence and gave the results to the individual within NHS Health Scotland coordinating the pilot, who then fed the results back to employers in October.
- 2.10. The assessment process was paper based with fairly strict assessment criteria provided and assessors did not have one-to-one contact with the organisations – although they were able to make contact with the individual coordinating the pilot within NHS Health Scotland to seek further clarity.

### **3.0 The pilot evaluation – aim**

- 3.1. The overall aim of the evaluation is to assess the EPAE award application and assessment process.
- 3.2. The evaluation was designed to gather evidence from the pilot organisations applying for EPAE and assessors conducting EPAE assessments, with the aim of identifying barriers and facilitators to this process.
- 3.3. The evaluation was not designed to assess the impact of EPAE on physical activity levels of employees across the pilot organisations – although some inferences about the likely impact can be drawn from respondents' comments about what they have done to meet the criteria for receiving the award.

### **4.0 The pilot evaluation – outcome**

- 4.1. The intended outcome of the evaluation is to generate evidence to inform any future decisions around the roll-out and refinement of EPAE.

## **5.0 Methodology**

- 5.1. All eight pilot organisations and all three assessors took part in the evaluation.
- 5.2. Qualitative interviews were carried out to collect the data to inform the evaluation. Individuals who played a key role in implementing EPAE within their organisation were asked to take part. Additionally, the three assessors involved in the assessment process were invited to participate.
- 5.3. 12 semi-structured interviews were conducted in total, with a total of 13 participants. (One interview had two participants from the same organisation and one organisation had two implementation leads who took part in separate interviews.)
- 5.4. Interviews were conducted between August and September 2016, around one month after organisations had been asked to submit their evidence and around six months after signing up to EPAE. Although the assessments had been conducted at this stage, employers were not aware whether they had met all of the required EPAE criteria for their organisation.
- 5.5. Nine of the interviews were conducted by telephone, with three being conducted face to face. Each interview lasted approximately 45 minutes.

## **6.0 Data analysis**

- 6.1. In order to identify themes across the data, thematic analysis was used to analyse the data collected from the interviews. Initially themes were grouped under the areas identified within the interview guide. Segments were manually coded and new codes developed as themes emerged.

## **7.0 Ethics**

- 7.1. Advice from NHS Health Scotland's Research Services team was sought. All participants were aware of the purpose of the evaluation and informed consent was sought in all cases before the telephone or face-to-face interviews. Maintaining confidentiality of information collected from each of the participants was a priority throughout the evaluation and the primary researcher ensured that data were non-identifiable and stored within a secure drive.

## 8.0 Results

Of the eight organisations signed up to the EPAE pilot, six produced EPAE plans, while only five submitted evidence at the end of the pilot. Three organisations did not submit evidence. The reasons for this included certain criteria being a barrier to receiving the award and lack of resources and priority given to complete the administrative process of EPAE. Emerging themes fell into six categories:

8.1 The implementation of EPAE

8.2 Facilitators to EPAE

8.3 Barriers to EPAE

8.4 The assessment process

8.5 Perceived impact of EPAE

8.6 Other factors

8.1. The implementation of EPAE

8.1.1 Resources to implement EPAE

The resources required to implement EPAE were described as 'largely administrative' by some implementation leads and they estimated that they dedicated one or two days to submitting their plan and the same to submitting their evidence.

However, two organisations failing to complete the EPAE pilot attributed this to the fact that they did not have the available resources to commit to the administrative process of EPAE to write up and submit their evidence. This was despite reporting to have the resources to commit to doing the activities:

'We are committed to promoting health, but we couldn't commit the time to write things up and evidence what we are doing.' (Implementation lead no.9)

'We simply didn't have the time to commit to evidencing what we are doing, so although we have the time to commit to actually doing it, we did not have the time to commit to write up the evidence.' (Implementation lead no.8)



### 8.1.2 Existing infrastructure

Implementing EPAE required some organisations (category 2 employers) to have some infrastructure in place in order to meet EPAE (e.g. showering facilities, bike racks).

Most implementation leads reported that they already had the infrastructure in place to support EPAE. However, it was recognised that resources would be higher for other organisations not already doing the activities outlined as part of EPAE or without the infrastructure already in place.

### 8.1.3 EPAE guidance and materials

The comments from implementation leads on the guidance were mixed.

Some implementation leads described the guidance as user-friendly and straightforward to follow.

Some described the process being paperwork-heavy and overly bureaucratic. Some implementation leads suggested that the criteria were overly prescriptive and did not allow them to showcase some of their good practice.

## 8.2. Facilitators to EPAE

### 8.2.1 Experience of HWL

All eight of the organisations had previously engaged with HWL and seven of the organisations had already received a HWL award; five at Gold level.

This was described as facilitating implementation of EPAE by some respondents as they already had experience of an awards process and had implemented some physical activity-related actions as part of HWLs. Some organisations also had an internal HWL group that acted as a mechanism to implement EPAE across the organisation:

‘We already ran with the Healthy Working Lives program, so we had a group to process EPAE’ (Implementation lead no.1)

‘It really helped that we have an established HWL group... EPAE was discussed on this group.’ (Implementation lead no.10)

### 8.2.2 Pre-disposed to physical activity culture

Several of the implementation leads described the fact that there is a pre-existing culture of physical activity within their organisation and that they were already doing some of the activities required as part of EPAE. Where they were already carrying out some of activities before signing up to EPAE, implementation leads suggested that this facilitated the process:

‘We are already doing things and activities to make individuals more active – I think this helped the process.’ (Implementation lead no.4)

Both employers and assessors commented that organisations who do not already have a culture of physical activity may face additional barriers and resources to achieve EPAE:

‘I would say that organisations that don’t have a focus on health and wellbeing would struggle with this.’ (Implementation lead no.9)

‘There may have been more value in piloting this with an organisation that is not as active.’ (Implementation lead no.4)

‘I have good knowledge of physical activity, but there will be organisations that are not used to this type of thing. (Implementation lead no.8)

Having the existing physical infrastructure in place required to meet EPAE (e.g. bike racks and showering facilities) was also described as a facilitator to the overall process.

## 8.3. Barriers to EPAE

### 8.3.1 Process to register and submit evidence

Implementation leads described the process of submitting their plan and evidence as a barrier and this was attributed to technical problems with the virtual learning environment (VLE). The VLE was identified as a barrier by several implementation leads, who described it as an overly technical and complicated process:

‘In terms of using the VLE, it took us a long time to sign up and I felt that it was overly complicated.’

(Implementation lead no. 2)

'I found the portal particularly difficult. It wasn't user-friendly.'

(Implementation lead No. 5)

### 8.3.2 EPAE criteria

Specific criteria were identified as a barrier to organisations achieving the EPAE award.

Three organisation's referenced the 30-minute paid physical activity break as a barrier. One reason for this was the cost implications. Additionally, one implementation lead reflected on the fact that they were unable to make this decision without senior buy-in to the EPAE process.

'I don't have the authority to make some of the decisions required for EPAE. For example, the criteria set out to introduce 30 minutes of paid physical activity. I do not have the authority to give this.'

(Implementation lead no.7)

The development of an Active Travel Plan was also identified as a barrier by a few implementation leads, with the main obstacle being the resources required to produce the plan. One implementation lead indicated that this was the main barrier for them not completing EPAE:

'The main barrier was the Active Travel Plan ... the timescale was too tight and we did not have the staff capacity to put to this.'

(Implementation lead no. 10)

Similar to comments made by assessors, the implementation leads noted that the process for gathering evidence against the EPAE criteria was overly prescriptive and did not provide them with the opportunity to highlight their exemplary practice:

'I would say the whole process was really prescriptive and inflexible and didn't really showcase all the great work we are doing across the organisation.'

(Implementation lead no. 3)

### 8.3.3 Lack of communication and/or a clear process

In line with reflections from assessors, a few implementation leads also highlighted lack of direct communication with assessors as a barrier to EPAE. Additionally, some implementation leads felt that there was a lack of clear process in terms of what would happen next once they had submitted their evidence for assessment and when they would expect to receive feedback.

### 8.3.4 Lack of priority

The main reason for two of the organisations failing to complete the EPAE pilot was that EPAE was perceived as a lower priority in comparison to other areas of work. Both implementation leads described that they were already doing activities to promote physical activity within their workplace and had already received the HWL award.

One implementation lead also noted that in order for EPAE to become more of a priority, organisations need an incentive or a reason to buy into the EPAE process and an understanding of the added value for organisations of taking part in this.

### 8.3.5 EPAE name

The EPAE name was described by a few of the implementation leads as difficult to pronounce and there was a lack of meaning associated with the title. One implementation lead suggested that 'Active Working Lives' would be a more appropriate title of the award.

## 8.4. The assessment process

### 8.4.1 Prescriptive process

All three assessors described the assessment process as overly prescriptive, not allowing reasonable judgement to be made about whether employers were meeting EPAE status:

'It felt as though it wasn't really an assessment. It was more of a tick box exercise. I was assessing the organisations on their ability to fill out a form, rather than their status as an exemplar physical activity employer.' (EPAE assessor no.1)

Assessors felt that the prescriptive nature of the assessment process resulted in organisations failing to meet the EPAE criteria, based on the evidence contained within their initial assessment submission, despite demonstrating very good practice to support their employees to be more physically active:

‘I mean, the criteria for the plan was so prescriptive ... it didn’t give us the opportunity to reflect on the quality of the plan or allow organisations to showcase their good practice.’ (EPAE assessor no.1)

#### 8.4.2 EPAE assessment guidance

Assessors reported that the paperwork and supplementary guidance created a barrier to the assessment process. One assessor also reported creating an additional feedback form to support this process. Additionally, it was reported that little detail around the background to EPAE or the criteria to meet the award was provided in preparation for the assessment:

‘I wasn’t given the criteria needed to meet the award, all I was given was the guidance. So all I could do was score based on the guidance. This was far too prescriptive and hindered the whole process.’

(EPAE assessor no.1)

#### 8.4.3 Lack of clear process

All three assessors described a lack of clear assessment process as part of EPAE. In particular, once assessors had carried out their assessment, there was no clear next stage in the EPAE process or follow up with employers to deliver their assessment results. All three assessors reported that there was no clear end to the EPAE pilot process.

#### 8.4.4 Communication

All three assessors described a lack of communication between themselves and the organisations applying for EPAE as a barrier when conducting the assessment. For example, one assessor suggested that it would have been useful to phone employers to clarify some points and discussed this in reference to experience of conducting other award assessments.

Another assessor also suggested that a site visit would be useful to ensure that evidence submitted by employers was robust:

‘I think for this to be a robust, reputable process, face-to-face contact would be necessary.’

(EPAE assessor no.2)

## 8.5. Perceived impact of EPAE

### 8.5.1 Established physical activity culture

The perceived impact of EPAE was mixed. It was clear from the interviews with implementation leads that most of the organisations involved in the pilot were already pre-disposed to a culture of physical activity and seven of the implementation leads reported that they were already doing several of the activities required for EPAE status:

‘Well we were in a fortunate position as we were already doing a lot if it anyway.’

(Implementation lead no.9)

‘In terms of actually achieving EPAE we didn’t have to implement anything new really. We just had to report what we were already doing.’

(Implementation lead no.3)

### 8.5.2 Established range of workplace physical activity actions and an active workforce

In addition to several of the organisations already doing some the activities required as part of EPAE, a number of the implementation leads reflected on the fact that staff were already engaged in physical activity and EPAE criteria supports physical activity among already active staff members:

‘One issue with this type of thing is that you tend to attract people who are already active.’

(Implementation lead no.8)

‘It [EPAE] encourages people who are already quite health conscious to engage in more levels of physical activity.’

(Implementation lead no.4)

However, one organisation did report that they targeted their least active staff members to lead the implementation of EPAE.

### 8.5.3 Importance of staff buy-in

A few implementation leads felt that EPAE raised awareness of physical activity across their organisations. However, despite implementing physical activity events as part of EPAE, it was a challenge to get staff to buy into this process and become more physically active:

‘Encouraging individuals to take additional responsibility was very difficult.’

(Implementation lead no.4)

‘I would say that EPAE requires buy-in from staff so they commit to being physically active too. You can supply the knowledge, but actually making people be active is partly their responsibility too.’

(Implementation lead no.1)

One implementation lead also described senior staff buy-in as the main challenge to implementing EPAE and felt that, without senior support, they were unable to make decisions that could result in EPAE having an impact across the organisation.

However, not all implementation leads reported staff buy-in as a challenge but recognised the importance of staff buy-in to the process:

‘We engaged with staff early on to ensure that their voices were heard and everyone was fully bought into the process.’

(Implementation lead no.5)

### 8.5.4 Positive impacts

When discussing the perceived impact of EPAE on physical activity, one implementation lead reported that EPAE provides a structure for organisations to take forward actions:

‘EPAE provides a focal point and structure for organisations. It helps to cement the existing practice. For example, we had far more walking meetings. I think we have been doing more as a team to encourage each other to be active.’

‘The benefits are obvious and I don’t think it would be too taxing for other organisations to be involved.’

(Implementation lead no.5)

The same implementation lead also felt that EPAE had a positive impact on staff morale and provided a clear structure and incentive to encourage physical activity among their staff:

‘It had a good impact on team morale.’

(Implementation lead no.5)

A few implementation leads also described the implementation of more walking meetings as a consequence of EPAE. One implementation lead also commented on additional activities they did as a team as part of EPAE, which included a team cycling and hillwalking activity:

‘We went for a team cycle, did hillwalking afternoons out and football golf. We had some sporting challenges which were also really fun. We definitely implemented new things as part of EPAE. All staff members were challenged to come up with a new idea.’

(Implementation lead no.6)

## 8.6. Other factors

### 8.6.1 Alignment with HWL

Although some implementation leads described experience of HWL as a facilitator to the EPAE process, a few implementation leads and assessors reported that they were unclear how EPAE and HWL aligned.

Additionally, one implementation lead suggested that there was an element of awards fatigue and one assessor was unclear of the added value of EPAE over and above what HWL provides.

### 8.6.2 Organisational size

Organisational size was described as either a barrier or facilitator to achieving EPAE.



One implementation lead felt that implementing EPAE was a 'relatively straightforward process for a small team' and contributed to good staff buy-in and the implementation of new activities as a result. However, a few implementation leads suggested that for smaller organisations there may be barriers in terms of the resources and infrastructure required to achieve EPAE.

On the other hand, there were also barriers for larger organisations to implement EPAE. For example a few of the organisations within the pilot sit across several sites and one implementation lead reported that this created barriers in terms of meeting the more structural criteria to be achieved as part of EPAE.

## **9.0 Summary and discussion**

- 9.1. Workplaces and employers have the potential to increase physical activity among employees. EPAE was developed as a pilot to provide recognition to employers that demonstrate exemplary practice in supporting physical activity levels among staff.
- 9.2. The aim of the evaluation was to assess the EPAE award application and assessment process to inform future decisions on the roll-out and refinement of EPAE.
- 9.3. The implementation of EPAE was described as relatively straightforward by some organisations and did not require huge amount of resources.
- 9.4. It was clear that many of the organisations participating in the pilot had already bought into the importance of health and wellbeing and several also had a pre-existing culture of physical activity. Several organisations reported that they were already doing a number of the criteria required to implement EPAE. This was recognised as a potential limitation during the planning of the pilot. However, in order to complete the pilot within the short timeframe, organisations that had already engaged in Health Working Lives or were involved as stakeholders to develop EPAE were invited to take part.
- 9.5. It is important to recognise that organisations without the same pre-existing culture of physical activity and experience of HWL may have a different experience of implementing EPAE and consideration should also be given to the types of organisations who are likely to sign up to EPAE.

- 9.6. The findings suggest that further refinements to the EPAE materials, guidance and criteria is required. In the event of EPAE being taken forward it is important that there is a clear assessment process and clearer guidance and training (if required) provided in advance to assessors.
- 9.7. It is clear from the feedback from assessors that a less prescriptive process would allow assessors to make reasonable judgements about whether organisations meet the EPAE criteria.
- 9.8. The findings also suggested that communication between employers and assessors would help the process.
- 9.9. The perceived impact of EPAE on organisations' physical activity levels was mixed. Some implementation leads strongly believed that EPAE could have a positive impact, with others suggesting that it helped to raise awareness but would not necessarily lead to staff members actually being more active.
- 9.10. Organisational understanding of the 'theory of change' by which EPAE is expected to lead to intended outcomes (e.g. increased staff physical activity, reduce staff absence rates, improved health outcomes) would provide a better understanding about what the likely impacts of EPAE would be.
- 9.11. The evaluation raises wider questions about the added value of EPAE and the way it is expected to work – i.e. encourage, support and measure exemplary practice and, as a consequence, contribute to increased population levels of physical activity through workplace settings.

If the only organisations and businesses that take part are those that already meet most of the criteria, the award's impact in changing population levels of physical activity could be limited unless there is some kind of demonstration or reputational effects that provide other employers with the incentive to take the steps to get the award and promote physical activity.

However, if as intended, EPAE encourages other employers to help all employees engage in increased levels of physical activity by providing more supportive working environments, then a positive outcome could be realised.

## 10.0 Conclusion

The findings suggest that further refinement of the EPAE award process is required.

Consideration should be given to the types of organisations and employees likely to sign up to EPAE and how EPAE would work for organisations not already exposed to a culture of physical activity.

## 11.0 Recommendations

- 11.1. This report will be presented alongside a series of delivery options to Scottish Government in December 2016.
- 11.2. Preferred options will be discussed with relevant stakeholders with final recommendations shared with the National Strategic Group for Sport and Physical Activity Planning Group.
- 11.3. Implementation of agreed options will be embedded into the revised Physical Activity Implementation Plan due for publication in spring 2017.<sup>v</sup>

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<sup>i</sup> Scottish Government (2014). A More Active Scotland – Building A Legacy from the Commonwealth Games. Available online [www.gov.scot/Publications/2014/02/8239](http://www.gov.scot/Publications/2014/02/8239)  
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