

Consultation on the development of a Healthy Workplaces Framework for Ireland

A report prepared for the Department of Health by the Institute of Public Health in Ireland



Consultation Report





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2018

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Glossary

Asset-based practice	Asset based approaches recognise and build on a combination of the human, social and physical capital that exists within local communities
Corporate social responsibility	Corporate Social Responsibility (CSR) is a concept whereby enterprises integrate social and environmental concerns into their mainstream business operations on a voluntary basis
CSO	The Central Statistics Office (CSO) is Ireland's national statistical office and our purpose is to impartially collect, analyse and make available statistics about Ireland's people, society and economy
Dignity at Work	Dignity at Work policies are developed by organisations to ensure an environment free from bullying, harassment and sexual harassment to available to all employees. Where dignity, respect, equality and safety are promoted.
Empowerment	A social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs
Health and Safety Authority	The Health and Safety Authority is the national body in Ireland with responsibility for occupational health and safety
HWF	Healthy Workplaces Framework
KPI	Key performance indicator
LGBT	Lesbian, gay, bisexual or transgender
Plain English	Plain English is a way of presenting information that helps someone understand it the first time they read or hear it
SME	Small to medium-sized enterprises
Wellbeing	The state of being healthy, happy and comfortable

Work-life balance	Refers to the need to have a balance in one's life in work/career and lifestyle. Ensuring one does not negatively affect the other, but enhances one another.
Workplace culture	Workplace culture is unique to an organisation and is the sum of the organisation values, beliefs, behaviours and environment

Executive Summary

Consultation design and process

- A Healthy Workplaces Framework is currently being developed as part of the governments Healthy Ireland agenda. This framework is being developed by the Department of Health and the Department of Business, Enterprise and Innovation.
- This report presents the findings of a consultation process undertaken to inform the development of the Framework.
- The consultation design and data collection were informed by pre-consultation expert focus groups and a cross-disciplinary steering committee.
- The consultation process comprised an online questionnaire as well as four regional workshops. Data collection occurred between March and May 2017.
- The consultation sought views on strategic level issues such as the Framework vision, aim and strategic goals/objectives and potential priority health topics and subgroups of workers. The consultation also sought views on operational level issues relating to resources to support implementation and monitoring/evaluation. The domains of consultation are presented in the diagram below.

Figure 1 - Structure of consultation



Consultation response

- There were 1602 valid responses to the online questionnaire. 144 participants attended consultation workshops.

Online questionnaire

- 95% of people responding to the questionnaire submitted views based on their personal experience and 5% of responses were on behalf of an organisation.
- 27% of the total sample provided an organisation name in their response. Around half of these named organisations were government departments or bodies, and a further 20% were Health Service Executive.
- The vast majority of respondents were currently in employment.
- 72% of respondents who provided information on their gender were female.

- Around 90% of respondents who provided information on their employment sector identified as public sector workers.
- Around half of respondents providing information on their work responsibilities indicated that they were line managers of one or more employees
- There was significant representation from workers with responsibilities in human resources, health and safety, occupational health and health promotion/public health fields.
- A significant response was received to the online questionnaire. However, the private sector and, to a lesser extent, male and younger worker perspectives are likely to be under-represented.

Workshop participants

- Of the 144 participants of the workshops, around 19% named the Health Service Executive as their employer.
- Around 17% of participants identified third level/further education institutions as their place of work.
- Private sector organisations represented around 13% of participants with government bodies, agencies and state sponsored bodies also being represented by 13% of workshop participants.
- There were participants who are employed by government departments, accounting for around 11% of the participants. Around 7% of participants identified their employer as an advocacy or NGO body.

Consultation Findings

Views on the proposed vision of the Framework

1. Consultation respondents were prompted to respond to a proposed vision for the Healthy Workplaces Framework which was:

“Workplace policies and practices in Ireland support everyone to enjoy physical and mental health and wellbeing to their full potential and wellbeing is valued and supported at every level of the organization.”

2. 1484 questionnaire respondents provided information on the proposed vision. 85% of respondents agreed that the vision captured everything it should.
3. 309 questionnaire respondents provided an answer to the free text section of this question, returning 10,605 words for analysis. In addition, scribe notes relating to discourse on the proposed vision, occurring at the four workshops, were analysed.
4. The themes emerging from analysis of the questionnaire free text and the workshop discourse were:
 - a. The wording of the proposed vision
 - b. Concerns regarding implementation
 - c. Understandings of health and wellbeing
 - d. Engagement
 - e. Work-life balance
 - f. Culture change
 - g. The appearance of the diagram
5. Respondents highlighted the importance of creating a Framework which was more engaging and accessible in its use of language/graphics and clear in its communication dimension.
6. While there was a high level of support for the proposed vision, some respondents were concerned that both processes and national/local level resources to support implementation were not specified.
7. Respondents sought the elevation of issues of workplace culture change and engagement to the highest strategic level and the reflection of culture change elements within both strategic and operational elements.
8. The importance of an integrated approach to people's health at work was highlighted – conceptualising worker health and wellbeing within the wider conditions of their work, family life and local community.
9. Findings from the workshop discourse emphasized the importance of articulating a vision which would engage the private sector, in particular SMEs, in implementation.

Views on the proposed aim of the Framework

- Consultation respondents were prompted to respond to a proposed aim for the Healthy Workplaces Framework which was:

“The Healthy Workplace Framework will facilitate the growth and development of evidence-informed and effective health and well-being policies and practices in workplaces in Ireland”

- 1,568 respondents provided a response on the proposed aim. 89% of these respondents agreed that the aim captured everything it should.
- 215 respondents provided an answer to the free text section, returning 4,866 words for analysis. In addition, scribe notes relating to discourse on the proposed aim, occurring at the four workshops, were analysed.
- The themes emerging from the analysis were:
 - o Implementation concerns
 - o The wording of the proposed aim
 - o The role of evidence
 - o Culture change
- In relation to the proposed aim, respondents mostly echoed or expanded on points of emphasis made in relation the proposed vision. Respondents sought articulation of a firmer commitment to structured implementation that would enhance workers health and wellbeing on a meaningful scale nationally.
- In keeping with the response on the proposed vision, respondents highlighted the importance of amending the wording to make it more engaging and accessible to a wide range of professional disciplines and workplace sectors.
- In keeping with the response on the proposed vision, respondents highlighted that driving culture change in the workplace setting should form a higher level commitment of the Framework and be integrated throughout the approach at workplace level.

Views on the proposed strategic goals

- Consultation respondents were presented with four proposed strategic goals. They were prompted to respond on issues of appropriateness and to rank importance.
- The proposed strategic goals were:
 - o **Recognition** - The Framework will help employers and employees better understand the benefits of investing in development of a healthy workplace
 - o **Access** - The Framework will support the development of effective health and wellbeing policies and practices in the workplace through accessible and appropriate information resources.
 - o **Support** - The Framework will support and grow leaders within workplaces who are equipped to deliver effective workplace health promotion
 - o **Policy alignment** - The Framework will develop healthy workplaces that are increasingly aligned with the achievement of policy priorities across government, including those within health promotion and health and safety.
- 1565 responses were received on the appropriateness of the proposed strategic goals. Over 97% of respondents viewed the proposed strategic goals as appropriate.
- 272 respondents provided an answer to the free text section of the question on strategic goals, returning 9,598 words for analysis. Free text was provided on all the goals, but most commonly in relation to the **Support** and **Policy Alignment** goals. In addition, scribe notes, from the workshop discourse on the strategic goals, were analysed.
- Respondents emphasized the importance of using more clear and accessible language, as well as a structured communication plan to make the strategic goals attractive and understandable for workers at all levels and within both the public and private sector.
- Respondents perceived areas of alignment, and areas of conflict, within the strategic goals of most value to 'health' and 'business' outcomes.
- In relation to the **Support** goal, respondents identified that support should be actioned through a range of resources, not just advice, and should extend to encompass elements of the physical environment, fiscal support and facilitated culture change within the workplace. There were some conflicting views on how leadership might be assigned at the point of implementation within workplaces.

- In relation to the **Policy Alignment** goal, there were also differing views on the degree to which the framework should be driven by top down national policy priorities as compared to bottom up priorities identified through workplace-level needs assessment. There were some conflicting views on the role and impacts of potential new legislation or additional regulations in driving implementation.

Views on the proposed objectives

- Consultation respondents were prompted to both rank the importance of eight proposed strategic objectives and respond in terms of both the appropriateness and completeness of these objectives.
- The proposed strategic objectives were:
 - o Communication
 - o Leadership
 - o Partnerships
 - o Integration
 - o Culture change
 - o Inclusion
 - o Engagement
 - o Asset-based practice
- There were 1,306 responses to this question. 95% of those responding to this question indicated that they found the proposed objectives appropriate.
- **Culture change** was considered the most important strategic objective. Culture change emerged as the highest and second highest ranking for importance among around half of all respondents
- Other objectives which achieved high ratings of importance by respondents of the online questionnaire were **Inclusion, Communication, Engagement** and to a somewhat lesser extent, **Leadership**.
- 191 respondents provided an answer to the free text section returning 5,379 words for analysis. In addition, the scribe notes of discourse at the workshops relating to resources were analysed. The main themes that emerged were:

- Implementation concerns
 - Difficulties in prioritisation of the objectives
 - Wording of the proposed objectives
 - Missing content from the objectives
- Respondents sought further detail on the operational supports that would be in place to support implementation. Respondents identified the importance of the Framework supporting an approach would support both 'top-down' and 'bottom-up' elements of implementation within the workplace.
 - Respondents emphasized that feedback, evaluation and monitoring would be critical to effective implementation. Respondents sought clarify on the intended governance structures at national level and within individual workplaces and the relationship between these governance and reporting structures. Enhanced integration of the evaluation and implementation components of the Framework was proposed, with a greater emphasis on SMART objectives, deliverables and accountability.
 - Respondents disagreed with the concept of prioritization of objectives on the grounds that several objectives are inter-related components of a coherent policy approach.
 - Respondents emphasized the importance of clear and accessible language that would attract and engage workers at every level and within both public and private sector.
 - The **Partnership** objective, which received relatively lower rankings of support from respondents, was viewed as providing an inappropriate privilege to the health sector. Respondents identified the potential for further benefits from an approach which clearly widened the net of partnership to non-health stakeholders.
 - The **Asset-Based Practice** objective received the lowest level of support. The concept was not widely understood by the respondents.
 - Workshop discourse focused on 'missing objectives' to a greater extent than the questionnaire response. Issues of promoting staff resilience, promoting systems of recognition for participant workplaces and sustainability were raised as potential additions to the proposed objectives.
 - Workshop discourse also highlighted concerns relating to co-ordination and the potential for confusion in lines of responsibility with policies, programmes and staff

structures currently working in the area of worker health. Respondents sought a Framework that effectively integrated the capacities of these components with due attention to professional skillsets, organizational functions and good practice in change management where appropriate.

Views on the proposed resources

- Consultation respondents were prompted to rank the importance of eight resources intended to support the implementation of the Framework. These resources were:
 - o Training
 - o Guidance documents
 - o Case studies
 - o Learning networks
 - o Accreditation, benchmarking and awards
 - o Fiscal incentives
 - o Regulation (reporting)
- Regulation (provision of measures)
- Around 1,282 respondents provided a ranking. All resources were considered important with only 5% of respondents considering any of the resources to be not important at all.
- **Training** received the highest importance ranking. Training was deemed to be very important by over 61% of the respondents to this question.
- **Guidance documents** and **Case studies** were also ranked highly in terms of their importance to implementation.
- **Accreditation, benchmarking and awards** received the lowest ranking but this resource was still considered important by the majority of respondents.
- 187 respondents provided an answer to the free text section returning 7,636 words for analysis. Commentary was mostly provided in respect of:
 - o **Regulation**

- **Training**
 - **Fiscal incentives**
 - **Accreditation, Benchmarking and Awards**
- In relation to **Regulation**, there were conflicting views on the role of potential new legislation or regulations in driving implementation. Concerns were expressed that a regulatory approach could be overly-bureaucratic and place an inappropriate burden on businesses, particularly smaller enterprises. Conversely, concerns were also expressed that a lack of regulation would slow progress in terms of driving meaningful engagement by business in addressing worker health. This echoed the content received on the Policy Alignment strategic goal.
 - Respondents emphasized that **Training** should be a priority resource under the Framework. Respondents also proposed that any new training resource should be structured to support the inclusion of different workers, workplaces and designed to be accessible through multiple learning media and formats.
 - Respondents viewed that **Fiscal Incentives** should support implementation at both national and workplace level. Fiscal resources were particularly requested in the context of promotional work, adapting the workplace physical environment and providing subsidized access for workers to services and amenities which support their health and wellbeing.
 - In total 1,170 respondents provided information on whether there were any other resources not mentioned that would be important to the Framework. Around one fifth of those who responded to this question felt there were resources missing.
 - Regarding 'missing resources', respondents emphasised three types of resources - resources to better support changes in the physical workplace environments from a health and wellbeing perspective; resources to guide effective engagement within and between workplaces and, lastly, resources to support effective monitoring and evaluation of workplace policies and programmes.
 - Workshop discourse on resources focused on the nature of implementation supports as well as reiterating an emphasis on the use of clear and accessible language. Face-to-face and telephone advisory supports were viewed as important alongside online tools. Workshop discourse also emphasized the importance of fiscal incentives to support implementation.

Views on health and wellbeing topics

- Consultation respondents were prompted to rank the importance of taking action on twelve health and wellbeing issues within the Healthy Workplace Framework. They were also asked to respond in terms of both the appropriateness and completeness of priority health and wellbeing issues. The health and wellbeing issues were:
 - Physical activity
 - Smarter travel/active living
 - Healthy eating
 - Healthy weight
 - Drug and alcohol misuse
 - Smoking and second-hand smoke
 - Breastfeeding
 - Mental health
 - Suicide prevention
 - Healthy and safety/injury prevention
 - Family-friendly and carer issues
 - Sexual health
- Around 1265 respondents provided a response to the ranking of importance.
- **Mental health** was ranked the most important issue among respondents. **Physical activity** and **Healthy eating** also received very high rankings. **Sexual health** received the lowest ranking of importance.
- 230 respondents provided an answer to the free text section of this question returning 8,913 words for analysis. The themes that emerged from the analysis were:
 - Mental health
 - Suitability of health and wellbeing issues
 - Breastfeeding

- Work-life balance
- Health and safety
- Respondents emphasized that mental health must remain central to the Framework, with ring-fenced actions and resources. It was proposed that the approach should include an emphasis on addressing stigma, promoting help-seeking and referral for supports from the workplace setting, as well as supporting a recovery model for those with existing mental illness and disability.
- Respondents raised concerns regarding the potential for approaches to overstep personal boundaries between an individual's work and home/private life. Respondents highlighted that the Framework should provide some guidance on issues of ethics, trust and data protection within health promotion approaches in the workplace. In addition, the inclusion of sexual health was not seen as appropriate.
- Regarding breastfeeding, respondents emphasized that particular attention should be paid in light of the imperative to address Ireland's low breastfeeding rates.
- Respondents expressed concerns that implementation of policies and practices based on individual health behaviours could be significantly undermined if issues of work-life balance were poorly understood and addressed.
- Respondents expressed concerns regarding how existing health and safety policy and practice, as required by legislation and led by the Health and Safety Authority, would be integrated within the Framework.
- Discourse at the workshops focussed on both points of agreement and points of disagreement with the health topic priorities proposed. The workshops also highlighted missing priorities. With regard to missing priorities, discourse focused on placing equal priority on wider environmental issues alongside individual health behaviour issues – in particular with regard to the social environment and culture of the workplace.
- Workshop discourse also addressed the approaches needed to embed these health topic priorities within workplace health. The discourse focused on issues of resources and mechanisms of organizational change. The importance of integrating health into the existing policies, practices and governance of individual workplaces was emphasized.

Views on population subgroups

- Consultation respondents were asked to rank the importance of seven groups of workers in terms of targeting within the Healthy Workplace Framework. They were also asked to respond in terms of both the appropriateness and completeness of the target groups of workers. These target groups of workers were:
 - o Older workers (age 55+)
 - o Younger workers (age 25 or less)
 - o Workers with new or existing chronic illness
 - o Workers with a disability or disabilities
 - o Men
 - o Women, including pregnant women
 - o Low-paid workers
- The median response frequency to the ranking question was 1254.
- **Workers with new or existing chronic illnesses** were considered the most important target group. **Workers with a disability or disabilities** and **Older workers** also received high importance rankings.
- 234 respondents provided an answer to the free text section of this question returning 6,677 words for analysis. The commentary provided focused on:
 - o Opposition to the use of subgroups
 - o Older and younger workers
 - o Workers with families
 - o Other minority groups
- There was a consensus view in the free text responses that using an approach that prioritized subgroups of workers was unwise. The use of population subgroups was considered to be restrictive and potentially discriminatory and could work against a 'whole organisation' approach.
- Respondents disliked the proposal of a focus on younger or older age groups arguing that this would take priority away from the majority of the workforce, including that

age-group of workers most likely to be balancing work with significant caring and family responsibilities.

- Respondents proposed that, if subgroups were to be prioritized within the policy, then an equal emphasis should also be placed on ethnic minority workers and LGBT+ workers.
- Workshop discourse aligned with the content received in the questionnaire. There was significant resistance to the use of priority subgroups of workers. Discourse focused on the value of using structured needs assessment to inform prioritization at workplace level rather than target groups. The use of social and health dimensions as the means to identify subgroups was questioned. Employment dimensions as a means to identify vulnerability to ill-health was proposed with an emphasis on those in precarious employment and the self-employed.

Views on indicators of success

- Consultation respondents were prompted to rank the importance of metrics that could be used to measure the success of the Framework. These indicators were:
 - o Level of awareness of the Framework and its resources
 - o Number of workplaces accessing the resources
 - o Diversity of the workplaces engaging with the resources
 - o Number of workforces with relevant policies and practices in place
 - o Improvements in health and wellbeing indicators for workers
 - o Reach of the Framework to priority subgroups of workers
 - o Integration of health promotion into core functions of workplace.
- The median response frequency to the ranking question was 1254.
- **Improvements in health and wellbeing indicators for workers** was considered the most important indicator among respondents. Respondents placed particular emphasis therefore on the use of outcome indicators. Process indicators, such as **Integration of health promotion into core functions of workplaces** and **Levels of awareness of the Framework and its resources**, also received high rankings.
- **Diversity among the workplaces engaging with the resources** received the least

amount of support in the online consultation.

- 109 respondents provided an answer to the free text section returning 2,874 words for analysis. Scribe notes from the workshop discourse were also analysed. The themes that emerged were:
 - Measuring Framework success
 - Implementation concerns
 - Additional proposed indicators
 - Staff engagement
 - Comments about specific indicators
- Respondents proposed that the Framework should specify what tools would be in use at national level to support monitoring and evaluation. It was proposed that the selection of indicators at national level should form part of an integrated monitoring, research and evaluation component of the Framework.
- Respondents proposed that data from existing national surveys, including the Healthy Ireland Survey, and administrative datasets held by government departments and agencies, should be utilized to formulate national-level indicators to measuring the success of the Framework. It was proposed that government surveys should increasingly integrate new variables to directly support the monitoring of the Framework.
- Further clarity on accountability was sought. Respondents emphasized the importance of a clear functional relationship between the monitoring and governance components of the Framework. This related to both overall government oversight of the Framework as well as management oversight at workplace level. Respondents proposed that the Framework outline clearly where the responsibility for implementation, financing, monitoring, and evaluation lies.
- Staff surveys were viewed as an important component of the monitoring at workplace level, with a request to support the use of validated objective and subjective measures of worker wellbeing. Soft indicators of workplace environment, culture, engagement and change processes were also viewed as important.
- An expansion of the proposed indicator on health and wellbeing was proposed to encompass some more specific measures on health outcomes including specific health behaviours and health outcomes.

- Respondents proposed refinement of the engagement indicator to capture the engagement of workers with workplace health policies and programmes as well as the engagement of workplaces with some priority nationally-led health promotion initiatives.

Views on the Framework early achievements

- Respondents were asked to propose, in their own words, the two most important things that the Healthy Workplace Framework should achieve in the first five years.
- 1,087 respondents provided free text section returning 14,445 words for analysis. The main themes were:
 - o Health behaviours
 - o Culture change
 - o Participation and awareness of the framework
 - o Planning, implementation and evaluation
 - o Mental health
- Respondents were keen to see that positive change in the health behavior profile of the working population would be achieved through engagement with the Framework. Physical activity was the health behaviour most commonly emphasized by respondents, with healthy eating/weight management and tobacco use also receiving significant attention.
- Respondents proposed that creating meaningful culture change should be a focus area in the early years of implementation. It was proposed that the Framework should structure an approach to assess changes in workplace culture that would measure how work-life balance was being protected and how policies, practices and management practices were increasingly integrating health and wellbeing issues.
- Respondents recognized that participation and engagement were a pre-requisite to effect change. It was acknowledged that these issues were likely to be challenging in the early years of the Framework. Respondents proposed that a structured communications and awareness plan was needed to kick-start and support ongoing participation of workplaces.
- Respondents recognized the importance of establishing functional systems of policy governance and accountability for implementation, monitoring and evaluation within

the early years of implementation.

- Respondents proposed that achieving a protected focus on mental health in implementation would be a significant achievement. Respondents perceived a risk for resources to be increasingly diverted to physical health.

Views on barriers to the Framework

- Respondents were asked to propose, in their own words, the two most significant barriers or risks to the success of the Framework.
- **1, 086** respondents provided free text returning 12,265 words for analysis. The main themes were:
 - o Buy in
 - o Resources
 - o Implementation concerns
 - o Culture change
- Respondents highlighted that achieving buy-in from workplaces to engage with work on health promotion could be a significant challenge. Respondents focused on issues such as of lack of interest and lack of awareness of benefits. These issues were similar to those raised under the participation and engagement theme that emerged in response to the question on early achievements of the Framework.
- Respondents expressed a concern that resources would be insufficient to support implementation at both national and workplace level. There were concerns that resources offered through the Framework could be both insufficient and not fit for purpose to drive engagement at workplace level. Respondents considered that managers and employers may face challenges in securing resources within their own workplace and balancing activity on health with other business imperatives.
- Respondents identified that the quality and quantity of implementation at workplace level will be significantly dependent on the quality of the Framework design and the implementation approach at government level. There were some concerns that employers and workplaces would not engage if the leading government departments did not deliver and resource a Framework that was fit for purpose and sufficient in scope. Respondents felt that implementation would be hampered if the communication and engagement components of the Framework were

underdeveloped and under resourced.

- Respondents identified that implementation will be hampered if the Framework fails to integrate an evidence-based approach to supporting deep and sustainable culture change in relation to health and wellbeing in the workplace.

Section 1: Introduction

1.1: Policy Context

In partnership with the Department of Business, Enterprise and Innovation, the Department of Health is currently developing a National Healthy Workplaces Framework under the auspices of the Healthy Ireland agenda.

The potential of the workplace as a setting for the promotion of health has been recognised within a wide range of health policies in Ireland, as well as within policies relating to economic and social development (1). Healthy workplaces have the potential to impact the lives of a significant proportion of the population in Ireland given that there are almost two million people currently in the workforce. The importance of workplaces is recognised in Ireland's public health framework, *Healthy Ireland - A framework for improved health and wellbeing: 2013 – 2025*(2), as both a mechanism for cross-sectoral working and as a setting in which health promotion and improvement can take place. Employee health and wellbeing is also identified under the Workplace pillar in Ireland's national plan on corporate social responsibility *Good for business, Good for the community* (3).

In 2016, a Steering Group on the development of a Healthy Workplaces Framework was convened. The Steering Group is co-chaired by the Department of Health and the Department of Business, Enterprise and Innovation. The Steering Group's Terms of Reference include a commitment to advise on the development of a consultation process to inform the final framework.

The consultation process follows guidelines developed by the Department of Public Expenditure and Reform under Ireland's *Open Government Partnership National Action Plan 2014-2016*(4). The aim of these guidelines is to adopt a principles-based approach to public consultation and to improve transparency, responsiveness and accessibility. In keeping with the principles of these guidelines, this consultation sought to be genuine and meaningful, target and facilitate input from all those with an interest and integrate with policy development.

1.2.1: Consultation design and planning

Three pre-consultation workshops were held in March and April 2016 to inform development of the overall consultation process. The Department of Health invited key stakeholders to the workshops from the following areas:

1. Stakeholders with a remit in relation to workplaces health from academia and the health and social care sectors
2. Healthy workplaces group (representatives from government departments and Healthy Workplaces Framework steering group)
3. Members of the Corporate Social Responsibility Forum, representing a broad range of stakeholders across the private and public sector

Participants were brought through a structured engagement process to consider how consultation should be undertaken and with whom. All groups expressed the view that the core elements of the HWF should be reasonably well defined prior to engaging widely in a process of consultation. It was proposed that some background work on the content and boundaries of the framework should precede consultation so that stakeholders can better understand what they are being consulted on; this could be achieved by use of a clear and accessible consultation document. It was also suggested that there should be recognition of what is already being done in the workplace around health and wellbeing and this should be incorporated into the HWF and built upon.

Aspects of the consultation design took precedence from the World Health Organization Healthy Workplace Framework and Model (5) and also the NICE guidelines on workplaces (6).

It was proposed that consultation could be based around structured engagement with a set of pre-defined groups and that a variety of consultation processes deployed. It was recommended that some face-to-face engagement should be planned particularly with those who are likely to be tasked significantly with elements of implementation.

Following the pre-consultation workshops and meetings between Department of Health and other stakeholders, a two-stream approach of an online consultation questionnaire and workshops was agreed.

The online consultation questionnaire and workshops were informed by a range of engagements made in the pre-consultation phase.

1.2.2: Online consultation tools

The online consultation questionnaire was designed following the pre-consultation focus groups which provided direction for question design. Following the pre-consultation focus groups, further steering groups meetings gave added structure to the online questionnaire. A pilot questionnaire tested the final draft before release on March 28th, 2017.

Figure 2 - Online questionnaire planning process



The overall structure of the consultation sought views on strategic level issues (vision, aim, strategic goals) as well as operational level issues (objectives, actions and monitoring). Figure 3 shows the main areas of consultation, with further detail on the questionnaire provided in Table 1.

Figure 3 - Structure of consultation



Table 1 - Online questionnaire design

<i>Questions</i>	<i>Question focus</i>
1-2	What is this consultation about?
3-5	Vision, aim and strategic goals of the Health Workplaces Framework
6-7	Objectives of the Healthy Workplaces Framework
8-9	Actions of the Healthy Workplaces Framework – resources
10	Actions of the Healthy Workplaces Framework – working together on health and wellbeing priorities
11	Actions of the Healthy Workplaces Framework – priority target groups
12	Indicators of progress for the Healthy Workplaces Framework
13-18	Some questions about you and your working life
19-21	Concluding questions

The questions mirror the proposed design of the Framework, consulting respondents on the structure of the Framework. Following a section on respondent consent, each section of the questionnaire flowed through the Framework design starting with the overall vision of what the Framework will look like in the future, post initial implementation.

Respondents were then prompted to provide information about themselves and their working life. These questions provide further detail on the personal and professional background of consultation respondents. Validated questions on age, gender, disability and chronic illness status were used, based on the questions used in the Census.

The final section prompts respondents to provide free text only answers. Future achievements and significant barriers of the Framework, along with a final comments prompt, provide the consultation with concluding opinions from the respondents.

The questionnaire was piloted among researchers from IPH and Dept. of Health. Feedback was received and the questionnaire was edited until there was a consensus.

The online consultation was disseminated to stakeholders following discussion between the Department of Health and Department of Jobs, Enterprise and Innovation. Stakeholders were identified using the Healthy Ireland cross-sectoral database. This included organisations and individuals from varying sectors including public, private, voluntary and union representatives. Other measures used in dissemination to stakeholders included targeting specific representatives from occupational health, human resource, health promotion and health & safety officers.

The final questionnaire can be found in Appendix H.

1.2.3: Data handling

Submissions received by the Department are subject to the Freedom of Information (FOI) Act and may be released in response to a FOI request. The Department publishes responses to FOI requests online. More information on FOI is available on www.health.gov.ie.

Personally identifiable information supplied by a respondent to the Department is held in accordance with the Data Protection Act 1988, and the Data Protection Amendment Act, 2003. The Department keeps it only for explicit and legitimate purposes, processes it only in ways compatible with the purposes for which it was given and keeps it safe and secure, retaining it no longer than is necessary.

A data handling protocol was devised and agreed between the Institute of Public Health in Ireland and the Department of Health in respect of the submissions received.

1.2.4: Workshops

Across the four workshops, 144 participants shared their views.

Facilitations and scribes worked together to ensure key messages have been captured in the scribe notes prior to final deposit of scribe notes for analysis. For a more detailed role of facilitators and scribes, please see Appendix G: Workshop briefing notes.

Similar to the online questionnaire, the workshops were structured in a way that aligned with the structure of the online questionnaire. Structured discussion was facilitated on the vision, aim, strategic goals, objectives, actions and indicators. The prompts provided by facilitators can be found in Appendix G.

1.3: Consultation – data collection

On March 28, 2017 the online public consultation questionnaire went live at the launch of the first workshop at Chartered Accountants House in Dublin. It was launched by then Minister for Health Promotion, Marcella Corcoran Kennedy TD, and then Minister for Employment and Small Business, Pat Breen TD. This online consultation closed on 31 May 2017.

Consultation responses were invited based upon an online questionnaire using Survey Monkey. The questionnaire was made available on the Department of Health website and was promoted by the DoH via the departmental communications channels such as social media and Healthy Ireland website.

The Department of Health sent invitations to key stakeholders via email with a similar approach used in the online consultation dissemination. Participants were invited to register for the workshops.

Each workshop was designed in a banquet style with 10 participants at each table, accompanied by a facilitator and scribe. Each session, of which there were three, were 45 to 70 minutes long. Meaningful discussions were initiated by a facilitator and recorded by a scribe, taking handwritten scribe notes for analysis.

The Department of Health nominated individuals to participate in the workshops as facilitators and scribes. These individuals were from the Institute of Public Health in Ireland, the Health Service Executive and within their own organisation.

Facilitators and scribes were provided with support materials. Support materials briefed the

facilitators and scribes on the Healthy Workplaces Framework, the consultation process and their role as a facilitator or scribe. Please see Appendix G for the workshop briefing notes provided to facilitators and scribes.

Facilitators enabled discussion in order to capture key issues in the context of the formulation of the Healthy Workplaces Framework. The facilitator familiarized themselves with the questions and structure of the sessions. Scribes ensured key messages have been captured and recorded in an eligible form.

Following each session, facilitators and scribes discussed the workshop discussions, ensuring all key messages have been captured.

In addition to the online questionnaire, the consultation invited representatives in the workforce to attend workshops in Dublin, Cork, Limerick and Sligo.

Table 2 - Workshop attendance

Date	Location	Participants (n=144)
28 March 2017	Dublin	68
04 April 2017	Cork	28
10 May 2017	Limerick	24
17 May 2017	Sligo	24

1.4: Consultation – data analysis

1.4.1: Data cleaning

The total number of responses in the online consultation prior to cleaning was 2,946. Following the decision to remove responses which did not satisfy consent, participant type, organisation and demographic information standards, 1344 responses were removed.

1.4.2: Online questionnaire responses

The submissions contained both quantitative data and free text responses suitable for qualitative analysis. Quantitative data were analysed using SPSS version 22 data analysis

software. The quantitative data were analysed to produce frequencies in respect of various aspects of the responses. A small number of variables were regrouped into categories for ease of interpretation and presentation. This included grouping organisations into organisation types and collapsing some categories related to Likert scale responses.

Section 3 details the results from the consultation. Graphs depicting frequencies of some questions use a binary system of *important* and *not important*. These results have been recoded from their original presentation in the online questionnaire. Respondents answered the online questionnaire where some questions used a ranking scale of importance while other questions used a mutually exclusive scale of *very important*, *important*, *not that important* and *not important at all*.

Approximately 96,000 words of free-text were received as responses to open-ended consultation questions on the online questionnaire.

1.4.3: Workshop outputs

Across the workshops, 144 participants provided feedback on the proposed HWF content. Scribe notes were taken during the workshops resulting in approximately 17,500 words. Data were approached using qualitative data analysis techniques based upon a thematic approach. Responses to each question were read and re-read to identify codes (a code describes segments of text with similar meaning). These codes were then systematically applied to each response. Responses under these codes were then examined for consistency. Where response codes emerged as similar these were merged to form broader codes and where responses did not fit into existing codes new codes were formed. (7)

1.5: Presentation of findings

The following chapters present the findings of the quantitative and qualitative analyses undertaken. With regard to the qualitative analysis, quotes are used to illustrate the viewpoints of consultation respondents relevant to the themes presented. These quotes have been anonymised to the category of the respondent and therefore omit the individuals or organisations name. The quotes use the exact text submitted by that respondent and as such reflect as far as possible the exact format, grammar and spellings used by that respondent. In some responses, published and unpublished research was presented as evidence to support certain viewpoints. That evidence has been referred to only in general terms and no appraisal of the quality of such evidence has been made in this report. References to specific workplaces or persons were omitted.

The findings of the consultation were presented to the Steering Group and recommendations for the content of the framework were derived in conjunction with the project team and key stakeholders.

Section 2: Overview of Consultation Responses

2.1: Interpretation of Consultation Content

This report has been prepared by the Institute of Public Health in Ireland for the Department of Health to present key findings from the responses received in the context of the consultation on the forthcoming Healthy Workplace Framework.

Consultation processes seek information, comments and views on set consultation questions from interested stakeholders. The nature of consultation exercises means that respondents are self-selecting and findings therefore may not be considered a representative sample of public opinion.

Consultation is of great value to policy development, targeting individuals with considerable experience and differing personal and professional perspectives in the policy area.

2.2: Consultation response – numbers of respondents

2.2.1: Online consultation

In total there were 1602 (54.4% of sample) valid responses. Only a small number of consultation questions were compulsory, therefore the valid number of respondents for each question varies throughout the report.

2.2.2: Workshops

In total, there were 144 participants involved in the Consultation workshops. Workshops took place in Dublin, Cork, Limerick and Sligo. Participants represented a wide range of organisations including public and private sector and across, but not limited to, healthcare, academia and industry.

2.3.1: Online consultation

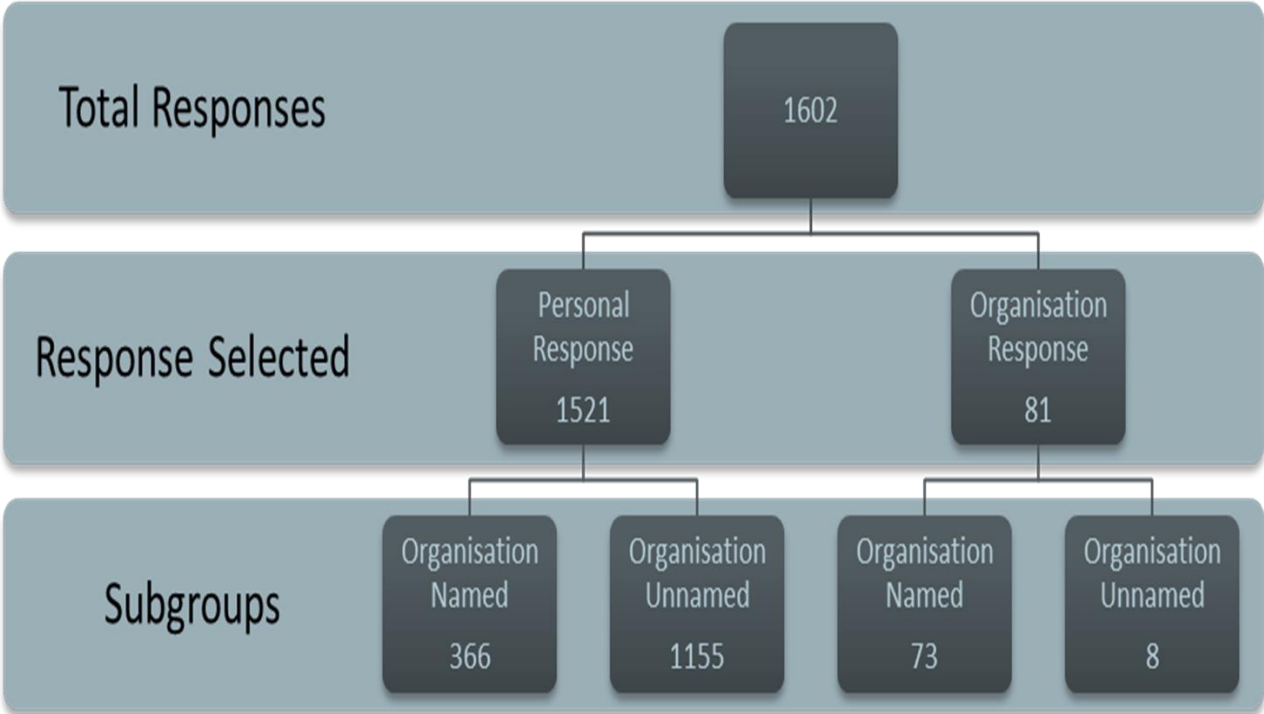
Key characteristics of the respondents to the online questionnaire are presented in this section. These characteristics were derived directly from the response provided by the respondent to the following questions:

- a) Personal/organisational response
- b) Age
- c) Gender
- d) Employment status and type
- e) Health/disability status

In addition, a small number of re-categorised variables were created with the intention of grouping respondents appropriately and capturing relevant sectoral perspectives on the Healthy Workplaces Framework.

Figure 4 shows that most respondents submitted a response based on their own personal experience (n=1521) and a further 81 were based on the experience on behalf of an organisation. In total, 139 organisations submitted a response. See Appendix A for list of these organisations.

Figure 4 – Respondents to the online questionnaire – personal and organizational perspectives



2.3.2: Response by Organisational Category

Table 3 presents a summary of the organisation names provided on the consultation responses. These were grouped into broad categories. A full list of the individual organisational names is available in Appendix A Of those who answered the question on organizational category, government and state sponsored bodies represent the highest organizational body at 36% of the responses. This is followed by the Health Service Executive at 21% and government departments at 14%.

Table 3 - Organisational category

	Organisation Response, Org Named	Personal Response, Org Named	Total
Government Bodies, Agencies, SSBs	8	148	156
HSE (Local and National)	6	85	91
Government Department	2	58	60
Individual Healthcare Providers	2	28	30
Private Companies	20	5	25
Advocacy/Representative/NGO Bodies	16	4	20
Third Level/ Further Education Institutions	4	14	18
Local Government Bodies	4	14	18
Local/Regional Health Service Providers (excl. HSE)	2	4	6
Private Workplace Providers of Corporate Health	4	2	6
Community Based Organisations	5	1	6
Unions	0	1	1
Not possible to categorise	0	2	2
Total	73	366	439

2.3.3: Workshops

Table 4 provides a summary of the organisational affiliation, and number of representatives, of the workshop participants. A full list of organizational representation can be found in Appendix I.

Table 4 - Organisational representation at consultation workshops

Organisational category	Total
Government Bodies, Agencies, SSBs	18
HSE (Local and National)	28
Government Department	16
Private Companies	19
Advocacy/Representative/NGO Bodies	10
Third Level/ Further Education Institutions	24
Local Government Bodies	1
Local/Regional Health Service Providers (excl. HSE)	1
Private Workplace Providers of Corporate Health	1
Unions	2
Not possible to categorise	24
Total	144

2.4: Respondent profile – personal characteristics

2.4.1: Age

1,267 respondents provided information on their age category. Those aged between 45 and 64 comprised 60% of the valid sample. In comparison to the age profile of Ireland's workforce, 36% of Ireland's workforce is aged 45-64 (8). The respondents were mostly in the working age category, but the perspective of younger workers may be somewhat underrepresented.

Table 5 - Respondent age

Age Category	Frequency	%	Valid %
Under 18	3	0.2	0.2
18 to 24	10	0.6	0.8
25 to 44	488	30.5	38.5
45 to 64	754	47.1	59.5
65 or Older	12	0.7	0.9
Did not answer	335	20.9	-
Total	1602	100	100
Valid response: 79.1%			

2.4.2: Gender

Table 6 shows 1,267 respondents provided information on their gender category. 72% of the valid sample was female. Non-response was 20.9% of the sample. National estimates that around 46% of the workforce is female. The perspective of male workers may be somewhat underrepresented in the consultation response. A possible reason why there was a high response rate among females compared to the national proportion may be the gender balance among the most prominent professions which responded to the consultation (8).

Table 6 - Respondent gender

Gender	Frequency	%	Valid %
Male	357	22.3	28.2
Female	907	56.6	71.6
Other	3	0.2	0.2
Did not answer	335	20.9	-
Total	1602	100	100
Valid response: 79.1%			

2.4.3: Employment status

As seen in Table 7, over 95% of respondents are currently working for payment or profit.

Table 7 - Respondent employment status

Employment Status	Frequency	%	Valid %
Working for payment or profit	1225	76.5	96.7
Looking for first regular job	1	0.1	0.1
Unemployed	5	0.3	0.4
Student/pupil	3	0.2	0.2
Looking after home/family	5	0.3	0.4
Retired from employment	2	0.1	0.2
Other (please specify)	26	1.6	2.1
Did not answer	335	20.9	-
Total	1602	100	100
Valid percentage: 79.1%			

2.4.4: Employment descriptor

Table 8 presents the current employment situation of respondents, with 87% of respondents currently working in the public sector. Two participants indicated on the survey that they work in both the public and private sector.

National estimates that around 23% of the workforce is public sector workers. The perspective of private sector workers is underrepresented in the consultation response. (7)

79% of the national workforce is currently in full time employment with 21% in part time employment. This compares to 13% and 2%, respectively, in the consultation respondents. Reasoning for this discrepancy indicates respondents may not have read or understood the instruction to choose multiple answers for this question. (8)

Table 8 - Respondent current employment descriptor

Current Employment Situation	Frequency	%	% of cases
Public sector worker	1092	71	87.4
Private sector worker	76	4.9	6.1
Permanent contract	162	10.5	13
Temporary contract	26	1.7	2.1
Self-employed	24	1.6	1.9
Employer	7	0.5	0.6
Employee	148	9.6	11.8
Not currently in employment	3	0.2	0.2
Total	1538	100	123
<i>Did not answer</i>	352	-	-

2.4.5: Work responsibilities

Over 70% of participants (who answered this question) are currently employed as a line manager, human resource, health and safety or health promotion or public health. Some respondents indicated multiple work responsibilities.

Table 9 - Respondent work responsibilities

Current Work Responsibilities	Frequency	%	% of cases
Line manager of one or more employees	591	30.7	47.4
Human resources	209	10.9	16.7
Health and safety	310	16.1	24.8
Occupational Health	152	7.9	12.2
Health promotion or public health	292	15.2	23.4
None of the above	370	19.2	29.6
Total	1924	100	154.2
<i>Did not answer</i>	354	-	-

2.4.6: Health status

1245 respondents provided information on the topic of a long-standing illness or health problem. 25% of the sample has a long-standing illness or health problem. Table 10 shows non-response was 22.3% of the sample.

National estimates that around 12% of the workforce reports themselves as having a long-standing illness or health problem. The perspective of workers with a long-standing illness or health problem is overrepresented in the consultation response. (8)

Table 10 - Respondent health status

Type of Response	Frequency	%	Valid %
Yes	314	19.6	25.2
No	931	58.1	74.8
Did not answer	357	22.3	-
Total	1602	100	100
Valid response: 77.7%			

2.5: Key points

- a) There were 1602 valid responses to the online questionnaire and 144 participants at consultation workshops.
- b) 95% of people responding to the questionnaire submitted views based on their personal experience and 5% of responses were on behalf of an organisation.
- c) 27% of the total sample provided an organisation name in their response. Around half of the named organisations were government departments or bodies, and a further 20% were Health Service Executive.
- d) The vast majority of respondents were of working age and currently in employment.
- e) 72% of respondents who provided information on their gender were female
- f) Around 90% of respondents provided information on their employment sector identified as public sector workers.
- g) Around half of respondents providing information on their work responsibilities indicated that they were line managers of one or more employees

- h) There was significant representation from workers with responsibilities in human resources, health and safety, occupational health and health promotion/public health specialties
- i) A significant response was received to the online questionnaire. However, the private sector and, to a lesser extent, male and younger worker perspectives are likely to be under-represented.

Section 3: Consultation Findings

3.1: Overview

This section summarises findings emerging from the responses to the questions in the online consultation and workshops. Outputs from analysis of the responses are presented under each consultation question according to a standardised format. For clarity and ease of interpretation, the exact wording and response parameters of each consultation question are first presented. Then the number and nature of consultation responses are presented. This is followed by an overview of key themes that emerged from thematic analysis under each consultation question. Further detail on the approach to data analysis is presented in Section 1.2.6.

3.2: The Proposed Vision

3.2.1: Online questionnaire

Consultation respondents were presented with a proposed vision and asked ‘Does this vision capture everything it should?’

The proposed vision was:

“Workplace policies and practices in Ireland support everyone to enjoy physical and mental health and wellbeing to their full potential and wellbeing is valued and supported at every level of the organisation”

3.2.2: Response frequencies

In total 1484 respondents provided information on the proposed vision of the framework. Table 11 shows a high level of engagement with this consultation question. In addition, the content of the proposed vision statement met with agreement among 85% of respondents who answered this question.

Table 11 - Proposed Vision – Response frequencies

Type of Response	Frequency	%	Valid %
Yes	1340	83.6	84.8
No	240	15	15.2
Did not answer	22	1.4	-
Total	1602	100	100
Valid response: 98.6%			

3.2.3: Qualitative analysis of free text responses

309 respondents provided an answer to the free text section of the question on the proposed vision, resulting in 10,605 words of text. The main themes emerging from the analysis were:

- Wording of the proposed vision
- Concerns regarding implementation
- Understandings of health and wellbeing
- Engagement
- Work-life balance
- Culture change
- The appearance of the accompanying diagram
- Other

a) The wording of the proposed vision (94 valid responses)

Although the majority of respondents were in favour of the proposed vision, a number of respondents found it to be poorly worded and ambiguous. Indeed, there existed some confusion regarding the precise meaning of a “healthy workplace”, and the manner in which health and wellbeing would be “valued and supported”. Some participants suggested that both the proposed vision and the entire Framework should be written in “Plain English”,

thereby increasing the relevance and accessibility of the Framework to the general public.

“Use clear and simple language. ‘Wordy’ language will stop people engaging with the message”

(Line manager)

Respondents also highlighted several grammatical issues within the proposed vision. The use of the word “wellbeing” twice within one sentence resulted in confusion. A small number of participants questioned whether the wording of the second half of the proposed vision was strictly limited to wellbeing, thereby excluding physical and mental health. Therefore, a suggestion was made by a small number of participants to restructure the proposed vision into two sentences, such as:

“Workplace policies and practices in Ireland support everyone to enjoy physical and mental health to their full potential. Health and wellbeing are valued and supported at every level of the organisation”.

(Line manager, health & safety and occupational health)

“In my opinion, perhaps because of an attempt to have these aims declared with a motto like brevity, the laudable aspirations of this vision are outlined in a grammatically clumsy sentence structure. This makes the sentence sound awkward and clunky”

(Health promotion)

The use of the wording “valued and supported at every level of the organisation” was suggested as too weak.

“It should be more active – not just ‘support’ but push the agenda more, encourage. The word ‘support’ is just too passive in my opinion”

(Line manager)

Finally, a number of respondents pointed out an inconsistency present throughout the document in the phrasing of “wellbeing”.

b) Concerns regarding implementation (70 valid responses)

Some respondents highlighted concerns regarding the implementation of the Framework. Some respondents expressed concerns that the policy process could easily become merely rhetoric, or lip-service and not translate effectively from paper to practice.

“The experience on the ground is a different matter entirely. Soundbites are fine, but they must also be followed up by actions”

(Other)

There was a sense of urgency amongst a number of respondents in relation to the time frame for implementation of the Framework. Some respondents remarked that the proposed target year, 2025, is too far away to be meaningful, and that action must be taken sooner.

“Why wait until 2025? I and many more will be retired by then. If this is to be more than a talking shop then action is needed much sooner than 2025”

(Line manager)

A considerable number of respondents also highlighted the importance of the inputs, processes, and outcomes of the Framework being adequately measured and evaluated. In particular, respondents recognised the need for the vision and strategic aspirations of the framework to be backed up by indicators, benchmarks, and monitoring of progress. Some respondents noted that these monitoring tools must be enforceable, and adaptable to a changing economic and social climate.

“A continuous cycle of redefining the goals, objectives, actions and indicators should be embarked upon as these are likely to change over the 8-year period”

(Line manager)

Overall, there was a strong emphasis placed on the need to adequately resource the Framework, in order to ensure effective implementation. The importance of investing in *facilities*, such as bike sheds and showering areas, and investing in the *physical environment*, such as effective lighting and ergonomic seating, were proposed as components of the Framework. Physical resources, such as fridges and break rooms were highlighted by respondents.

Respondents also identified access to social support structures such as clubs and counseling as resourcing that would enhance the effectiveness of the Framework. This would enable the workforce to seek support in terms of mental wellbeing.

One respondent discussed the danger of appropriate funding not being ring-fenced for this initiative.

“the vision is idealistic as funds may not be there, i.e. from my past experience working in the HSE the funding will not be utilised to implement any of the proposed vision, it will be used elsewhere”

(Other)

Some respondents indicated that they would be in favour of legislative support for the Framework as a means to drive implementation. This support extended to blending components of the Framework with health and safety legislation. This approach was proposed in order that employers interpret the Framework as an essential part of their practice. However, other respondents considered that this legislative support was only one part of the solution to driving change, with adequate enforcement mechanisms of importance.

“without having some legal obligation or a real policing authority in place to ensure compliance with stated policies of Healthy Ireland, I believe that managerial authorities will continue to deviate from healthy, agreed, custom and practices, particularly in the area of ensuring equal opportunity for people in the workforce and treating people as equal”

(Line manager)

c) Understandings of health and wellbeing (35 valid responses)

There was a considerable emphasis placed on mental health as an important aspect of the proposed vision. Several respondents welcomed an explicit reference to mental health within the vision of the framework. The responses included perspectives from those who had experienced mental ill-health themselves as well as those who were responding to mental health issues as part of their professional roles in management and HR. While responses emphasised the role that the workplace can play in the generation of mental health issues there was also significant reference to the role that the workplace can play in recovery.

“I very much support the inclusion of good mental health and wellbeing as part of the vision. As one who has had a significant mental health episode in my life, I think it important to emphasise that while workplace issues can significantly contribute to mental health difficulties, a good workplace can equally be of great assistance in helping an individual to recover from any such difficulties”

(Line manager)

Several respondents expressed concern that physical health could be prioritised over mental health. They proposed that the Framework ensure a protected emphasis and recognition on mental health.

“...often the focus is very much on weight and exercises with mental health coming in a poor third. However, there should be a heavier emphasis on mental health”

(Human resources)

The stigma surrounding mental health issues was seen by respondents as a challenge that the Framework should address. Stigma (or fear of stigma) around mental health issues was viewed by some as hampering the identification and discussion of stress and mental health issues in the workplace. Some respondents proposed specific government funding and policies should be implemented around mental health interventions, for example, mindfulness and morale building. Respondents also cited the importance of facilitating workers to attend services and programmes that would benefit their mental health.

There was not a consensus view on the inclusion of a specific reference to physical and mental health within the vision. Some expressed a view that the specific mention of physical and mental health could be counterproductive, directly constraining the definitions of health and wellbeing. Indeed, a number of respondents proposed that the Framework consider a more holistic view of health to incorporate the spiritual, intellectual, social, emotional, and financial health and wellbeing of workers.

"I feel that this vision is pigeon holed only to physical and mental health. Maybe consider a more generic term to cover all types of pillars such as nutritional health, occupational health, seven dimensions of wellness, etc."

(Did not answer worker responsibility)

d) Engagement (20 valid responses)

The need for total employer/management commitment to the implementation of the Framework was a prominent theme. Respondents emphasised the importance of management recognizing, and placing meaningful emphasis on, the health of their workers. One respondent proposed that the role of the employer/management should be more clearly stated in the proposed vision.

"I would like to see the role of the employer explicitly stated – yes we all have a responsibility in promoting good physical and mental health but sometimes working conditions make it extraordinarily difficult to maintain good health at work"

(Line manager)

Some respondents proposed that employees should be facilitated to have an active role in the planning and decision-making surrounding the implementation and practical applications of the Framework within their own workplace.

"Staff need to be supported to contribute to the ongoing development and shaping of this vision and encouraged to identify areas in the future which need to be examined with a view to creating a better working environment"

(Line manager)

Furthermore, it was suggested that the implementation of the Framework at company level should take a “whole of organisation” approach, encompassing input from all levels of the organisation.

“The involvement of every level of the organisation needs to be emphasised. It needs to be led by senior management but equally it is important to have engagement and involvement at lower management and at operational levels. Ownership by all needs to be encouraged and developed”

(Line manager)

e) Work-life balance (17 valid responses)

The importance of balancing work and life responsibilities, from both a physical and mental health perspective, was identified as a prominent theme. Several respondents proposed that the concept of work-life balance should be incorporated more clearly into the Framework. Some respondents proposed a more overt emphasis on work-life balance.

“What is being done to address a work-life balance. How will it look and reducing and combating stress in the work place? Will it give any consideration to family work friendly initiatives i.e. more open to flexible working hours, term-time etc.”

(Line manager)

Some respondents suggested that flexible working arrangements were particularly important in achieving a work-life balance. While acknowledging some measures to incorporate a work-life balance could threaten productivity, respondents highlighted many measures that would not negatively impact productivity but enhance it. Some highlighted negative impacts on work-life balance associated with policies that they perceived as overly rigid regarding working hours and arrangements.

Taking a “life course approach” was discussed by some respondents. Respondents sought integration of the approach with the approach to health promotion evident in other settings such as community and health services. In addition, respondents emphasised that workers have specific caring outside of work at various stages of their lives.

“The vision needs to contextualise all the settings that the individual occupies across the life course – the vision needs to reflect the connectivity between all the settings (family, work, community, etc.)”

(Health promotion)

Some respondents emphasised the importance of lunchtime in contributing towards

enhanced work-life balance. It was remarked that a culture of *eating on the go* exists in many workplaces, with many unable to take their allocated lunch break. Furthermore, a public sector employee viewed that a change to policy, which reduced the length of the public sector lunch break, had a negative effect on the physical and mental well-being of staff, and their performance at work.

“The previous allocation of one hour’s lunchtime led to a healthier workforce and probably better service to the public”

(Other)

f) Culture change (8 valid responses)

The importance of workplace culture emerged as a prominent theme with regard to the proposed vision. Several respondents suggested that a change in workplace culture is central to the success of the Framework, and should be explicitly referenced in the proposed vision.

“Culture has been excluded here and I think policies and practices are only useful where the culture follows and embraces these”

(Health promotion)

Some respondents highlighted the necessity of a change in culture particularly in the context of bullying and harassment in the workplace. Bullying and harassment were cited as significant factors leading to detrimental effects on both worker health and organisational business. One respondent expressed concern that current legislative policies and structures (such as Dignity at Work and grievance procedures) were not being fully implemented. The effectiveness of current legislation and policy in the domain of bullying and its protective role for mental health was questioned. It was proposed that the Framework should enhance the current mechanisms in place with regard to the implementation of policies and practices to prevent and respond to bullying and harassment in the workplace.

“The culture is toxic – an environment without dignity or respect and the ‘blame game’ is rampant – I hope your vision will eliminate this toxic culture and behaviour”

(Other)

g) The appearance of the accompanying diagram (8 valid responses)

Several participants proposed that a simple diagram or visual describing the Framework

was valuable. However respondents felt that the visuals setting out the main elements of the Framework should be enhanced in terms of accessibility, clarity and visual impact.

“If this image for the workflow is to be used, I would consider changing the colour scheme. White text on the bright green background is very straining on the eyes to read”.

(Other)

h) Other (22 valid responses)

A number of issues emerged relating to the proposed vision, but were not mentioned sufficiently to merit a distinct theme in their own right. They were subsequently classified as “other”.

A small number of respondents proposed that the Framework should be reflective of, and adaptable to, the diverse range of workplaces present in 21st century Ireland. This includes those on shift work, zero hour contracts, and those engaged in outdoor work (e.g. farming).

Some respondents highlighted the importance of adequately communicating the Framework to staff, at the formulation, implementation and evaluation stages.

Some respondents highlighted the importance of demographic changes in the workforce. It was recommended that the Framework should recognise the role of older people in the workforce and contain measures to keep older workers in healthy employment.

Some respondents suggested that the Framework should take into account measures to support the emerging trend of diversity and multiculturalism in the workplace. The impact of discrimination on the mental health of the worker was highlighted by respondents in this context.

A number of respondents made reference to the need to encourage individual workers to take personal responsibility for their health and wellbeing while at work. It was highlighted that this should take place in conjunction with the provisions outlined in the Framework.

Finally, the importance of recognising the role that musculoskeletal diseases play in workplace absenteeism was highlighted. Some respondents suggested that the supports available to workers experiencing short-term illness due to musculoskeletal disease were currently inadequate.

3.2.4: Qualitative analysis of workshop outputs

“Workplace policies and practices in Ireland support everyone to enjoy physical and mental health and wellbeing to their full potential and wellbeing is valued and supported at every

level of the organisation” Does this capture everything it should?

“The Healthy Workplace Framework will facilitate the growth and development of evidence-informed and effective health and well-being policies and practices in workplaces in Ireland” Does this aim capture everything it should?

Workshop participants reviewed the proposed vision and aim. The main themes emerging from the analysis were:

- The wording of the proposed vision/aim
- Concerns regarding implementation
- Understandings of health and wellbeing
- Engagement
- Culture change

a) The wording of the proposed vision/aim

Overall participants highlighted the issue that both the vision and aims should be reworded. Many participants remarked that both vision and aim were “*too wordy*” and that “*plain English*” is required. In the vision, the word “valued” caught the attention of the participants. Some participants considered that this word undermines the Framework and should be deleted. A number of the workshop groups proposed a new vision/aim:

“(The) Framework will enable the growth and development of effective health and wellbeing policies and practices in Ireland”.

Additionally, social and spiritual health was noted as important and may need to be reflected within the vision or the aims. The World Health Organization definition of health came up a several times as a good example of how the frameworks vision should read. Several participants felt the word “*empowerment*” should be considered as central to the wording of the vision.

A number of participants highlighted the importance of evidence in the framework. One participant highlights that “evidence informed” as said in the aims is weaker than evidence based. It was proposed that the language here should enforce the idea that the framework is led by evidence and not merely informed.

b) Concerns regarding implementation

A number of participants expressed concerns related to implementation. Some participants expressed their view that small and medium sized enterprises (SME) will be forgotten about in the implementation of the framework. Several participants viewed that this framework should be for ‘every worker’. One participant expressed the view that SME’s have “*a lot of*

boxes to tick already" indicating that the framework could be perceived as a burden on an already pressurised workforce.

Some participants voiced concerns for the evaluation and measurement of the framework, highlighting that it must be measured if it is to be successful. In addition to this, several participants noted the importance of building sustainability within the implementation approach.

c) Engagement

Discussions on the proposed vision/aim focused mainly on the level of support provided to both employer and employee. Participants emphasised that the design and implementation of the Framework must support the engagement of senior management. One participant expanded further by suggesting senior management must see the return on investment if they are to buy-in to the framework aims.

Once senior management is engaged with the framework, participants highlighted how the support an organisation receives during implementation could be passed on to employees. Leadership from management will ensure employees "*...feel supported and appreciated*".

Participants identified that design and implementation should be inclusive to all size and types of employment.

d) Understandings of health and wellbeing

Additionally, the multifaceted nature of health and the holistic approach required for positive health emerged as a theme. Numerous participants noted the importance of positive mental health in employment. Participants also highlighted the importance of enhanced practice with regard to addressing mental ill health in the workplace. To this end, addressing mental health was emphasised as a central pillar to the frameworks success.

e) Culture change

Participants highlighted the importance of recognising culture change in the vision and aims, i.e. at the highest strategic level of the Healthy Workplace Framework. Going back to the language of the vision, one respondent noted how a stronger vision would speak to a genuine positive culture of health within the workforce.

"Change the environment in organisations away from the mentality of tick the box exercises".

3.2.5: Key points – Vision

- Revisit the wording of the vision to ensure plain English is used and that it is

grammatically correct and understandable to a wide audience

- The vision must engage all levels and sizes of the Irish workforce
- Emphasis on the importance of inputs, processes and outcomes whilst also being adequately measured and evaluated
- Ensuring mental health is firmly present in any workplace policy

3.3: The Proposed Aim

3.3.1: Online questionnaire

Consultation participants were presented with a proposed aim and asked ‘Does this vision capture everything it should?’

The proposed aim was:

“The Healthy Workplace Framework will facilitate the growth and development of evidence-informed and effective health and well-being policies and practices in workplaces in Ireland”

3.3.2: Response frequencies

In total 1,568 respondents provided information on whether the aim captured everything it should. Table 12 below shows a high level of engagement with this consultation question. In addition, the content of the proposed aim statement met with agreement among 89% of respondents who answered this question.

Table 12 - The Proposed Aim – Response frequencies

Type of Response	Frequency	%	Valid %
Yes	1391	86.8	88.7
No	177	11	11.3
Did not answer	34	2.1	-

Total	1602	100	100
Valid response: 97.9%			

3.3.3: Qualitative analysis of free text responses

215 respondents provided an answer to the free text section of the aims, resulting in 4,866 words of text. The main themes emerging from the analysis were:

1. Implementation concerns
2. The wording of the proposed aim
3. The role of evidence
4. Culture change
5. Other

a) Implementation concerns (65 valid responses)

The main theme was issues relating to the implementation of the proposed aim. It was suggested that the proposed aim should include an explicit reference to implementation.

"I would like to see the framework have 'implementation' in its mission statement - 'The Healthy Workplaces Framework will facilitate the growth, development AND IMPLEMENTATION of evidence-informed and effective health and well-being policies and practices in workplaces in Ireland'"

(Other)

Some respondents stressed the importance of adequate measurement and evaluation tools relating to the proposed aim. Clear, structured and regular monitoring of the Framework was proposed with results being measured against specific outcomes.

The issue of adequate resourcing also featured prominently. Some respondents emphasised that effectiveness of the Framework is dependent on the allocation of sufficient resources for implementation. Sufficiently resourcing each area of need, such as the physical environment or financial incentives, will increase the likelihood of effective implementation.

Respondents emphasised that the proposed aim must be adaptable to the diverse range of

workplaces present in the contemporary economy. A number of respondents indicated that the Framework should be fully cognisant, and adaptable to, workplace considerations; such as size, location, availability of resources, income, and budget. It was also seen that a generic Framework, adopting a “blanket approach” could be inappropriate.

“The health and wellbeing policies and practices need to be considered through an integrated approach that considers the overall workplace environment, including the external environment in which workplaces are situated. They also need to be context dependent, what works in one workplace may not work in another. Therefore, simply replicating policies will have limited impact”

(Human resource and health promotion)

b) The wording of the proposed aim (57 valid responses)

Some respondents recommended improvements in the wording of the aim. Some respondents found the proposed aim to be overcomplicated and poorly-worded. Plain English, as part of a short, concise sentence was proposed.

“It probably does include everything but to be honest someone with a skill in writing plain English needs to rework this. It’s the stuff of Yes Minister. I bet a lot of people who started this survey have already given up”

(Line manager)

Some respondents found the word “facilitate”, to be passive and lack-lustre, suggesting a “hands-off” approach to implementation. It was suggested that a more active word should be introduced in place of “facilitate”, such as “drive”, “coordinate”, or “promote”

Facilitate is a low ambition level for the proposed Framework. To ensure that policies and practices attain the proposed vision it would be better to give the Framework a more specific objective”

(Line manager)

c) The role of evidence (25 valid responses)

Some respondents considered that the phrase “evidence-informed” was vague, and open to bias and subjectivity. Concerns were expressed regarding the degree to which evidence would feature in the Framework, and the manner in which this evidence would be obtained. The point was made by a small number of respondents that the proposed aim should feature “evidence-based”, rather than “evidence-informed” policies and practices.

“I think though it should be evidence-based rather than evidence-informed. Evidence-

informed to me means that you can pick and choose when you use the evidence available rather than practice evidence-based protocols"

(Other)

Some respondents highlighted that the experiences of front-line workers should feature prominently within the data and evaluation component of the Framework. Especially with regard to *hard to report issues*, such as workplace culture, and physical and mental health.

"Can be very hard to show evidence of stressful environment, personality, clashes, people may eventually take stress related time off but it is too late, people have suffered too much at this point. Should have alternative method possible, information from staff regularly to allow feedback on issues"

(Line manager and health & safety)

A small number of respondents raised concerns regarding the potential rise in administrative duties as a consequence of participation in the Framework. It was highlighted that increased paperwork could have a negative impact on the workload of staff, leading to increased stress.

d) Culture Change (8 valid responses)

Several participants indicated that a change in workplace culture was essential for the proposed aim to be effective. Workplace culture was identified among the most important factors influencing health and wellbeing and the potential impact of the Framework

"It needs to be akin to a culture not just policies and practices. It needs to be interwoven into how the organisation operates!"

(Line manager and health & safety)

e) Other (27 valid responses)

A number of issues relating to the proposed aim of the Framework emerged, but were not mentioned sufficiently to merit a distinct theme in their own right. They were subsequently classified as "other".

Several respondents reiterated the importance of consistency in the spelling of "wellbeing"/"well-being"

The importance of placing appropriate focus on stress and mental health in the workplace was highlighted. Providing appropriate resources for those with mental health and stress issues, and the destigmatisation of such issues in the workplace were seen as crucial.

A number of respondents proposed that the concept of work-life balance should specifically be built in to the proposed aim. Appropriately supportive Human Resources policy and flexible working arrangements were seen as key to achieving this goal.

In terms of social inclusion, it was suggested by a respondent that the Framework should include a clear reference to supporting those with a disability or chronic illness to return to/remain in the workplace.

3.3.4: Key points – Aim

- Systematic and evidence-based implementation should be incorporated into the aim of the Framework including sufficient evaluation and monitoring of success
- The Framework must be sufficiently resourced with a broad target audience incorporating the entire Irish workforce
- The wording of the aim may need to be revisited so as to give the correct message to the audience

3.4: Proposed Strategic Goals

3.4.1: Online questionnaire

Consultation respondents were presented with a list of four strategic goals proposed for the Healthy Workplaces Framework. Respondents were prompted to question if each strategic goal is valid and important to the Framework. They were also prompted to provide additional comments on the strategic goals.

- Recognition
- Access
- Support
- Policy alignment

3.4.2: Response frequencies

In this section, response frequencies are presented in respect of each of the four goals.

Goal 1: Recognition. The Framework will help employers and employees better understand

the benefits of investing in development of a healthy workplace.

1,575 responses were received in respect of Goal 1. Table 13 shows that there was a very high level of agreement with including ‘recognition’ as a strategic goal of the framework, with only 34 responses disagreeing with the content of this strategic goal.

Table 13 - Strategic Goals – Response frequencies, Goal 1

Type of Response	Frequency	%	Valid %
Yes	1541	96.2	97.8
No	34	2.1	2.2
Did not answer	27	1.7	-
Total	1602	100	100
Valid response: 98.3%			

Goal 2: Access. The Framework will support the development of effective health and wellbeing policies and practices in the workplace through accessible and appropriate information resources.

1,563 responses were received in respect of Goal 2. Table 14 shows another very high level of agreement. Over 95% of respondents who answered this question considered that ‘access’ was appropriate as a strategic goal of the framework. 60 respondents disagreed with the content of this strategic goal.

Table 14 - Strategic Goals – Response frequencies, Goal 2

Type of Response	Frequency	%	Valid %
Yes	1503	93.8	96.2
No	60	3.7	3.8

Did not answer	39	2.4	-
Total	1602	100	100
Valid response: 97.5%			

Goal 3: Support. The Framework will support and grow leaders within workplaces who are equipped to deliver effective workplace health promotion.

1,562 responses were received in respect of Goal 3. Table 15 shows a high level of agreement. Around 90% of the respondents who answered this question considered that 'support' was appropriate as a strategic goal of the framework. 159 respondents disagreed with the content of this strategic goal

Table 15 - Strategic Goals – Response frequencies, Goal 3

Type of Response	Frequency	%	Valid %
Yes	1403	87.6	89.8
No	159	9.9	10.2
Did not answer	40	2.5	-
Total	1602	100	100
Valid response: 97.5%			

Goal 4: Policy Alignment. The Framework will develop healthy workplaces that are increasingly aligned with the achievement of policy priorities across government, including those within health promotion and health and safety.

1,557 responses were received in respect of Goal 4. Table 16 shows another high level of agreement. Over 90% of the respondents who answered this question considered that 'policy alignment' was appropriate as a strategic goal of the framework. 105 respondents disagreed with the content of this strategic goal

Table 16 - Strategic Goals – Response frequencies, Goal 4

Type of Response	Frequency	%	Valid %
Yes	1452	90.6	93.3
No	105	6.6	6.7
Did not answer	45	2.8	-
Total	1602	100	100
Valid response 97.2%			

3.4.3: Qualitative analysis of free text responses

272 respondents provided an answer to the free text section of this question, resulting in 9,598 words of text. A summary of the responses emerging under the goals has been dealt with according to the individual goals:

- Goal 1 – Recognition
- Goal 2 – Access
- Goal 3 – Support
- Goal 4 – Policy Alignment
- General comments on the proposed Strategic Goals

a) Goal 1 – Recognition (10 valid responses)

Due to the high level of respondent support of this proposed goal, there were few additional comments. However, a small number of respondents considered that “recognised health professionals” should be mobilised to communicate the benefits of investing in the development of healthy workplaces to both management and employees. A small number of respondents highlighted the importance of communication, advertisement and raising awareness among employers and employees to ensure effective participation. It was emphasised that a clear communications plan would need to underpin delivery of the ‘recognition’ strategic goal.

b) Goal 2 – Access (27 valid responses)

A central theme to emerge from respondents' views on this strategic goal was the provision of fully accessible information resources. The provision of accessible, user-friendly, and easy-read information resources was seen as crucial in relation to the achievement of the proposed strategic goal relating to access. One respondent proposed that a "Healthy Workplace Guide" should be distributed to all employers and employees, which would feature input from relevant public and workplace health organisations.

Several respondents outlined the need for this strategic goal to go beyond the provision of "information resources". Respondents proposed that the Framework should recognise the importance of providing physical resources and facilities; such as changing facilities, showers, and equipment as one facet of achieving the strategic goal of 'access'.

One respondent outlined that the wording of this proposed goal should be phrased in a more active and deliberate manner. It was highlighted that the intention to "support the development..." could be perceived as passive and lacking in ambition, and could be replaced by the word "strengthen".

"From my experience as an Occupational Health professional, the use of the word strengthen is much more effective for buy-in of business leaders and employees, it gives a very positive message of health and wellbeing in tangent with a productive workplace"

(Line manager, human resource, occupational health, health & safety and health promotion)

c) Goal 3 – Support (73 valid responses)

Goal 3 received the largest quantity of additional comments with regard to the proposed strategic goals of the Framework. Several respondents endorsed this proposed goal, highlighting the importance of statutory support for effective implementation and culture change within workplaces. Appropriate training for "leaders" was seen as essential to the implementation of the proposed strategic emphasis on support within the Framework.

Some respondents highlighted the importance of appointing qualified people to these leadership roles within the support offered by a Healthy Workplace Framework. Concerns were raised by some respondents that appointing individuals from within organisations may lead to personal opinion and bias limiting the effectiveness of the leadership role.

Some respondents expressed concerns regarding use of the phrase "support and grow leaders". It was perceived that cultivating "leaders" was in conflict with the *whole of organisation approach* of the Framework and could create harmful divisions between leaders and other members of staff. One respondent proposed use of the term "develop

champions”.

“For goal #3 I would not differentiate between leaders and employees as I think the onus is on everyone within the organisation to have a better understanding to support their colleagues”

(Line manager)

d) Goal 4 – Policy Alignment (35 valid responses)

Text provided in the context of strategic goal four was focussed on the issue of legislative support. Some respondents considered that legislation would introduce a greater degree of certainty, restricting the ability of employers to deprioritise or superficially deliver on the Framework.

“Legislation may be required to normalise the concept of healthy workplaces”

(Line manager)

A small number of respondents highlighted the issue of competing policy priorities and the degree to which the Framework should be led by government priorities or by needs assessment at the national level, and indeed at the level of individual workplaces. It was identified that the health and wellbeing issues important in the Framework, and prioritized by the workforce in its various guises, may not necessarily overlap with those currently prioritised within government policy.

“Goal 4 could be more aligned with health priority, not government priorities. Government policies gives the impression of political goals, not health and wellbeing goals”

(Did not answer worker responsibility)

Some respondents expressed concerns with the wording of the proposed goal considering it to be overcomplicated and indirect. Simplifying the language was proposed.

“Goal 4 is not phrased in easy to understand language. I suggest that it be reworded to state clearly what is meant by the goal”

(Line manager)

One respondent raised concerns that the proposed goal reads in a way that speaks solely on the public sector. Concerns were expressed that use of civil service type language would not be useful in engaging the private sector workplaces.

“Goal 4 seems to be focused on public services, is this correct or appropriate for this

initiative?"

(Line manager and occupational health)

e) General comments on the proposed strategic goals (70 valid responses)

Several respondents provided additional comments that were not specific to an individual goal. These comments were clustered by theme and are outlined below.

Some respondents expressed a view that the wording of the proposed goals was indirect, confusing, and inaccessible. It was suggested that the proposed goals be rewritten in "plain English".

The importance of appropriately resourcing each of the proposed goals also featured in responses. Respondents emphasised that success in the strategic goals would depend on appropriate investment. This would include resourcing changes to workplace practices as well as provision of physical (e.g. showering facilities, areas for recreation) and environmental resources (e.g. adequate lighting, ensuring workplace is well-maintained).

"Healthy workplaces are resource dependent. Will the resources be put in place?"

(Other)

Respondents emphasised the importance of the proposed goals being adequately monitored and evaluated. Respondents suggested a number of ways in which to link data and monitoring with the strategic goals, including employer/employee surveys, audits of workplace absenteeism, and random inspections.

A small number of respondents highlighted the need for a change in workplace culture to support the achievement of the strategic goals.

Finally, some respondents outlined the importance of making provisions for those workers who have physical or mental health issues, chronic illness, or disabilities within each of the proposed strategic goals. The importance of adopting a "holistic" approach to health and wellbeing was also emphasised.

3.4.4: Qualitative responses from workshop scribes

Workshop participants were presented a list of the proposed strategic goals and asked "Do the strategic goals make sense?". The main themes emerging from the analysis were:

- a) Framework implementation
- b) Language

- c) Framework achievements
- d) Target audience

a) Framework implementation

Much of the discussion on the strategic goals concerned the implementation of the Framework. Participants discussed the approach of how the strategic goals will be achieved.

Many of the points made by groups first acknowledged the positives of the strategic goals. For example, one group notes *Goal 3 – Support* as being influential, agreeing that growing leaders in an organisation will benefit those around them by providing the basis for the required change of culture. Other groups discussed the benefits of recognition. Participants note that business imperatives will see the appeal in being an attractive and health promoting place to work in terms of attracting talent, staff retention and business branding and reputation.

Although much of the workshop discussions agreed the strategic goals made sense, there was a concern that there was not yet an adequate roadmap on how to achieve them. In particular, participants emphasised the importance of having measurable outcomes. A number of participants highlighted the importance in assessing the number and types of organisations subscribing to the framework throughout implementation.

Providing sufficient resources to organisations was viewed as important to ensure sustainability and uptake of initiatives. As mentioned previously, an evidence based approach should be incorporated with needs assessment and participatory approaches to ensure staff are *“consulted and engaged”*.

b) Language

The language used throughout the goals was discussed by the workshop participants. Participants suggested revisiting some of the words used in the strategic goals, such as recognition. A number of participants feel this word should be changed to *“workplace benefits”*, *“advocacy”* or *“accreditation”*. Other words that have been identified as possible areas to revisit is *“Access”*, *“within”* and *“leader”*.

The strategic goals were described by the participants as *“too wordy”* and that plain English should be used to ensure those reading will fully engage with what the framework is attempting to achieve. There was also some confusion in the meaning of some words, specifically their context. *“Support”* was highlighted as a word which requires further explanation.

“Support – language needs to spell out what it means”

c) Framework achievements

The workshop participants discussed linking the key achievements of the framework into the strategic goals. Raising awareness of the framework while also increasing the awareness and understanding of the benefits of the framework were discussed among the participants.

“Framework should raise awareness then help them (employers/employees) understand,integrate into goals”

Others felt the strategic goals could make clear the *“impact of not making changes”*. Discussion also focused on tensions between *“health”* and *“business”* goals of the framework. Some considered how there should be clear understanding of the health benefits the framework could achieve – rather than the monetary value to the organisation. Others viewed that, without explicit integration of business led goals (like reduced sick leave, staff retention and cost saving) into the Framework, that private sector engagement would be limited.

A number of participants felt creating partnerships and incorporating this into the strategic goals as important. *“Sharing good practice is very important”* as one individual puts it, is the key to ensuring positive outcomes for the framework.

d) Target audience

Workshop participants had some concerns over the target audience of the Framework. There was consensus among the groups that the framework should ensure implementation in all sectors of the workforce and also, all sizes of organisations. The framework should *“reach every level”* of an organisation. A number of participants highlighted the necessity of achieving buy-in from senior management to make this possible.

“Without management buy-in, how can it work?”

Concurrently, one participant identified a caveat – *“Employees have to want to participate – could cause mental stress otherwise”*.

In the context of discussions on the strategic goal support and how this incorporates growing leaders, one participant proposed leaders of the framework do not necessarily need to be management staff in an organisation, simply those with an interest.

3.4.5: Key points – Strategic goals

- The consultation showed high support for the strategic goals, in particular *Goal 3 – Support*

- The Framework should engage all sectors of the workforce and be an attractive policy at every level and size of the workforce
- Sufficient resourcing, legislation and measureable outcomes were some of the aspects identified as necessary for a successful policy

3.5: Proposed Objectives

3.5.1: Online questionnaire

Consultation respondents were presented with a list of eight proposed strategic objectives for the Healthy Workplace Framework. They were prompted to rank the relative importance of the strategic objectives presented. They were also asked to respond in terms of both the appropriateness and completeness of the objectives.

These strategic objectives were:

- Communication
- Leadership
- Partnerships
- Integration
- Culture change
- Inclusion
- Engagement
- Asset-based practice

Each objective included explanatory text to enable respondents to fully understand the support each objective would provide to the Framework. For more information, please see Appendix H.

3.5.2: Response frequencies

Overall suitability of the objectives

There were 1,306 responses to this question. 296 people did not respond to the question. Table 17 shows that 95% of those responding to this question indicated that they found the proposed objectives appropriate. This represented 77% of the overall sample of

questionnaire respondents.

A small number of respondents highlighted difficulties in completing this question on the online survey, possibly leading the relatively high non-response rate (18.5%).

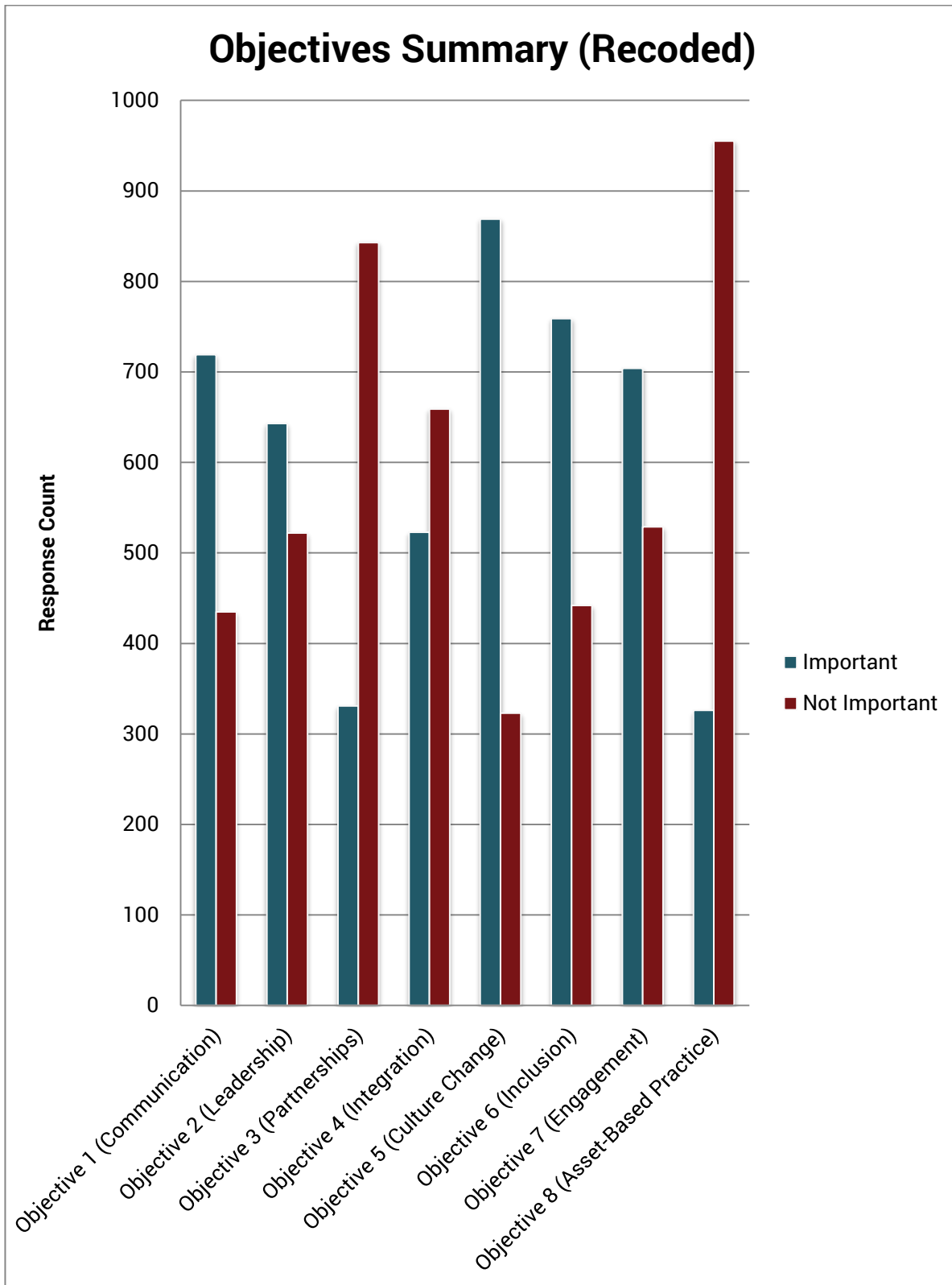
Table 17 - Suitability of Objectives – Response frequencies

Type of Response	Frequency	%	Valid %
Yes	1238	77.3	94.8
No	68	4.2	5.2
Did not answer	296	18.5	-
Total	1602	100	100
Valid response: 81.5%			

Relative importance of individual objectives

In the questionnaire, respondents rated each objective on an eight point Likert scale from important to not important. Figure 5 presents the frequency of responses as recategorised into the binary categorisation of important/not important.

Figure 5 - Objectives summary



The 1-8 range provided in the questionnaire has been recoded into a 1-2 binary range of important/not important.

The median response frequency across the objectives ranking was 1185 responses and 418 non-responses. Appendix B provides further detail on the response.

Culture change was deemed the most important objective. This echoes the themes emerging from the workshop participants. Other objectives which achieved high ratings of importance by respondents of the online questionnaire were inclusion, communication, engagement and to a lesser extent, leadership.

Asset-Based Practice was identified as the objective of least importance, scoring 955 counts of “Not important”. The concept and understanding of Asset-Based Practice was found to be confusing by individuals in both the online questionnaire and the workshops. Partnerships and integration were also deemed to be of less importance.

Considering the proposed objectives before recoding into the binary format of important/not important reveals further insights. Over one third of respondents ranked *Objective 5 – Culture change* as the most important objective. Culture change emerged as the highest and second highest ranking for importance for around half of all respondents.

Almost 40% of valid responses of *Objective 8 – Asset-based practice* deem this objective as the least important (ranked 8th). This figure extends beyond 50% of respondents when accounting for least and second least ranking of importance. Similar trends can be found viewing respondents attitudes for *Objective 3 – Partnerships*. 8% of respondents ranked partnerships as the most and second most important objective compared to 40% ranking it as the least or second least important objective.

3.5.3: Qualitative analysis of free text responses

191 respondents provided an answer to the free text section of the question on the proposed objectives. This returned 5,379 words of text. The main themes emerging from the analysis were:

- a) Implementation concerns
- b) Difficulties in completing the survey question
- c) Wording of the proposed objectives
- d) Other

a) Implementation concerns (38 valid responses)

Respondents focused principally on issues of implementation in response to the prompts on strategic objectives. In particular, issues relating to the general approach taken to implementation were detailed. There was an emphasis placed on the need for a top-down

approach to the implementation of the Framework. Respondents emphasised the importance of support, engagement, and enthusiasm from management. Respondents also highlighted that a bottom-up approach is required. The bottom up approach will ensure engagement with the workforce at ground level. Implementing the Framework at this level will be a potential avenue to empower the workforce to bring about the required change. Furthermore, engaging and receiving feedback from the bottom up will incorporate a feeling of self-worth with the workforce.

Ensuring evaluation links in with workers in a bottom up approach is vital to a successful evaluation process. Some respondents highlighted the need to adequately measure processes and outcomes within a structured evaluation and monitoring component of the Framework. Respondents proposed that established guidelines, targets, and goals must be in place and agreed mechanisms to measure performance.

b) Difficulties in completing the survey question (25 valid responses)

Some participants disliked the ranking system used for this question. Respondents found the relative ranking approach inappropriate as they viewed that the objectives were inter-related and working components of a comprehensive approach, rather than mutually exclusive or of different importance.

“I feel all the objectives are as important as each other and it needs a full objective approach, it needs every one of these objectives to be fulfilled for it to be successful, anyone of these on their own would not work”

(Health promotion)

c) Wording of the proposed objectives (18 valid responses)

Some respondents expressed concern about the wording the proposed objectives. Some respondents considered that many of the objectives were difficult to fully comprehend, and had a 'business' rather than 'social' focus.

“Intent of objectives are good but too much emphasis on use of ‘jargon’ type language – this should have a greater ‘social’ rather than ‘business’ resonance to encourage people to buy into the concept and to make it more inclusive (e.g. people with lower skills and not office focused are likely to find this intimidating/or not relevant to themselves”

(Line manager)

In particular, several respondents expressed confusion at *Objective 8 – Asset-Based Practice*. It was found that Asset-Based Practice lacked clarity, which may have been a factor in the relatively low level of support for this objective.

“I don’t know what asset based practice is about. I already feel like a cog in a wheel being aligned to financial assets won’t improve that”

(Line manager)

d) Other (35 valid responses)

A number of issues emerged from the question on strategic objectives, but were not mentioned sufficiently to merit a distinct theme in their own right. They were subsequently classified as “other”.

A small number of respondents commented that there were too many proposed objectives. Some recommended that there should be no more than 5 objectives. One respondent noted that the large number of objectives may be perceived as overwhelming and hinder engagement and implementation.

Some respondents proposed that there should be a specific objective to support those with physical and mental health issues in the workplace.

Finally, one respondent highlighted that *Objective 6 – Inclusion*, should expressly reference minority groups in society; such as the LGBT community, Travelling community, older people and those with a disability.

3.5.4: Qualitative analysis of workshop outputs

Workshop participants were presented with a list of the proposed objectives and asked “Do you think the objectives reflect the main changes in practice needed?”. The main themes emerging from the analysis were:

- a) Wording and language
- b) Missing content from the objectives
- c) Prioritisation of the objectives

a) Wording and language

Throughout the discussion, there was a general consensus that all objectives require some rewording. The issues relating to the language varied from some words not being strong enough to make the desired point to a lack of clarity and an increased need for plain English.

Among the other issues with the language of the objectives, some participants often felt same was confusing.

“Some of them (the objectives) are hard to understand. Issues again with the wording/language”.

“Make language as clear and concise/specific as possible. From vague to more specific language”.

Particular attention was brought to *Objective 8 – Asset-based practice*. Participants felt the language used in this objective is unclear and “a little vague”.

“(Asset-based practice) is not a commonly used term. It needs to be replaced”

b) Missing from the objectives

In some cases, many participants felt additional objectives should be included such as resilience, recognition and sustainability. Developing resilience in workers was viewed as a means to enhance their capabilities to deal with day to day stressors in a positive way. In terms of recognition, participants expressed the idea that workers should be officially acknowledged for taking ownership of their health, or the health of their workplace environment. Participants also suggested the Framework should be ongoing as an indefinite implementation programme, and thus, incorporate sustainability into the objectives.

“Resilience is missing. Developing resilience in staff could be a good selling point for organisations”

Some participants proposed that certain elements of the objectives should be removed. In *Objective 6 – Inclusion*, participants proposed that the text referring to “those in low work control environments” should be removed. This was proposed on the basis that it is contradicting the frameworks proposed approach of reaching all workers. Additionally, participants proposed removing “local health sector” from *Objective 3 - Partnerships*. It was proposed that removing an exclusive reference to the health sector would open the healthy workplace approach to a wider inter-sectoral and community level partnerships not lead by the health sector.

“Linking in with local health sector, don’t see the importance of this role. (Is it a) medical model. This is not a medical model, broader and wider”

Numerous participants expressed concern that the objectives were not SMART (specific, measureable, achievable, realistic, timely) in design. For example, one participant began the discussion around this stating the objectives “seem unachievable” which was followed by backing from another participant:

“Are these measureable? How do we know when we have achieved these?”

Furthermore, one group emphasised the importance of the objectives linking with clear responsibility and accountability. There was some concern regarding where the responsibility for implementation would reside at national, regional and workplace level. Clarity on lines of responsibility was seen as an important component of the final Framework.

“Should the health and safety authority have responsibility for this?”

Workshop participants emphasised the importance of a clear communication from the Departments of Health and Business regarding *why* the framework should be implemented in their own organisation.

It was felt among workshop participants that if participation and engagement levels of the Framework are to be high, the Framework must appeal to all types and levels of organisations. The view among workshop participants is that this is possible when an organisation is aware of the benefits the Framework may have on both worker health and business productivity. The participants added that the objectives should reflect this and communicate it to employer and employee alike.

Another topic of discussion related to the importance of ensuring transfer of good practice from both national and international policies and practices.

c) Prioritisation of the objectives

Workshop participants questioned the hierarchy of the objectives, asking if objectives listed first were a higher priority than those below.

There was discussion about ensuring the use of an integrated strategic approach in linking components of the Framework. As one group argued, *“logical sequence (is) needed”* in the objectives and further proposed the objectives should *“flow”* from the aims. Workshop participants proposed that if the objectives do indeed follow a hierarchy, culture change must be at the top of the list. To a lesser extent, engagement, leadership and communication were also mentioned as being priority objectives.

3.5.5: Key points – Objectives

- There must be a multifaceted approach to implementation with a top-down approach to engage with management and a bottom-up so as to provide input from workers at the ground level
- The wording and language of the objectives was identified as an area to revisit. For example, asset-based practice was found to be confusing and misunderstanding.

Workshop participants argued that “low work control environments” and “local health sector” are unnecessary terms in an inclusive and diverse policy

- Culture change was identified to be a key area for the Framework and an objective of high importance for sustainable progress

3.6: Resources

3.6.1: Online questionnaire

Consultation respondents were presented with a list of eight resources for the Healthy Workplaces Framework. Respondents were prompted to rank the resources on a Likert scale of importance.

These resources were:

1. Training
2. Guidance documents
3. Case studies
4. Learning networks
5. Accreditation, benchmarking and awards
6. Fiscal incentives
7. Regulation (reporting)
8. Regulation (provision of measures)

Each resource included explanatory text to enable respondents to fully understand the support each resource would provide to the Framework. For more information, please see Appendix H.

3.6.2: Response frequencies

The median response rate to the question relating to the proposed resources was 1,282 with a non-response median of 320. See Appendix F to see a frequency breakdown of each resource. The valid response percentage was 80%.

In the questionnaire, respondents rated proposed resource on a scale of very important, important, not that important and not important at all. Figure 6 presents the responses

recoded to important and not important binary categories. The blue bars identify the number of responses a resource was ranked important, with red bars identifying the number of times a resources was ranked not important.

Figure 6 - Resources summary



The median response frequency was 1,190 and 191 for not important. *Resource 1 – Training* was ranked the most important issue among respondents, with 1,196/88 scoring it as important/not important. *Training* was followed by *Resource 2 – Guidance documents* and *Resource 3 – Case studies*, with 1,187/97 and 1,108/175 counts respectively.

Resource 5 – Accreditation, benchmarking and awards received the least amount of support in the online consultation, deemed important by 968 respondents and not important by 311. This equates to over 75% (valid responses) of the respondents being in favour of the issue.

Considering the resources before recoding to the binary format of important/not important sheds increased light on the viewpoint of the respondents. *Resource 1 – Training* was deemed to be *very important* by over 61% of respondents who answered this question. This is over 13% higher than the next resource, *Resource 2 – Guidance documents*, to be deemed *very important*. 95% of respondents who answered the question did not deem any resource to be *not important at all*.

3.6.3: Qualitative analysis of free text responses

“How important do you think each of the following resources will be in supporting workplaces to engage with the Healthy Workplaces Framework?”

Following the prompt to scale the proposed resources, respondents were prompted to enter free text on additional comments they had regarding the resources.

187 respondents provided an answer to the free text section of this question. This returned 7,636 words of text. The main themes emerging from the analysis were:

- a) Regulation
- b) Training
- c) Fiscal incentives
- d) Accreditation, Benchmarking and Awards
- e) Other

a) Regulation (55 valid responses)

Of those who responded to the question on resources, *Resource 7 – Regulation (reporting)* and *Resource 8 – Regulation (provision of measures)* were deemed important by 80% and 84% respectively. However, in the free text part of the question, concerns over regulation emerged as a central theme. Many respondents raised concerns that the imposition of regulations would result in the Framework becoming overly bureaucratic, with the

regulations themselves eventually becoming a “tick the box” exercise. Over-regulation, it was noted, had the potential to be intrusive, thereby alienating organisations and creating a negative view of the Framework and related health initiatives amongst managers. It was suggested that a heavy or clumsy regulatory approach may serve to restrict innovation.

“Regulation must be carefully crafted so that it does not become a tick box exercise”

(Line manager)

Some respondents indicated that the imposition of regulations may place an unnecessary burden on staff and resources, especially in smaller workplaces. It was highlighted that smaller companies would be placed at a distinct disadvantage, possibly holding insufficient resources to implement and monitor these regulations effectively. One participant noted that such a situation may culminate in a “health and wellbeing gap” between workplaces of different capacity.

“I would balk at the idea that workplaces would have yet another regulatory burden placed on them in a country where small businesses don’t have enough government support to meet their regulatory requirements as it is”

(Line manager)

Conversely, a smaller number of respondents argued that regulation would be beneficial to the success of the Healthy Workplaces Framework. Some respondents viewed that regulation was essential in order to compel workplaces to progress with meaningful implementation of the Framework. However, respondents also identified the need for this regulation to be appropriately enforced, proportional, and subject to periodic review.

“Where any approach is deemed optional it is more likely to be ignored by employers who have yet to learn the value of developing and maintaining a healthy workplace”

(Human resource)

b) Training (33 valid responses)

Several respondents provided additional comments relating to training resources. It was emphasised that training should be inclusive rather than the preserve of management. Respondents proposed that training relevant to health promotion should be provided to those who are deemed to have the right skill basis to lead workplace health and wellbeing initiatives.

“A manager is not necessarily the most appropriate person to lead a health and wellbeing program. So training should be for the staff identified as capable, with support,

as delivering health promotion”

(Health promotion)

However, one respondent noted that all managers should instead be trained in the importance of identifying and supporting the candidate with the right skills and experience to lead on health and wellbeing programmes in the workplace.

Respondents proposed the importance of a clear and accessible training framework. However, respondents also identified the challenges implicit in making additional requests on staff time and that requiring staff to undergo training courses outside of normal working hours can lead to stress. Therefore, it was suggested that the Framework place a greater focus on both e-learning and face-to-face training delivered in the workplace.

c) Fiscal incentives (21 valid responses)

Respondents' comments placed particular emphasis on appropriately incentivising both workers and management to participate in the Framework. Several respondents considered that fiscal and promotional incentives for organisations, management, and workers would strongly support implementation. A range of incentives were suggested, such as grants and tax incentives for employee gym membership, the provision of on-site exercise equipment, or grants for the building of showering/changing areas.

d) Accreditation, benchmarking, and awards (12 valid responses)

Several respondents expressed views on the relevance of a system of accreditation, benchmarking, and awards. Some respondents expressed a view that such a system would be counterproductive, yet others highlighted the possible benefits of incorporating an accreditation system. Many respondents viewed this as a system to positively incentivise participation.

“Accreditation and benchmarking should be outlined as highly important. They give the companies involved the recognition that they deserve and give the company a clear roadmap to continual improvement.”

(Health promotion)

In comparison, credit or award-based programmes aligned to the Framework may prove ineffective, with some workers potentially signing up solely to receive these accolades without the achievement of real change in the health and wellbeing of workers and working environment.

“Ireland likes to get pieces of paper to say we have done/achieved something, but once

achieved this is where it ends”

(Other)

e) Other (35 valid responses)

A number of issues emerged from the question on resources, but were not mentioned sufficiently to merit a distinct theme in their own right. They were subsequently classified as “other”.

Several respondents highlighted the importance of a system to evaluate the effectiveness of resources. It was proposed that such a system should encompass pre-established goals and the views of both workers and management.

Organisational networks were highlighted by some respondents as crucial to the success of the Framework. Respondents proposed that the Framework should facilitate the development of networks of similar-sized organisations, which would act as forum for the exchange of health and wellbeing ideas, policies and practices.

3.6.4: Key points – Resources

- Ensure regulation does not become a tick-box exercise for management. The Framework must also be diverse in approach so SME’s do not fall behind bigger organisations who may have access to more resourcing
- Provide training to the workforce, ensuring this is not only delivered to those in management. Build capacity where there is interest in workplace health promotion
- Fiscal incentives have the ability to strengthen implementation and incorporate sustainable engagement

3.7: Additional Resources

3.7.1: Online questionnaire – additional resources

Consultation respondents were presented with a list of eight proposed resources for the Healthy Workplace Framework. They were prompted to respond if they agree or disagree whether there is any other resources not mentioned that would be important to the Framework.

3.7.2: Response frequencies

In total 1,170 respondents provided information on whether there is any other resources not mentioned that would be important to the Framework. Table 18 below shows over 77% of responses to this question acknowledge that the resources proposed are sufficient for the Framework. Over 1/5 of those who responded to this question felt there are resources missing from the proposed list.

Table 18 - Additional Resources – Response frequencies

Type of Response	Frequency	%	Valid %
Yes	266	16.6	22.7
No	904	56.4	77.3
Did not answer	432	27	-
Total	1602	100	100
Valid response: 73%			

3.7.3: Qualitative analysis of free text responses

“Are there any other resources, not covered in the list above, that you think would be important?”

Following the prompt to determine if the listed resources are sufficient in themselves, respondents were prompted to enter free text on additional comments they had regarding the resources.

260 respondents provided an answer to the free text section of this question. This returned 6,921 words of text. The main themes emerging from the analysis were:

1. Resources
 2. Employee Engagement
 3. Information and Communication

4. Monitoring and Evaluation

5. Other

a) Resources (55 valid responses)

The main theme that emerged from the text provided was the need for adequate environments which enable healthy activities, for example bicycle sheds to promote active travel. Several respondents emphasised the importance of facilities such as bike sheds and changing facilities as a means to support and incentivise active travel to work. It was proposed that government grants be established support organisations with the cost of related building works.

Respondents placed particular emphasis on securing adequate funding for workplace mental health initiatives. It was highlighted that the Framework should make provisions for the funding of workplace-based counselling and support systems.

“Yes workers need to be able to talk to an independent person with regards to well-being, in particular mental health. This is the single biggest issue in workplace well-being. Staff under enormous stress usually have no where to turn and end up getting sick”

(Line manager)

b) Employee Engagement (40 valid responses)

Active engaging of all employees in the implementation of the Framework emerged as a significant theme. Many respondents referred to the introduction of a confidential reporting system, aimed at employees, which could be used to report non-compliance with the Framework.

“A way for employees to make their concerns heard”

(Health & safety and occupational health)

Respondents provided text relating to facilitating a greater role for employees in workplace decision-making. Some perceived that a culture change is needed, whereby workers' concerns are taken seriously by management, and that they have a more significant structured input into workplace policies and relating to health and wellbeing.

“This must not be a tick box exercise. There are many issues facing staff – e.g. lack of consultation, no group meetings so some staff have almost no opportunity to discuss issues. This leads to frustration, apathy, and a sense of not belonging”

(Health & safety)

Activity networks were also proposed by respondents. It was suggested that a clear mechanism be established whereby workers and management can share knowledge and expertise across different workplaces. This system could also create the additional network of linking people to like-minded individuals who have an interest in a particular wellbeing activity, such as yoga or walking.

c) Information and Communication (32 valid responses)

The issue of adequate communication and information related to the Framework also featured prominently in the free text responses. Several respondents highlighted the importance of establishing a Healthy Workplace Framework-dedicated helpline, website and newsletter. This resource may act as a central source of information about the progression of the Framework.

Other suggestions related to practical actions that could be taken to promote engagement with the Framework by public and private sector organisations.

d) Monitoring and Evaluation (25 valid responses)

Several respondents emphasised the importance of appropriate monitoring and evaluation tools. It was suggested that independent regulators and/or inspectors could be appointed to monitor the implementation of the framework in workplaces. However, others highlighted the importance of a confidential questionnaire, completed by workers, designed to evaluate and hold management to account while implementing the Framework in the workplace.

e) Other (41 valid responses)

A number of issues emerged in relation to the question on resources, but were not mentioned sufficiently to merit a distinct theme in their own right. They were subsequently classified as “other”.

A small number of respondents highlighted the importance of setting time aside during the working day to allow staff to take part in health-related initiatives. It was highlighted that many workers have little time to do engage in health-related activities during the working day, and that such allocated time will encourage workers to take part in the Framework.

Respondents also highlighted the importance of these proposed resources being age and disability friendly. Specifically, the point was raised that the proposed resources should be written with older and disabled individuals in mind, and should aim to be as inclusive as possible.

3.7.4: Qualitative analysis of workshop outputs

Workshop participants were presented with a list of the proposed objectives and asked “Do the listed resources adequately reflect what workplaces need to engage with a Health Workplaces agenda?”. The main themes emerging from the analysis were:

- a) Resource concerns
- b) Language
- c) Fiscal incentives

a) Resource concerns

Overall the most frequently discussed topic was concerns over the adequacy of resources to support implementation at national, regional and workplace level. In particular, participants identified the importance of sufficiently funding implementation to ensure needs assessment and evaluation process are incorporated into the implementation design.

For example, one group discussed that in order for accreditation, benchmarking and awards to come to fruition, evaluation is essential to monitor success. Explicitly outlining evaluation plans throughout the actions was clearly favoured by participants.

“Surveys so organisations can see change and developments...see and feel the progress.”

Groups discussed how international evidence is important to steer the Framework’s implementation in a direction that has a proven track record according to the published literature. Some participants also highlighted that current resources that are in use in organisations must be identified and utilized when possible.

Developing an online helpline for organisations to use was seen as a useful method to provide training. Additionally, a toolkit incorporated into the guidance documents was also favoured by some of the participants.

“Is there a help desk/communication hub/helpline to support staff to develop and implement the initiative?”

b) Language

Workshop discussions focused also on language used to present potential resources. In particular, participants felt the word managers should be replaced by champions. Reflecting the workshop discussions in response to the question on strategic goals, the Framework leadership may not just come from individuals in senior positions but those who may have previous experience or interest in health and wellbeing.

“Training should be expanded beyond managers”

“Should not be managers, add champion”

In addition to this workshop, discussions emphasised the importance of enhancing clarity in the wording resources. Again, the term *“plain English”* was mentioned in regards the language with one participant requesting translation. Additionally, another participant felt the term *“organisational commitment”* in the *Resource 2 – Guidance documents* requires attention as the meaning is not clear.

c) Fiscal incentives

Fiscal incentives were discussed in some detail by the workshop participants. Although local budget pooling was described as a difficult task to implement, the general consensus was that providing fiscal incentives to organisations shows positive commitment to the framework by policy makers and government.

Workshop participants emphasised the value of linking fiscal incentives with accreditation. One participant mentioned the cycle to work scheme as a previous successful fiscal incentive:

“The cycle to work scheme was introduced as a traffic reduction but now a great health promotion initiative.”

3.7.5: Key points – Additional resources

- Improving the physical environment of the workplace which will enable positive healthy lifestyles was identified as an area that could be resourced by the Framework
- Mental health services for workers were also identified as a possible area of improvement through increased resourcing
- Providing resources which enable workers to have a voice in making decisions regarding worker health. This was identified as a step which could promote the required culture change needed among the workforce

3.8.1: Online questionnaire

Consultation respondents were presented with a list of twelve health and wellbeing issues that could be addressed within the Healthy Workplace Framework. The options presented were identified from Healthy Ireland and related government policies. Respondents were prompted to rank the issues on a Likert scale of importance. They were also asked to respond in terms of both the appropriateness and completeness of the health and wellbeing issues. Further detail is available in Appendix H.

These health and wellbeing issues were:

1. Physical activity
2. Smarter travel/active living
3. Healthy eating
4. Healthy weight
5. Drug and alcohol misuse
6. Smoking and second-hand smoke
7. Breastfeeding
8. Mental health
9. Suicide prevention
10. Healthy and safety/injury prevention
11. Family-friendly and carer issues
12. Sexual health

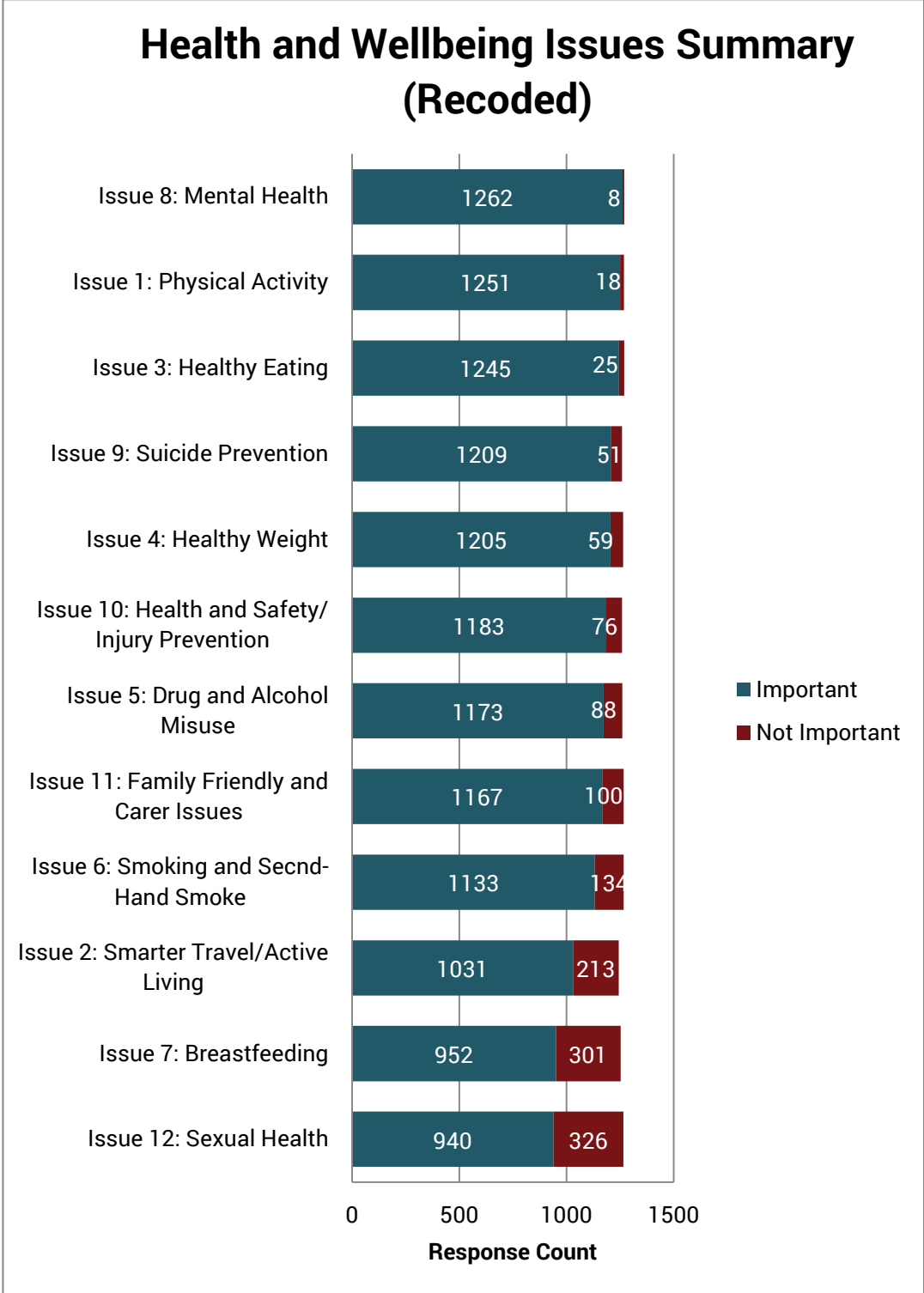
3.8.2: Response frequencies

The median response frequency to the question relating to health and wellbeing was 1265 with a non-response median of 337. Appendix C provides further detail on response frequency. The valid response percentage was 77.7% for *Issue 2 – Smarter travel/active living* to 79.3% for both *Issue 3 – Healthy eating* and *Issue 8 – Mental health*.

Respondents ranked each health and wellbeing issue on a 4 point Likert scale. Responses were recoded to important and not important and presented in Figure 7. The blue bars

identify the count a health and wellbeing issue was deemed important, with red bars identifying issues deemed not important.

Figure 7 - Health and wellbeing issues summary



Issue 8 – Mental health was deemed the most important issue among respondents, with 1262/8 scoring it as important/not important. *Issue 8 – Mental health* was followed by *Issue 1 – Physical activity* and *Issue 3 – Healthy eating*, with 1251/18 and 1245/25 counts respectively.

Issue 12 – Sexual health received the least amount of support in the online consultation, deemed important by 940 respondents and not important by 326. The free text responses discussed later highlight the perceptions of some respondents in regards to sexual health being incorporated into the Framework.

Considering the issues before recoding to the binary format of important/not important show that, for *Issue 8 – Mental health*, 1134 respondents proposed the issue as very important with just 3 respondents viewing this issue as not important at all. Similar trends can be seen in *Issue 1 – Health eating* as just 1 respondent proposed this was not important at all, compared to 990 proposing it is very important. *Issue 7 – Breastfeeding* was deemed important by 550 respondents and a further 402 respondents proposed this issue was very important.

3.8.3: Qualitative analysis of free text responses

“How important is it to take action on each of these health and wellbeing issues within the Framework?”

Following the prompt to scale the health and wellbeing issues, respondents were prompted to enter free text on additional comments they had regarding the priority issues.

230 respondents provided an answer to the free text section of this question. This returned 8,913 words of text. The main themes emerging from the analysis were:

- a) Mental health
- b) Suitability of health and wellbeing issues
- c) Breastfeeding
- d) Work-Life balance
- e) Health and Safety

a) Mental health (50 valid responses)

The text provided by respondents contained a high level of support for the explicit inclusion of mental health. It was highlighted by respondents that stress and mental health issues represent a major issue in contemporary Irish workplaces. This situation has been

compounded by a culture which is perceived to restrict open discussion of mental health issues in the workplace, fear of stigma or fear and perceived stigma.

“Mental health is without doubt a disaster waiting to happen in the Irish workplace, everyone is aware there are issues in workplaces affecting many officers (stress and pressure at levels unprecedented, at all levels) but no one is dealing with the issues on a day to day basis”

(Other)

Respondents identified the central role of mental health within any intervention to improve health and wellbeing and therefore, should be incorporated systematically throughout the Framework.

“Mental health/wellbeing could be the springboard to many other improvements”

(Line manager)

Respondents proposed that “mental health” and “suicide prevention” should be merged under one heading, in order to have a “joined-up” approach to this issue.

“I think suicide prevention in the workplace probably tackles a problem too late and the focus should be on mental health”

(Line manager)

b) Suitability of health and wellbeing issues (45 valid responses)

A number of respondents expressed concern that addressing some of the health and wellbeing issues through the workplace may be inappropriate and perceived as intrusive by employers and their employees. Although accepting the workplace is a very important setting in regards to health and wellbeing, respondents noted some of the proposed issues extend beyond the boundaries of privacy.

“Employers should not involve themselves in personal life of employees, and employees should have not have an expectation of the employer rescuing them”

(Line manager, occupational health and health promotion)

In particular, sexual health was seen as an “inappropriate” issue to be included in the Healthy Workplaces Framework. The point was made that the workplace is not an appropriate setting for sexual health promotion.

“These are all matters to be taken care of privately by the staff member. Certainly

nobody should be expected to report on their sexual health in the workplace”

(Other)

c) Breastfeeding (38 valid responses)

The inclusion of breastfeeding was supported by several respondents. Several respondents emphasised that breastfeeding has a positive outcome for mothers health as well as infants. The transition back to work was discussed in the context of continued breastfeeding. Respondents also acknowledge the numerous health benefits of breastfeeding for infants. Some respondents added further commentary, noting the rate of breastfeeding in Ireland is low compared to other developed countries and therefore particular efforts should be made within the Healthy Workplace Framework to support mothers in Ireland to continue to breastfeed. Greater flexibility in working hours, and designated areas in which to breastfeed, were proposed as elements of the support needed within the Framework.

“Breastfeeding should be a number one priority. It is one of the earliest interventions in health and makes a difference to the health of two persons”

(Other)

d) Work-Life balance (21 valid responses)

The importance of a work-life balance was also highlighted by respondents. Some respondents expressed an aspiration that the Framework would support the introduction of more flexible working arrangements for employees. It was further stressed that the lack of an adequate work-life balance has the potential to threaten both physical and mental health.

Some respondents questioned how the Framework could practically support enhanced work-life balance.

e) Health and Safety (19 valid responses)

Although safety at work was seen as a crucially important element of any workplace policy, a number of respondents highlighted existing regulations and organisations with functions relating to health and safety in the work place (e.g. the Health and Safety Authority). Some respondents expressed the view that policies must be integrated and synergistic rather than misaligned. Otherwise health and safety legislation may clash or duplicate what the Framework is aiming to implement, draining resources and impeding success.

3.8.4: Qualitative analysis of workshop outputs

3.8.4.1: Policy priorities in need

Workshop participants were presented with a list of the proposed priority health and wellbeing issues and asked “Which of the policy priorities do you feel is most in need of development within the context of Healthy Workplaces?”. The main themes emerging from the analysis were:

- a) Missing health and wellbeing issues
- b) Agreement with the health and wellbeing issues
- c) Criticism of health and wellbeing issues

a) Missing health and wellbeing issues

Although there was support for the health and wellbeing issues, participants noted additional actions which may be added to this list. Workshop participants emphasised that workplace culture should feature among the health and wellbeing issues actions as well as at the strategic levels within the Framework. Workplace culture can create environments which hamper positive health choices, as one group discussed during the workshop:

“People being afraid to say that they aren’t well because of the workplace culture”

In addition to this, staff support was highlighted as an area that could be structured as a key action area within the Framework. Stress management was one an area outlined by participants that could make a real impact on mental health. Some participants proposed that stress management should be more clearly prioritised and delineated from mental health.

“Need to look at all policies through a health and wellbeing lenses. Could the language used cause stress? Does it refer to supports?”

In-house “*employee assistance programmes*” were identified as an important component of support required with an emphasis on mental health. In this instance, participants observed that when an assistance program is outsourced, the individual will often present to the services at a late stage.

Social health was identified by workshop participants as an area that was missing within the health and wellbeing issues proposed. In addition, sedentary behaviour was highlighted as a potential action that could have great impact.

b) Agreement with the health and wellbeing issues

Overall, participants were happy with the inclusion of all health and wellbeing issues. However, similar to the criticism of the actions, some issues received more positive attention than others.

Mental health was regarded by the participants to have major importance as a health and wellbeing issues. This was evident throughout many of the discussions. One group highlighted some of the current issues surrounding mental health in the workplace.

“There is an existing mismatch of understanding of mental health as there is a stigma of mental health being an outside of work issue”

Healthy eating also received substantial discussion. Healthy eating was identified by one group as having the potential to have the “*biggest effect*” in the workforce. Obesity was discussed in line with this priority issue. It was proposed that regulation can improve systems to tackle obesity through improving healthy food choices. One group highlighted that the current environment puts the onus entirely on the employer and that legislation may be influential in improving this situation.

In addition to mental health and healthy eating, breastfeeding discussed during this discussion. In particular, two participants highlighted the importance of this topic and advocated for appropriate support systems to incorporate breastfeeding into workplace norms.

“Breastfeeding from a public health perspective is important. Provision of breastfeeding rooms in workplaces would be helped by legislation or policy”

“Breastfeeding structures need to be put in place, where managers know how to approach the situation.”

Both physical activity and drug and alcohol misuse were also discussed throughout the sessions. One group identified that while mental health is in need of the attention it is currently receiving; physical activity is often taking a back seat because of this. Interestingly, one participant made note of a practice in organisations which may be seen as promoting unhealthy behaviours:

“Promotion of rewards such as free alcohol provided by companies could be countered by introducing more health rewards”

c) Criticism of the health and wellbeing issues

As previously mentioned, the workshop participants generally favoured the health and

wellbeing issues proposed. However, there was some discussion on possible adjustments that may improve the existing actions. One point raised a number of times was to change drug and alcohol misuse to a more broad addiction action which will encompass all forms of addiction such as gambling.

A number of participants note that sexual health is a topic which may not be received well in organisations and could potentially be amalgamated alongside other topics.

“The issue of sexual health should be amalgamated as part of lifestyle choices so that companies address the issue”

Finally, a number of participants suggest grouping some of the actions together. For example, grouping healthy eating and health weight into the one action was proposed.

3.8.4.2: Approaches to embed health and wellbeing issues

Workshop participants were presented with a list of the proposed priority health and wellbeing issues and asked “What approaches are needed to embed policy priorities within workplace health?”. The main themes emerging from the analysis were:

- a) Resources
- b) Organisational change
- c) Other

a) Resources

Participants discussion identified that allocating sufficient resources within the implementation of health behaviour policies particular to the workplace setting, would be beneficial to the Framework success. In particular, granting accreditation and/or awards is a resource the participants felt would further increase the chance of successful implementation.

Funding was another approach discussed as a potential influencer for embedding policy. Workshop participants viewed that investing in the framework will allow organisations to develop facilities and programmes. Others proposed the use of a toolkit to enable organisations to build capacity within their organisation.

Other suggestions regarding resources during the sessions were providing ongoing support to staff, annual health checks and training.

b) Organisational culture change

This theme emerged frequently throughout the discussions. Workplace culture was

highlighted as an important factor in implementing successful interventions. The opinion of the Framework among senior management was identified as critical by workshop participants. Not only is buy-in essential, but also the right type of commitment, where the Framework is not just seen as another “*tick-box*” exercise by management. In addition to management buy-in, one group identified the requirement of a dynamic approach to implementation, suggesting the framework “*has to come from the top-down, although bottom up is very important too*”

Creating “*champions*” within organisations was another aspect of this theme discussed throughout the workshop. Champions of the framework, as one participant put it, “*should be part of role, not an add on*”.

Honesty within organisations was also discussed, claiming organisations should take this framework seriously with the health of their staff in mind. Networking and sharing expertise will also improve any approach to embed policy.

c) Other

Some points discussed throughout the session did not grant a theme in themselves, however notable suggestions were provided.

Several participants highlighted measurement as a method to underpin successful delivery. Key performance indicators “*built into service plan*”, as one group noted, will support the approach of embedding healthy workplace programmes. Monitoring success will also ensure that accreditation and awards are truly granted by merit.

Finally, legislation was highlighted as a potential support to embedding the policy priorities. Legislation could “*back-up*” any approach. Interestingly, one point that was discussed suggested phasing legislation in over time:

“Phase in legislation. Use voluntary to start and move to legislation. It has not been done in a structured way to date.”

3.8.5: Key points – Health and wellbeing issues

- Mental health was identified as a priority issue. The many aspects of mental health were discussed, such as acknowledging stress is a trigger for negative mental health and how workplace culture can be damaging to progress in mental health through stigmatization
- Some health and wellbeing issues were identified as being outside the scope of workplace health promotion such as sexual health. In addition to this, merging some

issues such as health eating and healthy weight could be beneficial

- Workplace culture change was identified as a necessity. Changing these attitudes and behaviours of the workforce has the possibility to positively impact issues such as mental health and breastfeeding.

3.9: Target Groups of Workers

3.9.1: Online questionnaire

Consultation respondents were presented with a list of seven target groups of workers for the Healthy Workplace Framework. Respondents were prompted to rank the relative importance of these subgroups on a Likert scale of importance. They were also asked to respond in terms of both the appropriateness and completeness of the target groups of workers. For more information, please see Appendix H.

These target groups of workers were:

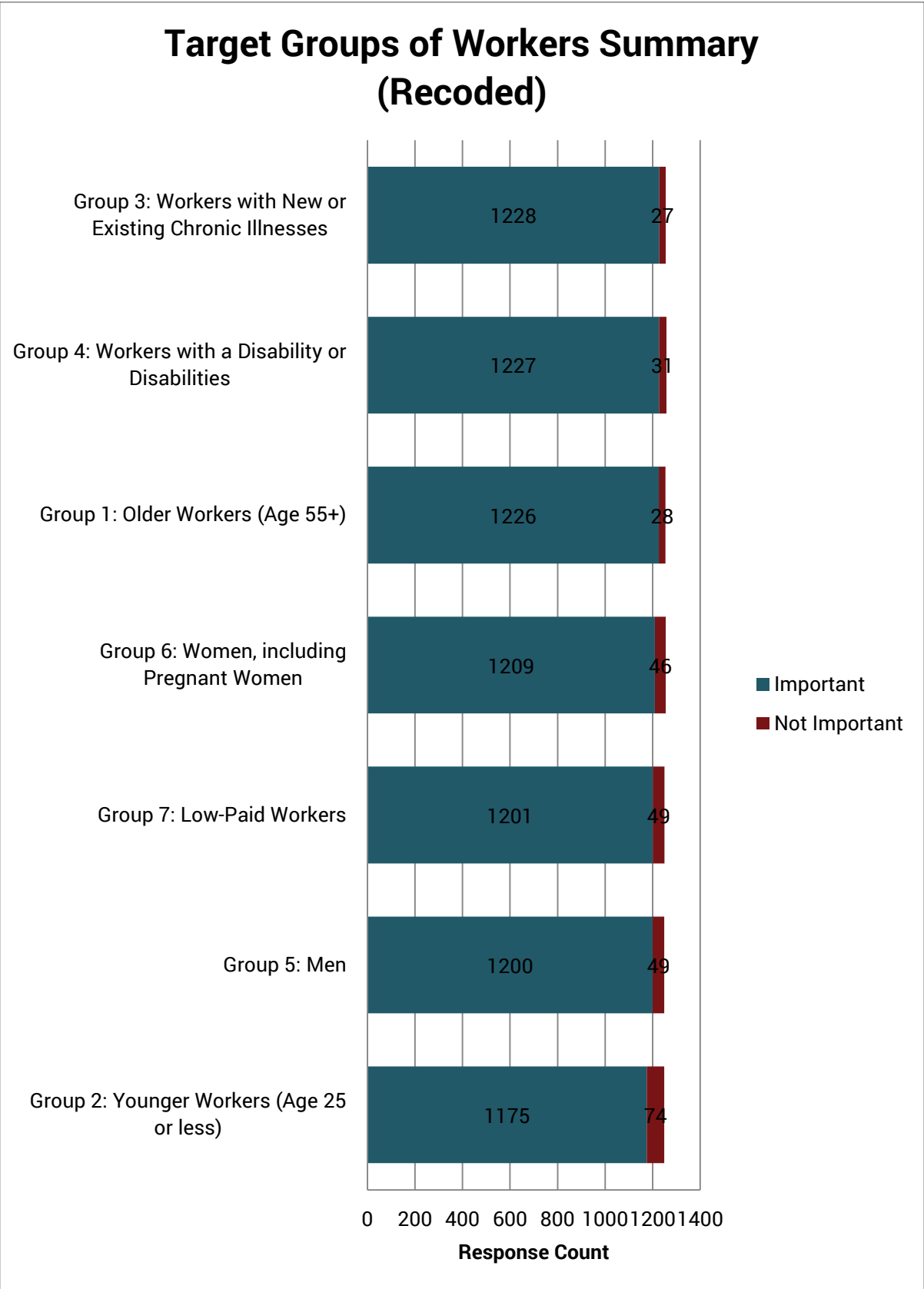
- Older workers (age 55+)
- Younger workers (age 25 or less)
- Workers with new or existing chronic illness
- Workers with a disability or disabilities
- Men
- Women, including pregnant women
- Low-paid workers

3.9.2: Response frequencies

The median response frequency to the question relating to the target groups of workers was 1254 with a non-response median of 348. See appendix D to see a frequency breakdown of each target groups of workers.

In the questionnaire, respondents ranked each target groups of workers on a four point Likert scale. For ease of interpretation, the scale has been recoded to important and not important. The results of this are depicted in the graph, Figure 8. The blue bars identify the count a target group of workers was deemed important, with red bars identifying issues deemed not important.

Figure 8 - Target groups of workers summary



The median response frequency viewing all target groups of workers issues as important was 1209 and 46 for not important. *Group 3 – Workers with new or existing chronic illnesses* was deemed the most important issue among respondents, with 1228/27 respondents ranking it as important/not important. *Group 3 – Workers with new or existing chronic illnesses* was followed by *Group 4 – Workers with a disability or disabilities* and *Group 1 – Older workers (age 55+)*, with 1227/31 and 1226/28 responses respectively.

Group 2 – Younger workers (age 25 or less) received the least amount of support in the online consultation, ranked important by 1175 respondents and not important by 74. This equates to over 94% of the respondents being in favour of the issue.

Considering the groups of workers before recoding to the binary format of important/not important, just 1% or less of respondents ranked not important at all. This figure is backed up in the free text responses as some respondents highlight that all groups should be targeted to ensure the Framework remains inclusive. *Group 5 – Men* and *Group 6 – Women, including pregnant women* were deemed by 60% of respondents as being very important. These groups received the lowest 'very important' rating, yet still remain high.

3.9.3: Qualitative analysis of free text responses

“How important is it to take action on these groups of workers within the Framework?”

Following the prompt to scale the target groups of workers, respondents were prompted to enter free text on additional comments they had regarding the target groups.

234 respondents provided an answer to the free text section of this question. This returned 6,677 words of text. The main themes emerging from the analysis were:

- a) Opposition to the use of subgroups
- b) Older and Younger workers
- c) Workers with families
- d) Other minority groups

a) Opposition to the use of subgroups (103 valid responses)

Many respondents expressed concern at the proposal to identify subgroups as part of the Framework. Many considered the use of subgroups to be restrictive, exclusionary, and potentially discriminatory. Overall, there existed a consensus amongst participants that the Framework should not focus on subgroups of workers, but engage with all levels of the workforce.

“Should we not be focusing on healthy work environments, policies that support everyone as opposed to focusing on specific groups?”

(Health promotion)

“All groups deserve ‘equal action’ as each has their own priorities and needs and no single one can take precedence over any other”

(Line manager and health & safety)

However, others considered that a ‘one size fits all’ approach to subgroups of workers may not work in reality. It was highlighted that the workforce profile of each organisation is unique and that organisations should be supported to address the core approaches to workplace health promotion relevant to the identified needs of their workforce.

“For each group of workers, the issues will be different. The Framework should probably deal with all groups individually and allow specific workplaces to choose which, one or more, its group of workers fits in to”

(Health promotion)

b) Older and Younger workers (30 valid responses)

As discussed in the section above, many respondents opposed an approach which emphasised the needs of subgroups of workers. Age-related subgroups received a disproportionately high number of comments. Indeed, a number of participants noted that separating people on the sole basis of age was “discriminatory” and “ageist”. Furthermore, the classification of an “older worker” as being 55 years and older received criticism from a number of respondents who expressed offence, and felt that this figure should be increased.

However, a small number of respondents noted the absence of a dedicated category for those in the 26-54 age group. It was highlighted that individuals in this age group may require several targeted interventions, such as during the early years of raising children, or caring responsibilities.

c) Workers with families (25 valid responses)

A number of participants suggested the introduction of a category which makes explicit reference to workers with families. It was highlighted that this question does not take full recognition of the pressures and difficulties experienced by those workers with families, especially single parents and those with very young children. It was suggested that the Framework should promote the increased availability of flexible working arrangements for

parents, especially when children are very young.

"I think the age at which people become new parents is very stressful. They do not have the advantage of stability in their job, yet have increased outgoings and commitments"

(Other)

d) Other minority groups (34 valid responses)

Respondents made reference to a number of other minority groups as part of Question 11.

Several participants highlighted that people with disabilities and long-term illness are at higher risk of ill health than the rest of the working population. Therefore, it was suggested that these groups be afforded higher levels of health and wellbeing support, information, and interventions specific to their needs.

In terms of social inclusion, it was suggested that ethnic and cultural minorities should be expressly mentioned, considering the potential language and health information issues that may be experienced. Furthermore, a number of participants promoted the inclusion of the LGBT community as part of this section.

3.9.4: Qualitative analysis of workshop outputs

Workshop participants were presented with a list of the proposed target groups of workers and asked "Which of the priority groups should be afforded focused attention within the Framework?". The main themes emerging from the analysis were:

- a) Needs assessment approach
- b) Priority groups

a) Needs assessment approach

While numerous groups have been identified by participants as at risk groups, the general consensus among the session was that the framework should focus on all workers. While some groups may require particular attention, the participants highlight the approach to the differing needs of these groups will require needs based assessment to determine the approach and needs of each group. Therefore needs assessment is the forerunner to approaches to addressing the needs of sub-groups.

One workshop group proposed:

"Perhaps priority groups should not be considered but instead on an overarching settings approach."

The language surrounding this topic is also a sensitive issue, as identified by a small number of participants. Ensuring the approach is ethical that *“should not alienate people”* is of utmost importance. The needs assessment can then be used as a resource:

“Tool to capture what issues are there for staff as each place will be different”

Additionally, a number of participants acknowledge determining organisational demographics will also enhance the accuracy of assess priority groups.

b) Priority groups

Throughout the discussion following this prompt, participants highlighted the need to prioritise numerous groups of all age brackets, both sexes and various working conditions. However, individuals who suffer, or have suffered, from chronic illness or disabilities were deemed to be the main priority. According to the participants, this is particularly important when the illness has involved mental health. One participant also linked mental health with an ageing workforce nearing retirement.

“Presume there’s enormous mental health issues on retirement, should be organisations responsibility”

There were valid points made concerning low paid workers, zero hour/no contract workers and those in self-employment. According to the participants, these, groups can be hard to reach in terms of implementation.

“Low paid workers are more vulnerable from a public health perspective”

Migrant or asylum workers may also be a hard to reach group. One group notes, approach to minority groups such as these may require flexibility:

“Asylum seekers may become a priority group into the future. Need to consider health differences within different cultures.”

3.9.5: Key points – Target groups of workers

- Targeting certain groups was met with some apprehension as it was felt this may diminish the diverse and inclusive approach the Framework will be required to take. While acknowledging a one size fits all approach is not viable, caution must be taken when prioritising one group
- Assessing the needs of each group of workers was identified as an avenue the Framework could take

- Numerous minority groups were identified as groups which may require focused attention if there is not to be a divide between health and wellbeing among the diverse Irish workforce. Some of the minority groups identified were persons with disabilities or long term illnesses, persons of cultural or ethnical minorities and persons associated with the LGBT community

3.10: Indicators of Success

3.10.1: Online questionnaire

Consultation respondents were presented with a list of seven indicators of success for the Healthy Workplace Framework. Respondents were prompted to rank the relative importance of these indicators on a Likert scale of importance. They were also asked to respond in terms of both the appropriateness and completeness of the indicators of success. For more information, please see Appendix H.

These indicators of success were:

- a) Level of awareness of the Framework and its resources
- b) Number of workplaces accessing the resources
- c) Diversity of the workplaces engaging with the resources
- d) Number of workforces with relevant policies and practices in place
- e) Improvements in health and wellbeing indicators for workers
- f) Reach of the Framework to priority subgroups of workers
- g) Integration of health promotion into core functions of workplace

3.10.2: Response frequencies

The median response rate to the question relating to the indicators of success was 1254 with a non-response median of 348. See Appendix E to see a frequency breakdown of the indicators of success. The valid response percentage was 78%.

In the questionnaire, respondents ranked each indicators of success on a scale of very important, important, not that important and not important at all. For ease of interpretation, the scale has been recoded to important and not important. The results of this are depicted in the graph, Figure 9, seen below. The blue bars identify the count an indicator of success

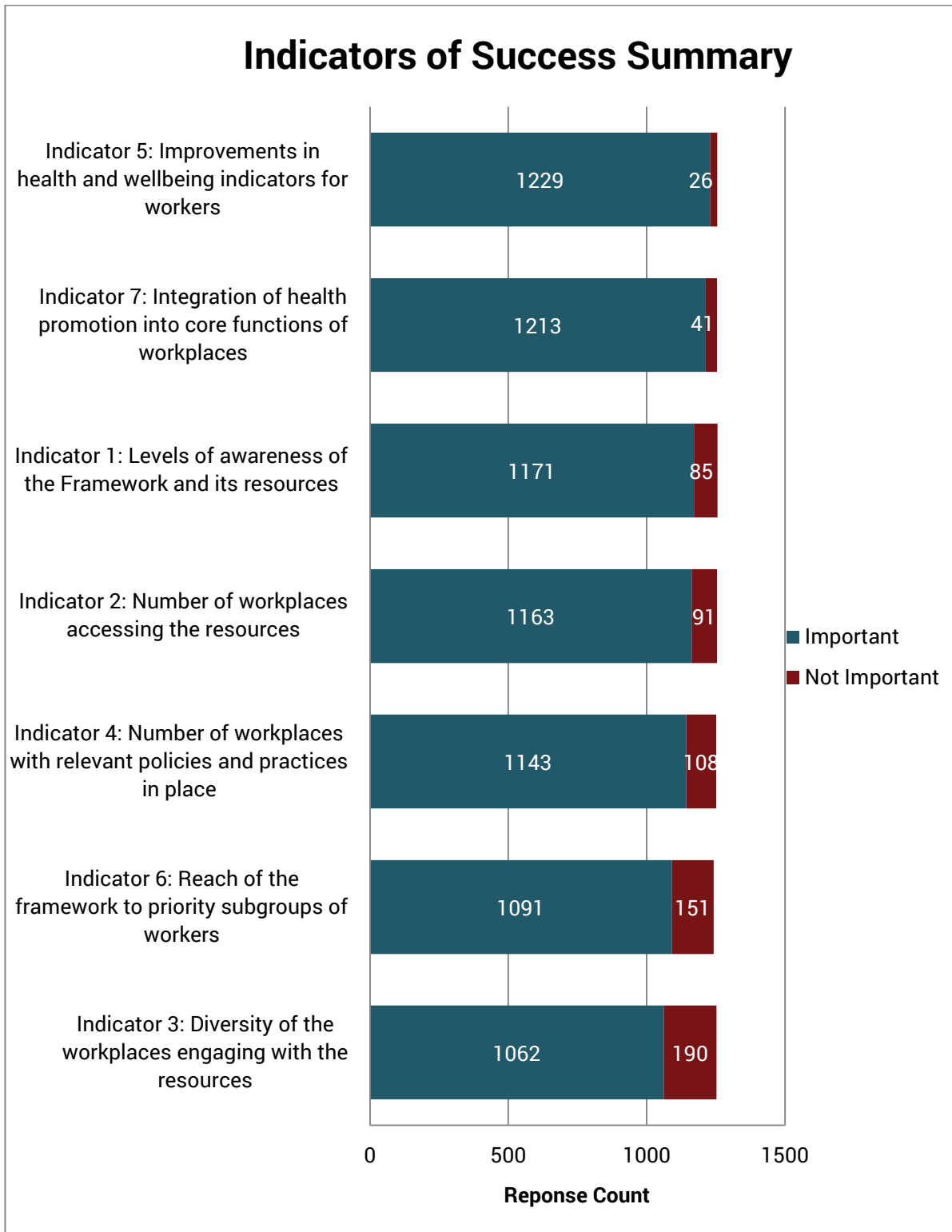
was deemed important, with red bars identifying issues deemed not important.

The median level of respondents viewing all indicators of success issues as important was 1163 and 91 for not important. *Indicator 5 – Improvements in health and wellbeing indicators for workers* was ranked the most important issue among respondents, with 1229/26 respondents ranking it as important/not important. *Indicator 5 – Improvements in health and wellbeing indicators for workers* was followed by *Indicator 7 – Integration of health promotion into core functions of workplaces* and *Indicator 1 – Levels of awareness of the Framework and its resources*, with 1213/41 and 1171/85 responses respectively.

Indicator 3 – Diversity among the workplaces engaging with the resources received the least amount of support in the online consultation, ranked important by 1062 respondents and not important by 190. This equates to over 84% of the respondents being in favour of the issue.

Considering the indicators before recoding to the binary format of important/not important sheds increased light on the viewpoint of the respondents. Less than 2% of respondents ranked any of the indicators as *not important at all*. Over 70% of respondents had the belief that *Indicator 5* and *Indicator 7* is *very important*.

Figure 9 - Indicators of success summary



The 'very important' – 'not important at all' scale provided in the questionnaire has been recoded into a 1-2 binary range of important/not important.

3.10.3: Qualitative analysis of free text responses

“How important are each of these indicators in measuring the success of the Framework?”

Following the prompt to scale the indicators of success, respondents were prompted to enter free text on additional comments they had regarding the indicators.

109 respondents provided an answer to the free text section of this question. This returned 2,874 words of text. The main themes emerging from the analysis were:

- a) Measuring Framework success
- b) Implementation concerns
- c) Additional proposed indicators
- d) Staff engagement
- e) Comments about specific indicators

a) Measuring Framework success (30 valid responses)

A prominent theme to emerge was the importance of devising and implementing systems of monitoring in relation to the proposed indicators. In particular, respondents highlighted the importance of including feedback from employers and employees in the measurement and evaluation process. To this end, participants offered such practical applications as: benchmarking, outcome measures, staff satisfaction surveys, and employee/employer feedback on specific health and wellbeing programmes.

“What gets measured gets done!”

(Line manager)

Additionally, a smaller number of respondents outlined the importance of measuring culture change as part of evaluating the success of the Framework. Several respondents proposed that measuring the Framework’s impact on workplace culture should be included as a key measure of success.

“I think a cultural change is the ultimate goal of the Framework, and therefore that has to be an important factor to consider in the development of measuring factors”

(Health promotion)

b) Implementation concerns (21 valid responses)

Some respondents also raised concerns regarding implementation. Respondents

emphasised that the Framework must outline where the responsibility for implementation, financing, monitoring, and evaluation lies within organisations.

“Careful consideration will be required with regard to how the Framework will be implemented, who will have overall responsibility for its implementation, how cross-departmental issues will be driven, and how monitoring and reporting functions will be assigned and operated”

(Did not answer worker responsibility)

Furthermore, it was also seen as crucial that managers actively support the Framework within their respective organisations in respect of both implementation and evaluation.

c) Additional proposed indicators (14 valid responses)

Some participants also proposed additional indicators to measure the success of the Framework. Determining specific measures on individual health was proposed as an additional indicator, such as observing the reduction in chronic illness or suicide rates over time. Further indicators were proposed such as the uptake on exercise classes, healthy food choices and other *healthy resources* in the workplace. Some respondents suggest monitoring the level of self-reported satisfaction within the workplace. One respondent suggested the use of Department of Social Protection data on illness benefit as an important data source to support monitoring in respect of workplace health and absenteeism levels.

d) Staff engagement (10 valid responses)

Overall, there was a strong emphasis placed on the need to actively engage staff, measuring progress within their own organisation as part of implementation of the Framework. Respondents emphasised the importance of ensuring that all workers are appropriately informed about the Framework, and what it will mean for them. Respondents proposed that staff are actively involved in the implementation, measurement and subsequent evaluation of the Framework.

“If there is not a reaching out to every worker then policies, etc. will not engage staff. Needs to be meaningful, relevant, and communicated to staff in a personal manner”

(Health & safety)

e) Comments about specific indicators (10 valid responses)

A small number of participants provided specific comments regarding *Indicator 3 – Diversity of the workplaces engaging with the resources*. It was highlighted that each organisation has

its own individual characteristics, composition and culture, and should be treated as such, instead of being allocated into a category.

“Knowledge of diversity of workplaces engaging is irrelevant, as all organisations are different and cannot be generalised”

(Health promotion)

A small number of participants also provided specific comments regarding *Indicator 6 – Reach of the Framework to priority subgroups of workers*. Respondents proposed that this indicator should look at all workers, rather than specific “priority subgroups”.

3.10.4: Qualitative analysis of workshop outputs

3.10.4.1: Measuring success

Workshop participants were presented with a list of the proposed indicators of success and asked “How should success be measured?”. The main themes emerging from the analysis were:

- a) Surveys
- b) Accreditation applications
- c) Framework uptake
- d) Resource management
- e) Other

a) Surveys

Issues relating to the use of staff surveys dominated the workshop discussions on how the framework success should be measured. In a number of groups, it was argued the Framework should survey baseline measures at pre implementation and follow this with key performance indicators *“in relation to framework actions”*.

Absenteeism was a frequently discussed topic in discussions relating to indicators. Although the group identified absenteeism as challenging to monitor, there was consensus it may be a beneficial measurable for the Framework.

One group provided an avenue to follow:

“Could put a question in the census”

While other participants claimed the Healthy Ireland Survey should be engaged in collecting indicators relevant to monitoring the Framework success.

b) Accreditation applications

Workshop discussions identified that data arising from accreditation and benchmarking would be valuable to monitoring the progress in implementation.

“Measure baseline and then on a regular basis, e.g. every year. It could be part of accreditation.”

Furthermore, incorporating incentives into this model could increase the availability of useful data relevant to policy implementation.

“Grants are a non-runner but tax incentives would work. Training offset against companies tax requirements – tax credits.”

c) Framework uptake

“Involvement of the workforce, e.g. 90% of the workforce involved by 2025.”

Group discussions identified that measurement does not need to be a complex process. It was highlighted that simply monitoring engagement levels of the Framework may produce quality data. Framework measurement could therefore be integrated into staff procedures and policies such as induction.

“Measure participation levels rather than by vigorous testing. Induction should be measured to indicate progress of organisations.”

Discussion among groups questioned the emphasis on subjective health measurements. To measure the true success of the implementation, as one group argued, individual, objective health check-ups are required:

“A full health check is the only way of knowing for sure if workers are healthy”.

Similar to discussions in theme a) *Surveys*, groups identified the benefits of subjective health measurement where large numbers of the workforce can be monitored in ways not possible using objective measurement.

d) Resource management

While not discussed as broadly as other sources of measurement, monitoring the uptake of centrally supplied resources was proposed. Linking in with the idea of having an online hub or information, a number of participants identified online traffic as a possible success measure.

Additionally, the number of training courses delivered and number of those receiving training was identified as a valid indicator of progress with the Framework.

e) Other

Some methods of measurements were proposed but did not fit into some of the above themes.

Monitoring the level of workplace accidents before and after implementation was proposed to measure the potential synergies between workplace health promotion and existing health and safety practice. Other discussions proposed using case studies or qualitative research methods to develop an understanding of cultural enhancement.

Another avenue discussed was the possibility of incorporating health insurance claims into the measurement data.

3.10.4.2 Reasonable indicators

Workshop participants were presented with a list of the proposed indicators of success and asked “Does this look like a reasonable set of indicators?”. The main themes emerging from the analysis were:

- a) Missing indicators
- b) Indicator concerns
- c) Indicator adjustments

a) Missing indicators

As discussed in the previous prompt of how success should be measured, accreditation is a step which can be monitored. Participants acknowledge there are various methods in which this could be implemented. In particular, one participant suggested:

“CPD points or accreditation processes such as an electronic stamp that shows the workplace has met the minimum standards..”

Other participants suggested creating a medal class system, awarding companies a gold, silver or bronze award for reaching certain milestones.

Other indicators were very briefly mentioned in this discussion such as legislation monitoring, incorporating long and short term measurement for sustainability monitoring and finally the introduction of a charter for the framework.

b) Indicator concerns

The main concern of the participants when discussing how reasonable the indicators are

was how and who would implement these indicators. One group questioned will government departments take responsibility on this front.

There was also discussion on how aspirational the indicators appear. In particular the fifth indicator, that identifies monitoring improvements of health and wellbeing for workers.

c) Indicator adjustments

Finally, issues were discussed by the workshop group that revolved around adjusting the language and structure of the indicators. Some participants felt the first three indicators could be merged into one broad indicator of organisational engagement of the framework.

3.10.5: Key points – Indicators of success

- The importance of measurement of success was discussed at length in this section. Monitoring and evaluation of the Framework was identified to be of high importance
- A dual approach to measuring success was identified, using both subjective and objective measures. Objective measuring of worker health was supported throughout, as was subjective measuring such as surveying a large number of the workforce
- Questions arose concerning who will be accountable and responsible for the monitoring of success. It was felt that a bottom up measurement will be required, but with a top down governance to ensure organisations are accountable for their engagement with the Framework

3.11: Framework Achievement

3.11.1: Online questionnaire

Respondents were asked what they proposed are the two most important things that the Healthy Workplace Framework should achieve in the first five years.

3.11.2: Response frequencies

Table 19, seen below, highlights the level of engagement with the question. This question prompted free text answers only from over 65% of questionnaire respondents.

Table 19 - Framework achievement - Response frequencies

Type of Response	Frequency	%
Answered	1087	67.9
Did not answer	515	32.1
Total	1602	100
Valid response: 67.9%		

3.11.3: Qualitative analysis of free text responses

“What are the two most important things that the Healthy Workplaces Framework should achieve in the first five years?”

1,087 respondents provided an answer to the free text section of this question. This returned 14,445 words of text. The main themes emerging from the analysis were:

- a) Health behaviours
- b) Culture change
- c) Participation and awareness of the framework
- d) Planning, implementation and evaluation
- e) Mental health
- f) Other

a) Health Behaviours (686 valid responses)

Achieving change in health behaviours in the workforce was a key theme from this question. Respondents highlighted numerous health behaviours, such as tobacco use, as an area the framework could target. Empowering individuals to make decisions and take actions that will benefit their own health was a central concept in the health promotion approach proposed by respondents. An increase in daily physical activity was the most prominent health behaviour issue to emerge from the data. Many respondents highlighted incorporating physical activity into the daily workplace routine as an important outcome of the framework. Several respondents suggested active travel as a gateway to daily physical activity.

“Education of workforce on the benefits of a healthy workforce to the individual as well as the

organisation"

(Line manager, health & safety, occupational health and health promotion)

Many participants highlighted the importance of the framework addressing obesity and diseases related to this risk factor. In particular, respondents emphasised the importance of workplaces providing healthier food choice options in organisation.

"All staff canteen facilities need to be of set standard to ensure health of staff is a priority in a nation of obesity"

(Line manager, health & safety and occupational health)

Respondents identified the important of a balanced work-life lifestyle and the role this can play in overall wellbeing. Respondents proposed that the provision of adequate time to engage in health promoting behaviours was a whole-of-organisation issue where those in line management positions should ensure employees are not over-worked. Respondents indicated working hours and shift work should be afforded specific attention within the design and implementation of the framework.

"Long term health effects of night working not sufficiently addressed by management, No plans in place to ameliorate negative effects of night working"

(Other)

b) Awareness and participation (405 valid responses)

Many respondents commented on the inter-related issues of awareness and participation of the Healthy Workplaces Framework. The respondents considered that better awareness and greater participation would be required in order to support the uptake of the Framework. Furthermore, ensuring measurable uptake of the Framework was viewed as particularly important.

"Advise, develop and help implement a measurable and appropriate number of initiatives in 50% of Irish workplaces/companies in Ireland"

(Health promotion)

In the context of greater participation, respondents highlighted the importance of ensuring inclusiveness of the framework. Respondents proposed that the framework include a provision to reach all types of workplaces and workers.

"Inclusive for all workers, e.g. older, physically disabled etc"

(Line manager)

c) Culture Change (402 valid responses)

Throughout the responses there was a strong emphasis on the requirement for a culture change surrounding workplace health. Many respondents identified culture change as a stand-alone strategic priority of the Framework. Integration of health and wellbeing within the 'usual practice' was highlighted as an important metric of success.

"That the healthy dimension should begin to start being examined and assessed in the same way that issues such as profit or turnover currently are"

(Line manager)

Additionally, respondents noted leadership and governance as determinants of culture change with regards to health. Respondents stated that more health orientated leadership should be achieved by the framework. Furthermore, the framework should provide staff support to organisations. Respondents proposed "champions" could lead in workplace health, guided by the framework.

"Identify and appropriately skill healthy workplace leaders and place these leaders appropriately"

(Health promotion)

d) Planning, Implementation and Evaluation (333 valid responses)

There was an emphasis on planning, implementation and evaluation throughout the responses. It was highlighted by respondents that careful design and strong implementation of the Health Workplaces Framework is required if it is to have the desired effect on the target population. Some respondents suggested systematic planning will be required to assess where resources will be required. Several respondents also reported a need to ensure the framework does not become a "tick the box" exercise.

"Drawing up policy is one thing, ensuring adequate education and implementation should be a main priority in the first 5 years"

(Occupational health)

Furthermore, a number of respondents mentioned healthy workplace policies are required with regulations implemented across the employment sector. These regulations can be an access point of evaluation and monitoring as one participant proposed:

"Regulations to ensure that companies report on their practices and to ensure that every company has a policy in place. Similar to CSO statistics collection from companies for energy"

consumption etc."

(Health & safety, occupational health and health promotion)

e) Mental Health (192 valid responses)

Mental health emerged as a core theme throughout the responses. Respondents supported a clear view for greater attention to be paid mental health within all aspects of the framework. A number of respondents highlighted that mental health often takes a "back seat" to physical health, with stigma a particular issue.

"Help remove the stigma around mental health"

(Line manager)

Many respondents made the connection between mental health and the required need for a change of culture surrounding health in the workplace. It is of the respondent's opinion that current workplace culture does not support positive mental health. In line with this, health behaviours within the workforce also contributes to mental ill health.

"Acceptance of the importance of mental health well being e.g. provision for mental health days like sick days"

(Health & safety)

Developing and integrating the use of resources to support individuals who are struggling with mental health difficulties was also suggested by a number of respondents. Additionally, the need for "actual" help corresponds with the disapproval of a "tick the box" exercise as mentioned before.

"Concentrate on mental health - awareness, cultural changes, actual and real help and support"

(Line manager)

Workshops on stress management, mediation such as mindfulness and providing support for those who have experienced suicide in their social networks are examples of ideas referenced by the participants.

"Promotion of positive mental health and wellbeing. Employees feeling they can talk to another staff member when they feel anxious, sad, upset, etc."

(Health promotion)

f) Other (313 valid responses)

A number of issues emerged from question nineteen, but were not mentioned sufficiently to merit a distinct theme in their own right. They were subsequently classified as “other”.

Communication was highlighted by many respondents and in varying contexts. A number of participants voiced their opinion that improved communication of health information would be beneficial to the workforce.

It was highlighted by a multitude of respondents that the facilities and physical environment of the workplace requires attention and success over the next five years of the framework. In particular, it was noted that a reduction of obesogenic factors such as sedentary office work is an important area for achievement within the framework.

“Support workers to want healthy workplaces with outdoor places to walk, run, be, rest, relax and socialise, garden or meditate.”

(Line manager, health & safety and health promotion)

Receiving funding for uptake of the framework was highlighted by numerous participants. Indeed many participants have identified a strong need for funding for success. One participant made clear annual funding would show that the framework is a serious matter for policy makers and on the top of their agenda.

3.11.4: Qualitative analysis of workshop outputs

Workshop participants were presented with a list of the proposed indicators of success and asked “What would you most like to see achieved by 2025?”. The main themes emerging from the analysis were:

- a) Implementation concerns
- b) Culture change
- c) Participation

a) Implementation concerns

Implementation concerns were the most prominent discussion point in the workshops. In particular, the evaluation and measurement of the framework outcomes was highlighted as something increasingly important. For instance, *“Progress must be measured”* was one of the many statements favouring appropriate measurement made during the discussion. This focus on measurement and evaluation also extends to ensuring baseline measurements are recorded.

“Any baseline figure on workplace wellbeing policy? Need to establish one in order to monitor progress.”

Additionally, participants highlighted the requirement that the framework is inclusive to all levels within the workforce and will have a diverse approach to the varying needs of the target populations.

b) Culture change

Another theme to emerge from this prompt question was the importance of a change in workplace culture with regard to health. Many participants expressed view that the biggest achievement the framework would be to address the current “*norms*” regarding health awareness and lifestyle practices.

“Culture of health and wellbeing in all workplaces....that health is valued as much as safety – a key priority”

It was also highlighted that health and wellbeing being incorporated into the core policies and procedures of organisations – something which would only become a reality through a change of cultural outlook.

c) Participation

Participants discussed the importance of participation. Although an obvious outcome for success, a number of participants highlighted the required foundations for this participation. Ensuring there is an awareness of the benefits among the workforce, in particular senior management became an apparent requirement for substantial participation levels. Management and staff engagement with the framework was discussed as a priority also.

“It’s got to be easily implemented; organisations must see how they could do it and the need to do it. This is how it could be sold – realistic to do, not many barriers in doing”.

3.11.5: Key points – Framework achievement

- Empowering the workforce to improve their own health, using the workplace as a key setting to do so. Areas ranged from healthier eating habits, increasing physical activity and a focus on positive mental health
- Addressing the current workplace culture and changing this towards a more health conscious culture where health and wellbeing is the norm and incorporated into an organisations core policies and procedures. A strong emphasis was placed on a change in culture around mental health

- A key achievement identified was to have a successful implementation of the Framework with appropriate measurement of success and engagement from the Irish workforce

3.12: Significant Barriers

3.12.1: Online questionnaire

Respondents were asked what they propose are the two most significant barriers/risks to the success of the Framework.

3.12.2: Response frequencies

Table 20, seen below, highlights the level of engagement with the question on what respondents propose are the most significant barriers or risks for the Frameworks future. This question prompted free text answers only from over 68% of questionnaire respondents.

Table 20 - Framework barriers - Response frequencies

Type of Response	Frequency	%
Answered	1086	68.8
Did not answer	516	32.2
Total	1602	100
Valid response: 68.8%		

3.12.3: Qualitative analysis of free text responses

“What are the two most significant barriers/risks to the success of the Framework?”

1,086 respondents provided an answer to the free text section of this question. This returned 12,265 words of text. The main themes emerging from the analysis were:

- Buy in

- b) Resources
- c) Implementation concerns
- d) Culture change
- e) Other

a) Buy-in (827 valid responses)

The main theme that emerged from the data analysis of the question on barriers to the Framework is how the respondents perceived that Ireland's workforce would respond to the Health Workplace Framework. Many responses highlighted a lack of buy-in by the workforce, thus creating a large barrier to success. Additionally, this view appears to be across the board as respondents answered from the view point of employee and management alike.

"No takeup of resources from employees as the Framework does not address their issues of concern (high work loads, job insecurity, low control...)"

(Line manager, health & safety, health promotion and occupational health)

"Lack of buy-in at upper management level which may prevent introduction of measures - hence the importance of publishing the evidence of the benefits"

(Line manager)

Indeed, several respondents identified management approaches and poor leadership as a major barrier to the success of the Framework.

Views ranged from a perception of a poor return on investment, a lack of interest in employee health or a general lack of knowledge around the subject of employee/employer health.

"managers not interested in spending the time to see the relationship between staff health and work capacity/achievements etc"

(Health promotion)

Additionally, many respondents expressed a view that their health is something that should be decided on more democratically within organisational hierarchies.

"High up management making decisions for everyone without talking and engaging with everyone. Everyone has to make these decisions as our physical and mental health is so important and what position we have in an organisation is irrelevant"

(Other)

Respondents identified apathy as a risk to the success of the framework. Some viewed the majority of the workforce do not have sufficient interest in their health nor believe in the benefits of a healthy workforce to the organisation or society itself.

“Resistance because of lack of interest and lack of knowledge about the influence of lifestyle factors in chronic disease prevention.”

(Line manager and health promotion)

Respondents considered that lack of interest is strongly related to time pressures on the workforce.

b) Resources (564 valid responses)

The issue of insufficient resources was noted as a barrier/risk by respondents. Many respondents stressed the importance of time, financial and general resources as a major barrier for progress.

Respondents considered resources as an issue which poses a risk at many points throughout the frameworks implementation. Respondents noted that a lack of resources allocated to embed delivery of the framework and concerns at how management in organisations themselves may hold back on allocation of the required resources.

“There may be resistance from employers to release staff and resources for this framework”

(Line manager)

Financial resources were specifically mentioned by a multitude of respondents as a risk to the framework. With limitations on financial support, there will be a knock on effect at ground level with poor participation or buy in – in line with the first theme. Additionally, the financial burden caused by the framework may be a step too far for some organisations.

“Financial impediments to some organisations being able to implement the framework”

(Line manager)

Related to financial impediments, time limitations and clashes with work load were noted by the respondents as a potential barrier to the framework. Several respondents suggested organisations could identify time spent on the framework and its implementation as a wasted resource, draining potential profits. Indeed, the issue of using resources such as time on promoting health may be problematic as management may not fully recognise or value the benefits.

“managers not interested in spending the time to see the relationship between staff health and

work capacity/achievements etc"

(Health promotion)

Finally, workload on an already stressed workforce is an issue identified by a number of respondents. Additional time identified as a requirement for the framework may be unavailable in the day to day life. The workforce will not see the framework as a priority, as one respondent suggested;

"Too many demands on peoples time, this may be seen as another!"

(Human resource)

c) Implementation concerns (440 valid responses)

Concerns were expressed relating to methods surrounding the design, delivery and governance of the framework. The responses throughout the data suggest respondents feel the framework could be over complicated in design and fail to prioritise appropriately.

"Overly complicated - 347 strategies will be identified, talked about to death, haphazardly implemented and doomed to failure. Only 2 areas are needed to focus on - healthy eating and getting people to move their bodies"

(Other)

Another point discussed was will the framework target only certain groups of the Irish workforce.

"Self employed people who cannot access any support other than that they provide for themselves. "

(Line manager and health & safety)

Respondents proposed that framework should focus less on delivering mass levels of information, and focus resources on increasing physical activity in the workplace.

In addition to the design and delivery of the framework, many respondents were concerned that policy makers and other government officials will treat the framework as another tick-box exercise with the term "tokenism" mentioned a multitude of times. Respondents expressed their concern that this tokenism will prevent actual benefits to the workforce, specifically on the ground level. However, according to the respondents, the tick-box expression did not just apply to those delivering the framework but to those at management level also.

“just being seen as another fad....with no real support from Departments other than talk”

(Line manager)

“Empolyers may just go through the motions of promoting a healthy work place rather than really selling the idea which in the long run will benefit the employer.”

(Line manager)

Many respondents highlighted the issue of poor communication as a barrier to the success of the framework. While some respondents expressed their opinion that too much information can be problematic, some respondents made clear that there is a place for appropriate, effective communication.

“Insufficient communication of the benefits - which could lead to lack of engagement among employees.”

(Health promotion)

“Communicating via email written Policies and Procedures but doing nothing pragmatic at a local office level.”

(Line manager, human resource, health & safety and occupational health)

Indeed, a small number of respondents brought particular attention to small and medium sized enterprises and raised a concern about the reach of the Healthy Workplace Framework to this group. The respondents noted that special attention may be required in the approach to SME's.

“SME's will not be able to afford to invest in health programmes unless they are given tax incentives to do so.”

(Line manager, health & safety, occupational health and health promotion)

d) Culture change (202 valid responses)

Workplace culture emerged as a recurring theme throughout the responses and a barrier to the success of a Healthy Workplace Framework.

“Irish peoples attitude to their health, especially their relationship with alcohol it is associated with all occassions and drunkenness is seen as normal and the sign you are having a good time.”

(Health & safety)

This theme can be seen in responses relating to the issue of prioritising health in the

workplace, as one respondent suggested in their answer to the significant barriers;

“Culture- employers do not see workplace health and wellbeing as a priority”

(Health & safety)

In line with the culture of placing low priority on health, the culture of resistance towards any attempt to address this was also highlighted by a number of participants. A number of participants suggested “red tape” and “nanny state” as barriers to the framework, suggesting the cynical view of individuals will hamper any efforts to implement any change. As one participant said;

“Some employees taking a cynical view of the framework”

(Line manager)

e) Other (103 valid responses)

A number of issues emerged from question twenty, but were not mentioned sufficiently to merit a distinct theme in their own right. They were subsequently classified as “other”.

Some participants suggested a basic lack of knowledge, either of health or the framework itself, would create a barrier to success when implementing the framework. There was a concern that some people may not be able to differentiate between the Healthy Workplace Framework and health and safety legislation.

“Belief that this is all covered under Health & Safety Regulations & requirements”

(Line manager and health & safety)

Finally, mental health was also highlighted as a risk or barrier to the success of the framework. Several participants suggest societal stigma surrounding mental health will limit the success in mental health aspects of the framework.

“Stigma around mental health/lack of understanding that we all have mental health & that all our needs are interconnected”.

(Other)

3.12.4: Key points – Significant barriers

- Current workplace culture was identified as a potential barrier as the Irish workforce will not view their health as a priority, particularly at the workplace

- A lack of interest and engagement with the Healthy Workplaces Framework by both organizational management and employees themselves.
- A reliance on resources was seen as a barrier as organisations will not see the benefit of implementing the Framework in a workforce that is already resource stretched

3.13: Final Comments

3.13.1: Online questionnaire

Respondents were prompted to provide any additional comments.

3.13.2: Response frequencies

Table 21, seen below, highlights the level of engagement with the question prompting respondents to provide further details. This question prompted free text answers only.

Table 21 - Final comments - Response frequencies

Type of Response	Frequency	%
Answered	204	12.7
Did not answer	1398	87.3
Total	1602	100
Valid response: 12.7%		

3.13.3: Qualitative analysis of free text responses

“If you have any final comments, please include them in the comment box below.”

204 respondents provided an answer to the free text section of this question. This returned 5,150 words of text. The main themes emerging from the analysis were:

- a) Respondents' attitude towards the Framework
- b) Implementation and resourcing concerns
- c) Mental health
- d) Respondent opinions on the survey
- e) Expressions of interest from relevant individuals/organisations
- f) Other

a) Respondents' attitude towards the Framework (60 valid responses)

Many respondents indicated their support for the Healthy Workplaces Framework, and welcomed the introduction of workplace health onto the policy agenda. Respondents expressed enthusiasm about participating on the initiative, highlighting the potential benefits the Framework will have, not just in the workplace, but in all aspects of the individual's life.

"I look forward to supporting initiatives as part of this work, a healthy staff is a happy staff, and a happy staff is a productive staff, WIN, WIN, WIN!!!!"

(Line manager)

b) Implementation and resourcing concerns (35 valid responses)

The issue of full and prompt implementation of the Framework featured prominently in the responses to this question prompting final comments. Several respondents expressed concerns that the Framework may not be fully implemented in reality. It was suggested that the Framework will require long-term administrative and political commitment to ensure successful implementation.

"Implementation is key and it must be sustained for the long haul. I hope this won't be an 18 month wonder, with what you have now developed being replaced later because a new Minister wants to put their flavour on the area. This is the right policy, stick with it and persuade new, incoming Ministers to value successful and sustained implementation over the flashy launch of a new policy"

(Line manager)

However, a number of respondents made the point that in order to ensure successful implementation, the Healthy Workplaces Framework must be adequately resourced. A number of resources were put forward which would encourage engagement with the Framework. These potential resources included: showering and changing areas, facilities in which to prepare healthy food, adjustable or standing desks, and tax relief on health and

wellbeing expenditure (e.g. gym membership).

c) Mental health (12 valid responses)

Some respondents commented on the importance of the Framework promoting positive mental health in the workplace.

Additionally, the stigma surrounding mental health issues was seen by participants as a prominent challenge for the Framework. Indeed, stigma (or fear of stigma) around stress and mental health issues was highlighted as restricting the identification and discussion of stress and mental health issues in the workplace. It was suggested by a number of respondents that greater focus should be placed on raising awareness of workplace stress and mental health.

d) Respondent opinions on the survey (8 valid responses)

Several respondents highlighted the lack of a substantial public information campaign on the consultation process. Indeed, some participants noted that they discovered the consultation process through internal staff emails, or word of mouth, and would have been otherwise unaware. In particular, it was highlighted that the private sector, especially Small and Medium Enterprises (SMEs), did not have as much of an opportunity to be made aware of the consultation process, especially when compared to the public sector.

"I read the paper daily and use social media daily, and I still have not seen this anywhere"

(Health promotion)

e) Other (15 valid responses)

A number of issues emerged from Question 21, but were not mentioned sufficiently to merit a distinct theme in their own right. They were subsequently classified as "other".

A small number of respondents outlined that the Framework should place emphasis on the importance of balancing work and life responsibilities. It was highlighted that work-life balance should be incorporated into the Framework in some significant capacity.

Several participants raised the issue of those who work in atypical environments and/or unconventional hours. The issue was raised that the Framework appears geared towards more "typical" forms of employment, thereby excluding those who do not conform. Therefore, it was suggested that the Framework takes an explicit focus on outdoor workers, shift workers, and those subject to equality legislation.

Finally, the importance of a healthy physical working environment was highlighted. In particular, poor lighting, indoor air pollution, and substandard conditions of buildings were

seen as issues that the Framework should address.

3.13.4: Key points – Final comments

- Overall there was strong support for the Healthy Workplaces Framework. This is seen in both the responses to this prompt and the positive reaction across all questions
- There was concern over the extent to which the Framework will be implemented. It was proposed that this Framework has great potential but only if it is fully implemented and resourced sufficiently
- Mental health was identified as a key target area to address in improving workplace health

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Appendix

Appendix A: Responding on behalf of organisation and providing name of organisation (73)

1. Diabetes Ireland
2. Drinkaware
3. Food Drink Ireland
4. Full Health Medical
5. Fynamics Ltd, Riverfront Howleys Quay, Limerick www.fynamics.ie
6. Irish Cancer Society
7. Irish Hospice Foundation www.hospicefoundation.ie
8. Irish Vape Vendors Association (IVVA)
9. Kerry County Council
10. Kerry Foods
11. Kylemore Community Training Centre
12. LEO Pharma Dublin
13. Limerick Local Sports Partnership
14. Longford County Council / Longford Sports Partnership
15. Macroom Community hospital
16. Mayo University hospital
17. Microsoft Ireland
18. Musgrave Retail Partners Ireland, Tramore Road, Cork
19. Musgrave Operating Partners Ireland, Newcastle Road, Lucan, Co. Dublin
20. National Cancer Control Programme
21. National Cancer Control Programme
22. Newbridge family resource centre childcare
23. Novartis Ireland Dublin 4
24. Occupational Health Department Hertz Europe Service Centre Swords Co Dublin
25. Problem Gambling Ireland - www.problemgambling.ie
26. Smartply Europe DAC, Belview, Slieverue, via Waterford
27. SouthDoc
28. Tallaght Travellers Community Development Project
29. The Migraine Association of Ireland www.migraine.ie
30. The Irish Stock Exchange, 28 Anglesea Street, Dublin 2

31. Aer Lingus - www.aerlingus.com
32. Alcohol Action Ireland
33. Alcohol Forum
34. ARC Healthy Living Centre Ltd
35. Ballyhoura Development, Kilfinane, Co. Limerick
36. Carambola
37. Colaiste Bride
38. Decdeb Limited t/a ezSmoke - www.ezsmoke.ie
39. Transdev www.transdevireland.com
40. Triathlon Ireland
41. Healthy Trinity - Healthy Campus Group
42. Ulster Bank
43. Vape Business Ireland
44. Vape Business Ireland
45. Wexford Local Sports Partnership
46. Woodgroup
47. www.fineos.com
48. www.healthreach.ie
49. Young at Heart Douglas Seniors
50. Arthritis Ireland www.arthritisireland.ie
51. Dental Health Foundation www.dentalhealth.ie PO Box 12343 Dublin 2
52. Limerick Institute of Texcnology www.lit.ie
53. IBEC / Food Drink Ireland (<http://www.ibec.ie/> ; 84/86 Lower Baggot Street, Dublin 2)
54. MSD Swords
55. National Adult Literacy Agency (NALA)
56. National Council for the Blind of Ireland (NCBI). www.ncbi.ie.
57. National Disability Authority, 25 Clyde Road, Dublin 4. D04 E409 www.nda.ie
58. National Disability Authority, 25 Clyde Road, Dublin 4, D04 E409. www.nda.ie
59. Public Health laboratory, Cherry Orchard Hospital
60. RCSI 123 St. Stephen's Green, Dublin 2. www.rcsi.ie
61. RCSI
62. Workplace Health and Wellbeing Unit
63. www.healthyworkforce.ie
64. Offaly County Council, Aras an Chontae, Tullamore
65. Department Of Social Protection
66. Department of Social Protection
67. Bus Eireann
68. HSE.ie

- 69. HSE HR Division
- 70. HSE CHO 6 Primary Care
- 71. HSE
- 72. Health Services Executive
- 73. Health Service Executive, Catherine St Limerick

Appendix B: Objectives frequencies

Table 22 - Objectives – Response frequencies, Objective 1: Communication

Type of Response	Frequency	%	Valid %
1 (Most Important)	235	14.7	20.4
2	187	11.7	16.2
3	144	9	12.5
4	153	9.6	13.3
5	152	9.5	13.2
6	118	7.4	10.2
7	97	6.1	8.4
8 (Least Important)	68	4.2	5.9
Did not answer	448	28	-
Total	1602	100	100
Valid response: 72%			

Objective 2: Leadership

Table 23 - Objectives – Response frequencies, Objective 2: Leadership

Type of Response	Frequency	%	Valid %
1 (Most Important)	170	10.6	14.6
2	171	10.7	14.7
3	151	9.4	13
4	151	9.4	13
5	162	10.1	13.9
6	119	7.4	10.2
7	146	9.1	12.5
8 (Least Important)	95	5.9	8.2
Did not answer	437	27.3	-
Total	1602	100	100
Valid response: 72.7%			

Objective 3: Partnerships

Table 24 - Objectives – Response frequencies, Objective 3: Partnerships

Type of Response	Frequency	%	Valid %
1 (Most Important)	34	2.1	2.9
2	72	4.5	6.1
3	92	5.7	7.8
4	133	8.3	11.3
5	169	10.5	14.4
6	205	12.8	17.5
7	253	15.8	21.6
8 (Least Important)	216	13.5	18.4
Did not answer	428	26.7	-
Total	1602	100	100
Valid response: 73.3%			

Objective 4: Integration

Table 25 - Objectives – Response frequencies, Objective 4: Integration

Type of Response	Frequency	%	Valid %
1 (Most Important)	61	3.8	5.2
2	122	7.6	10.3
3	153	9.6	12.9
4	187	11.7	15.8
5	190	11.9	16.1
6	206	12.9	17.4
7	154	9.6	13
8 (Least Important)	109	6.8	9.2
Did not answer	420	26.2	-
Total	1602	100	100
Valid response: 73.8%			

Objective 5: Culture Change

Table 26 - Objectives – Response frequencies, Objective 5: Culture Change

Type of Response	Frequency	%	Valid %
1 (Most Important)	413	25.8	34.6
2	192	12	16.1
3	156	9.7	13.1
4	108	6.7	9.1
5	96	6	8.1
6	89	5.6	7.5
7	74	4.6	6.2
8 (Least Important)	64	4	5.4
Did not answer	410	25.6	-
Total	1602	100	100
Valid response: 74.4%			

Objective 6: Inclusion

Table 27 - Objectives – Response frequencies, Objective 6: Inclusion

Type of Response	Frequency	%	Valid %
1 (Most Important)	155	9.7	12.9
2	216	13.5	18
3	217	13.5	18.1
4	171	10.7	14.2
5	136	8.5	11.3
6	157	9.8	13.1
7	101	6.3	8.4
8 (Least Important)	48	3	4
Did not answer	401	25	-
Total	1602	100	100
Valid response: 75%			

Objective 7: Engagement

Table 28 - Objectives – Response frequencies, Objective 7: Engagement

Type of Response	Frequency	%	Valid %
1 (Most Important)	109	6.8	8.8
2	198	12.4	16.1
3	212	13.2	17.2
4	185	11.5	15
5	165	10.3	13.4
6	139	8.7	11.3
7	166	10.4	13.5
8 (Least Important)	59	3.7	4.8
Did not answer	369	23	-
Total	1602	100	100
Valid response: 77%			

Objective 8: Asset-Based Practice

Table 29 - Objectives – Response frequencies, Objective 8: Asset-Based Practice

Type of Response	Frequency	%	Valid %
1 (Most Important)	75	4.7	5.9
2	62	3.9	4.8
3	85	5.3	6.6
4	104	6.5	8.1
5	126	7.9	9.8
6	146	9.1	11.4
7	179	11.2	14
8 (Least Important)	504	31.5	39.3
Did not answer	321	20	-
Total	1602	100	100
Valid response: 80%			

Appendix C: Health and wellbeing issues frequencies

Issue 1: Physical activity

Table 30 - Health and Wellbeing Issues – Response frequencies, Issue 1: Physical Activity

Type of Response	Frequency	%	Valid %
Very Important	990	61.8	78
Important	261	16.3	20.6
Not that Important	17	1.1	1.3
Not Important at all	1	0.1	0.1
Did not answer	333	20.8	-
Total	1602	100	100
Valid response: 79.2%			

Issue 2: Smarter travel/Active living

Table 31 - Health and Wellbeing Issues – Response frequencies, Issue 2: Smarter Travel/Active Living

Type of Response	Frequency	%	Valid %
Very Important	427	26.7	34.3
Important	604	37.7	48.6

Not that Important	204	12.7	16.4
Not Important at all	9	0.6	0.7
Did not answer	358	22.3	-
Total	1602	100	100
Valid response:			

Issue 3: Healthy eating

Table 32 - Health and Wellbeing Issues – Response frequencies, Issue 3: Healthy Eating

Type of Response	Frequency	%	Valid %
Very Important	979	61.1	77.1
Important	266	16.6	20.9
Not that Important	21	1.3	1.7
Not Important at all	4	0.2	0.3
Did not answer	332	20.7	-
Total	1602	100	100
Valid response: 79.3%			

Issue 4: Healthy weight

Table 33 - Health and Wellbeing Issues – Response frequencies, Issue 4: Healthy Weight

Type of Response	Frequency	%	Valid %
Very Important	822	51.3	65
Important	383	23.9	30.3
Not that Important	49	3.1	3.9
Not Important at all	10	0.6	0.8
Did not answer	338	21.1	-
Total	1602	100	100
Valid response: 78.9%			

Issue 5: Drug and alcohol misuse

Table 34 - Health and Wellbeing Issues – Response frequencies, Issue 5 Drug and Alcohol Misuse

Type of Response	Frequency	%	Valid %
Very Important	755	47.1	59.9
Important	418	26.1	33.1
Not that Important	82	5.1	6.5
Not Important at all	6	0.4	0.5
Did not answer	341	21.3	-

Total	1602	100	100
Valid response: 78.7%			

Issue 6: Smoking and second-hand smoke

Table 35 - Health and Wellbeing Issues – Response frequencies, Issue 6: Smoking and Second-Hand Smoke

Type of Response	Frequency	%	Valid %
Very Important	768	47.9	60.6
Important	365	22.8	28.8
Not that Important	117	7.3	9.2
Not Important at all	17	1.1	1.3
Did not answer	335	20.9	-
Total	1602	100	100
Valid response: 79.1%			

Issue 7: Breastfeeding

Table 36 - Health and Wellbeing Issues – Response frequencies, Issue 7: Breastfeeding

Type of Response	Frequency	%	Valid %
Very Important	402	25.1	32.1
Important	550	34.3	43.9

Not that Important	260	16.2	20.8
Not Important at all	41	2.6	3.3
Did not answer	349	21.8	-
Total	1602	100	100
Valid response: 78.2%			

Issue 8: Mental health

Table 37 - Health and Wellbeing Issues – Response frequencies, Issue 8: Mental Health

Type of Response	Frequency	%	Valid %
Very Important	1134	70.8	89.3
Important	128	8	10.1
Not that Important	5	0.3	0.4
Not Important at all	3	0.2	0.2
Did not answer	332	20.7	-
Total	1602	100	100
Valid response: 79.3%			

Issue 9: Suicide prevention

Table 38 - Health and Wellbeing Issues – Response frequencies, Issue 9: Suicide Prevention

Type of Response	Frequency	%	Valid %
Very Important	897	56	71.2
Important	312	19.5	24.8
Not that Important	48	3	3.8
Not Important at all	3	0.2	0.2
Did not answer	342	21.3	-
Total	1602	100	100
Valid response: 78.7%			

Issue 10: Health and safety/injury prevention

Table 39 - Health and Wellbeing Issues – Response frequencies, Issue 10: Health and Safety/Injury Prevention

Type of Response	Frequency	%	Valid %
Very Important	757	47.3	60.1
Important	426	26.6	33.8
Not that Important	65	4.1	5.2
Not Important at all	11	0.7	0.9
Did not answer	343	21.4	-

Total	1602	100	100
Valid response: 78.6%			

Issue 11: Family-friendly and carer issues

Table 40 - Health and Wellbeing Issues – Response frequencies, Issue 11: Family-Friendly and Carer Issues

Type of Response	Frequency	%	Valid %
Very Important	668	41.7	52.7
Important	499	31.1	39.4
Not that Important	90	5.6	7.1
Not Important at all	10	0.6	0.8
Did not answer	335	20.9	-
Total	1602	100	100
Valid response: 79.1%			

Issue 12: Sexual health

Table 41 - Health and Wellbeing Issues – Response frequencies, Issue 12: Sexual Health

Type of Response	Frequency	%	Valid %
Very Important	335	20.9	26.5
Important	605	37.8	47.8

Not that Important	274	17.1	21.6
Not Important at all	52	3.2	4.1
Did not answer	336	21	-
Total	1602	100	100
Valid response: 79%			

Appendix D: Target groups of workers frequencies

Group 1: Older workers (age 55+)

Table 42 - Target Group of Workers – Response frequencies, Group 1: Older Workers (age 55+)

Type of Response	Frequency	%	Valid %
Very Important	920	57.4	73.4
Important	306	19.1	24.4
Not that Important	23	1.4	1.8
Not Important at all	5	0.3	0.4
Did not answer	348	21.7	-
Total	1602	100	100
Valid response: 78.3%			

Group 2: Younger workers (age 25 or less)

Table 43 - Target Group of Workers – Response frequencies, Group 2: Younger Workers (age 25 or less)

Type of Response	Frequency	%	Valid %
Very Important	777	48.5	62.2
Important	398	24.8	31.9
Not that Important	66	4.1	5.3
Not Important at all	8	0.5	0.6
Did not answer	353	22	-
Total	1602	100	100
Valid response: 78%			

Group 3: Workers with new or existing chronic illness

Table 44 - Target Group of Workers – Response frequencies, Group 3: Workers with new or existing chronic illness

Type of Response	Frequency	%	Valid %
Very Important	914	57.1	72.8
Important	314	19.6	25
Not that Important	20	1.2	1.6
Not Important at all	7	0.4	0.6

Did not answer	347	21.7	-
Total	1602	100	100
Valid response: 78.3%			

Group 4: Working with a disability or disabilities

Table 45 - Target Group of Workers – Response frequencies, Group 4: Working with a disability or disabilities

Type of Response	Frequency	%	Valid %
Very Important	908	56.7	72.2
Important	319	19.9	25.4
Not that Important	26	1.6	2.1
Not Important at all	5	0.3	0.4
Did not answer	344	21.5	-
Total	1602	100	100
Valid response: 78.5%			

Group 5: Men

Table 46 - Target Group of Workers – Response frequencies, Group 5: Men

Type of Response	Frequency	%	Valid %
Very Important	749	46.8	60
Important	451	28.2	36.1
Not that Important	36	2.2	2.9
Not Important at all	13	0.8	1
Did not answer	353	22	-
Total	1602	100	100
Valid response: 78%			

Group 6: Women, including pregnant women

Table 47 - Target Group of Workers – Response frequencies, Group 6: Woman, including pregnant women

Type of Response	Frequency	%	Valid %
Very Important	753	47	60
Important	456	28.5	36.3
Not that Important	35	2.2	2.8
Not Important at all	11	0.7	0.9
Did not answer	347	21.7	-

Total	1602	100	100
Valid response: 78.3%			

Group 7: Low-paid workers

Table 48 - Target Group of Workers – Response frequencies, Group 7: Low-paid workers

Type of Response	Frequency	%	Valid %
Very Important	845	52.7	67.6
Important	356	22.2	28.5
Not that Important	34	2.1	2.7
Not Important at all	15	0.9	1.2
Did not answer	352	22	-
Total	1602	100	100
Valid response: 78%			

Appendix E: Indicators of success frequencies

Indicator 1: Level of awareness of the framework and its resources

Table 49 - Indicators of Success – Response frequencies, Indicator 1: Level of awareness of the framework and its resources

Type of Response	Frequency	%	Valid %
Very Important	658	41.1	52.4
Important	513	32	40.8
Not that Important	72	4.5	5.7
Not Important at all	13	0.8	1
Did not answer	346	21.6	-
Total	1602	100	100
Valid response: 78.4%			

Indicator 2: Number of workplaces accessing the resources

Table 50 - Indicators of Success – Response frequencies, Indicator 2: Number of workplaces accessing the resources

Type of Response	Frequency	%	Valid %
Very Important	653	40.8	52.1
Important	510	31.8	40.7
Not that Important	76	4.7	6.1
Not Important at all	15	0.9	1.2
Did not answer	348	21.7	-
Total	1602	100	100
Valid response: 78.3%			

Indicator 3: Diversity of the workplaces engaging with the resources

Table 51 - Indicators of Success – Response frequencies, Indicator 3: Diversity of the workplaces engaging with the resources

Type of Response	Frequency	%	Valid %
Very Important	476	29.7	38
Important	586	36.6	46.8
Not that Important	171	10.7	13.7
Not Important at all	19	1.2	1.5

Did not answer	350	21.8	-
Total	1602	100	100
Valid response: 78.2%			

Indicator 4: Number of workplaces with relevant policies and practices in place

Table 52 - Indicators of Success – Response frequencies, Indicator 4: Number of workplaces with relevant policies and practices in place

Type of Response	Frequency	%	Valid %
Very Important	586	36.6	46.8
Important	557	34.8	44.5
Not that Important	97	6.1	7.8
Not Important at all	11	0.7	0.9
Did not answer	351	21.9	-
Total	1602	100	100
Valid response: 78.1%			

Indicator 5: Improvements in health and wellbeing indicators for workers

Table 53 - Indicators of Success – Response frequencies, Indicator 5: Improvements in health and wellbeing indicators for workers

Type of Response	Frequency	%	Valid %
Very Important	972	60.7	77.5
Important	257	16	20.5
Not that Important	22	1.4	1.8
Not Important at all	4	0.2	0.3
Did not answer	347	21.7	-
Total	1602	100	100
Valid response: 78.3%			

Indicator 6: Reach of the framework to priority subgroups of workers

Table 54 - Indicators of Success – Response frequencies, Indicator 6: Reach of the framework to priority subgroups of workers

Type of Response	Frequency	%	Valid %
Very Important	498	31.1	40.1
Important	593	37	47.7
Not that Important	131	8.2	10.5
Not Important at all	20	1.2	1.6

Did not answer	360	22.5	-
Total	1602	100	100
Valid response: 77.5%			

Indicator 7: Integration of health promotion into core functions of workplaces

Table 55 - Indicators of Success – Response frequencies, Indicator 7: Integration of health promotion into core functions of workplaces

Type of Response	Frequency	%	Valid %
Very Important	899	56.1	71.7
Important	314	19.6	25
Not that Important	33	2.1	2.6
Not Important at all	8	0.5	0.6
Did not answer	348	21.7	-
Total	1602	100	100
Valid response: 78.3%			

Appendix F: Resources frequencies

Resource 1: Training

Table 56 - Resources and Additional Comments – Response frequencies, Resource 1: Training

Type of Response	Frequency	%	Valid %
Very Important	787	49.1	61.3
Important	409	25.5	31.9
Not that Important	68	4.2	5.3
Not Important at all	20	1.2	1.6
Did not answer	318	19.9	-
Total	1602	100	100

Valid response: 80.1%

Resource 2: Guidance Documents

Table 57 - Resources and Additional Comments – Response frequencies, Resource 2: Guidance Documents

Type of Response	Frequency	%	Valid %
Very Important	621	38.8	48.4
Important	566	35.3	44.1
Not that Important	83	5.2	6.5
Not Important at all	14	0.9	1.1
Did not answer	318	19.9	-
Total	1602	100	100
Valid response: 80.1%			

Resource 3: Case Studies

Table 58 - Resources and Additional Comments – Response frequencies, Resource 3: Case Studies

Type of Response	Frequency	%	Valid %
Very Important	484	30.2	37.7
Important	624	39	48.6
Not that Important	161	10	12.5
Not Important at all	14	0.9	1.1
Did not answer	319	19.9	-

Total	1602	100	100
Valid response: 80.1%			

Resource 4: Learning Networks

Table 59 - Resources and Additional Comments – Response frequencies, Resource 4: Learning Networks

Type of Response	Frequency	%	Valid %
Very Important	459	28.7	35.9
Important	639	39.9	49.9
Not that Important	162	10.1	12.7
Not Important at all	20	1.2	1.6
Did not answer	322	20.1	-
Total	1602	100	100
Valid response: 79.9%			

Resource 5: Accreditation, Benchmarking and Awards

Table 60 - Resources and Additional Comments – Response frequencies, Resource 5: Accreditation, Benchmarking and Awards

Type of Response	Frequency	%	Valid %
Very Important	455	28.4	35.6
Important	513	32.0	40.1
Not that Important	263	16.4	20.6
Not Important at all	48	3	3.8
Did not answer	323	20.2	-
Total	1602	100	100
Valid response: 79.8%			

Resource 6: Fiscal Incentives

Table 61 - Resources and Additional Comments – Response frequencies, Resource 6: Fiscal Incentives

Type of Response	Frequency	%	Valid %
Very Important	536	33.5	41.8
Important	513	32	40
Not that Important	210	13.1	16.4
Not Important at all	24	1.5	1.9

Did not answer	319	19.9	-
Total	1602	100	100
Valid response: 80.1%			

Resource 7: Regulation (Reporting)

Table 62 - Resources and Additional Comments – Response frequencies, Resource 7: Regulation (Reporting)

Type of Response	Frequency	%	Valid %
Very Important	519	32.4	40.8
Important	506	31.6	39.7
Not that Important	194	12.1	15.2
Not Important at all	54	3.4	4.2
Did not answer	329	20.5	-
Total	1602	100	100
Valid response: 79.5%			

Resource 8: Regulation (Provision of Measures)

Table 63 - Resources and Additional Comments – Response frequencies, Resource 8: Regulation (Provision of Measures)

Type of Response	Frequency	%	Valid %
Very Important	581	36.8	45.4
Important	500	31.2	39
Not that Important	158	9.9	12.3
Not Important at all	42	2.6	3.3
Did not answer	321	20	-
Total	1602	100	100
Valid response: 80%			

Appendix G: Workshop briefing notes

Healthy Workplaces Framework

Briefing notes for facilitators and scribes at a consultation workshop

The aim of the consultation workshops is to gather the views of stakeholders on priority issues to be addressed within this policy. The views gathered through consultation workshops and the online consultation will be analysed and then reflected in a consultation report. This report will be used to inform the cross-sectoral Steering Group in determining the content of the final policy. In addition the consultation report will be made publicly available in order to reflect back the views and discussions to consultation day participants and other interested parties.

Please note that delegates attending the first consultation workshop will not have advance access to the consultation document. Those attending later workshops may have viewed the online resources including the online consultation.

Workshops

There are three round table sessions of 45 to 70 minute duration. Each table hosts a maximum of ten delegates including a facilitator and a scribe. Delegates are pre-allocated to tables.

Role of facilitators

Your main role as a facilitator is to enable meaningful discussion on the consultation questions and to capture key issues in the context of the formulation of the Healthy Workplaces Framework. As a facilitator, you will need to pay particular attention to:

- a) Familiarising yourself in advance with the questions to be asked at each session
- b) Initiating roundtable introductions among workshop delegates
- c) Stimulating discussion and fostering the involvement of all voices in the context of defined consultation questions seeking exploration not consensus
- d) Supporting workshop participants to understand the process and the expected outcomes from the workshop
- e) Advising participants of how the information they share will be used
- f) Working closely with the scribe to agree that the key messages from the discussion have been adequately captured prior to final deposit of scribe notes.

Role of scribes

Your main role as a scribe is to record the views raised in the context of facilitated discussion on defined consultation questions. The focus should be on capturing key issues in the context of the formulation of the Healthy Workplaces Framework. As a scribe, you will need to pay particular attention to:

- a) Drawing up a list of all delegates at your table including the facilitator and scribe
- b) Ensuring your name (as scribe), the table number and the session number are clearly marked on each page of your notes
- c) Recording the responses to defined consultation questions including the relevant consultation question number
- d) Ensuring that responses are ascribed to the correct individual (by initials –these will be anonymised for the final consultation report)
- e) Working closely with the facilitator to ensure that the main points of the discussion have been adequately captured
- f) Ensuring that your written notes are legible and clear prior to being appropriately deposited in the scribes deposit box at the registration desk prior at the end of the day
- g) Responding to any queries on the content of your notes in the phase of write up of the consultation report.

Prompt questions

- What do you think of the proposed vision/aim?
- Do the strategic goals make sense?
- What if anything is missing?
- What would you most like to see achieved by 2025?

Vision

Workplace policies and practices in Ireland support everyone to enjoy physical and mental health and wellbeing to their full potential and wellbeing is valued.

Aim

The Healthy Workplace Framework will facilitate the growth and development of evidence informed and effective health and wellbeing policies and practices in workplaces in Ireland.

Strategic goals

- a) Recognition: The Framework will help employers and employees better understand the benefits of investing in development of a health workplace
- b) Access: The Framework will support the development of effective health and wellbeing policies and practices in the workplace through accessible and appropriate information resources
- c) Support: The Framework will support and grow leaders within workplaces who are equipped to deliver effective workplace health promotion
- d) Policy alignment: The Framework will develop healthy workplaces that are increasingly aligned with the achievement of policy priorities across government, including those within health promotion and health and safety.

Prompt questions

- Do you think the objectives reflect the main changes in practice needed?
- Do the listed resources adequately reflect what workplaces need to engage with a Healthy Workplaces agenda?
- Which of the policy priorities do you feel is most in need of development within the context of Healthy Workplaces?
- What approaches are needed to embed policy priorities within workplace health?
- Which of the priority groups should be afforded focused attention within the Framework?

Objectives

- **Communication:** Enhance communication, information sharing and networking between workplaces implementing health and wellbeing approaches and between workplaces and the health sector
- **Leadership:** Foster the development of leaders in workplace health promotion through effective support, training and opportunities for reflective practice and shared learning
- **Partnerships:** Support the development of effective partnerships between workplaces and their local community including local health sector and other contributors to health and wellbeing
- **Integration:** Foster the step-wise integration of health and wellbeing into relevant functions and governance of workplaces including management and organisational performance
- **Culture change:** Contribute to a shift in culture across all organisation levels to recognise the promotion of health and wellbeing as a core value of the workplace
- **Inclusion:** Design and deliver an approach which facilitates the inclusion of all workers in workplace decisions which affect their health and wellbeing, particularly those in low work control environments
- **Engagement:** Design and deliver an approach which successfully engages workplaces irrespective of their size or sector and which effectively engages staff across all levels within those organisations
- **Asset-based practice:** Build on good practice already in place and grow healthy workplace approaches from the individual, community, environmental and financial assets within specific workplaces.

Actions: Resources

- Training: Training for managers. Accredited workplace health promotion training courses
- Guidance documents: Evidence-based guidance on development of health and wellbeing policies & programmes; including developing organisational commitment
- Case studies: An open access repository of real-life examples of health promotion best practice in Irish workplaces
- Learning networks: General learning networks and networks for specific workplace sector or type
- Accreditation, benchmarking and awards: A national system of accreditation to recognise achievement of workplaces engaged with the framework as well as a system of benchmarking to others and awards
- Fiscal incentives: Examples include local budget pooling between employers or between health & employment budgets; levy systems supporting grants for health promotion programmes; matched funding or tax credit incentives
- Regulation (reporting): Regulation requiring organisations to report on actions taken on health and wellbeing
- Regulation (provision of measures): Regulation requiring organisations to implement set actions on health and well-being above those currently covered in regulations.

Actions: Health and wellbeing policy priorities

- Physical activity
- Smarter travel/active travel
- Healthy eating
- Healthy weight
- Drug and alcohol misuse
- Smoking and second-hand smoke
- Breastfeeding
- Mental health
- Suicide prevention
- Health and safety/ injury prevention
- Family-friendly and carer issues
- Sexual health.

Actions: Priority groups

- Older workers (age 55+)
- Younger workers (age 25 or less)

- Workers with new or existing chronic illness
- Workers with a disability or disabilities
- Men
- Women including pregnant women
- Low-paid workers.

Session 3: 12.30 -1.00 ***Indicators of progress***

Prompt questions

- How should success be measured?
- Does this look like a reasonable set of indicators?

Indicators

- Level of awareness of the framework and its resources
- Number of workplaces accessing the resources
- Diversity of the workplaces engaging with the resources
- Number of workplaces with relevant policies and practices in place
- Improvements in health and wellbeing indicators for workers
- Reach of the framework to priority subgroups of workers
- Integration of health promotion into core functions of workplaces

Appendix H: Online questionnaire

A Healthy Workplace Framework is being developed as part of the Healthy Ireland Framework for Health and Wellbeing 2013-2025. The development of the framework is being led by the Department of Health and the Department of Enterprise, Jobs and Innovation.

We are now seeking your views. The information you share will be used to shape the content of the Framework. The questionnaire should take around 10 to 15 minutes to complete.

A short consultation briefing paper provides important background information. We strongly recommend that you take just a minute or two to read this before answering the questions below.

What is this consultation about?

Consultation on a Healthy Workplace Framework for Ireland

1. The information shared by you in this questionnaire will be used solely for the purposes of policy development and handled in accordance with data protection legislation. Comments submitted by you may be used in the final consultation report but these will be anonymised. This means that the comments will not be attributed to, or identifiable as coming from any individual or organisation.

YOU WILL BE ABLE TO PROCEED ONLY AFTER YOU CONFIRM YOUR CONSENT

Yes, I consent to the above use for information submitted by me in this questionnaire
Organisation name and address (website/postal)

2. Which option best describes your response?

I am responding on my own behalf reflecting my personal or professional views
I am responding on behalf of an organisation and representing that organisations view.

This diagram sets out the proposed structure of the Framework. In this section, we are seeking your views on the proposed vision, aim and strategic goals of the framework.

Vision - where we want to be in terms of healthy workplaces in 2025.

Aim - how the Framework can contribute to achieving this vision.

Strategic goals - the most important areas of achievement for the Framework.

Objectives - the 'people processes' needed to affect change

Actions - the practical resources most needed by workplaces and the health issues that matter

Indicators - how progress will be monitored

Vision, aim and strategic goals of the Healthy Workplace Framework

Consultation on a Healthy Workplace Framework for Ireland

Additional comments on the proposed vision

3. The proposed vision:

Workplace policies and practices in Ireland support everyone to enjoy physical and mental health and wellbeing to their full potential and wellbeing is valued and supported at every level of the organisation.

This is based on the vision of Healthy Ireland.

Does this vision capture everything it should?

Yes

No

Additional comments on the proposed aim

4. The proposed aim:

The Healthy Workplace Framework will facilitate the growth and development of evidence-informed and effective health and wellbeing policies and practices in workplaces in Ireland.

Does this aim capture everything it should?

Yes

No

5. The proposed strategic goals of the Healthy Workplace Framework are listed below. Please indicate YES if you agree with each goal and NO if you disagree.

Yes No

Goal 1. RECOGNITION: A better understanding among employers and employees of the benefits of investing in development of a healthy workplace through engagement with the Healthy Workplace Framework approach.

Goal 2. ACCESS: Ease of access to information resources through the Healthy Workplaces Framework that facilitate the ongoing development of effective health and wellbeing policies and practices at workplace level.

Goal 3. SUPPORT: Supported leaders within workplaces equipped to deliver effective workplace health promotion through the Healthy Workplace Framework approach.

Goal 4. POLICY ALIGNMENT: Healthy workplace initiatives that are increasingly aligned with the achievement of policy priorities across government, including those within health promotion and health and safety.

Additional comments on the strategic goals

This section seeks your views on the proposed objectives of the Framework. These proposed objectives refer to the main 'people processes' that will be needed to achieve the strategic goals.

6. The proposed objectives for the Healthy Workplace Framework are listed below. Please rank these in order of importance where 1 is the most important and 8 is the least important.

Objectives of the Healthy Workplace Framework

COMMUNICATION

Enhance communication, information sharing and networking between workplaces implementing health and wellbeing approaches and between workplaces and the health sector.

LEADERSHIP

Foster the development of leaders in workplace health promotion through effective support, training and opportunities for reflective practice and shared learning.

PARTNERSHIPS

Support the development of effective partnerships between workplaces and their local community including local health sector and other contributors to health and wellbeing.

INTEGRATION

Foster the step-wise integration of health and wellbeing into relevant functions and governance of workplaces including management and organisational performance.

CULTURE CHANGE

Contribute to a shift in culture across all organisation levels to recognise the promotion of health and wellbeing as a core value of the workplace.

INCLUSION

Design and deliver an approach which facilitates the inclusion of all workers in workplace decisions which affect their health and wellbeing, particularly those in low work control environments.

ENGAGEMENT

Design and deliver an approach which successfully engages workplaces irrespective of their size or sector and which effectively engages staff across all levels within those organisations.

ASSET-BASED PRACTICE

Build on good practice already in place and grow healthy workplace approaches from the individual, community, environmental and financial assets within specific workplaces.

Additional comments on the proposed strategic goals

7. Are these proposed set of objectives appropriate?

Yes

No

These next sections ask you about actions that could be taken in the implementation of the Framework. In this section, we would like you to tell us what you think are the most important resources that the Framework could provide to support organisations to engage with health promotion in the workplace.

Actions of the Healthy Workplace Framework - resources

8. How important do you think each of the following resources will be in supporting workplaces to engage with the Healthy Workplace Framework?

TRAINING: Training for managers. Accredited workplace health promotion training courses.

GUIDANCE DOCUMENTS: Evidence-based guidance on development of health and wellbeing policies and programmes.

CASE STUDIES: An open access repository of real life examples of the healthy workplace framework approach.

LEARNING NETWORKS: General learning networks and networks for specific workplace sector or type.

ACCREDITATION: A national system of accreditation to recognise achievement of workplaces engaged with the framework.

BENCHMARKING AND AWARDS

ORGANISATIONAL PLEDGES

FISCAL INCENTIVES: Local budget pooling, levy systems or tax credits

REGULATION: Regulation that would require organisations to report on health and wellbeing or on procurement

Additional comments on proposed resources

9. Are there any other resources, not covered in the list above, that you think would be important?

Yes

No

Additional comment on resources

In this section, we would like to know what you think are the priority health and wellbeing issues for the Healthy Workplace Framework. The options presented have been identified from Healthy Ireland and other relevant government policies.

Actions of the Healthy Workplace Framework - working together on health and wellbeing priorities

10. How important is it to take action on each of these health and wellbeing issues within the Framework?

Physical activity

Smarter travel/active travel

Healthy eating

Healthy weight

Drug and alcohol use

Smoking and secondhand smoke

Breastfeeding

Mental health and suicide prevention

Health and safety/ injury prevention

Family-friendly and carer issues

Additional comments on priority health and wellbeing issues

In this section, we would like to know how important is to take action on improving the health and wellbeing for subgroups of the workforce.

Actions of the Healthy Workplace Framework - priority target groups

11. How important is it to take actions on these groups of workers within the Framework?

Older workers (age 55+)

Younger workers (age 25 or less)

Workers with new or existing chronic illness

Workers with a disability or disabilities

Men

Women, including pregnant women

Low-paid workers

Additional comments on subgroups of workers

This section asks your views on the most appropriate metrics of success for the Framework.

Indicators of progress for the Healthy Workplace Framework.

12. How important are each of these indicators in measuring the success of the Framework?

Level of awareness of the framework and its resources

Number of workplaces accessing the resources

Diversity of the workplaces engaging with the resources

Number of workplaces with relevant policies and practices in place

Improvements in health and wellbeing indicators for workers

Reach of the framework to priority subgroups of workers

Integration of health promotion into core functions of workplaces

Additional comments on indicators

Nearly there! Before we move on to some concluding questions, please tell us some details about you and your working life.

Some questions about you and your working life

13. What age are you?

Under 18

18 to 24

25 to 44

45 to 64

65 or older

14. What is your gender?

Male

Female

Other

15. How would you describe your present employment status? Mark one category only

Working for payment or profit

Looking for first regular job

Unemployed

Student/pupil

Looking after home/family

Retired from employment

Unable to work due to permanent sickness or disability

Other (please specify)

16. FILTER QUESTION FOR THOSE ANSWERING OPTION 1 IN QUESTION 15 ONLY

Which of these best describes your current employment? Please tick all items that apply.

Public sector worker

Private sector worker

Permanent contract

Temporary contract

Self-employed

Employer

Employee

17. FILTER QUESTION FOR THOSE ANSWERING OPTION 1 IN QUESTION 15 ONLY

Does your work significantly involve any of the following responsibilities? Please tick all that apply.

Line manager of one or more employees

Human Resources

Health and Safety

Occupational health

Health promotion or public health

18. Do you have any long-standing illness or health problem i.e problems which have lasted 6 months or more?

Yes

No

Concluding questions

19. What are the two most important things that the Healthy Workplace Framework should achieve in the first five years?

1.

2.

20. What are the two most significant barriers/risks to the success of the framework?

1.

2.

21. Thank you for responding to this consultation. Your views are important to us and will be used to shape the content of the final Healthy Workplace Framework. If you have any final comments, please include them in the comment box below.

Appendix I: Workshops organisation representation

Organisation	Organisation Representatives Number
Abbott Diagnostics	3
Abbvie Ireland	2
Action Mental Health	1
Allergan Pharmaceuticals	1
Association for Health Promotion Ireland	1
Baxter Healthcare	1
CIE	1
CIPD	1
Civil Service Employee Assistance	1
Cork County Council	1
CSO	2
Delish	1
Department of Agriculture, Food and the Marine	2
Department of Communications, Climate Action and Environment	1
Department of Education and Skills	1
Department of Housing, Community and Local Government	1
Department of Jobs, Enterprise and Innovation	4
Department of Public Expenditure and Reform	2
Department of Social Protection	3
Department of the Taoiseach	1
Department of Transports, Tourism and Sport	1
Drinkaware	1
Dublin City University	3
Eir	1
Eli Lilly Company	1
Food Safety Authority of Ireland	1
Grant Thornton	1
Green Workplaces	1
GT	1
Health & Safety Authority	3
Healthy Workforce Limited	1
HSE	28
IBEC	1
IOSH	1

Irish Cancer Society	1
Irish Heart Foundation	2
Irish Life Assurance	1
Irish Prison Service	1
IT Sligo	4
Laya Healthcare	1
Limerick I.T.	1
Mary Imaculate College	1
Medmark	1
Migraine Association	1
MyMind Centre for Mental Wellbeing	1
National Transport Authority	2
Northern Trust	1
NUI Galway	1
Office of the Director of Public Prosecutions	1
Office of the Ombudsman	1
Property Registration Authority	1
Royal College of Surgeons	1
Safefood	2
Sport Ireland	1
SSE Airtricity	1
St. John's Hospital, Limerick	1
Trinity College Dublin	2
Tulsá	1
UCC	7
UL	1
VHI Group DAC	1
Waterford I.T.	3
Work Research Centre	1
Did no answer	24



Belfast

Institute of Public Health in Ireland
Forestview, Purdy's Lane, Belfast BT8 7AR
Telephone: + 4428 90648494

Dublin

Institute of Public Health in Ireland
5th Floor, Bishop's Square, Redmond's Hill
Dublin D02 TD99
Telephone: + 353 1 478 6300

Email: info@publichealth.ie
Website: www.publichealth.ie
Twitter: [@publichealthie](https://twitter.com/publichealthie)