



GUIDELINES FOR PILOT INTERVENTIONS

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A. Introduction

1 Purpose of this Document

1.1 This document provides guidance for the pilot interventions being developed and implemented within the EWA project. It supports the development of comparable approaches and provides a template for similar interventions that may be promoted in future. Specifically, this guidance document sets out:

- the background and context to the proposed pilots and to this guidance document;
- the objectives of the pilot interventions;
- key elements of the interventions;
- a framework for individual partners' work plans;
- timing requirements.

2 Background and Context

2.1 It is well established that high levels of alcohol consumption can have a detrimental effect on productivity in the workplace and on the health of workers. There is, for instance, a correlation between drinking levels and sickness absence, presenteeism and arriving late at work or leaving work early. Equally, some occupations, such as maritime and construction trades and the hospitality industry, and those with stressful working environments, can be a factor in enhanced drinking levels amongst employees. The negative impact of alcohol on the workplace and on employees can, therefore, be significant.

2.2 However, the evidence for effective workplace-based policy responses to tackle health and economic problems caused by alcohol is more limited. In this context, the EWA project is seeking to enhance knowledge about how interventions in workplace settings can have a positive impact on alcohol-related awareness, attitudes, policies and behaviour. To achieve this aim, the EWA project has produced a review of current evidence *Alcohol and the Workplace*¹ and the *Good Practice Review and Case Studies* based on studies of project experiences compiled by EWA partners.² This evidence underpins these guidelines that will shape a series of pilot interventions which aim to further test

¹ Anderson, P (2012) *Alcohol and the workplace*. Barcelona, Department of Health, Government of Catalonia.

² Available online at ... [website address](#).

the effectiveness of workplace-based interventions to address alcohol-related harm.

- 2.3 These guidelines reflect the findings from this evidence together with further discussions between partners at the EWA project meeting, in November 2011, in Manchester. They indicate that, to be effective, alcohol in the workplace policy and practice should, *inter alia*, take account of the following:

Cornerstones for effective interventions

- an agreed and written health protocol and disciplinary policy is very important - implementing policies can make a lasting contribution to workplace practices;
- awareness raising campaigns and training activities should reflect the role and characteristics of target groups;
- information, awareness raising and training through creative and interactive methods are most likely to succeed;
- referral to specialised treatment for alcohol problems is key to employees rehabilitation and to enable them to stay in or return to work;
- commitment to promote the health of employees within the organisation is vital to changing attitudes and behaviour

Building support for workplace action on alcohol

- companies can be encouraged to see that raising awareness about alcohol can contribute to boosting their corporate social responsibility and image;
- commitment from the whole workplace organisation will support effective interventions - generating trust, assuring confidentiality and engaging with workers representatives, at the outset, can counter workers' potential hostility and suspicion.

- 2.4 The prevailing economic climate across Europe potentially poses additional challenges to the success of the pilot projects and poses risks for the ability of partners to engage successfully with workplaces and to secure their participation in the project. Pressing economic and business needs may cause employers and managers to eschew working on alcohol issues that may not be a priority. Whilst recognising the additional difficulties posed by the current state of the European economy, these guidelines will address how these can be mitigated and how other obstacles may be overcome.

3 Overview of the Pilot Interventions

- 3.1 The pilot interventions will take place in twelve different countries. Inevitably this means that they will be taking place within different socio-economic, political and cultural contexts. The various countries also have differing workplace policy and practice traditions and have different workplace, health and safety and labour laws and structures. For instance, in relation to alcohol, some countries have specific legislation on workplaces and alcohol or explicit mention of alcohol is made in health and safety legislation. Others address alcohol issues through wider health and safety laws that can be applied, implicitly, to alcohol. Equally, the type of workplaces that could be engaged in the pilot phase varies widely between and within countries, between economic sectors and according to the size of their workforce.
- 3.2 However, it is important for the success of the pilot phase of the EWA project that the interventions pursued can be subject to a comparable analysis of their processes and effects. Whilst, therefore, the precise details of each pilot intervention will vary to reflect different workplace policy and practice traditions and specific socio-economic, political, legislative and cultural contexts, they will have a series of key elements in common.
- 3.3 The twelve partners are responsible for delivering one of two types of pilot intervention within the project. These are:
- A. **Pilots that organisations will predominantly implement within their own workplaces** (usually via Occupational Health Services) - with external support from EWA partners.
 - B. **Pilots where the EWA partner predominantly provides or co-ordinates a specialised service** that is delivered within participating workplaces.
- 3.4 For the purposes of this guidance document, the former will be referred to as ***Type A internal delivery pilots*** and the latter will be referred to as ***Type B external delivery pilots***.

B. Guidance for the Content of the Pilot Interventions

1 Overview of Guidance

1.1 Part B sets out the guidance framework for the pilot projects. It sets out the aims and targets for the pilots and is then structured into three phases:

- **Set up and pilot development phase:** engaging stakeholders (including overcoming obstacles to participation) and developing materials and resources.
- **Implementation phase:** implementation within workplaces for basic, intermediate and comprehensive level interventions).
- **Follow-up and analysis phase.**

2 Aims of the intervention

2.1 As set out in Annex 1 of the EWA project agreement, pilot partners' interventions should aim to:

- (a) **Raise awareness amongst employees** about how, in relation to alcohol, they can live healthier lives;
- (b) **Inform employers** how, in relation to alcohol, they can support their workforces to live healthier during and outside working hours - including through introducing or improving workplace alcohol policies;
- (c) **Encourage employees to change** their alcohol-related behaviour to live more healthily
- (d) **Encourage workplaces to adopt a workplace culture** that, with respect to alcohol, is supportive of healthier living.

2.2 Reflecting the agreed outcome indicators for the EWA project, each pilot should aim to contribute to the overall target for:

- self-reported awareness of the potential harm from alcohol to improve by 1 point on a 5 point *likert scale*;
- self-reported levels of alcohol consumption, as measured by AUDIT, for different samples interviewed to either not change or decrease by up to 10%.

3 Output Targets and Type of Workplace

3.1 Each pilot partner should seek to involve **5 workplaces and 750 employees** in total. Ideally, partners will attempt to include trans-national companies within

the pilot intervention as well as smaller companies and to draw organisations from different economic sectors

- 3.2 If desired, **more than one workplace within an individual organisation can be eligible** for participation. Equally, workplaces that have been involved in the case study phase are eligible to participate.
- 3.3 Workplaces can participate whether or not they have a current alcohol policy. However, for workplaces that already have an alcohol policy and are active in this field, it is important that there remains scope for the intervention to make improvements. For evaluation purposes, it is crucial that the current status of the workplace, in this context, is understood and reported³.

4 Phase 1: Set-Up and Pilot Development

4.1 Engaging Stakeholders

- 4.1.1 Pilot partners will need to engage key **individuals that can provide access** to workplaces to promote alcohol-related interventions with employers, managers and employees. The precise people to engage, in the first instance, will vary from workplace to workplace but are likely to include: owners, senior managers, Occupational Health professionals and workplace, Health and Safety representatives.
- 4.1.2 **For Type A internal delivery pilots**, partners should engage individuals who are able to co-ordinate and deliver alcohol-related interventions within their respective organisations.
- 4.1.3 **For Type B external delivery pilots**, partners should engage individuals within organisations who are able to ensure access to those responsible for workplace health policies, to facilitate access to managers and employees who will be involved in the pilot and who can provide internal organisational support for the delivery of the intervention.

Obstacles and approaches to overcome them

- 4.1.4 For both types of intervention, as already observed, the current economic climate produces additional challenges and a potential obstacle to securing participation in the EWA pilot project phase. To help overcome these barriers, arguments and tactics that could be deployed to encourage employers and managers to participate in the project include:

Arguments for participation

³ The EWA Analytic Framework document addresses this specific issue.

- making the economic case for tackling and not tackling alcohol issues - reduced sickness absence, improved productivity, reduced costs;
- highlighting the health and well-being benefits to workforces in reducing their alcohol-related harm;⁴
- stressing that employees and workplace identities will be protected and that confidentiality is assured;
- informing the company that the intervention will be tailored to the needs and objectives of the company and will minimise disruption to its activities;
- indicating that, for Type A projects, organisations will receive support in developing materials and delivering advice;
- emphasising that the pilot is part of a wider European project that is supported by the European Commission - try to build up the “kudos” in participating;
- highlighting that a workplace acting to address alcohol-related harm is acting in a socially responsible way that could, potentially, provide good public relations exposure for the organisation
- emphasising that organisations (especially for type B pilots) do not have to make a financial contribution due to support from EWA project.

Tactics to engage workplaces

- linking with workplaces that a partner has engaged previously on other issues;
- working in partnership with employer organisations (such as Chambers of Commerce) to generate support for the initiative and to identify workplaces likely to be co-operative;
- engaging and working in partnership with statutory bodies, such as health and safety inspectors, to promote the pilot within workplaces.

4.2 Developing Materials

Partners will develop materials to support the intervention. Box B1 highlights the type of materials that can be developed. The range and number of materials produced will clearly depend on the scope and scale of the proposed intervention (see section 5). Examples of specific materials can be found at: [website address](#).

⁴ The EWA website contains a justification of the economic and health benefits of alcohol-related workplace health interventions.

Box B1: Examples of materials

Materials that can be developed and deployed include:

- Fact sheets and leaflets
- Information and campaign posters
- Small gifts with messages
- Alcohol unit and consumption calculator

- Guide and manuals for workplaces (including e-versions)
- Standard or template alcohol policy
- Guide to developing an alcohol policy - including guide to corporate entertaining and event hosting

- AUDIT tool

5 Phase 2: Implementation within Workplaces

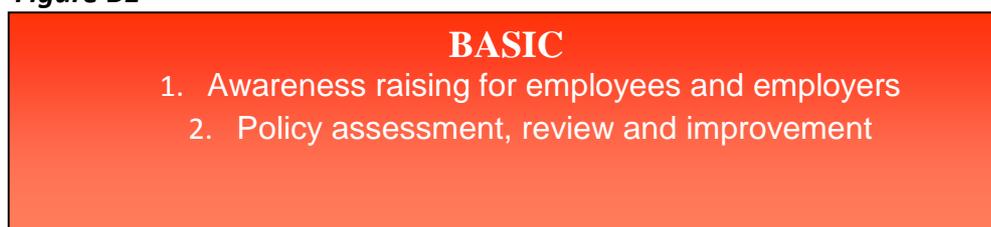
5.1 Overview

5.1.1 Type A internal and Type B external pilots will implement a range of integrated actions to meet the pilot aims. For the purposes of the EWA project, the actions carried out in workplaces will be categorised as basic, intermediate or comprehensive levels of intervention (see figure B1)

5.1.2 This section clarifies the criteria by which each level will be determined. It also flags up types of specific interventions and highlights links to the EWA web-site which has examples of interventions that can be deployed.

5.1.3 This approach provides flexibility in precisely how interventions will be delivered. This flexibility enables partners to work within the constraints that may arise from differing levels of workplace-based, health intervention experience in partners' countries and within selected workplaces, the degree that workplaces are willing to engage in the project and partners own experience in the alcohol and workplace health field. It will also provide a structure that will aid the SARD team in their analysis of the pilots. Partners should strive to achieve as much as is feasible - even if they do not fulfil the requirements for each level.

Figure B1



COMPREHENSIVE

1. Awareness raising
2. Policy assessment, review and improvement
3. Training for capacity building
4. Brief interventions and advice
5. Structured programmes, referral systems, testing where appropriate and monitoring procedures in place

5.1.4 Pilot partners will attend an interim progress seminar involving all group pilot partners to report on progress and to share initial experiences that could improve the final outcomes. This is scheduled to take place in Berlin in October 2012. Experience will also be shared at the final project conference.

5.2 BASIC Level Intervention

5.2.1 The basic level intervention is the minimum action that should be carried out within an individual workplace. It should comprise:

- 1) awareness raising about alcohol and alcohol policies to the workforce and employers via disseminating materials and utilising creative methods;
- 2) alcohol policy assessment, review and improvement.

5.2.2 Box B2 highlights the focus and methodologies that can be adopted to raise awareness about alcohol

5.2.3 ***Box B2: Actions to raise awareness within workplaces for employees***
ESSENTIAL ACTION: Deliver key messages about alcohol consumption and reducing alcohol-related harm

5.2.4 Raising awareness for employees often includes a focus on: ce alcohol poli

- informing and creating awareness about the risks related to the use of alcohol both in the workplace and for the health and well-being of individuals
- providing information on the availability of treatment and support
- explaining alcohol policies and procedures

Creative interventions can include interactive events that embrace:

- group exercises
- role play
- quizzes
- small group discussions
- “mocktail “bar (serving alcohol-free cocktails).

Box B3: Alcohol Policy Assessment and Review

ESSENTIAL ACTIONS:

- (1) Review and assess current position regarding policies and procedures;**
- (2) Work with organisations to enhance and put in place effective, comprehensive and robust policies and procedures**

A template alcohol policy could include sections on:

- the consumption of alcohol at and before coming to work;
- the possession of alcohol in the workplace
- the consumption and use of alcohol at workplace events, client entertaining or when staff are on workplace business
- disciplinary, but also supportive, procedures for breaches of the alcohol policy;
- procedures for dealing with suspected cases of alcohol misuse;
- specific categories of workers (eg for workplace safety reasons), where appropriate, and potential use of sampling;
- employee support and confidentiality in relation to alcohol concerns -including clear referral pathways.

5.3 **INTERMEDIATE LEVEL INTERVENTION**

5.3.1 An intermediate level intervention within an individual workplace should, in addition to basic level actions, comprise:

- 1) capacity building training programmes to support employers and managers (and possibly health and safety representatives and occupational health professionals) to develop and implement effective alcohol policies and procedures.
- 2) brief interventions incorporating screening and advice about alcohol consumption and use - including deployment of the AUDIT tool.

5.3.2 Box B4 highlights components of training for employers and managers. Box 5 emphasises the use of the AUDIT tool.

5.3.3 Examples of capacity building training programmes and training materials (including presentations) can be found at: [website address](#)

5.3.4 The AUDIT tool and guidance about how to use it can be found at: [website address](#)

Box B4: Training

ESSENTIAL ACTION: Capacity building training for key workplace representatives: eg. employers, managers, occupational health and safety representatives, employee representatives

Training for these groups often includes:

- impact of alcohol consumption
- assessing and recognising signs and symptoms of alcohol misuse
- providing knowledge and skills on how to act on this information
- learning how to implement a comprehensive alcohol policy - including detection and referral procedures
- gaining skills on how to communicate with employees about alcohol issues

Box 5: Brief Interventions

ESSENTIAL ACTION: Screen and advise employees

Intervention actions should include screening and advice. Confidentiality is vital. Actions should include supporting employees with 1-to-1 advice including use of the AUDIT tool.

5.4 *COMPREHENSIVE* Level Intervention

5.4.1 A comprehensive level intervention within an individual workplace should, in addition to intermediate and basic level criteria, comprise employers putting in place a comprehensive alcohol-related workplace programme. This could include:

- 1) introducing a structured alcohol programme to raise awareness;
- 2) use of testing tools to monitor alcohol use, where appropriate;
- 3) enabling referral to alcohol treatment services;
- 4) putting in place effective monitoring systems.

5.4.2 Box B6 highlights components of the systematic workplace practices that would be part of a comprehensive intervention.

5.4.3 Examples relating to comprehensive actions can be found at: [website address](#)

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Box B6: Comprehensive level interventions

ESSENTIAL ACTION: Workplace implements “good practice” alcohol programme for the workforce

This could include the adoption of systematic workplace practices that incorporate:

- implementing alcohol policy for workforce and corporate events;
- establishing a structured programme of awareness raising (perhaps as part of a wider well-being programme);
- a confidential system for supporting staff screening, using the AUDIT tool, and referral, where appropriate, for alcohol treatment (ideally to independent treatment services);
- where appropriate, testing specific staff (such as drivers, machine operatives etc for alcohol levels during working hours);
- establishing systems to monitor alcohol-related sickness absence.

se 3: Follow-up and analysis of interventions

6.1 Independent analysts from the SARD team will assess each pilot. To support this process, pilot partners will conduct baseline studies at the outset and at the conclusion of the pilots (see appendix). They will, in some cases, also support the independent analysts with arranging interviews with key informants. The details of the analysis process are contained in the *Analytic Framework Model* document.

C. Framework for Pilot Intervention Work Plans

1 Section B has set out the framework guidelines for the pilot interventions that are central to the EWA project. Following a similar format, this section sets out a template for the work plans for the individual pilot projects. These should be worked up by the pilot partners and submitted to Health @ Work (the Work Package Lead for the pilot interventions) for approval. Once agreed, implementation can commence.

2 For each pilot, the work plans should set out:

- overview of the pilot
 - key actors involved
 - Phase 1: Set up and pilot development - engagement process and development of pilot resources and materials
 - Phase 2: Implementation within workplaces - actions with target groups
 - Phase 3: Follow up and pilot analysis
 - Timeline/Schedule of activity
- 3 The template table (figure C1) highlights the information that should be incorporated within each pilot partners' work plan. Partners should develop work plans that address all of the issues in the "content" column. Hence, the template can be used as a checklist for developing and drafting the work plans.
- 4 The time-line for each pilot should also be structured around three main phases:
- 1) set up and pilot development phase
 - 2) implementation phase
 - 3) follow-up and analysis phase
- 5 This should be set out as in the format in figure C2. This table provides an example that can be amended, as appropriate, for each pilot.

Figure C1: WORK PLAN TEMPLATE

Work plan heading		Content: work plans should set out:
Overview		<ul style="list-style-type: none"> ▪ method to be adopted (Type A internal delivery/Type B external delivery) ▪ aims of pilot intervention ▪ anticipated level of intervention : basic, intermediate or comprehensive (may vary by workplace)
Key actors involved		<ul style="list-style-type: none"> ▪ who will lead and project manage intervention ▪ who will deliver services ▪ who will receive training ▪ other stakeholders involved ▪ where possible, specify which workplaces will participate (including information about sector, size of workplace, ownership structure)
Phase 1: Set up	Engagement process	<ul style="list-style-type: none"> ▪ how workplaces will be selected ▪ how workplaces will be engaged ▪ how workplace participation will be maintained
	Development of pilot resources and materials	<ul style="list-style-type: none"> ▪ what resources and materials will be developed and deployed ▪ who will collate and develop materials
Phase 2: Implementation	Actions: for all actions to be delivered within workplace, e.g.: <ul style="list-style-type: none"> ▪ awareness raising ▪ policy audit and improvement ▪ training of managers ▪ brief interventions and advice ▪ referral systems ▪ testing ▪ monitoring 	<ul style="list-style-type: none"> ▪ who will deliver each action ▪ how action will be developed ▪ what will be the content of the action ▪ how action will be delivered ▪ what will be duration and frequency of action ▪ how gender perspective will be taken into account ▪ how impact on day-to-day business of workplace will be minimised
Phase 3: Follow-up and analysis	Pilot analysis	<ul style="list-style-type: none"> ▪ The EWA’s SARD team will independently assess each pilot. To support this process, pilot partners will conduct baseline studies at the outset and update them at the conclusion of the pilot. They may input data from these studies to a common database. They may also need to support the independent analysts with arranging interviews with key informants.

Figure C2: Key Phases (Example)

Set-up and pilot development phase (3 months)		Implementation within workplaces phase (up to 8 months period (dependent on level of intervention) within each workplace - between May 2012 and February 2013)	Follow-up and analysis of interventions phase
Set up pilot team/steering group	Develop training programme	Commence intervention with workplace organisations and carry out baseline survey	Conduct baseline update within each workplace (conduct 1-2 months after implementation action within workplace concludes)
Appoint Pilot Co-ordinator to lead pilot project	Develop project materials	Conduct project actions with workplace owners, managers and employees Promote materials	Support SARD team partner to conduct independent analysis (March/April 2013)
	Recruit workplaces to project Identify key contacts in workplace organisations	Participate in workshop review session with other EWA pilot partners (October 2012)	Feed-back results to EWA seminar and workplaces (May 2013)
	Prepare schedule/plan to engage with workplace organisations	Continue actions in workplaces	
	Participation in pilot planning seminar (Venice 19-20 April 2012)		

D Pilot Schedule

March/April 2012:	Preparation and approval of pilot work plans - including pilot planning seminar (<i>Venice, 19-20 April</i>)
May 2012:	Beginning of pilot phase (commence with baseline surveys)
October 2012:	Interim pilot progress reporting seminar (<i>Berlin tbc</i>)
End February 2013:	End of pilot phase
March/April 2013:	Independent analysis of pilots
May 2013:	Seminar including pilot analysis feedback