Guidelines: Implementing a Health and Wellbeing Program in the Tasmanian State Service
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These guidelines are for use by State Service agencies and authorities which are referred to collectively in this document as agencies.

Public Sector Management Office 2012

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1. Introduction

The Tasmanian Government seeks to increase the efficiency and productivity of the State Service through a culture that values, supports and improves the health and wellbeing of employees.

A Ministerial Direction and associated guidelines was first developed in 2010 as part of the State Service workplace health and wellbeing project – Healthy@Work. Website: www.healthyatwork.tas.gov.au

These updated 2012 guidelines are based on a number of national and international resources (Refer Sections 5 and 6, and the activity that occurred as part of the Healthy@Work project. The guidelines are made up of an implementation cycle and set of key principles.

As the guidelines have been developed using the best available evidence for implementing effective health and wellbeing programs, agencies are strongly encouraged to use them as a basis for the development or refinement of their program.

2. The Implementation Cycle for a Health and Wellbeing Program

Stage 1 - Program initiation

1.1 Gain management approval

1.2 Discuss management expectations and understanding of the aims of the program.

- It is important that there is a commitment to the program by senior management. Senior managers should be briefed on the nature and scope of health and wellbeing programs as well as their benefits, the need for a coordinator and resource requirements.

- In gaining management support for the implementation of a program it is important that the expectations of managers are discussed and that there is a clear understanding of the programs purpose.

1.2 Establish a coordinator.

- The identification of a coordinator is important as it signifies the commitment and significance of the project, encourages coordination within the workplace and provides initial human resources to establish the program.

- In large organisations the coordinator may be someone who is responsible for the program as their role or part of their role. For example, Human Resources staff or Work Health and Safety (WHS) staff could be appropriate.

- In smaller organisations a manager or motivated employee may be appropriate as the coordinator.

- A coordinator should understand issues such as: current staffing and resources, networks within the organisation, communication mechanisms (for management and workers) and the management structure of the organisation.

- It is important that when a coordinator has been selected that their role in the program is discussed and that an appropriate amount of their time is allocated to coordinate the program.

- The coordination of the health and wellbeing program should be included within relevant Statement of Duties.

Stage 2 - Establishing a coordination mechanism

2.1 Establish a working party or use an existing committee.

- To support the implementation of a program a working party or committee should be identified. This can be an existing committee such as an Work Health and Safety committee or a newly established committee.

- The committee should have representatives from relevant sections within the workplace (e.g. management, employee representatives, communication staff).

- The committee needs to have clear terms of reference that address issues such as the overall aim of the program, the role of the committee, the roles and responsibilities of members, management and administration processes (e.g. financial, communication, human resources).
• It is important that the committee understands the relationship between health and wellbeing and Work Health and Safety. See section four.

**Stage 3 - Conduct a needs assessment**

3.1 Identify the priority issues and needs of the organisation and employees by conducting a needs assessment.

3.2 Use a number of methods for gathering information for your needs assessment. A needs assessment should include:

- A **workplace profile** (e.g. demographic information, health status of the workforce, the physical workplace, management structures).

- A **workplace analysis** which combines the workplace profile and an internal analysis of the strengths, weaknesses, opportunities and threats (SWOT) in relation to the development of a workplace program.

- The final **needs assessment** which builds on the workplace analysis by identifying the perception and view of internal stakeholders such as senior management, employees and external stakeholders such as health experts in the what, why and how of health issues and priorities for the workplace.

**Stage 4 - Develop an action plan**

The program action plan provides a way to establish a clear direction for the program based on the needs assessment.

4.1 **Determine goals and objectives.**

- The goals and objectives of the program should reflect the key priorities and issues identified within the needs assessment.

- The goals should reflect the overall aim of the project and should link with the initial rationale for establishing the program.

- Program objectives should be related to what needs to change to achieve the program goal.

4.2 **Identify strategies to address the goals and objectives.**

- These strategies should be linked to a specific objective and have detail on what actions are required for them to be implemented.

- Where possible, there should be existing evidence that the strategies identified will create the required change.

- There should be a mixture of strategies targeting organisational policies and practices, the workplace environment and individual behaviour change. Without targeting each of these types of strategies areas it is unlikely improvements in health and wellbeing will occur. Examples of strategies include:
  - Health and wellbeing issues being included in new or existing policies and management practices (e.g. an agency policy statement on health and wellbeing or integration within an WHS Policy or a healthy catering policy).
Create environments that support health and wellbeing (e.g. healthy on-site food options, storage and change facilities that encourage active transport).

Include employees in decisions that impact on the implementation of the program (e.g. input into the implementation of specific strategies and their evaluation).

Develop individual knowledge and skills (e.g. education and information sessions). Remember, knowledge of an issue is a prerequisite for change but not sufficient for the change to occur. Health and wellbeing strategies that focus on prevention (e.g. programs designed to increase physical activity, support mental wellbeing, improve nutrition, decrease alcohol consumption or lead to smoking cessation).

4.3 Identify resources, facilities and expertise in the workplace and immediate community.

- When developing the action plan it is important to identify the most effective way to implement the program by identifying relevant internal policies, existing resources and expertise within the workplace, available facilities, funding sources and internal systems (e.g. communication).

- If the expertise or resources required to address a particular issue are not available within the organisation an external provider can be engaged. These may include services provided by government agencies, private provider or non-government organisations. When using external providers it is important to consider issues such as cost, availability, the appropriateness of the service provided, available evidence of the impact of the service, the reputation of the organisation, professional accreditation and insurance.

- Organisations are strongly encouraged to utilise external organisations for specific strategies rather than the implementation of a whole program. The longer term sustainability and embedding of a program within an organisation’s culture and practices is less likely if an external service provider is chosen to develop the whole program.

- Funding requirements for strategies will vary greatly. Many strategies can be implemented on a cost-recovery or low-cost basis. Greater costs may be associated with using external organisational strategies rather than using internal resources and expertise. Cost should not be a barrier to implementing a health and wellbeing program but a clear budget should be identified.

Stage 5 - Implement the action plan

5.1 Implement the strategies to address priorities

- The action plan should be the ongoing guide for decisions about the implementation of strategies.

- Some of the key issues impacting on successful implementation of activities include:
  
  - A well-developed action plan that prioritises strategies and identifies for each strategy; what is going to take place, who is going to be responsible, a realistic timeframe, how it is going to be monitored and that any necessary resources have been identified.
  
  - Appropriate promotion of strategies.
- The active involvement of organisational leaders and members of the health and wellbeing committee.
- Monitoring and evaluation (see Section 3.6).
- Incentives can be useful to rates participation in activities. Where possible incentives should be relevant to the activity being conducted (for example, healthy catering at a training session about preparing healthy lunches). Another incentive that can increase participation is allowing employees to participate in some activities during work time.

- Potential barriers to the successful implementation of strategies include an underdeveloped action plan, a lack of human and financial resources, attempting to implement too many strategies, unrealistic timeframes and those responsible for implementation having a lack of relevant knowledge or experience.

**Stage 6 - Monitor and evaluate**

Monitoring and evaluation is an important factor in ensuring the ongoing development of the program and ensuring that the goals, objectives and strategies within the plan are being met.

Evaluation should take place throughout a program and should be linked to the goals, objectives and strategies identified in the action plan. Findings from the evaluation undertaken should be provided to all staff and organisation leaders as appropriate.

**6.1 During implementation of a strategy (process evaluation).**

- Process evaluation examines how well program strategies have been planned and implemented. It may collect information on uptake (e.g. number of participants, type of participants), satisfaction with what was delivered, the quality of resources or information provided as part of a strategy, how suitable planning or communication for the strategy was.

- The process evaluation that is going to be undertaken should be included in the specific planning for each strategy identified in the action plan.

**6.2 After the implementation of a strategy (impact evaluation).**

- Impact evaluation examines the immediate and short-term effects of the implementation of strategy/strategies. Impact evaluation relates specifically to progress made in achieving the program goals and is directly related to assessing progress towards meeting the program’s objectives.

**6.3 After the implementation of the action plan or when reviewing progress (outcome evaluation).**

- Outcome evaluation examines the broader impact of the program and relates to the program goals. It may examine issues such as changes in health and wellbeing factors across the agency, or employee engagement. Comparisons with information collected in the needs assessment stage can form the basis of outcome evaluation.

- The outcome evaluation can be particularly useful when reviewing the programs progress.
Stage 7 - Revise and update the program

A review and update of the program and the action plan should be undertaken on a regular basis by the coordinator and/or committee. It is suggested that this takes place on at least an annual basis and includes a briefing to, and associated meeting with, senior management.

7.1 Briefing to senior management.
   - The briefing should outline how long the program has been running, the role of the coordinator and committee, the goals, objectives and strategies identified within the action plan and the findings from the program evaluation.

7.2 Confirm management support for the program and clarify management expectations.
   - Confirmation of support to continue the program and a review of management expectations should take place in association with the briefing to senior management.

7.3 Implement a new needs assessment.
   - Once management expectation and support have been confirmed a new needs assessment should be undertaken (see 3.3). The program evaluation can now be used as an additional source of information for the needs analysis.
   - The new needs assessment will help to identify if there have been changes to the findings from the first needs assessment. Decisions will need to be made as to the extent and planning for when integration of health and wellbeing with health and safety occurs.

7.4 A new or revised action plan should be established based on the new needs assessment. The remaining stages of the implementation cycle can then be undertaken again.
3. **Key Principles for Implementing a Health and Wellbeing Program**

When implementing a well-developed health and wellbeing program, as per the identified implementation cycle, there are a number of key principles that should be applied throughout the program. A well developed program:

3.1 **Is cost-effective and may not be expensive**

- The use of resources within the workplace and available community resources can help manage the costs of a program.
- Where possible low-cost strategies should be used.
- Shared payment by employer and employee can help manage costs.

3.2 **Acknowledges and supports Work Health and Safety Legislation (see section 4)**

- Health promotion should support legislated Work Health and Safety requirements.
- Well developed health and wellbeing programs in the workplace will contribute to the achievement of Work Health and Safety outcomes.

3.3 **Is managed within the workplace**

- The individuals within the workplace identify the issues to be addressed in the program, how they will be addressed and who will address them.
- External health professionals (e.g. corporate wellness providers, non-government organisations, government providers) should be used to target issues or strategies that have already been identified within the workplace but for which the organisation does not have the necessary skills or experiences to implement.
- If external providers are involved they support the program rather than manage the program.
- Consultation between employer and employees should guide decisions relating to the program.

3.4 **Includes an assessment of needs to identify health issues in the workplace**

- A needs assessment should be undertaken to identify the priority issues within the organisation. See stage 3 of the implementation cycle.

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3.5 **Involves voluntary employee participation and attains high participation**

- All aspects of a program should be implemented on a voluntary basis. Activities such as mandatory health testing as part of a selection process should not be considered part of a health and wellbeing program.

- Employees should not be criticised or marginalised if they choose not to participate in a program.

- Employee participation in planning, program strategies based on identified need, promotion of successes, incentives for participation and updating a program based on evaluation can all help increase participation.

3.6 **Includes training in health promotion principles and access to appropriate information and resources for staff responsible for coordinating the program**

- The coordinator responsible for facilitating a program should have the necessary skills and training in health promotion to undertake the role.

3.7 **Is sustainable and involves a long-term commitment**

- To ensure sustainability the program must be integrated within the organisation’s ongoing operations, respond to changing priorities and needs within the workplace and work within available resources.

- A program should target long-term changes to workplace policies and practices that lead to a workplace culture that supports healthy choices.

3.8 **Involves equitable access for staff irrespective of their current health status or role within the organisation**

- All individuals within the organisation should have access to the program.

- Groups of employees with specific needs (e.g. shift-workers, women, lower-paid, those at higher risk of preventable diseases) should be supported by the program.

3.9 **Involves an evaluation process**

- Evaluation must be part of a workplace health and wellbeing program that occurs on an ongoing basis. See stage 6 of the implementation cycle.
3.10 Recognises that an individual’s health is determined by a set of interdependent factors

- An individual’s health and wellbeing is shaped by a number of social, economic and environmental determinants. A range of workplace (e.g. physical environment, culture) and non-workplace issues (e.g. lifestyle choices, living conditions) can impact on the health of an employee.

- In developing a program or implementing specific strategies the impact of these determinants should be taken into account.

3.11 Uses a mix of strategies that simultaneously identify or address individual, environmental and organisational issues

- A range of strategies should be used in the needs assessment, implementation and evaluation phases of a program.

- Effective health and wellbeing programs should involve strategies that target social (e.g. workplace policies and practices), environmental (e.g. workplace infrastructure) changes as well as those directed at individual behaviour.

3.12 Considers the workplace structures, cultures and policies

- The economic, political, legislative, and social environment of the workplace must be taken into account when developing and implementing a program.

3.13 Involves senior management and senior management owns the program

- It is important that senior managers have approved the goals, content and structure for the program as well as discussed their own expectations. See stages 1 and 7 of the implementation cycle.

- Senior management should be encouraged to actively participate in the development and implementation of the program including participating in relevant strategies.

3.14 Is integrated into the organisation’s operations through program governance, administration and staffing

- The action plan and governance structure for the program should be clearly identified and form part of the ongoing operations of the organisation.

- It is critical that a specific workplace health and wellbeing coordinator or coordinators are identified and their roles and responsibility are clearly outlined. Related roles and responsibilities should be identified for the committee or group responsible for the implementation of the program. See stage 2 of the program implementation cycle.

- Reporting to senior management should be built into the administration of the program.

3.15 Promotes program and outcomes internally and externally

- Internal promotion of the program and strategies can help to increase participation, improve understanding of the program, increase the perceived value of the program and encourage employees to actively participate in future planning.

- External promotion of the program can help to publicise the positive culture within an organisation and help to attract new employees.
4. Relationship to Work Health and Safety Legislation

Voluntary work health and wellbeing programs complement work health and safety goals, but are ultimately subordinate to Work Health and Safety legislation and adhere to the following requirements:

- A health and wellbeing program must not detract from the provision of a safe work environment, which is a mandatory obligation under Work Health and Safety legislation.

- Health and wellbeing initiatives may identify issues that have a clear workplace hazard component.

- The degree to which and timeframes for integrating proactive health and wellbeing with health and safety policy, systems and evaluations will need to be decided at a Agency executive level.
A summary of guidelines for the development of a workplace health and wellbeing program

Implementation Cycle:

1. Program initiation
2. Establish a coordination mechanism
3. Conduct a needs assessment
4. Develop an action plan
5. Implement the action plan
6. Monitor and evaluate
7. Revise and update the program

Key principles:

1. Is cost-effective and may not be expensive.
2. Acknowledges and supports Work Health and Safety.
3. Is managed within the workplace.
4. Includes an assessment of needs to identify health issues in the workplace.
5. Involves voluntary employee participation and attains high participation.
6. Includes training in health promotion principles and access to appropriate information and resources for staff responsible for coordinating the program.
7. Is sustainable and involves a long-term commitment.
8. Involves equitable access for staff irrespective of their current health status or role within the organisation.
9. Involves an evaluation process.
10. Recognises that an individual’s health is determined by a set of interdependent factors.
11. Uses a mix of strategies that simultaneously identify or address individual, environmental and organisational issues.
12. Considers the workplace structures, cultures and policies.
13. Involves senior management and senior management owns the program.
14. Is integrated into the organisations operations through program governance, administration and staffing.
15. Promotes program and outcomes internally and externally.
5. Tasmanian Resources


WorkCover Tasmania – www.workcover.tas.gov.au


WorkCover Tasmania, 2012, Good Health, Good Business: Building a successful health and wellbeing program in your workplace.

WorkCover Tasmania, Health and Wellbeing Resources List.


6. National and International Resources


Chu, C, Lee, P, Rutherford, S, & Zhu, B, 2010, Healthy@Work professional Development Program, Griffith University Centre for Population and Environmental Health for the Tasmanian State Service Healthy@Work project (Unpublished Paper).


