

# FOREWORD

**EVERY DAY OUR HEALTH IS INFLUENCED BY THE PLACES WHERE WE LIVE, LEARN, WORK AND PLAY. CREATING ENVIRONMENTS THAT SUPPORT HEALTH – THAT MAKE THE HEALTHY CHOICE THE EASY CHOICE – IS CRITICAL TO THE HEALTH AND WELLBEING OF VICTORIANS.**

Workplaces are an important foundation of the economy, and now more than ever play a critical role in determining the health of society. Workplaces influence the physical, mental, economic and social wellbeing of employees and, in turn, the health of their families, communities and society. With many people spending a sizeable proportion of their day at work, it's important to create workplaces that protect and promote health, rather than harm it. A workplace should nurture good health with a supportive environment, conditions and culture.

VicHealth is delighted that the focus on workplaces as a place to promote good health is increasing in Victoria. We're excited by the opportunity we all now face: to advance workplace health promotion practice and, by doing so, to make a big impact on the health of Victorians.

VicHealth is committed to workplace health promotion. Our \$3 million Creating Healthy Workplaces program, launched by the Minister for Health The Hon. David Davis MP in April 2012, is building evidence of good workplace health promotion practice. Alongside a series of international evidence reviews, several large statewide organisations, including Victoria Police and YMCA Victoria, have commenced pilot projects. Thousands of Victorian employees are taking part in these pioneering three-year projects, which will result in new evidence and practical tools for other workplaces.

The VicHealth pilot workplace projects will develop and test solutions for promoting good health and preventing chronic disease in the workplace. They focus specifically on five areas – stress, prolonged sitting, violence against women, alcohol-related harm, and race-based discrimination at work – however, the lessons we're already learning can be generalised and applied to different health issues and work contexts.

We're very excited about the knowledge emerging from our program; after just one year our partner organisations have achieved and learnt so much in setting up their pilot projects. Although our learning will continue, we wanted to share these early insights sooner rather than later, for the benefit of others working in this space. This report captures our initial reflections on workplace health promotion, with a focus on engaging workplaces and setting up interventions. It signifies the start of an open and ongoing conversation to advance workplace health promotion practice. We hope you find it interesting and relevant to your work.



**JERRIL RECHTER**

Chief Executive Officer, VicHealth



# ACKNOWLEDGEMENTS

VICHEALTH WOULD LIKE TO THANK THE MANY PEOPLE WHO CONTRIBUTED TO THIS PUBLICATION, INCLUDING THOSE WHO GENEROUSLY AGREED TO BE INTERVIEWED.

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# INTRODUCTION

**VICHEALTH IS COMMITTED TO SHARING WHAT WE KNOW, AND TO ENSURING THAT THE KNOWLEDGE WE CREATE IS TRANSLATED INTO EFFECTIVE HEALTH PROMOTION PRACTICE.**

## **THE PURPOSE OF THIS REPORT IS TO SHARE EARLY INSIGHTS FROM THE FIVE PILOT PROJECTS OPERATING UNDER VICHEALTH'S CREATING HEALTHY WORKPLACES PROGRAM.**

This is the first of a series of discussion papers to be produced by the program's Researcher Community of Practice, a group comprising VicHealth partners who are responsible for the design, research and evaluation of the five pilot projects. The report captures the initial reflections and knowledge emerging from the pilots, which are one year into a three-year funded period. Although not a definitive guide, the report captures what we've learnt so far in setting up the pilot projects and engaging Victorian workplaces.

We recognise that the circumstances and characteristics of our pilot projects may differ from other workplace health interventions; for instance, VicHealth's pilot projects involve intensively resourcing one or two organisations, were preceded by international evidence reviews, are specific to particular health issues, and used a formal tender process to recruit workplaces. Nevertheless, the report makes an important contribution to workplace health promotion practice because the insights it contains can be generalised and applied to different contexts.

The primary audience for this report is health promotion practitioners.

## **CREATING HEALTHY WORKPLACES PROGRAM**

Launched in April 2012 by the Minister for Health The Hon. David Davis MP, VicHealth's \$3 million Creating Healthy Workplaces program is building evidence of good workplace health promotion practice. The program focuses on five areas linked to workplace ill health: stress, prolonged sitting, violence against women, alcohol-related harm and race-based discrimination.

A series of international evidence reviews were produced. On the basis of these reviews, five pilot projects were designed to develop and test solutions for promoting good health and preventing chronic disease in the workplace. Thousands of Victorian employees are participating in the three-year pilot projects, which will result in new evidence and practical tools for other workplaces.

For more information visit [www.vichealth.vic.gov.au/workplace](http://www.vichealth.vic.gov.au/workplace)

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### Suggested citation

VicHealth 2013, *Creating healthy workplaces: Early insights from VicHealth pilot projects*, Victorian Health Promotion Foundation, Melbourne, Australia

# STRESS PILOT PROJECT: REDUCING STRESS IN THE WORKPLACE

WORKPLACE STRESS REFERS TO DISTRESS RESULTING FROM A SITUATION WHERE THE DEMANDS OF A JOB ARE NOT MATCHED BY THE RESOURCES PROVIDED TO GET THE JOB DONE.

## EVIDENCE REVIEW



The evidence review *Reducing stress in the workplace* is available at:

[www.vichealth.vic.gov.au/workplace](http://www.vichealth.vic.gov.au/workplace)

### PILOT PROJECT DESIGN, RESEARCH AND EVALUATION PARTNERS

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(LEAD)



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WELLBEING, THE UNIVERSITY  
OF MELBOURNE



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Associate Professor and Deputy Director

### WORKPLACE PARTNERS

VICTORIA POLICE

[www.police.vic.gov.au](http://www.police.vic.gov.au)

Statewide law  
enforcement service



VICTORIA POLICE

EACH

[www.each.com.au](http://www.each.com.au)

Community health  
service



	VICTORIA POLICE	EACH
<b>Size:</b>	16,100 employees	750+ employees
<b>Worksites:</b>	Over 500 locations throughout Melbourne and regional Victoria	30+ sites based largely in the outer eastern suburbs of Melbourne
<b>Target population:</b>	Probationary constables (300+ employees) across 30+ stations	Regional counselling services (90+ employees)
<b>Unique characteristics:</b>	Work with a specific level within an organisational hierarchy; new and inexperienced employees vulnerable to high levels of stress	EACH operates in the community-based health care sector; frontline counselling work considered to be a high stress occupation; predominantly female workforce; mix of full, part-time and casual employees

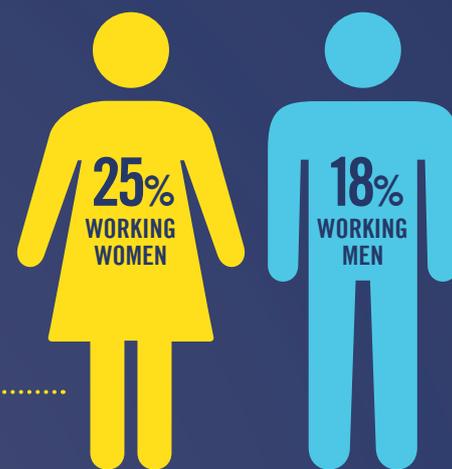
## BACKGROUND

Exposure to workplace stressors is widespread; job strain is experienced by 25 per cent of working women and 18 per cent of working men, and workplace stress-attributable burdens are large. Conservative estimates suggest that a substantial, and preventable, fraction of common chronic diseases among working Australians is attributable to workplace stress.

Workplace stress is preventable. Despite the extensive evidence in support of comprehensive systems approaches to reducing workplace stress, prevalent

practice in Victoria and internationally remains disproportionately focused on individual-level intervention, with inadequate attention to the reduction of working conditions that increase the risk of workplace stress.

*Job strain is experienced by:*



## SUMMARY

This pilot project, Reducing Stress in the Workplace, will work with two organisations to demonstrate the types of strategies organisations can use when identifying and addressing the work-based sources of job stress. It will use a comprehensive systems approach to realise the full preventive potential of workplace stress intervention.

The pilot is based on Noblet & LaMontagne's (2009) model of planning, implementing and evaluating organisational wellbeing interventions:

1. gaining management support
2. establishing/identifying a coordinating group
3. conducting a needs assessment and issue analyses
4. identifying priority issues and setting intervention goals
5. designing interventions and an action plan
6. implementing interventions
7. evaluating implementation processes and intervention effectiveness.

These seven steps are generally completed as part of an ongoing cycle, with each step informing and shaping the next. When the intervention is nearing the end of the first planning, implementation and evaluation cycle, the information gained during the process and effectiveness evaluation is then directed back into the beginning of the next cycle and used to help plan subsequent interventions.

## STRATEGIES

The following recommended strategies are yet to be confirmed, however they have been designed to address key psychosocial stressors identified in the needs assessments undertaken in each organisation. Both sets of strategies aim to modify and extend existing systems involving workload management, clinical supervision and supportive management practices.

### VICTORIA POLICE

- introduction of an integrated workload and time management system to better track the correspondence undertaken by newly-graduated members on the Probationary Constables Extended Training Scheme (PCETS) and to provide an early-warning system for officers who may need additional support
- training in supportive management practices for supervisors (sergeants) to help ensure PCETS members receive the support they need to complete briefs and carry out other responsibilities
- implementing station-specific strategies that address key stressors (e.g. quarantining of correspondence shifts to allow PCETS members greater time to complete court briefs and other outstanding paperwork).

### EACH

- training and coaching in positive managerial behaviours for all program managers
- buddy system introduced to assist managers acquire and consolidate new skills
- tailored clinical supervision for frontline counsellors.

## EVALUATION INDICATORS

### CHANGES IN THE CONDITIONS THAT CONTRIBUTE TO JOB STRESS, SUCH AS:

- quantity and complexity of job demands
- job autonomy and decision-making influence
- support from supervisors and colleagues.

### CHANGES IN STRESS-RELATED OUTCOMES, INCLUDING:

- psychological health
- job satisfaction
- job engagement.

# PROLONGED SITTING PILOT PROJECT: STAND UP VICTORIA

**WORKPLACE SITTING IS TIME SPENT IN SEDENTARY BEHAVIOUR – SITTING OR RECLINING WITH LITTLE OR NO ENERGY EXPENDITURE – WHILE AT WORK.**

## EVIDENCE REVIEW



The evidence review *Reducing prolonged sitting in the workplace* is available at:

[www.vichealth.vic.gov.au/workplace](http://www.vichealth.vic.gov.au/workplace)

## PILOT PROJECT DESIGN, RESEARCH AND EVALUATION PARTNERS

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Associate Professor and Deputy Director

## WORKPLACE PARTNERS

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[www.humanservices.gov.au](http://www.humanservices.gov.au)  
Health and community services



**Australian Government**  
**Department of Human Services**

AUSTRALIAN GOVERNMENT DEPARTMENT OF HUMAN SERVICES	
<b>Size:</b>	35,000+ employees across Australia
<b>Worksites:</b>	16 Smart Centres in metropolitan Melbourne and Geelong
<b>Target population:</b>	Aim to recruit 320 employees
<b>Unique characteristics:</b>	A paperless office with highly sedentary office workers engaged in predominantly computer- and telephone-based tasks

## BACKGROUND

Despite the absence of empirical data, there is strong speculation that workplace sitting has risen in recent decades, largely due to the widespread availability of computers and labour-saving devices. Prolonged sitting is a risk factor for poor health and early death, even among those who meet, or exceed, national physical activity guidelines.

The literature provides scarce guidance on the design and delivery of interventions to reduce prolonged sitting in the workplace.

This pilot project is a cluster randomised control trial (RCT) involving office-based workers. The trial will assess the efficacy of an intervention aimed at reducing workplace sitting, strengthening the intervention research on reducing sedentary behaviour in workplaces.

*Workplace sitting has risen in recent decades, largely due to the widespread availability of computers and labour-saving devices.*



## SUMMARY

This pilot project, Stand Up Victoria, will assess the efficacy of an intervention aimed at reducing workplace sitting.

Co-funded by the National Health and Medical Research Council, the pilot is a two-arm cluster randomised control trial (RCT) involving office-based workers.

Approximately 16 workplaces will be randomly allocated to either the intervention or control group. A total of 320 (160 intervention, 160 control) office-based workers aged 18–65 years and working at least 0.6 full-time equivalent will be recruited.

## STRATEGIES

### THE INTERVENTION CONSISTS OF:

- workplace/management consultation
- a whole of workgroup information/education session
- an individual-level environmental modification; provision of a sit–stand workstation, which allows the employee to easily and quietly alternate their working posture
- individually tailored support for behaviour change including motivational counselling and goal-setting (i.e. one-on-one session with a health coach, four 10-minute advice and support calls, weekly emails, information booklet).

The intervention incorporates three key messages: ‘stand up, sit less, move more’. Participants are involved for a 12-month period incorporating a 3-month intervention phase followed by a 9-month maintenance phase. All assessments will be completed at baseline, 3 and 9 months. The control group will receive the same assessments as the intervention group.

## EVALUATION INDICATORS

Prolonged and overall workplace sitting time, objectively measured by inclinometers (primary indicator).

### CHANGES IN:

- health-related outcomes including cardio-metabolic biomarkers (e.g. blood pressure, cholesterol), anthropometric measures (e.g. weight, body mass index) and musculoskeletal symptoms
- work-related outcomes including productivity, absenteeism and presenteeism.

Cost-effectiveness including healthcare utilisations.

# VIOLENCE AGAINST WOMEN PILOT PROJECT: Y RESPECT GENDER

VIOLENCE AGAINST WOMEN IS ANY ACT OF GENDER-BASED ABUSE THAT RESULTS IN, OR IS LIKELY TO RESULT IN, PHYSICAL, SEXUAL, SOCIAL, EMOTIONAL OR PSYCHOLOGICAL HARM OR SUFFERING TO WOMEN.

## EVIDENCE REVIEW



The evidence review *Preventing violence against women in the workplace* is available at:

[www.vichealth.vic.gov.au/workplace](http://www.vichealth.vic.gov.au/workplace)

## PILOT PROJECT DESIGN, RESEARCH AND EVALUATION PARTNERS

AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH AND SOCIETY, LA TROBE UNIVERSITY

[www.latrobe.edu.au/arcshs](http://www.latrobe.edu.au/arcshs)

*Dr Sue Dyson*  
Senior Research Fellow



## WORKPLACE PARTNERS

YMCA VICTORIA

[www.victoria.ymca.org.au](http://www.victoria.ymca.org.au)

Not-for-profit



YMCA VICTORIA	
<b>Size:</b>	5000+ employees and volunteers
<b>Worksites:</b>	More than 150 YMCA Victoria sites across Victoria including campsites, student accommodation, recreation and sporting facilities, swimming pools, childcare and kindergartens, youth services and youth justice facilities
<b>Unique characteristics:</b>	Flat organisational structure; geographically dispersed; a largely casual, female workforce; low representation of women in senior management levels; the largest YMCA association in Australia and one of the largest in the world, with over 17 million visits to YMCA Victoria sites every year

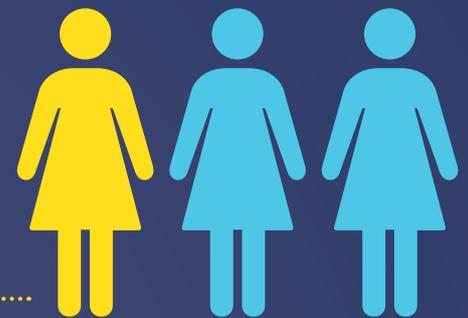
## BACKGROUND

The prevalence of violence against women is unacceptably high in Australia: one in three women experience physical violence and almost one in five experience sexual violence in their lifetime. Violence against women has significant effects on women's physical and mental health as well as their material and financial stability. In Victoria, intimate partner violence alone is the leading contributor to death, disability and illness for women aged 15–44 years.

There is limited evidence demonstrating what works within a workplace setting to prevent violence against women; current activity focuses predominantly on responding to violence after it has occurred, rather than preventing it from happening in the first place.

**Violence against women is unacceptably high in Australia:**

**1 in 3 WOMEN EXPERIENCE PHYSICAL VIOLENCE**



## SUMMARY

This pilot project, Y Respect Gender, will develop and test strategies to address the key underlying cause of violence against women – gender inequality – building an understanding about how to prevent it.

The pilot is a whole-of-organisation change program that will work towards the creation of an equitable and respectful workplace culture by:

- building respectful relationships between men and women
- increasing women's representation, leadership and visibility in the workplace
- creating a positive, respectful and equitable organisational culture and working conditions.

## STRATEGIES

The pilot focuses on cultural change and therefore has adopted an action-based methodology with an asset-based approach (i.e. a focus on building upon existing strengths). A full-time YMCA staff member (Project Coordinator) is leading the design and implementation of the pilot, with support from VicHealth.

Activity to date has been informed by current evidence relating to the primary prevention of violence against women in a range of settings; the results of a broad workplace consultation; and a whole-of-organisation staff survey exploring knowledge, attitudes and self-reported behaviour concerning gender equality,

work conditions and staff hopes and opportunities. A cross-section of YMCA Victoria staff were involved in the development of the project strategies, which include:

- engagement of three pilot sites to develop and test gender equity and respectful relationships action at a grassroots level
- regular presentations from the Project Coordinator to key organisational leaders (i.e. board, senior leaders, managers) to build awareness and commitment
- a gender equity audit of all YMCA Victoria policies and procedures
- a review of factors impacting on women's leadership and representation within the organisation
- development of a Workplace Response to Family Violence policy and procedure to ensure that staff experiencing family violence are supported to remain at work
- engagement with organisation-wide teams (communications and marketing, occupational health and safety, human resources, learning and development) to begin embedding a gender analysis into decision-making and operations
- regular communications with staff via e-newsletters, Facebook and staff forums
- establishment of a project team that includes a cross-section of staff from across the organisation.

## EVALUATION INDICATORS

### INDIVIDUALS:

- Women are represented in all aspects of leadership, influence and visibility across the whole organisation.
- Relationships between men and women in the workplace are equal and respectful.

### WORKPLACE/COMMUNITY:

- All policies, programs, practices and services reflect and practise gender equality and respectful relationships.
- Gender equity is embedded in the recruitment, promotion and practices of the organisation.
- Leaders are actively and productively engaged in implementing gender equity in all aspects of their practice.

### SOCIETY:

- The YMCA is an advocate for equal and respectful relationships internally and in their relations with other individuals and organisations.

# ALCOHOL-RELATED HARM PILOT PROJECT: WORKPLACE REDUCTION IN ALCOHOL PROJECT

ALCOHOL-RELATED HARM INCLUDES BOTH THE SHORT-TERM AND LONG-TERM NEGATIVE CONSEQUENCES OF ALCOHOL USE.

## EVIDENCE REVIEW



The evidence review *Reducing alcohol-related harm in the workplace* is available at:

[www.vichealth.vic.gov.au/workplace](http://www.vichealth.vic.gov.au/workplace)

## PILOT PROJECT DESIGN, RESEARCH AND EVALUATION PARTNERS

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## WORKPLACE PARTNERS

COREX PTY LTD

[www.corex.net.au](http://www.corex.net.au)

Plastics manufacturing



HILTON MANUFACTURING PTY LTD

[www.hiltonmanufacturing.com.au](http://www.hiltonmanufacturing.com.au)

Precision metal manufacturing



	COREX PTY LTD	HILTON MANUFACTURING PTY LTD
<b>Size:</b>	120+ employees	150+ employees
<b>Worksites:</b>	One site in a south-eastern suburb of Melbourne	One site in a south-eastern suburb of Melbourne
<b>Unique characteristics:</b>	A family-run business undergoing growth and change, with a large casual workforce	A family-run business in a period of growth and change

## BACKGROUND

Alcohol-related harm includes the impacts on the workplace (e.g. increased accident risk or reduced workplace productivity due to intoxication or hangover effects) resulting from drinking at work or outside of work, and drinking that is informed or influenced by workplace factors.

Alcohol use is widespread in many countries, including Australia; approximately 90 per cent of the Australian workforce consumes alcohol. Alcohol use and related harm is a significant preventable health issue.

Alcohol use in Australia results in major health, social and economic consequences for the individual drinker, their families, organisations and society. It is related to more than 60 different medical conditions and contributes significantly to injury, disease, disability and death.

There is a growing body of evidence and knowledge on workplace interventions to reduce alcohol-related harm; however, quality evidence is limited: the literature is largely descriptive with methodological limitations.

*Within the Australian workforce (approximately):*

**90%**  
CONSUME  
ALCOHOL



## SUMMARY

This pilot project, Workplace Reduction in Alcohol Project, will develop and test solutions for reducing alcohol use and related harm in two manufacturing organisations. (Manufacturing represents an occupational group with a high prevalence of risky alcohol use.)

The main hypothesis is that workplace social, structural, organisational and environmental factors contribute to a workplace culture of alcohol use that can influence employees' alcohol-related attitudes, beliefs and behaviours.

The main objective is to identify factors that contribute to the specific alcohol culture of workplace partners and implement strategies to enable a culture that promotes safe and responsible alcohol use and minimises alcohol-related harm.

The project recognises that the workplace culture regarding alcohol is influenced by a range of factors, including:

- workplace customs and practices (e.g. social and organisational activities involving alcohol)
- workplace conditions (e.g. shift work, dangerous/stressful work)
- workplace control factors (e.g. policies, supervision levels, alcohol availability)
- external factors (e.g. beliefs and social norms of the wider community).

A gap analysis examining these factors is being undertaken with workplace partners.

## STRATEGIES

Tailored strategies to address the risks and needs identified in the gap analysis will be developed and implemented in consultation with workplace partners. Interventions may include:

### PHYSICAL WORK ENVIRONMENT

- removing/reducing/managing working conditions associated with alcohol use
- policies and procedures for managing alcohol-related risk.

### PSYCHOSOCIAL ENVIRONMENT

- workplace change agents
- workplace alcohol policies and procedures
- alcohol and health information and awareness sessions
- manager/supervisor alcohol risk identification and management training.

### PERSONAL HEALTH RESOURCES

- alcohol and drug information, treatment and counselling services
- health promotion program.

### COMMUNITY INVOLVEMENT

- relationship with local community alcohol and drug treatment service providers
- relationship with local community health programs and services.

## EVALUATION INDICATORS

### INDICATORS INCLUDE:

- stakeholder satisfaction with the pilot project and intervention processes
- employees exposed to intervention strategies
- attitudes and behaviours concerning alcohol risk
- alcohol-related absenteeism
- alcohol-related incidents
- referrals/access to alcohol information and service providers
- manager/supervisor confidence in identifying and responding to alcohol risk
- employee awareness of a workplace alcohol policy
- employee awareness of the relationship between consumption patterns and health and wellbeing.

# RACE-BASED DISCRIMINATION PILOT PROJECT

**RACE-BASED DISCRIMINATION REFERS TO BEHAVIOURS OR PRACTICES THAT RESULT IN AVOIDABLE AND UNFAIR INEQUALITIES ACROSS GROUPS IN SOCIETY BASED ON RACE, ETHNICITY, CULTURE OR RELIGION.**

## EVIDENCE REVIEW



The evidence review *Preventing race-based discrimination and supporting cultural diversity in the workplace* is available at:

[www.vichealth.vic.gov.au/workplace](http://www.vichealth.vic.gov.au/workplace)

## PILOT PROJECT DESIGN, RESEARCH AND EVALUATION PARTNERS

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Consultant



## WORKPLACE PARTNERS

**REFRIGERATED DISTRIBUTION COMPANY\***

Storage and distribution

**AGED CARE PROVIDER\***

Health and community services

	REFRIGERATED DISTRIBUTION COMPANY*	AGED CARE PROVIDER*
<b>Size:</b>	300+ employees	900+ employees and 250 volunteers
<b>Worksites:</b>	One	15
<b>Unique characteristics:</b>	A culturally diverse workforce, including a significant blue collar component	A diverse workforce with a significant casual component. The project is likely to extend beyond the workforce to consider service provision to culturally and linguistically diverse (CALD) clients.

\* Invitations to participate in this pilot project were on the basis that organisations would initially be referred to by industry type only. This was done to minimise any concerns organisations may have potentially had about implications that they were engaged in discriminatory practices stemming from their involvement in the project. Accordingly, these organisations are referred to here only by their industry type.

## BACKGROUND

Almost one in five Australians has experienced race-based discrimination in the workplace, and there is some evidence that race-based discrimination at work is on the rise in Australia. Race-based discrimination is a human rights violation that has negative outcomes for individuals (i.e. poor mental health, depression and risky health behaviours), organisations and society.

Very little Australian literature on workplace interventions to prevent race-based discrimination exists.



## SUMMARY

This pilot project will build an understanding of how to prevent race-based discrimination and support cultural diversity in the workplace. The overarching hypothesis for the pilot project has four key components:

- Workplace wellbeing and productivity outcomes for employees are directly influenced by their experiences of race-based discrimination and the degree of cultural diversity support and inclusion in their workplace.
- These outcomes are driven by a range of organisational factors such as culture, leadership, empowerment, structure, policies, values and inclusive practice.
- When these factors change, a subsequent change (albeit at different rates and in different directions) in workplace wellbeing and productivity outcomes occurs.
- Specific, targeted and deliberate interventions can positively change organisational factors to enhance workplace wellbeing and productivity over time.

In the initial phases of the pilot, based on literature reviews and consultation with workplace partners, this general hypothesis will be developed into a set of more detailed sub-hypotheses that operationalise each of the components, their relationships and the practical implementation of the interventions.

The pilot will use an asset-based, action-learning methodology that combines evidence (both from research and experience), reflection, planning and action to identify commitment, strengths, gaps and opportunities for reducing race-based discrimination in the two organisations and design interventions and success measures accordingly.

## STRATEGIES

Interventions will be designed and implemented to address key systems (causal) components of race-based discrimination in each organisation as determined in the initial analysis stage. Interventions may include:

### PSYCHOSOCIAL ENVIRONMENT

- revising and developing non-discriminatory policies, plans, forms, guidelines and protocols
- training staff in the legislative framework that underpins inclusive practice: *Equal Opportunity Act*, *Charter of Human Rights and Responsibilities* and the *Racial and Religious Tolerance Act*
- training staff in diversity/cultural awareness
- developing resources to improve the capacity of teams to address discrimination and promote diversity in the course of their roles
- nurturing organisational leadership through initiatives that model and promote good practices to a wider community/constituency

- piloting innovative processes such as a 'colour-blind' recruitment process to advance recruitment of people from culturally and linguistically diverse/Indigenous backgrounds.

### PERSONAL HEALTH RESOURCES

- building leadership and staff capacity in conflict resolution
- creating genuine opportunities for constructive inter-group contact with staff/teams
- providing culturally and linguistically diverse/Indigenous staff with appropriate supports to assist with workplace inclusion and retention.

## EVALUATION INDICATORS

### INDICATORS COMPRISE:

- improvement in key organisational climate, leadership effectiveness and inclusion climate indicators as measured at the diagnostic (gap analysis) stage
- production of a practical workplace race-based discrimination reduction toolkit
- at least one publication in a peer-reviewed research journal.