EARLY INSIGHTS:
WORKING WITH OTHER DISCIPLINES

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THE TYPES OF ISSUES IMPACTING ON THE HEALTH OF WORKERS CUT ACROSS A RANGE OF DISCIPLINES AND PROFESSIONAL RESPONSIBILITIES.

Thus health promotion practitioners need to understand and work with different groups to achieve sustained improvements in health-related outcomes. Recognising this is an important prerequisite to developing interventions aimed at protecting and promoting employee health. Considering also the potential synergies (see 'Parallels between disciplines' opposite), those people aiming to protect and promote health at work need to seek out and involve representatives from all disciplines that play a role in shaping the health of organisations and their members.

Stressful working conditions are key concerns for managers and supervisors, occupational health and safety practitioners, human resource management personnel, internal workplace health promotion staff, organisational psychologists and any other individuals or groups with responsibility for the health and welfare of employees. They include long or unpredictable work hours or poor supervisory support, systems and practices that lead to prolonged sitting,

race-based discrimination, and drug and alcohol misuse at work. Before planning strategies aimed at promoting health at work, health promotion practitioners need to determine if there are appropriate specialists in the organisation and take into account their professional backgrounds and specific interest in the issue.

Occupational health and safety practitioners aim to build working environments that protect the health and safety of employees. Concerned with the work-based factors that threaten or undermine employee health and safety, they are likely to emphasise identifying, assessing and controlling risk.

Human resource management focuses on creating workplaces where employees want to come to work and where the psychosocial conditions help to bring out the best in individuals and groups. Human resource departments may ensure that an organisation has the right number of employees, with the right knowledge, skills and attitudes to meet the goals of the organisation. They also have responsibility for ensuring the organisation meets the requirements of relevant legislation (e.g. *Fair Work Act, Anti-discrimination Act*) and so will often be concerned about those policies and practices that influence the organisation's ability to attract, retain or develop an appropriately qualified workforce, and/or risk breaching work-related legislation and associated codes of practice.

PARALLELS BETWEEN DISCIPLINES

The work of occupational health and safety practitioners, human resource management personnel and workplace health promotion staff has much common ground.

Occupational health and safety and human resources management aim to ensure that organisations meet legislative requirements and, like workplace health promotion practitioners, seek to build on these standards to create healthier and more satisfying working environments. Contemporary approaches to all three disciplines also recognise the adverse effects of psychosocial 'hazards', and all are more likely to advocate the use of high-involvement strategies that draw on the ideas and experiences of employees at all levels of the organisational hierarchy to identify and address these adverse conditions.

Each of these disciplines may use different language and conventions; however, the parallels between the areas mean that workplace health promotion practitioners can engage other groups in productive dialogue, which can in turn lead to long-term intersectoral action and collaboration.

Workplace health promotion staff may be internal or external to an organisation. Workplace health promotion staff involved in promoting health at work have traditionally focused on the risk factors for lifestyle-related diseases (e.g. smoking, high fat diets, sedentary behaviours) and have often used individually oriented strategies such as health screening programs (e.g. blood pressure checks, cholesterol tests), awareness-raising activities (e.g. posters, brochures) and health education (e.g. counselling, seminars) as a way to encourage employees to adopt healthier lifestyles. These programs typically overlook the impact that working environments have on the health of employees and their ability to adopt the healthier lifestyles. The workplace is simply seen as a venue for encouraging people to adopt healthier lifestyles. Awareness-raising initiatives, health screening programs, follow-up counselling, lunchtime seminars and the like are generally less invasive and therefore easier to introduce than more settings-oriented interventions. The latter aim to improve decision-making systems, communication channels, leadership styles and other conditions firmly entrenched in the culture and operations of an organisation.

Settings-based health promotion seeks to shift the emphasis from 'doing health promotion in a workplace' to 'creating a health-promoting workplace'. Workplace health promotion is shifting towards a settings-based approach to promoting health that aims to create working environments that are safer, fairer and more satisfying while also equipping employees with the knowledge and skills to better manage increasingly complex working and non-working lives. In the settings approach, health promotion practitioners need to adopt the role of facilitator and advocator (rather than enabler) and to focus on working with a range of often foreign disciplines, professions and conventions to build conditions that are more health promoting. At the same time, health promotion practitioners need to draw on a broader range of conceptual frameworks that reflect the more disparate nature of settings-based interventions and the more complex manner in which these interventions are planned and implemented.

Although the disciplines just discussed can play a key role in enhancing the health of employees and the organisations in which they work, other key stakeholders must also be involved. Work-based conditions that can either undermine or enhance the health and satisfaction of employees often reside in the way work is organised and people are managed (e.g. decision-making systems, support from supervisors and colleagues, quantity and complexity of workloads, reward and recognition systems, intra- and inter-department communication, performance planning and review programs).

To design strategies that address these factors, workplace health promotion personnel need to work closely with individuals and groups who have a strong systems-based understanding of the organisation's operations. Although human resource managers and occupational health and safety staff may have a general awareness of how these systems operate, those employees, line supervisors and other personnel required to use these systems on a daily basis need to be directly involved in the planning and implementation of the interventions as well. People who are consulted with, and involved in, planning and implementing a program will be much more likely to be committed to the program's aims. Hence genuine participation and involvement in the decision-making process can serve the dual purpose of gaining an accurate understanding of the needs of employees and the organisation, while also enhancing commitment to the interventions.

EARLY INSIGHTS:
UNDERLYING PRINCIPLES

TABLE 1: UNDERLYING PRINCIPLES FOR SUCCESSFUL WORKPLACE HEALTH PROMOTION

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGEING (2011)	HEALTH & PRODUCTIVITY INSTITUTE OF AUSTRALIA (2010)	NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (2008)	STATE GOVERNMENT VICTORIA DEPARTMENT OF HEALTH (2012)
Joint statement of commitment: Promoting good health at work	Best-practice guidelines: Workplace health in Australia	Essential elements of effective workplace programs and policies for improving worker health and wellbeing	Health Together Achievement Program: Healthy workplaces and workforces
• Voluntary participation • Confidentiality of health information • Participant access to health information • Complement occupational health and safety legislation requirements and obligations • Workplace choice of suitable programs • Supportive environment based on engagement, consultation and the subsequent agreement of workplace parties	• Active support and participation by senior leadership • Workplace health as a shared responsibility • Engagement of key stakeholders • Supportive environment by senior leadership • Participatory planning and design • Targeted interventions • Standards and accreditation • High levels of program engagement • Innovative marketing and communication • Evaluation and monitoring • Commitment to ethical business practices • Sustainable	• Develop a human centred culture • Demonstrate leadership • Engage mid-level management • Establish clear principles • Integrate relevant systems • Eliminate recognised occupational hazards • Be consistent • Promote employee participation • Tailor programs to the specific workplace • Consider incentives and rewards • Find and use the right tools • Adjust the program as needed • Make sure the program lasts • Ensure confidentiality • Be willing to start small and scale up • Provide adequate resources • Communicate strategically • Build accountability into program implementation • Measure and analyse • Learn from experience	• Integration • Participation • Commitment • Tailored approach • Continuous improvement

NO TWO WORKPLACES ARE THE SAME, SO THERE IS NO 'ONE-SIZE-FITS-ALL' FORMULA FOR A SUCCESSFUL WORKPLACE HEALTH INTERVENTION.

However, there are some underlying principles of workplace health interventions that will raise its likelihood of success.

A number of national and international resources put forward principles for good workplace health promotion practice, as presented in Table 1. Many of the resources identify leadership support, participation, integration and a tailored approach as critical to success.

STATE GOVERNMENT VICTORIA DEPARTMENT OF HUMAN SERVICES (2008)	GOVERNMENT OF WESTERN AUSTRALIA DEPARTMENT OF SPORT AND RECREATION (2009)	WORLD ECONOMIC FORUM (2007)	WORLD HEALTH ORGANIZATION (2010)
Primary prevention of chronic disease in Australia through interventions in the workplace setting: An Evidence Check rapid review	Healthy active workplaces: Review of evidence and rationale for workplace health	Working towards wellness: Accelerating the prevention of chronic disease	Healthy Workplaces: A model for action: for employers, workers, policymakers and practitioners
- Senior management involvement - Participatory planning - Integration into the organisation's operations - Strengthening the organisational climate for implementation - Providing incentives for use and feedback on innovation use - Giving targeted employees time to learn how to deliver and use the innovation, and redesigning work processes to fit innovation use - Simultaneously addressing individual, environmental, policy, and cultural factors - Targeting several health issues - Recognising that a person's health is determined by an interdependent set of factors - Focusing primarily on employees' needs - Tailoring programs - Attaining high participation - Optimising the use of on-site resources - Ensuring long-term commitment - Rigorous evaluation - Disseminating successful outcomes/promising practices to key stakeholders	- Management involvement and support - Integration with existing business plans and values - Project planning and implementation: participatory approach, workplace champions - Communication, marketing, promotion - Development of multi-component programs: coverage of multiple health issues, creation of a supportive environment - Indicators of success - Evaluation	**Leadership** - Promote active leadership of senior management **Culture** - Align goals with business strategy - Create a supportive environment and culture **People** - Target interventions based on unique characteristics of employee population - Offer incentives to encourage participation and better outcomes - Use targeted and ongoing mass communication **Process** - Collaborate with external parties through public–private partnerships - Establish evaluation and monitoring programs to measure change, outcomes and financial impact	- Leadership engagement based on core values - Involve workers and their representatives - Gap analysis - Learn from others - Sustainability - Integration

VICHEALTH'S CREATING HEALTHY WORKPLACES PROGRAM IS UNDERPINNED BY THE PRINCIPLES OF SUCCESSFUL WORKPLACE INTERVENTIONS ADVOCATED BY THE WORLD HEALTH ORGANIZATION.

THE INDIVIDUAL PILOT PROJECTS HAVE ALSO DRAWN ON A NUMBER OF ADDITIONAL PRINCIPLES AND SOURCES TO INFORM THEIR WORK.

PILOT PROJECT INSIGHT

STRESS

ALIGNING WITH WHO PRINCIPLES

The processes used to plan and implement the job stress prevention projects are closely aligned with the World Health Organization's principles of successful workplace interventions. We gained the commitment and buy-in from organisational leaders (leadership engagement) before the project began and will endeavour to maintain this support for the duration of the pilot.

The employees most affected by the job stressors have been heavily involved in the needs assessment phase and were one of the key groups represented in the strategy development workshops (involvement of workers and their representatives). Both the needs assessment and the strategy development phases were designed to establish what the situation is like now, what the conditions should be like ideally, and what the gap is between the two (gap analysis).

We included organisational representatives and researchers in the strategy development workshops, and used results of other job stress intervention research and expert opinion, to make sure we develop well-informed interventions (learning from others).

The workshops were designed to identify existing systems and resources that could be used to address key stressors, thereby enhancing integration with current activities and improving the sustainability of the strategies (sustainability and integration).

The research team will be monitoring the interventions during the implementation phase, and changes, where necessary, will be designed to increase the scope, quality and longevity of the interventions.

PILOT PROJECT INSIGHT

RACE-BASED DISCRIMINATION

USING CULTURE CHANGE PRINCIPLES

In addition to the World Health Organization's principles of successful workplace interventions, our methodology and project processes are based on key workplace culture change principles and assumptions, namely that:

- the program should be the change mechanism and will therefore necessarily have an 'action learning' orientation

- the design and nature of the interventions need to reflect the 'desired state' culture (e.g. inclusive methods must be used in the intervention if an inclusive culture is desired – this ensures staff learn what it is to be inclusive in practical ways)

- change occurs 'on the job' (i.e. while doing the work)

- the key unit of workplace culture is the team, because this is where culture is enacted – this means significant effort needs to focus on change at this level

- team leadership is the key element to this change, with change driven through the appropriate organisation levels and reporting structures and not via an external party

- accountability for achieving the change and for implementing what is required is essential at all levels – accountability should be specific to each level in the organisation, with change anchored to a specific business improvement (process and/ or outcome) to create real impetus for the change

- whole-staff active participation is critical because culture is a whole-of-staff construct (whole of staff can equate to a single team, not necessarily the entire organisation).

EARLY INSIGHTS:
BEST-PRACTICE FRAMEWORKS

PURPOSE OF FRAMEWORKS

FRAMEWORKS:

- help to make sense of complex processes: provide a conceptual 'road map'
- build consensus and understanding among key stakeholders and partners, especially in areas where there are competing paradigms
- help to identify and define the roles of various partners
- provide a basis for unifying and coordinating effort
- provide a logic to follow, which is important given the long-term nature of the effort required
- provide a set of principles to underpin the work (see 'Underlying principles', p16).

PILOT PROJECT INSIGHT

RACE-BASED DISCRIMINATION

USING THE ORGANISATIONAL HEALTH FRAMEWORK

One of the frameworks we are using is the organisational health framework (Hart & Cooper 2001). It has been used extensively within both the private and public sectors to improve employee wellbeing and organisational performance.

In this framework, employee wellbeing is viewed as consisting of distress, morale and job satisfaction, while organisational performance is defined in terms of both core business outcomes and broader performance indicators.

The organisational health framework recognises that employee wellbeing and organisational performance are determined by a combination of individual (e.g. personality and job skills) and organisational (e.g. leadership and climate) factors.

These individual and organisational factors drive performance both directly and through their influence on employee wellbeing, a theory that has been borne out by research conducted across a range of contexts. The key driver to improvement of these organisational health outcomes is workplace climate, consisting of supportive leadership, role clarity, teamwork, empowerment, goal alignment (ownership), feedback and professional growth. The interaction dynamics between these factors determine the team culture that gives rise to performance outcomes and cultural norms and behaviours.

The prevalence of detrimental race-based discrimination 'incidents' (particularly at the interpersonal level and group levels) is expected to be found to be (at least partially) a result of the effectiveness of an organisation's implementation of these organisational health components.

EVIDENCE-BASED FRAMEWORKS ARE AN IMPORTANT TOOL WITH WHICH TO ENHANCE WORKPLACE HEALTH.

Improving workplace health requires a broad knowledge of policy and regulations, confidence in leading or guiding organisational change, partnership skills, and the capacity to work with a range of often foreign disciplines, professions and conventions to build workplace conditions that are health-promoting. Frameworks guide us through this complexity by providing the principles and logic to underpin workplace health promotion efforts.

Health promotion practitioners need to draw on a broad range of conceptual frameworks, which reflects the disparate nature of settings-based interventions and the complex manner in which these interventions are planned and implemented. Many frameworks exist to guide workplace health promotion practice, some of which are provided in 'Resources', p38. VicHealth's Creating Healthy Workplaces program is informed by the World Health Organization's *Healthy Workplaces: A model for action: for employers, workers, policymakers and practitioners* (2010). This framework, in particular its principles of successful workplace interventions, also underpins the design, implementation and evaluation of activity in each pilot project. The World Health Organization framework and others have been used to varying degrees in the pilot projects.

PILOT PROJECT INSIGHT

STRESS

USING NOBLET & LAMONTAGNE'S (2009) MODEL

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.

PILOT PROJECT INSIGHT

PREVENTING VIOLENCE AGAINST WOMEN

GAINING A SHARED UNDERSTANDING

In our pilot project we are talking about gender equality and respectful relationships, and it is hard for people to link this with violence against women. VicHealth's *Preventing violence against women: Preventing Violence before It Occurs* (VicHealth 2007) has been especially useful in helping people to gain a shared understanding of the issue, to appreciate the causes of violence – i.e. gender inequality – and get a sense of the 'road map'.

EARLY INSIGHTS:
A COMPREHENSIVE APPROACH

DEFINING A COMPREHENSIVE APPROACH

For the purposes of VicHealth's pilot projects, a comprehensive approach to promoting workplace health is an approach that:

- targets change at multiple levels: individual, organisational and community

- considers the physical and psychosocial (including culture) work environments

- addresses the causes and consequences of ill health using primary, secondary and tertiary prevention strategies

- is aligned with the World Health Organization's (2010) principles of successful workplace interventions: *leadership engagement based on core values, involve workers and their representatives, gap analysis, learn from others, sustainability and integration*

- draws on and integrates the contributions of a range of disciplines (i.e. occupational health and safety, human resource management, organisational development).

PILOT PROJECT INSIGHT

STRESS

IDENTIFYING STRESSORS AND DEVELOPING INTERVENTIONS

A key goal of the job stress intervention was to identify the work-based factors that were contributing to the stress experienced by the relevant work groups and then to develop organisational or systems-level interventions that could prevent or reduce these stressors.

In the case of Victoria Police, newly-graduated members on the Probationary Constables Extended Training Scheme (PCETS) identified outstanding paperwork as a key source of stress and dissatisfaction. The impact of this stressor was compounded by a number of factors including working in busy stations where there was often a lack of time to complete court briefs and other important correspondence; the inexperience of PCETS members and their lack of knowledge and on-the-job experience to complete the paperwork individually, and; difficulty accessing the guidance and support required to complete the necessary forms. A strategy development workshop was then undertaken to enable all levels of the organisation, especially PCETS members themselves, to work together to develop interventions that could address the specific factors contributing to this stressor.

The recommended interventions (which are yet to be confirmed) include the following strategies:

- introduction of an integrated workload and time management system to better track the correspondence undertaken by PCETS members 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).

In each of these cases, the interventions have been integrated into the organisations everyday work systems and are aimed at ensuring PCETS members have the time and guidance required to complete their paperwork and to reduce the stress associated with mounting workloads.

A comprehensive approach to workplace health promotion may be described using various terms including *systems approach, ecological approach, settings-based approach, organisational development* and *whole-of-organisational change.*

Professor Andrew Noblet at the Deakin Graduate School of Business, a partner of the stress pilot project, says:

A comprehensive approach simultaneously aims to create working environments that are safer, fairer and more satisfying while also equipping employees with the knowledge and skills for better managing increasingly complex working and non-working lives.

In Comcare's literature review *Effective health and wellbeing programs* (2010), workplace health promotion programs are said to be more effective when they integrate intervention on 'lifestyle' health behaviours and working conditions, attending to both individual and environmental influences.

VicHealth's Creating Healthy Workplaces program was informed by the World Health Organization's *Healthy Workplaces: A model for action: for employers, workers, policymakers and practitioners* (2010) because it highlights the importance of a comprehensive approach, which includes change at multiple levels.

PILOT PROJECT INSIGHT

ALCOHOL-RELATED HARM

AIMING FOR MULTI-LEVEL CHANGE

In recognising the role of workplace culture and developing strategies to address factors that contribute to this culture, our pilot project adopts a comprehensive approach by targeting:

- the community level – by developing relationships with community programs and service providers
- the organisational level – by adopting policies and procedures for managing alcohol risk
- the manager/supervisor level – by building capacity through training
- the individual level – by raising awareness through education.

We anticipate change at the individual, organisational and community levels. At the individual level we anticipate that employees will be more aware of the relationship between alcohol consumption patterns and their health, safety and wellbeing both at and away from the workplace. This awareness is likely to lead to less positive attitudes toward, and lower levels of, patterns of consumption associated with harm. At the organisational level we anticipate more effective workplace policies and

procedures for responding to alcohol-related risk, and enhanced capability of managers and supervisors to identify and deal with alcohol-related risk. At the community level we expect that changes in employees' attitudes and behaviours will 'flow on' on to their families and wider social networks and that ongoing working relationships between workplaces and community alcohol and health service providers will be established.

PILOT PROJECT INSIGHT

RACE-BASED DISCRIMINATION

CONNECTING INDIVIDUAL AND ORGANISATIONAL CHANGE

Sustained change will be attained by integrating change at the individual, organisational and system levels. We see the comprehensive approach as the mechanism that connects the individual outcomes to the organisational ones. Individual change on its own is likely to have significant idiosyncratic factors at its core, and therefore be less able to become part of a standardised change process that could be used by others. Organisation-only change can often focus on the 'what' rather than the 'how', missing the link to individual experiences. Using a comprehensive approach identifies these links and the changes

to how organisations work that will have the most significant impact on the wellbeing of employees.

Interventions will be designed and implemented to address key systems (causal) components of race-based discrimination in each workplace as determined in the initial analysis stage. In the pilot workplaces, we expect to see changes to leadership and management practices that engage employees in ways that increase their motivation and positive work experiences and minimise the incidence of exclusion and discrimination.

A comprehensive approach addresses elements and issues at multiple levels. The interactions between these elements are the foundation for a comprehensive approach. The specific application of these is subject to consultation with all levels within the organisation.

LEVEL	FOCUS
Organisation	Strategy, policy, values
Senior management	Resources, implementation, role modelling, procedures
Team leaders	Facilitation, feedback, expectations, awareness
Teams	Interaction, collaboration, feedback, operations
Staff	Understanding, focus, rights, obligations

EARLY INSIGHTS:
FRAMING THE HEALTH ISSUE

COMMUNICATING WITH WORKPLACES ABOUT HEALTH ISSUES

- Avoid being exclusively incident- or problem-driven; language in workplaces that identifies concern, problems or deficits, or worse still 'crises', has the potential to close down communication and engagement.

- Frame the issue (i.e. outcomes, conditions) in positive and negative terms.

- Highlight the benefits that the intervention can have for both employees and the organisation/employers (the value proposition, or 'what's in it for me?').

- Don't define individual people as the locus of the problem; include a perspective on the influence of working conditions and workplace environments.

- Use clear and simple language.

- Be evidence-based.

- Use an asset-based approach.

Workplaces are concerned with many things that may impact on their receptivity to health interventions: sales/revenue; profitability; brand; marketing; staffing issues; technology; legal obligations; and the activity and expectations of their partners, shareholders, competitors, supply chain and customers, to name a few. It is important to be aware of the broader context that workplaces operate within, and frame the health issue and intervention accordingly.

PILOT PROJECT INSIGHT

STRESS

RECASTING IN BOTH POSITIVE AND NEGATIVE TERMS

Our approach to framing the issue has been to emphasise that while a key goal is to trial the implementation of strategies that can prevent job stress, these interventions can also lead to higher levels of job satisfaction, job engagement and other positive health-related outcomes. Similarly, our needs assessment processes have sought to identify not only the key sources of employee stress, but also what employees really like about their work and the organisation in which they undertake this work.

Recasting the 'issue' in both negative and positive terms is important for a number of reasons. From an organisational development perspective, it gives employees and managers the confidence that they do have the capacity to make change. If the emphasis is solely on what's not working, employees may start to believe that the organisation is a lost cause and that there's little hope of lasting change. Managers can become very defensive when the focus is solely on negative outcomes/conditions, especially where there is an obvious or explicit connection between problematic conditions and their own attitudes and actions (e.g. poor supervisory support, unfair performance appraisal system). The support of managerial personnel is fundamental to the success of the project – if managers feel that the methods fail to capture the full 'story' or otherwise undermine their credibility, then they may quickly become an opponent rather than an advocate.

Health promotion practitioners should highlight the benefits that the project can have for both employees and organisation. Both parties stand to benefit from well-designed interventions that are designed to meet the needs of employees and the organisations in which they work. To gain the commitment of both groups, these dual benefits need to be emphasised throughout the project.

AN ASSET-BASED APPROACH

BY DR SUE DYSON

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Many of the key assets for creating health and wellbeing lie within the social context of people's lives, and an asset-based approach builds on strengths rather than focusing on deficits. Assets can be described as the collective resources that individuals and communities have at their disposal, which protect against negative health outcomes and promote health. Although health assets are a part of every person, they are not necessarily used purposefully or mindfully. An asset-based approach makes visible and values the skills, knowledge, connections and potential in a community. It promotes capacity, connectedness and social and cultural capital. Asset-based approaches emphasise the need to redress the balance between meeting needs and nurturing the strengths and resources of people and communities. If the focus is on health problems, a deficit approach often dominates, and opportunities to build on existing strengths in communities and among individuals can be missed.

Culture change can be best supported through the use of processes that are flexible, locally owned, genuinely participatory, and use 'critical questioning' to generate, and build on, shared recognition of experience, strengths and possibilities for communal action and generation of change.

PILOT PROJECT INSIGHT

PREVENTING VIOLENCE AGAINST WOMEN

FOCUSING ON GENDER EQUALITY

Finding the right balance when communicating about this very emotional subject is always tricky. The concept of violence against women is confronting for people, but on the other hand it provides a grim reality as justification for gender equity work.

Gender inequality is the key underlying cause of violence against women and forms the basis of our preventive efforts in this pilot project. Yet, rather than focus on inequality as a deficit, the approach has been to focus on building equal and respectful relationships between men and women at work, and to build on the existing strengths in the organisation and individuals who work in it.

There's no right or wrong answer, just a need to recognise sensitivities around language of violence against women and gender equity – both are often confronting and misrepresented. The biggest risk identified has been the potential increase in disclosures or sexual harassment claims as well as the issue of brand protection.

PILOT PROJECT INSIGHT

ALCOHOL-RELATED HARM

FOCUSING ON HEALTH AND WELLBEING

No workplace wants to consider they have alcohol problems, nor do they see alcohol as a workplace issue; it's seen as a 'personal issue'.

Employers often fear that clients/customers and the public will see the introduction of an alcohol harm reduction program as evidence that the workplace has an 'alcohol and drug problem' to be dealt with, while the employees will see it as the employer regarding them as 'alcoholics and drug addicts' and as a vehicle for introducing drug testing. We try to overcome this by reframing it as an employee and organisational wellbeing program that aims to create a workplace culture of health and wellness that benefits all.

PILOT PROJECT INSIGHT

RACE-BASED DISCRIMINATION

FOCUSING ON INCLUSION

No workplace wants to be considered racist, and those that are don't believe they are. With this in mind, we have reverted to the Creating Healthy Workplaces title in all our discussions, emphasising inclusion of diversity, rather than eliminating racism, and stressing to our workplace partners that they were selected not because we thought they had problems, but because they demonstrated a commitment to inclusion and equality. This approach has been well received.

EARLY INSIGHTS:
WORKPLACE ENGAGEMENT

TABLE 2: CONSIDERATIONS WHEN ENGAGING WORKPLACES IN PILOT PROJECTS

High-risk population	• Industry/sector • Workforce profile (e.g. gender, age, culturally and linguistically diverse)	• Occupation (e.g. type and skill level) • Type of employment (e.g. permanent, shift, casual)
Commitment to the health issue	• Strong rationale for involvement in the pilot project • Understanding of the health issue • Clear understanding of how the pilot project activity will fit within the organisation from an operational perspective (i.e. align with/add value to other activity)	• Strategic and cultural alignment • In-kind contribution (i.e. financial or human resources)
Organisational capacity	• Organisational structure (e.g. site managers, governance) • Organisational policies (e.g. HR policies addressing health and wellbeing, bullying, cultural diversity, gender equity) • Organisational processes (e.g. communication channels such as intranet, staff meetings) • Physical environment (e.g. can standing work stations be accommodated?) • Evidence of implementing organisation-wide change • No other major competing changes or demands underway	• Commitment to undertaking the specified roles and responsibilities of the pilot project • Demonstrated potential for integrating and sustaining the pilot project beyond the funding period • Willingness for staff to actively and meaningfully participate • Appropriate and feasible draft pilot project plan • Identified opportunities to extend uptake of pilot project benefits • Vision and innovation
Leadership commitment and support	• Evidence of leadership commitment to employee health and wellbeing/organisational change	• Proposed level and type of support for pilot project
Ability to work in partnership	• Evidence of effective partnerships with external stakeholders (e.g. local organisations, community partnerships)	• Proposed partnerships for pilot project
Reflective and learning culture	• Willingness to learn and do things differently (e.g. measure and assess progress, improve processes)	• Willingness to share data • Willingness to be a case study

THE PILOT PROJECTS RECRUITED WORKPLACES USING A FORMAL TENDER PROCESS AND A RIGOROUS ASSESSMENT PROCEDURE THAT INCLUDED WRITTEN APPLICATIONS, INTERVIEWS AND AN EXPERT ASSESSMENT PANEL.

There were a number of eligibility criteria including one relating to geography (must be a Victorian-based organisation, operating in Victoria) and one to size (must have more than 100 full-time equivalent employees).

Table 2 shows the factors considered when assessing the tender applications and engaging workplaces.

PROLONGED SITTING

USING THE TENDER PROCESS TO FIND THE RIGHT ORGANISATION

The tender process was a key facilitator in engaging the workplace in the pilot and a crucial aspect of the success of the pilot to date. It enabled us to identify an organisation that had multiple worksites (to accommodate the cluster randomised design) and demonstrated readiness. Because they had responded to the call, the organisation was already well and truly on board. Because of this process and the fact that the organisation had already identified prolonged sitting as a prominent worker health issue, it was certainly an easy sell!

INTERNAL CHAMPION AS ENABLER

The greatest enabler has been the liaison person employed by the partner workplace to assist with ensuring the research activities can be undertaken seamlessly within the organisation. The organisation dedicated one of its staff members as a project champion and facilitator, aiding in recruitment of work units into the trial as well as organising logistics for baseline assessments, work environment modifications and other activities. Frequent communication between our research staff and the liaison person has been crucial to success so far.

PREVENTING VIOLENCE AGAINST WOMEN

RESPONSIBLE CORPORATE CITIZENSHIP

For the YMCA, the motivation behind participating was related to the existing core values of the organisation and to the desire to be seen as a responsible corporate citizen in good standing.

In today's corporate culture, 'brand' is increasingly important. Brand can be defined as the meanings, identities and affective relationships that develop in connection to particular organisations or services, in contrast to the goods or commodities produced by these organisations.

While some organisations focus on brand 'protection', the YMCA's desire for positive regard in the community has focused on brand promotion. This aligns well with the asset-based approach used in the preventing violence against women pilot.

STRESS

INVESTING TIME AND EFFORT

The tender process and the specific selection criteria were critical to identifying organisations that were willing and able to take part in this project. Although the recruitment process was absolutely necessary, one shortcoming of this approach was the amount of time involved. Developing the background briefing document, inviting organisations to take part in the project, interviewing short-listed applicants and selecting suitable organisations spanned four months. We wouldn't want to change this process, given the benefits, and so we have accepted that this is simply a necessary component of developing a pilot project like this.

The selection process gave us the opportunity to recruit organisations that already understood the close relationship between psychosocial working conditions and job stress and were committed to systems-level change to prevent/reduce job stress and enhance employee health and satisfaction. We haven't really had to convince organisational leaders of the logic behind this project, and so far we have encountered very little resistance to the overall goals of the comprehensive approach.

However, that doesn't mean that planning or implementing the actual changes has been easy. There can still be key differences in views of the strategies that are most appropriate and, perhaps more tellingly, which strategies can be implemented given the operational demands of the organisation (or specific groups within the organisation). The personnel closest to the organisation's front-line operations – 'shop floor' employees and their supervisors – therefore need to be convinced that the interventions will in some way benefit them and that these benefits will outweigh the costs. Gaining and maintaining the support of senior members of the organisation is still important, but unless health promotion practitioners can win the hearts and minds of the people who are expected to enact the changes, then the interventions will at best result in lip-service from front-line workers and supervisors or, at worst, outright defiance and hostility. Health promotion practitioners therefore need to be prepared to work hard at establishing the trust and support of operational staff. Based on our experiences with the stress prevention project, this begins by having face-to-face meetings with staff, making sure that they are clear about the overall aims of the program, spelling out what the different stages of the project will involve, highlighting why their direct involvement is critical to the success of the program (especially in the planning stage) and being very up-front about the benefits and costs of taking part.

TENDER PROCESS ENABLERS AND BARRIERS

TABLE 3 SHOWS THE ENABLERS, BARRIERS AND GENERAL CONSIDERATIONS GLEANED FROM THE FORMAL TENDER PROCESS UNDERTAKEN TO RECRUIT WORKPLACES.

TABLE 3: WORKPLACE ENGAGEMENT:
ENABLERS, BARRIERS AND GENERAL CONSIDERATIONS

Enablers	• Leadership support • Workplace champions – preferably existing staff (for a strong understanding of context and organisational culture) • Formal workplace engagement/recruitment process • Staff survey (using scenarios) and consultations • Use of existing workplace values to frame the work
Barriers	• Not seen as core business • Employee disinterest/apathy • Risk management • Concurrent organisational restructuring • Changes to important personnel • Competing business demands • Lack of union support • Shift/rostering demands
General considerations	• Access • Consent at different levels • Ethical considerations including principle of 'do no harm' • Impact on brand • (Adversity to) risk • Seasonal business flow • Language and communication

EARLY INSIGHTS:
LEADERSHIP ENGAGEMENT

TIPS FOR ENGAGING WORKPLACE LEADERS

TIP 1. | Help managers to develop a practical understanding of what the intervention will look like and the realities of what it can and can't achieve:

- Provide case studies.

- Acknowledge the typical steps that are taken when developing comprehensive workplace health interventions.

- Highlight the type of commitment that is required (i.e. time and resources) to achieve sustainable, long-term outcomes.

TIP 2. | Provide a business case (see 'Opting for a simple business case', opposite) for workplace health and wellbeing ('value proposition' or 'what's in it for me'):

- This may be based on local, national or interventional evidence relating to workplace health interventions more generally, or specific to your health issue, business sector or other.

- Illustrate the positive *business benefits* of the workplace health intervention, i.e. reduced absenteeism and workplace injury, and improved productivity.

- Outline the positive *benefits for employees*, i.e. the value of workplace health interventions for the physical, mental and social wellbeing of employees.

WorkSafe Victoria's *Healthy workplace kit* (2010) identifies several benefits of health and wellbeing programs in the workplace, including staff who feel valued, increased productivity and ability to attract new employees, reduced worker turnover and sick leave, and fewer worker compensation claims (p12).

TIP 3. | Motivate senior personnel to explore new ways of operating or behaving:

- Expose high-level management to other business leaders: provide opportunities to network with other organisations and be exposed to business peers/leaders (see 'Gaining exposure to other business leaders', opposite).
- Convey credible positive expectations for change: communicate realistic, positive expectations about what the program can achieve.

- Sensitise the organisation to the pressures of change: recognise the external (such as increased market competition) and internal (high labour turnover) pressures that support the need for the intervention.

- Reveal discrepancies between current and desired states: highlight the deficiencies associated with the current situation and acknowledge the benefits of the new approach.

TIP 4. | Build relationships and rapport – often with lots of meetings (see 'Building rapport using meetings', p32).

TIP 5. | Document the commitment. Providing evidence of the commitment clearly indicates that the workplace health intervention is part of the organisation's business strategy. The documentation may be in the form of a policy or memorandum of understanding, for example (see 'Developing a memorandum of understanding', opposite).

LEADERS INCLUDE PEOPLE SUCH AS OWNERS, CHIEF EXECUTIVE OFFICERS, BOARD MEMBERS, SENIOR MANAGERS, UNION LEADERS, AND INFORMAL LEADERS.

Engagement can take forms such as understanding, support, commitment, buy-in, endorsement and participation.

Leadership engagement is critical to the success of workplace health interventions, and it is often the first key challenge facing workplace health practitioners. Gaining the commitment and support of senior personnel level helps to:

- mobilise key stakeholders and decision-makers

- obtain the necessary permissions, resources and support for the (potentially disruptive) intervention

- demonstrate the organisation's commitment and positively influence employee support and participation

- integrate the workplace health intervention into the organisation's business goals, values and strategy.

PILOT PROJECT INSIGHT

RACE-BASED DISCRIMINATION

OPTING FOR A SIMPLE BUSINESS CASE

We deliberately chose to emphasise the business case in a very basic way (see 'Why this project', below). One workplace had changed CEO since they first agreed to participate and the other felt constrained by their resources. We were eager to put the 'what's in it for me?' right up front, to encourage their buy-in. We were also aware that our own objectives, hypothesis and overall approach require business health benefits as an outcome, and we believe the literature supports this.

WHY THIS PROJECT

Along with our statutory responsibility to eliminate discrimination, the Commission is interested in helping workplaces understand the business benefits of a workplace culture that embraces diversity. The business case for diversity is well-established, with research showing a diverse workforce offers:

- increased workforce capability

- greater capacity to respond to skills/talent shortages

- increased market share via insights into diverse customers and local environments

- better return on investment by engaging and retaining top talent for longer

- greater alignment with values and corporate responsibility

- improved brand and reputation.

However, diversity alone will not reap these benefits: a diverse workforce needs to be nurtured in an inclusive culture for these benefits to have a positive impact on the bottom line. This means workplaces need to actively manage diversity by:

- creating an environment that is inclusive and open

- creating an environment for collaboration

- providing an environment of psychological safety

- creating a sense of collective identity or shared goals

- building cultural competency

- equipping leaders to actively manage conflict.

This project is an opportunity to explore with you how reducing and eliminating race based discrimination can improve the wellbeing of your employees and ensure your organisation is fully valuing and leveraging the potential of all its employees for improved business health.

GAINING EXPOSURE TO OTHER BUSINESS LEADERS

As well as emphasising business benefits, we tried to situate the project in the wider 'cutting edge' space of good business, to build confidence in our partners that their involvement brought them into the 'big thinking' proactive business community that recognised employee health and wellbeing as fundamental to good business. To this end, we invited our project partners to a few relevant events. Our invitation built goodwill, and the partner's presence helped build rapport and commitment. It was at the first of these events that one organisation invited us to present to their management group.

DEVELOPING A MEMORANDUM OF UNDERSTANDING

Legal documents are always fraught: lawyers in both organisations end up calling the shots and making compromises until there is an agreed document. Our approach was to develop the same memorandum of understanding for both organisations with the aim of documenting the commitment of all parties, mitigating risk for all concerned, and facilitating our commitments to VicHealth.

One organisation signed the document without question, but the other insisted on a complete rewrite, arguing it read more like a contract. We agreed and the revised document was readily signed. Our rewriting of the document generated significant trust and goodwill, and this organisation has subsequently demonstrated significant buy-in, with the project already a standing item on their leadership agenda.

STRESS

BUILDING RAPPORT USING MEETINGS

The number of meetings, and the people involved in these meetings, varied according to the organisation involved. In the case of EACH, the Regional Counselling Program is relatively small (90+ employees) and consisted of eight program teams. They were based at one location and so it was relatively easy to meet with each of the program teams and management group. These meetings were generally held during their regular team meetings (to minimise disruption) and lasted 20–30 minutes. They were particularly beneficial in explaining the purpose of the project, outlining the processes for identifying key sources of stress, discussing the strategies for developing the interventions and giving all members of the program area the opportunity to meet the research team in person. In addition to the meetings with the participating program area, we met with the reference group for this project (Health Promoting Health Service Committee) as well as the General Manager of Human Resources. Overall, these meetings have been important for generating further support for the project (especially from front-line workers and supervisors) and have been instrumental in developing a healthy level of trust between the research team and the employees/managers involved in the interventions.

At the meetings, we tried to give all staff the opportunity to ask questions and seek clarification on any points made. We used the introductory meetings as a way for the researchers to develop a more detailed understanding of the economic, operational and social contexts in which the program areas operate. They were also useful in establishing a more specific understanding of the needs of each of the program areas taking part in this project.

The introductory meetings with Victoria Police were quite different, largely because of the size of the target population (300+ officers spread across 30+ stations) and the more complex management structure. We initially met with senior management from each of the participating divisions and had similar discussions with other key stakeholder groups (divisional health and welfare officers, police psychology unit). These meetings served the same purpose as those undertaken with EACH and were generally effective in generating support for the project at the upper to middle management levels. However, the relevant groups lower down the hierarchy (senior sergeants, sergeants, and PCETS members) were based in stations. It was not possible to meet with all stations, so we used focus groups involving cross-sections of PCETS members, partly as a way of establishing a better understanding of the work undertaken by this group, but also to identify the specific sources of stress and satisfaction experienced by probationary constables.

ACCORDING TO NOBLET & LAMONTAGNE 2009 (p471):

> The success of any organisational wellbeing intervention will rest heavily on the extent to which all levels of the organisation – senior executives, middle-management, supervisors, and employees – support the initiatives that have been established. While an ongoing challenge for (workplace health) coordinators will be to develop, maintain, and expand this broad-based support, a key goal in the program life cycle will be to gain the support of top-level management.

PILOT PROJECT INSIGHT

ALCOHOL-RELATED HARM

CONDUCTING ON-SITE INTERVIEWS

We had three or four initial meetings with key managers at each site and then also met with other supervisors and managers on site.

This has been followed up with a day on each site completing interviews with workers, supervisors, team leaders and managers to engage them and develop a greater understanding of how each site operates. We explained that this process was a 'gap analysis' and allowed us to get a feel for the issues at each site and tailor our interventions and responses accordingly.

We promoted this with a health and wellbeing at work slogan and circulated information sheets for people to self-nominate to be interviewed. We also targeted people whose engagement was critical (e.g. manufacturing manager and human resources manager).

It was critical to engage senior managers and have them advise who the champions might be at each site. We also made sure we interviewed representatives from each area of the business: each factory floor area, office area, management, human resources, etc.

PILOT PROJECT INSIGHT

PREVENTING VIOLENCE AGAINST WOMEN

CONSIDERING INFORMAL LEADERS

Staff need to know that gender equality work is on the radars of their direct supervisor, human resources, outside people (partners in the community), as well as the leadership staff. We don't know who staff look to for leadership – sometimes it is not the CEO who engages them in gender equality work, but a colleague or their direct line manager, because that staff member is closer to and respects that person more.

PILOT PROJECT INSIGHT

PROLONGED SITTING

OFFERING EMAIL TEMPLATES TO TEAM LEADERS

We use 'management emails' to foster a sense of management support for and cultural change regarding reducing sitting within our pilot project organisation. Six email templates, featuring themes of the detrimental effects of prolonged sitting, are sent to relevant team leaders at weeks 2, 4, 6, 8, 10 and 12. Team leaders are encouraged to personalise the templates by mentioning particular strategies to 'stand up, sit less, move more' that are working well within their site and to send these to their staff.

THE FOLLOWING EXCERPTS HIGHLIGHT RECENT LITERATURE RELATING TO WORKPLACE LEADERSHIP ENGAGEMENT.

LITERATURE ON LEADERSHIP ENGAGEMENT

PROMOTE ACTIVE LEADERSHIP OF SENIOR MANAGEMENT IN WELLNESS INITIATIVES (WORLD ECONOMIC FORUM 2007)

COMMON PRACTICE

- *Endorsement* of programs (availability of funds/budget)

BEST PRACTICE

1. *Visible endorsement* of programs such as via newsletters, the intranet

2. Nominated senior management wellness champion

LEADING-EDGE PRACTICE

3. *Visible participation* in programs by leaders

4. Wellness steering committee (or equivalent) led by board member/ senior management

ACTIVE SUPPORT AND PARTICIPATION BY SENIOR LEADERSHIP (HAPIA 2010)

There are eight primary roles that the senior leadership team, particularly the CEO, must embrace:

1. Creating the vision (e.g. mission statement)

2. Connecting the vision to organisational values, strategy, practice and policy (i.e. build a health culture)

3. Gaining budget and resource commitment

4. Educating and engaging senior management

5. Sharing the vision with employees

6. Serving as a role model (i.e. walk the talk)

7. Accountability and responsibility (e.g. KPIs for senior management)

8. Rewarding success (e.g. incentives, public recognition)

4.2.3 LEADERSHIP (MENTAL HEALTH COMMISSION OF CANADA 2013)

This Clause pertains to those who have key responsibility for the organisation's performance. People in leadership roles shall:

a) reinforce the development and sustainability of a psychologically healthy and safe workplace environment based on a foundation of ethics and stated values

b) support and reinforce all line management in the implementation of the PHSMS [psychological health and safety management system]

c) establish key objectives toward continual improvement of psychological health and safety in the workplace

d) lead and influence organisational culture in a positive way

e) ensure that psychological health and safety is part of organisational decision-making processes

f) engage workers and, where required, their representatives to:

   i. be aware of the importance of psychological health and safety

   ii. be aware of the implications of tolerating psychological health and safety hazards

   iii. provide feedback to help the organisation determine the effectiveness of the PHSMS implementation and operation

   iv. identify workplace needs regarding psychological health and safety.

EARLY INSIGHTS:
A PARTICIPATORY APPROACH

PILOT PROJECT INSIGHT

PROLONGED SITTING

WORKSHOP CONSULTATION

We conducted a workshop (approximately two hours) with representatives from each team/workplace randomised to receive the intervention.

A broad range of workplace representatives were invited to attend, including managers (senior and middle management), occupational health and safety personnel, general staff and administrative staff. The workshop included an explanation of the role of organisational, environmental and individual factors in determining occupational sitting time.

Representatives were encouraged to brainstorm feasible strategies to reduce sedentary time and to increase breaks in sedentary time that they would consider appropriate for their worksite and team. Examples include stand-and-stretch breaks during meetings, standing while on the telephone, or relocation of printers to central locations.

PILOT PROJECT INSIGHT

PREVENTING VIOLENCE AGAINST WOMEN

ENGAGING EARLY ADOPTERS

The nature of an organisation may hold a key to the engagement and participation, and ultimately to the success of intervention. By calling for tenders and using a selection process, we used the principle of engaging 'early adopters' in our pilot project. Early adopters are those people or organisations who are quick to take up new ideas and to test them out. They are respected by their peers and what they say about an innovation tends to be respected by their peers. The early adopter principle has also been applied in the project's participation strategies. Pilot centres volunteered to the role and project steering committee members were invited, but not obliged to participate. At the start of the first and second years of the project, invitations (non-compulsory) to participate in the project planning workshop ensure that people from all levels of the organisation who are committed to the principles and goal of the project have a say.

LITERATURE ON PARTICIPATORY APPROACHES

The following excerpts highlight recent literature relating to worker participation.

HIGH LEVELS OF PROGRAM ENGAGEMENT (HAPIA 2010)

In addition to creating a supportive environment and culture, a variety of strategies can be utilised to remove barriers to participation:

- Participatory approach
- Convenient time (integration into daily work schedule)
- Access – easy and convenient (e.g. flexible delivery)
- Simplicity – clear outline of benefits and how to participate
- Innovative – new and interesting programs on an annual basis
- Cost – free or cost-sharing basis to foster responsibility/commitment
- Incentives and rewards – encourage or maintain participation (e.g. time off, recognition, merchandise, flexible working arrangements, competitions)
- Support – peer (e.g. buddy systems), management or professional support (e.g. coaching), and extension to family members (where appropriate)
- Privacy and confidentiality – alleviate concerns of data ownership and access

Research consistently tells us that in successful programs the workers affected are involved in every step of the process from planning to evaluation.

Workers and their representatives must not simply be 'consulted' or 'informed' about what is happening but must be actively involved, with their opinions and ideas sought out, listened to and implemented.

TIPS FOR USING A PARTICIPATORY APPROACH

TIP 1. Engage people at all levels of the workplace; seek engagement from top to bottom and across the organisation.

TIP 2. Protect those who are less powerful so that they can participate freely.

TIP 3. Define who counts; it is important to define legitimate targets of the intervention, e.g. are casual staff included or excluded? In doing so, consider who needs the intervention.

- Goals – setting specific goals
- Targeted – interventions tailored to specific groups (e.g. based on readiness to change, demographic).

4.2.4 PARTICIPATION (MENTAL HEALTH COMMISSION OF CANADA 2013)

4.2.4.1

Active, meaningful, and effective participation of stakeholders is a key factor in psychological health. Participation is a requirement for successful policy development, planning, implementation, and operation of specific programs, and evaluation of the system and its impacts. To ensure such participation, the organisation shall:

a) engage stakeholders in active regular dialogue that facilitates understanding of stakeholders' needs and goals

b) engage workers and, where required, their representatives in policy development, data gathering, and planning process to better understand their needs with respect to psychological health and safety in the workplace

c) encourage workers and, where required, their representatives to participate in programs implemented to meet identified needs

d) actively involve workers and, where required, their representatives in the evaluation process through the use of recognised instruments such as focus groups, surveys, and audits

e) ensure that the results generated by the evaluation process and the follow-up plans of action are effectively communicated with all management, workers, and their representatives (where applicable).

The organisation shall engage the Occupational Health and Safety (OHS) committee or HS representatives, where required, to define their involvement in the PHSMS [psychological health and safety management system]. Where discussion of psychological hazards in the workplace takes place at the OHS committee, confidentiality of all persons shall be respected and identifying markers removed from the documents used at the OHS committee in accordance with Clause 4.2.5.

To further encourage participation and engagement, the organisation may consider the implementation of a specific committee or sub-committee for psychological health and safety in the workplace.

4.2.4.2

Worker participation is an essential aspect of the PHSMS in the organisation. The organisation shall:

a) provide workers and worker representatives with time and resources to participate effectively in the development of the psychological health and safety policy and in the process of PHSMS planning, implementation, training, evaluation, and corrective action

b) encourage worker participation by providing mechanisms that:

  i. support worker participation, such as identifying and removing barriers to participation

  ii. establish workplace health and safety committees or worker representatives where required by OHS legislation and, where applicable, collective agreements or other requirements

  iii. ensure that workers and worker representatives are trained in, and consulted on, all aspects of PHSMS associated with their role within this system.

Note: Consultation with workers and worker representatives does not require the organisation to obtain worker approval or permission. Worker and worker representative participation should not interfere with business needs or operations.