



SACOSS Healthy Workers Healthy Futures

Final Report April 2015

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Introduction

The Healthy Workers Healthy Futures project was an SA Health strategy, funded under the National Partnership Agreement on Preventive Health. It was an organisational change management project, with the aim to create healthy work policies, environments and cultures that encourage employees to address chronic disease risk factors of; smoking, nutrition, alcohol and physical activity. This can mean supporting transitions to smoke-free workplaces, developing healthy catering policies, incorporating opportunities for employees to be physically active and making physical changes such as purchasing bike racks.

SACOSS was one of eight organisations in South Australia to successfully secure 3 years of funding for a Healthy Workers Adviser to provide support and strategic leadership to the non-Government health and community services sector. The Healthy Workers Adviser worked directly with workers and managers across the sector to develop implement and evaluate workplace health and wellbeing strategies, including;

- Provide advice and recommendations of sustainable strategies to support wellbeing
- Conduct workplace audits, needs assessments and develop tailored action plans
- Develop of organisational policies that support health and wellbeing
- Tailor resources, programs and activities to the workplace
- Identify workplace champions to drive and promote initiatives within their workplace
- Recommend environmental changes that impact wellbeing

Healthy Workers Healthy Futures was informed by a Reference Committee with representatives from a number of individual SACOSS members and community sector workplaces including; Uniting Care Wesley Country, Red Cross, AC Care Mt Gambier, the University of South Australia, Red Cross, ACH Group and Uniting Care Wesley Pt Adelaide. Partnerships were developed with Aged & Community Services SA & NT and the Australian Services Union, both of which were successful in obtaining funding for their own Healthy Workers Advisers.

In May 2014 the National Partnership Agreement on Preventive Health was abandoned and Healthy Workers Healthy Futures was subsequently de-funded 18 months prior to the original contract end date.

This report is based on the findings and experience of the SACOSS Healthy Workers Healthy Futures Project. It is informed by annual surveys, interviews and conversations with key stakeholders, including staff and managers from the community services sector.

Background

There are 11 million people regularly engaged in a workplace setting and 75% of working age South Australians report one or more chronic disease risk factors,ⁱ so there is a captive target audience. In 2012 chronic disease accounted for 40% of lost work timeⁱⁱ and \$7 billion cost to business. It is estimated that physical inactivity costs 1.8 working days (\$458) per worker per year.ⁱⁱⁱ

There is a strong business case for investing in employee wellness strategies to maintain a healthy, happy, more engaged workforce. Healthy workers take less sick leave and are three times as productive as their unhealthy colleagues.^{iv} A recent review reported that for every \$1 invested in mental health at work, the return on investment is \$2.30.^v In fact Workplaces with health and wellbeing programs report improvements to a range of outcomes including increased morale, motivation and productivity; and reduction in absenteeism and workers compensation claims. Alternately, organisations that don't promote wellness are four times more likely to lose talent within 12 months.^{vi}

Workplace wellbeing programs are a great way for an organisation to show that they value and care for their staff. According to the Australian Psychological Society, employees who feel that the organisation cares for their wellbeing report lower levels of anxiety and depressive symptoms and overall higher levels of wellbeing.^{vii}

The non-government health and community services sector faces challenges including; low remuneration; reliance on insecure government funding and tenders; high turnover; low remuneration; high stress due to the nature of the work with high workloads and many clients presenting to services "in crisis;" an ageing workforce.^{viii} In addition, many workers display multiple health and chronic disease risk factors; workers in the health and community services sector are less physically active and have higher BMI and waist circumference than the general working population.^{ix}

The variety of competing priorities community sector workplaces face can make prioritising workplace wellbeing difficult, and it is often seen as a "nice to have" rather than "essential" or part of core business. However, given the challenges the sector faces, keeping employees healthy and engaged in work should be a high priority and workplaces are an ideal setting to encourage healthy behaviours.

A Framework for Workplace Wellbeing in the non-government health and community services sector

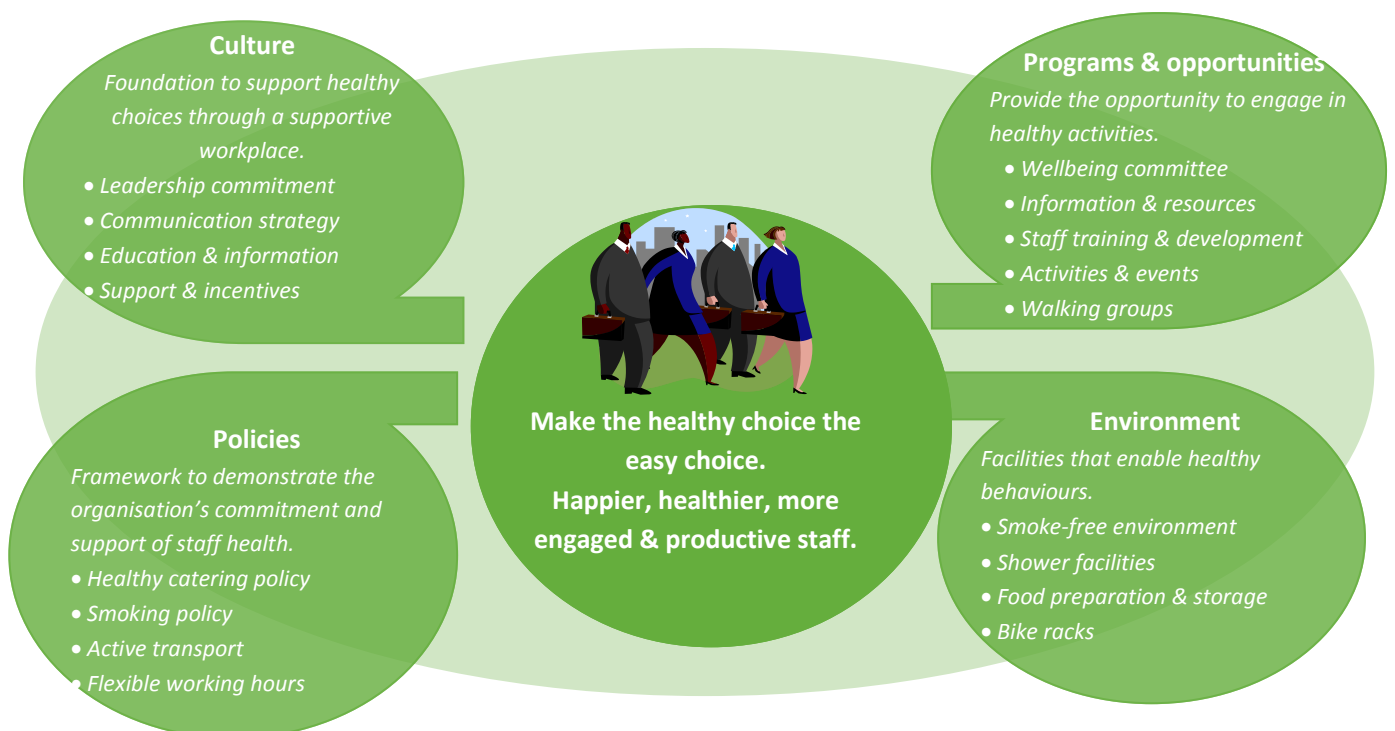
The Healthy Workers Healthy Futures project used change management and settings approaches to create workplaces that support health and wellbeing. Increasingly, the literature points to external factors such as policy, culture and environment as having a large impact on health and wellbeing.^x Health and wellbeing is often thought about in terms of individuals and their choices. However, we know that our choices are shaped by our environment and the cultural context in which our decisions are made and creating healthy, supportive environments is vital.

Workplaces that encourage supportive work environments rather than targeting individual change are likely to have far better staff engagement and facilitate an overall positive and supportive work environment. In fact, workplaces reported that focusing on individuals and their behaviours was sometimes perceived as shaming individuals who engage in less healthy behaviours.

Figure 2 demonstrates the framework used by SACOSS Healthy Workers Healthy Futures to develop health promoting work environments. From our experience with workplaces, it became evident that the best strategies for change worked across all levels within the organisation, including high level policies to demonstrate an organisation commitment; strong leadership support, education and communication to develop a supportive culture; programs and opportunities to engage in healthy activities and environments that are designed with health and wellbeing at the forefront. The pale green, circle in the background represents the interrelation of these key factors and their impact on creating health promoting environments in which healthy choices are the easy choices. This is consistent with best practice workplace health promotion recommendations and frameworks both in Australia and internationally.^{xixii}

Figure 2 – SACOSS Healthy Workers Healthy Futures Guiding Framework

Presented at the State Population Health Conference, South Australia, October 2014



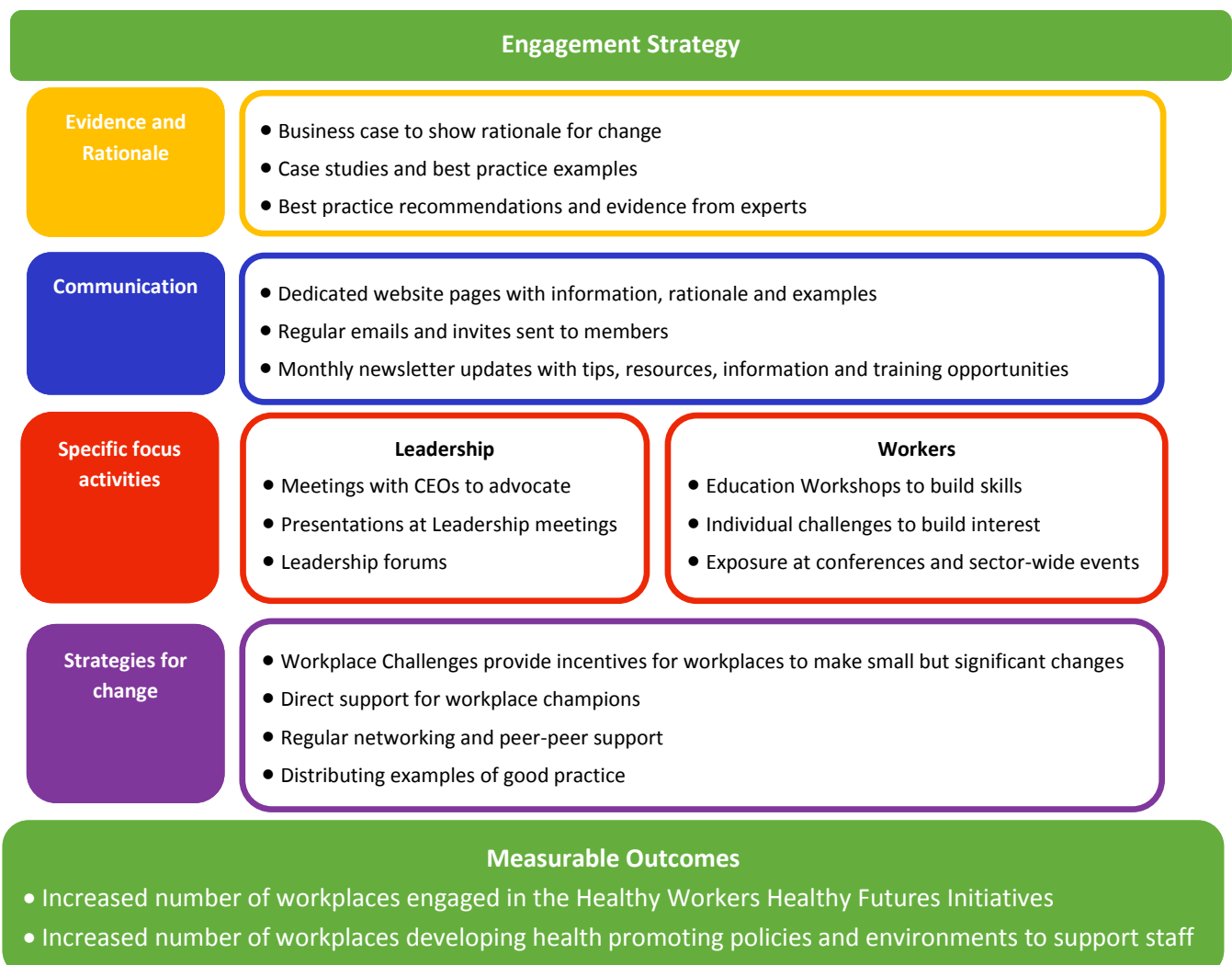
Engagement Strategies

A variety of strategies were utilised to engage workplaces across the non-government health and community services sector. Even with in principle support, community sector workplaces have so many competing priorities and workplace health promotion can easily slip off the radar. It became increasingly evident throughout Healthy Workers Healthy Futures that there is no “one size fits all” approach. A clear, multi-pronged strategy was required to engage workplaces and to engage managers and staff across different levels within workplaces. Engagement of managers and staff across different levels proved particularly important in order to drive, implement and sustain change.

Figure 1 demonstrates the variety of strategies utilised to engage workplaces. The majority of contacts in the community sector were less concerned about the business case and tended to place higher emphasis on an underlying concern for the health and wellbeing of their highly valued staff. Leadership forums and education workshops for workers proved particularly effective as did regular communication through monthly newsletter updates.

Figure 1 – SACOSS Healthy Workers Healthy Futures Engagement Strategy

Presented at the Australian Health Promotion Association Conference “Action on the Social Determinants of Health,” Alice Springs 2014



Challenges

The community services sector in general receives faces challenges including limited and insecure funding, which is tied directly to client services. Several workplaces had previously trialled initiatives that they had to stop due to both cost and lack of perceived cost-benefit.

“We have funding aimed at clients, not the staff that support, having no surplus for Wellbeing initiatives... With no funding for a position/part position it can become ad hoc in busy times as these things need a constant presence.” Workplace Champion

Many large organisations are state-wide with sites in regional locations. Regional workplaces identify including, being geographically isolated difficulties, attracting staff and barriers in accessing training and resources. Given many employers have staff that cover large geographical areas, staff may go straight from home to the clients house and not come to an “office base” as such, creating a further challenge to be able to provide all staff access to health promotion strategies

“I worry that our staff miss out, being regional, that we don’t have the same access to professional and support as city workplaces” Administration Officer

Workplaces report difficulties prioritising health and wellbeing, both at the organisational and individual level. High workloads and competing priorities mean something else always needs attention. Dedicated staff report feelings of guilt spending time on their own health and wellbeing.

“The natural inclination is to put the clients first and feel guilty taking a break, doing something for yourself” Workplace Champion

Tailoring strategies to suit worksites, ensuring they are accessible across all levels and departments is difficult. Community sector organisations are often large and complex with staff and volunteers in different locations and with different work commitments, for example, some may be office based, some based in care facilities and others travelling to people’s homes with no office base.

“How do we reach all staff including those that are isolated and go straight from home to the client’s house?” HR Manager

Some organisations express concern that many of the staff engaging in activities are “already healthy” and that it is difficult to engage employees that do not traditionally engage in healthy behaviours. Finding the right balance between the promotion of healthy choices with respect to the choices people make; and ensuring wellness initiatives focus on the workplace providing a supportive, caring environment without shaming individuals has been an important focus.

“Resistance from staff who feel initiatives are being forced on them... people resist being confronted with some ideas around health change” Workplace Champion

Some workplaces expressed concern about the risk of establishing unrealistic expectations through the staff consultation and a few were concerned that staff might “abuse privileges” provided.

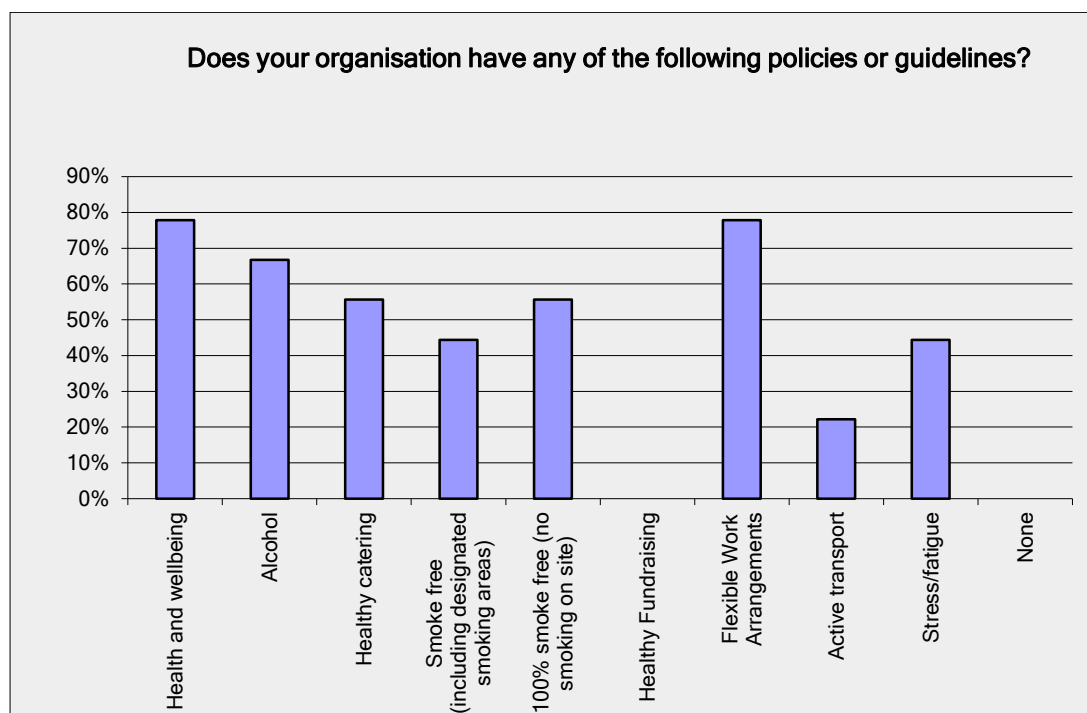
The community services sector is highly feminised with an ageing workforce, many of whom have family and other personal commitments. Employers note concern that staff may not be fit and healthy enough to complete their tasks safely. A key that many employers identified leading in to the future is how to engage and retain healthy older workers and volunteers.

Outcomes and Learnings

More than 20 workplaces were actively engaged in making changes to their workplaces under the Healthy Workers Healthy Futures project. Many more received information through monthly email updates and attending workshops and education sessions that were delivered.

Two annual surveys were completed by 8 and 11 actively involved workplaces respectively. The workplaces ranged in size from 1-18 sites and from 11-1,750 employees. 100% of respondents reported making changes in their workplace post engagement with the Healthy Workers Adviser. 100% acknowledged that management were supportive of health and wellbeing, just over half had a dedicated wellbeing committee or responsible person, but only 2 had a dedicated wellbeing budget. 80% of respondents stated that their workplace has an overarching health and wellbeing policy. Other popular policies were flexible working arrangements, alcohol and healthy catering. Interestingly the split between 100% smoke free and smoke free with dedicated smoking areas was tight.

Figure 2 – Spread of organisational policies and guidelines



When asked what health and wellbeing activities the organisation provided or supported, lunchtime walks, an Employee Assistance Program and healthy catering were the most common. Items such as providing a fruit bowl, regular guest speakers, group exercise classes and supported entry to events such as the City to Bay were also popular.

Figure 3: Health and wellbeing activities offered to staff

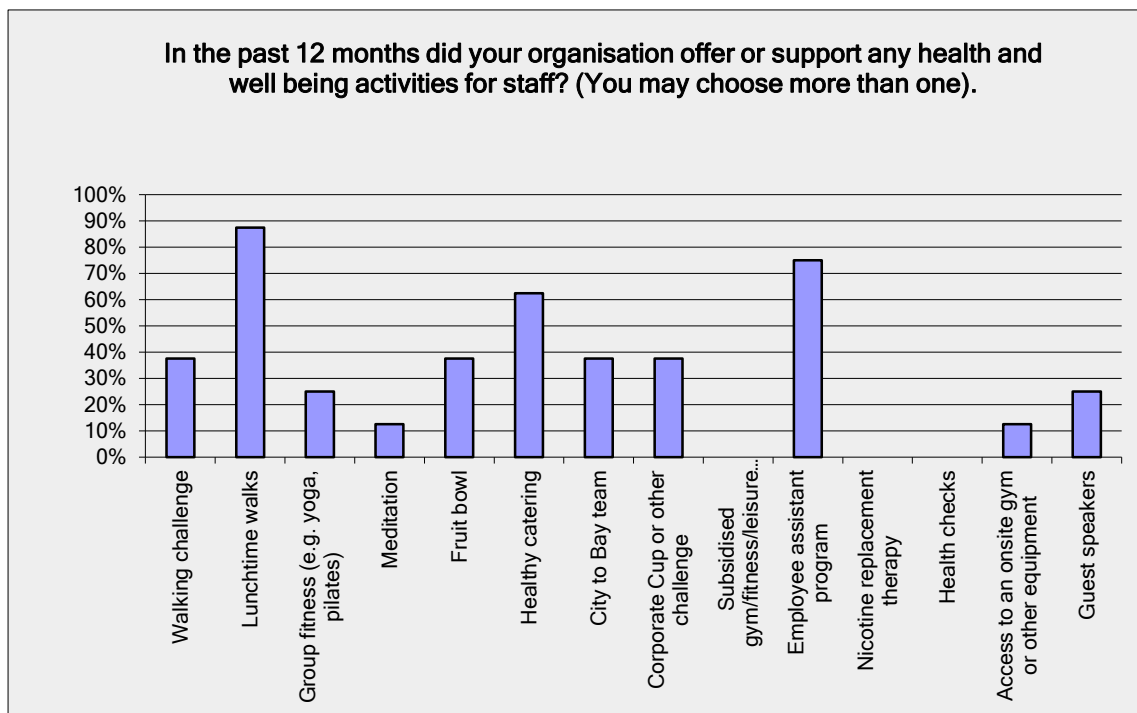
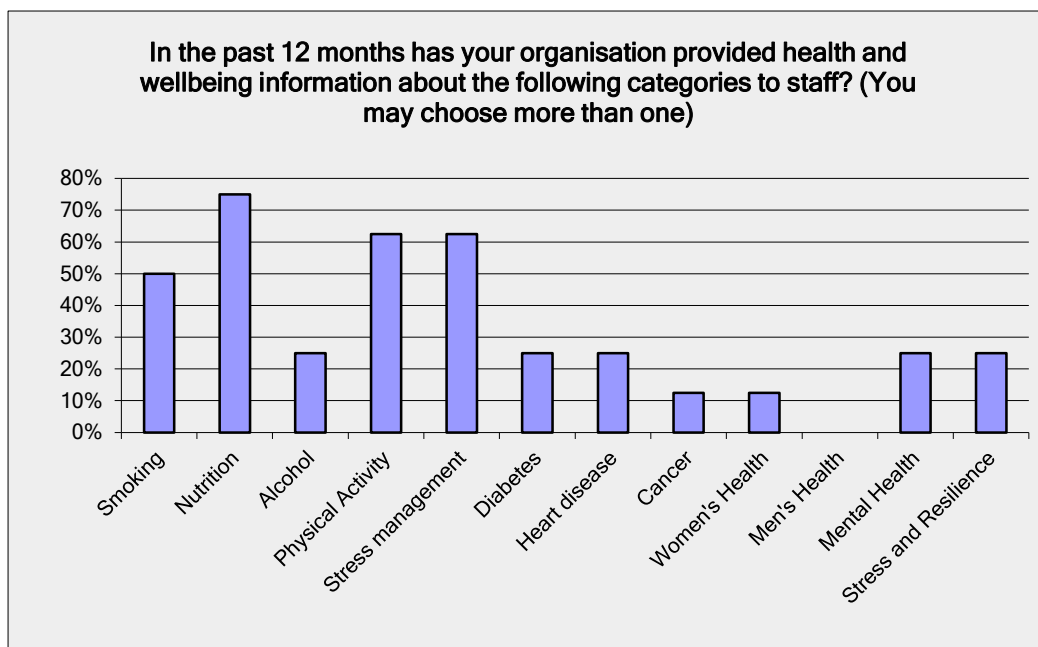


Figure 4: Information provided to staff

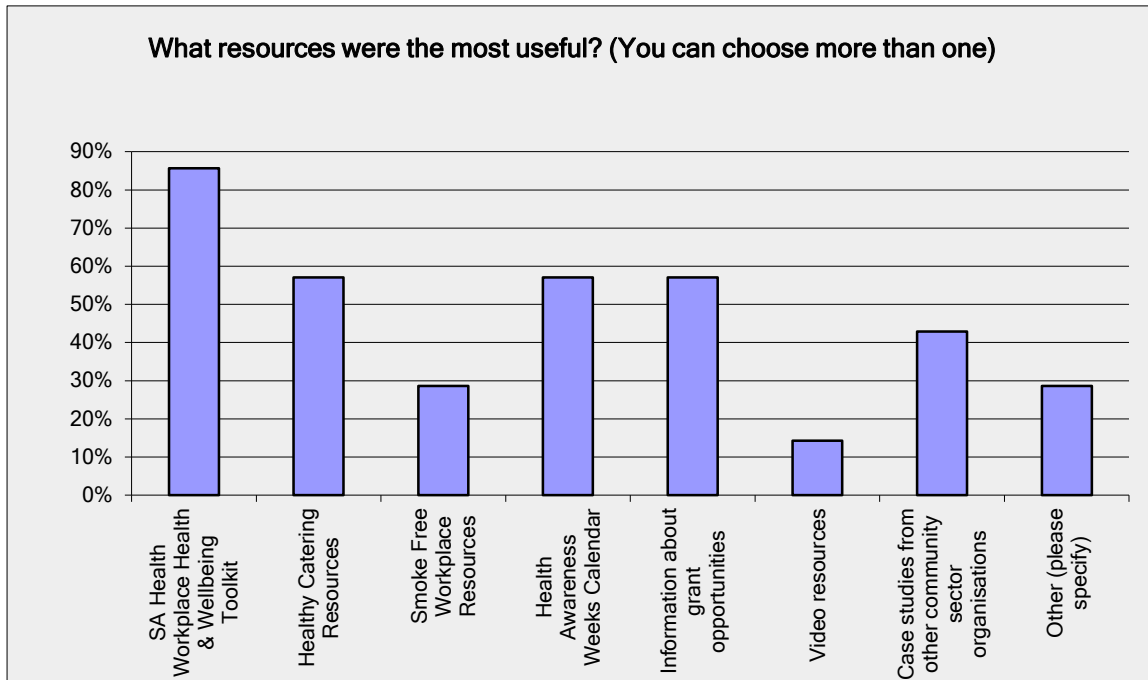


Resources

The most useful resource made available to workplaces was the Healthy Workers Healthy Futures Toolkit. This was very popular when advertised in the SACOSS e-bulletin, with huge response from

workplaces wanting to obtain a copy. Unfortunately there was not capacity to follow up whether the huge response to the toolkit resulted in change at any of the workplaces that received a copy.

Figure 5: Most useful SACOSS Healthy Workers Healthy Futures resources



A series of detailed case studies have been developed to showcase some of the wonderful work across the community services sector. The case studies come from a diverse range of workplaces in terms of size, geographic location and type of service delivered.

Addressing the risk factors: smoking, nutrition, alcohol, physical activity, stress, resilience and mental health

Healthy Workers Healthy Futures specifically addressed risk factors of smoking, nutrition, alcohol and physical activity. While stress, resilience and mental health was not in the original project design, it soon became apparent that it was an essential component of wellbeing in the workplace, particularly in the community services sector where self-reported stress levels and corresponding Workcover claims are high.

Smoking

Smoking rates among staff in the health and community services sector are frequently high and workplaces can inadvertently either make smoking easy or quitting more difficult, through their policies and practices. Environmental factors play a key role in shaping and influencing individual behaviour and normalising smoking through provision of designated areas can facilitate and encourage smoking.

According to the National Drug Strategy Household Survey 2007, support for smoke free environments is increasing, with 82% of respondents in support of smoke free workplaces^{xiii} and there is a growing body of evidence that points to the productivity benefits of a smoke free workplace.^{xiv} Smoke free workplaces compel people to consider their smoking behaviour and may encourage workers to quit or at least cut down by de-normalising smoking in the workplace. But creating a smoke free workplace should never be about demonising smokers, it is about creating supportive environments in which people can maximise their health and wellbeing. Sensitivity, consultation and education are vital for workplaces to transition smoothly to becoming smoke free.

SACOSS worked collaboratively with key stakeholders, including Quit SA, Aged & Community Services SA & NT, and the Australian Services Union to develop and deliver best practice, evidence-based information, advice, recommendations and education to community sector workplaces on how to address smoking in the workplace. Quit SA recommends the following steps as part of their policy toolkit for addressing smoking in community service organisations:^{xv}

1. Build a case for change and establish support for action
2. Consult with staff, volunteers and service users
3. Draft the policy
4. Develop an implementation plan
5. Inform staff, volunteers, clients and the general public
6. Put the policy in place
7. Review the policy

There are now inspiring examples from within the community services sector that demonstrate that it is possible to sensitively address smoking at the organisational and service delivery levels to deliver significant health and well-being benefits to workers and clients through supportive, smoke-free environments while still showing respect for those who smoke. Workplaces in the community services sector that have followed Quit SA steps outlined above have reported a more positive change process. Adequate and sensitive consultation with staff and ensuring that appropriate

supports are in place to assist smokers to manage the change, are vital to ensuring the approach is centered on building a workplace environment that supports health and wellbeing for all workers and staff, and not about demonizing smokers.

Table 1: Case studies from workplaces that have transitioned to 100% smoke free

Hutt St Centre
Making the change to 100% smoke free can be a positive experience for staff and clients. Hutt St Centre, a frontline agency providing services to 150-200 homeless and vulnerable people daily, recognised smoking as a social justice issue. By providing a smoke free environment as well as additional support to those wanting to quit they were able to provide their vulnerable clients with an opportunity they may not otherwise have had, the opportunity to quit smoking. The centre partnered with Quit SA and RDNS and underwent a period of staff and client consultation in the lead up their successful transition on World No Tobacco Day 2011.
The Woolshed
The Woolshed is a residential facility which provides a structured program for clients experiencing dependency on alcohol and other drugs. Clients were initially fearful of quitting, however once provided with the choice to quit, many experienced a sense of empowerment. One of the new found benefits associated with quitting for many of the residents was the amount of money saved, that could then be put towards bond money for future housing, paying any debts or fines, or providing for any dependents, giving clients a greater sense of control over their financial commitments.

Recommended Resources for community sector workplaces wanting to transition to 100% smoke free:

- **Quit SA, Addressing Smoking in Community Service Organisations: A policy toolkit**
- **Aged & Community Services SA & NT Smoke Free Workplaces Video Resource & Case Study**

Nutrition

Good nutrition is essential throughout life to promote health and prevent chronic diseases such as type 2 diabetes and cardiovascular disease. The Australian Dietary Guidelines for healthy eating recommend we eat 2 services of fruit and 5 serves of vegetables a day,^{xvi} however most Australian's eat only half this amount.^{xvii} Given we spend about a third of our lives at work, having a supportive healthy eating environment where healthy food and drink options are available in the workplace is particularly important.

Workplaces can make healthy eating easy or more difficult through their policies and practices. A biscuit tin, chocolate frog fundraiser, unhealthy lunch at training, limited healthy options at nearby cafes and a vending machine in the hallway can make for quite a challenge to a person trying to improve their health and eat healthily. Workplaces can improve their employees access to healthy

food through changes to their own policies and processes and by working with external providers to ensure adequate healthy options are available.

SACOSS worked with Healthy Eating Local Policies and Programs (HELPP), Aged and Community Services SA & NT, Australian Services Union and the Dietitians Association of Australia to develop and deliver best practice, evidence-based information, advice, recommendations and education to community sector workplaces on how to improve healthy eating in the workplace. We developed a series of 3 video resources that provide a snapshot of healthy catering, food myths, and a longer video of a workshop on how to develop healthy catering lists and policies in your workplace.

Having a healthy catering policy is a great way to show that a workplace values the health and wellbeing of their employees. Workplaces reported overall positive responses to healthy catering policies, provided adequate consultation and support were included in implementation.

“With the change to catering guidelines it was expected that there would be a significant push back. It didn’t happen! Staff have embraced the concept and welcomed the change to healthier food choices” Workplace Champion, a.c.care

Workplaces have reported positive responses from employees to switching the biscuit tin for a bowl of fruit and providing healthy options in vending machines. With the rise in chronic diseases many people are becoming more health conscious and are pleased to have healthy options available. Workplaces that have limited external lunch providers in close proximity have developed relationships with these organisations and agreed to advertise healthy options to their staff.

SACOSS, in conjunction with Aged & Community Services SA & NT and Australian Services Union, ran a very successful Workplace Challenge to increase fruit and vegetable consumption for one month. As part of the challenge, community service workplaces implemented a variety of fantastic initiatives including, replacing the biscuit tin with a fruit bowl, shared staff lunches, recipe swaps, and cookbooks with employee’s favourite healthy recipes.

Table 2: Case Studies from Fruit N Veg Month Challenge, February 2014

<p>Central Domestic Violence Service – Alphafruitables</p> <p>First prize went to the team at the Central Domestic Violence Service, who came up with the AlphaFruitAbles project. Staff were divided into two teams, which alternated responsibility for providing a healthy, shared lunch at team meetings. Each team member created a dish with the main ingredient starting with A in week 1, B in week 2 and so forth. During the challenge staff brought in their recipes and took photos of the meals for a healthy recipe book that will be made available to all staff and clients. The team committed to continuing to the end of the alphabet and the prize money they won went towards equipping the kitchen on their new premises with facilities to continue cooking and sharing healthy food together.</p> <p><i>“Staff particularly enjoyed the team and social aspects of coming together to plan, prepare and share a weekly meal together.” CVDS staff member</i></p>
<p>Sammy D Foundation – Fabulous 5 & 2 February</p> <p>The Sammy D Foundation took on the challenge to promote healthier lunch choices by making fresh</p>

fruit and vegetables available. Using the staff kitty they implemented during the Healthy Workers Healthy Futures Workplace Physical Activity Challenge, to purchase ingredients, including fruit for snacks and salad and vegetable ingredients for shared healthy lunches, the team created daily lunch menus using recipes from the Heart Foundation website. A staff roster was developed to nominate a responsible person to purchase ingredients each week. A leader board was created to record the number of servings of fruit and vegetables staff were eating and posters promoting the health benefits of eating fruit and vegetables were displayed. All office staff participated and looked forward to the new recipes each day. The leader board was a great way to record how staff were tracking and support each other to get enough serves each day. Sammy D Foundation committed to continuing their kitty and shopping roster for shared lunches and fruit.

“We are loving these challenges especially as our office staff are highly competitive. Keep them coming!”

Recommended resources for workplaces wanting to improve healthy food options and implement healthy catering policies:

- HELPP A Guide to Healthy Catering
- Video 1: Have your cake and eat it too! Healthy workplace catering made easy
- Video 2: Busting common food myths with Louisa Matwiejczyk
- Video 3: How to make healthy workplace catering easy! Generating a healthy catering list for your workplace

Alcohol

Alcohol can help us celebrate successes, but when misused it can cause harm. In Australia alcohol misuse costs the economy \$6bn and 5,000 people die and 150,000 people are hospitalised annually.^{xviii} If a workplace or manager provides alcohol, whether at a business meeting, after work drinks or a Christmas party or other celebration they have a duty of care. Workplaces report substantial confusion on what their duty of care is, in particular many were unaware that their duty of care lasts until employees are safely home.

SACOSS worked in partnership with Aged & Community Services SA & NT, South Australian Network of Drug and Alcohol Services, and the Adelaide University School of Nursing to develop best practice, evidence-based information and recommendations. Two video resources were developed to showcase the facts on how alcohol affects community service sector workplaces and how to manage alcohol in the workplace. Best practice recommendations are:

- Develop an alcohol policy
- Provide education and training to all staff
- Provide support options or information on support options such as an Employee Assistance Program, counselling or referral

Recommended resources to help workplaces manage alcohol:

- Video 1: Alcohol is affecting your workplace

- Video 2: Managing alcohol in the workplace: strategies for community service and aged care organisations
- Alcohol and other drugs (AOD) in the workplace – SANDAS position paper No.5

Physical Activity

Physical Activity can help us all to live well and has a positive impact on both mental and physical health. Regular activity can improve quality of life and decrease our risk of a range of physical health problems such as type II diabetes, heart disease, hypertension, stroke, cancer, arthritis, osteoporosis and musculoskeletal problems. Physical activity is now also recognised as an important part of the treatment for many mental health issues including depression and anxiety.

And yet, almost 60% of Australian’s don’t get enough^{xix} and a lack of physical activity is the second highest lifestyle-related cause of disease and illness in Australia behind smoking.^{xx} The latest Australian Guidelines now included important information about prolonged sitting.^{xxi} Sitting for long periods is now recognised as a chronic disease risk factor, irrespective of how much exercise a person does. An hour at the gym does not compensate for 8 eight hours spent sitting at a desk.

There are many things workplaces can do help their staff to move more and sit less. Walking groups, pedometer challenges and entering a workplace team in events such as the City to Bay, proved more popular with traditionally less active staff. In general, initiatives that promote physical activity resonated well with time-poor, community services staff. These initiatives were seen not only as an opportunity to influence health and wellbeing, but a fantastic team bonding opportunity as well.

“Proven to be a great opportunity for team building and a chance to role model healthy behaviours within the team and to the clients they support” Workplace Champion

Providing information and subsidised gym memberships are popular among workplaces, however neither were shown to be particularly beneficial for reaching staff that were not traditionally active. Information and gym memberships were more likely to be taken up by staff that already regularly engaged in physical activity, and with regards to gym memberships, staff that already paid for their own simply shifted the cost to the workplace. Those with onsite facilities for clients that could be made available to staff found that a limited number of staff actually took up the opportunity.

SACOSS, Aged & Community Services SA & NT and Australian Services Union ran two Workplace Physical Activity Challenges to encourage workplaces to offer opportunities to staff to move more and to promote the health benefits of physical activity. As part of the challenge community service workplaces implemented a variety of initiatives to increase physical activity.

Table 3: Case studies from the Workplace Physical Activity Challenge in October 2013

Red Cross 2013 Table Tennis Championship - 1st prize winner
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The 2013 Red Cross Table Tennis Championships were open to all staff and volunteers at the Red Cross Head Office, with the goal to increase physical activity, social engagement, connectedness and to have fun! The Championships ran over three weeks during lunchtime with separate categories of Men's Singles, Women's Singles, Men's Doubles, Women's Doubles and Mixed Doubles. A staff member with experience playing competitive table tennis volunteered to umpire and staff self-nominated and formed teams.

A leader board was kept on the café window and the games were publicised daily to encourage others to come and watch during their lunch break. An award ceremony was held on the final day of the competition, and the Executive Director presented the trophies to the winning teams. This was an incredibly successful and engaging staff wellbeing initiative. Sixty two people entered the competition and staff decided to keep the competition going. The competition was great fun and created interaction across teams.

Red Cross has committed to an ongoing focus on staff health and wellbeing including development of a comprehensive wellbeing plan for 2014 by the social and wellbeing committee.

"Attendance at the trophy presentation was so high that the group only just fitted in the new Café – a testament to the fun and mateship shown through the competition." Workplace Champion

Neami Seacliff National Team Walking Group - 2nd Prize Winner

The Neami Team Walking Group was open to all staff located at the Seacliff worksite, with the goal to increase staff physical activity and raise awareness of the benefits of regular activity. All staff were involved from the planning stage and the majority participated. Half an hour was allocated every week after the team meeting for the team to walk to the beach and back, with time provided at the end of each meeting to prepare for the walk including changing into appropriate shoes and applying sunscreen.

The team walks have been incredibly successful with staff enjoying the benefits of incorporating physical activity into their workday, getting fresh air and taking a break from work. It has also proven to be a great opportunity for team building and a chance to role model healthy behaviours within the team and to the clients they support. Staff have committed to continuing their weekly walks long term.

Majority of workplace contacts mentioned concern about the amount of time staff spent sitting, with concerns the community service sector is being left behind our corporate colleagues who have the money to invest in standing work stations and computer programs that monitor how long a person is at their computer and prompts them to take a break. Costs aside, some workplaces saw the value in standing workstations and decided to invest, with reports of decreases in back and joint pain; and increases in productivity and comfort. This is supported by recent studies that have shown positive impact of regularly moving from sitting to standing.^{xxixxxiii}

Promoting active transport (cycling, walking, public transport) was another popular way to improve physical activity. Many workplaces recognised the benefits of offering commuter bikes or a cycling fleet as a way to save time, money and promote physical activity to keep workers fit, healthy and better engaged at work. It saves the cost of petrol, parking and servicing a car; and regular bike riders take on average one less sick day than non-riders, a saving of \$61.9m a year for workplaces.

It's often quicker, especially for trips shorter than 5km. For the worker cycling as a mode of transport is a great time-efficient way to fit exercise into a busy schedule without needing to find extra time, motivation or money and it's better for the environment as well.

Table 4: Case Studies from workplaces with Commuter Bikes

<p>Heart Foundation</p> <p>The Heart Foundation purchased a commuter bike in January 2013 with funding from a successful Community Grant from the Department of Planning, Transport and Infrastructure. Grant funds were used to purchase one unisex road bike with a helmet, panniers, high vis vests, a rain jackets, lock, lights, bell and a cycling computer for measuring distance travelled.</p> <p>Initial barriers included lack of confidence in cycling and perceptions around safety issues and there have since been requests for another round of bike safety training. There has been a noticeable increase in personal bicycle usage amongst staff.</p> <p>To park for 2 hours while at a meeting in the CBD would cost approx. \$11, which over time is quite a saving for the organisation. Each time someone takes the bike instead of a car, the organisation saves this on parking alone.</p>
<p>Lutheran Community Care</p> <p>Lutheran Community Care received a grant through the Department of Planning Transport and Infrastructure in late 2013 to fund the purchase of three commuter bikes and bike safety training for staff at 3 sites. A folding bike was purchased in early 2014 along with accessories including helmet, backpack, hi vis vest, light, bell, cable lock, floor pump, puncture repair kit, tyre levers, tools, rain jacket, slap bands and inner tubes. Bike safety training was provided for staff through an external training provider.</p> <p>The remaining two hybrid bikes have been purchased and the offices are currently being fitted with proper storage facilities, to eliminate challenges such as bringing the bikes up and down stairs for storage. Staff use the DPTI Cycle Instead Journey Planner to plan their routes and the bike is predominantly used for visits to the post office and bank.</p> <p>The bike has brought enthusiasm, joy and laughter and general feedback was that the bike safety training was "lots of fun." As a result of the bike safety training staff are more confident to ride the bike and several staff have been inspired to purchase personal bikes and ride in their own time. Lutheran Community Care intends to source additional funds for follow up training in 2015 to encourage more staff to become involved and use the bike.</p>

Stress, Resilience and Mental Health

Stress, resilience and mental health were not a direct focus of the Healthy Workers Healthy Futures project. However, due to the high-stress nature of the work, with clients usually reporting to services in crisis, sector leaders report high stress and mental health claims. Data from the WorkCover Statistical Review 2011-2012 supports these observations.^{xxiv} There is a strong business

case for creating mentally healthy and resilient workplaces. According to the National Heads Up Campaign every \$1 invested in mental health returns \$2.30.^{xxv}

Organisations that have implemented health initiatives with a focus on mental wellbeing, stress and/or resilience, report a positive response from staff and higher participation rates. With strong links between mental health and resilience, and physical health, wellbeing and chronic disease, it soon became clear that mental health and resilience were a lever by which we could engage workplaces to have a conversation about physical health and wellbeing. Throughout the project, a clear need to focus on improving mental wellbeing and resilience across the sector has been identified.

Table 5: Case study on mental wellbeing and resilience

Uniting Care Wesley Country SA
<p>In 2012 the need was identified for a wellbeing training program to build workers capacity to recognise signs and symptoms of stress in themselves and in their colleagues and to build overall resilience; enhancing workers abilities to cope during difficult times either at work or personally. With the support of the Board and CEO, and using a grant from Employers Mutual Ltd Member Benefit Fund, UCWCSA engaged the services of Let's Talk Australia to deliver a mandatory training program to every staff member in the Agency.</p> <p>The program was delivered in three phases:</p> <ul style="list-style-type: none">• Phase 1: a one day training program for all staff to attend. This phase was mandatory and the skills obtained are now considered a core part of induction.• Phase 2: a two day intensive training course delivered to a group of staff members who self-elected to become Wellbeing Ambassadors.• Phase 3: a written resource designed to provide on-going tools and support to individuals once the initial learning phase had been completed. <p>Surveys pre and post training show this program has been very successful in raising self-awareness of individuals, assisting them to identify when they are experiencing signs and symptoms of stress. In addition this program has been successful in giving individuals the tools to broach a difficult conversation with a colleague if they notice that they might be struggling.</p> <p>This program will continue to be led by Human Resources. The future success of this training program will also rest with the Wellbeing Ambassadors who have been intensively trained to offer support and guidance to colleagues who may exhibit signs and symptoms of stress.</p>

References

- ⁱ Price Waterhouse Coopers 2010, Workplace Wellness in Australia Background and lessons learnt in business and Australia wide context <http://www.pwc.com.au/industryhealthcare/assets/Workplace-Wellness-Sept10.pdf>
- ⁱⁱ World Economic Forum, Working towards Wellness: The business rationale 2008
- ⁱⁱⁱ Medibank Private 2008, The Cost of Physical Inactivity http://www.medibank.com.au/Client/Documents/Pdfs/The_Cost_Of_Physical_Inactivity_08.pdf
- ^{iv} Medibank Private, 2005 The Health of Australia's Workforce https://www.medibank.com.au/Client/Documents/Pdfs/The_health_of_Australia%27s_workforce.pdf
- ^v Price Waterhouse Coopers 2014, Creating a mentally healthy workplace: Return on investment analysis, http://www.headsup.org.au/docs/default-source/resources/beyondblue_workplaceroi_finalreport_may-2014.pdf
- ^{vi} Health and Productivity Institute of Australia (HAPIA) 2009, Best Practice Guidelines Workplace Health in Australia, Sydney Australia
- ^{vii} Australian Psychological Society, Stress and wellbeing in Australia survey 2013
- ^{viii} **Blue book in shelves!!!**
- ^{ix} Price Waterhouse Coopers, 2010, Analysis using 2007-2008 National Health Data, <http://www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/industry>
- ^x World Health Organisation Commission on the Social Determinants of Health 2008, Closing the gap in a generation, http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf?ua=1
- ^{xi} World Health Organisation, 2008, WHO's Global Plan of Action on Workers' Health 2008-2017, http://www.who.int/occupational_health/who_workers_health_web.pdf
- ^{xii} Workplace Health Association of Australia (previously The Health and Productivity Institute of Australia) 2009, Best Practice Guidelines: Workplace Health in Australia, <http://www.workplacehealth.org.au/UnderstandWorkplaceHealth/best-practice-guidelines>
- ^{xiii} Australian Institute of Health and Welfare 2008, National Drug & Alcohol Household Survey 2007, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459906>
- ^{xiv} Cancer Council Victoria 2012, Tobacco in Australia: Facts and Figures, <http://www.tobaccoinaustralia.org.au/>
- ^{xv} Quit SA, Addressing Smoking in Community Service Organisations: a policy toolkit, <http://www.cancersa.org.au/assets/Addressing%20Smoking%20In%20Community%20Service%20Organisations.pdf>
- ^{xvi} National Health and Medical Research Council 2013, Australian Dietary Guidelines, NHMRC, Canberra
- ^{xvii} Australian Bureau of Statistics 2013, Australian Health Survey 2011-12, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.007main+features22011-12>
- ^{xviii} Vic Health 2014, Alcohols burden of disease in Australia report, <http://www.turningpoint.org.au/>
- ^{xix} Australian Bureau of Statistics (ABS) 2013. Australian Health Survey: Physical Activity, 2011-12. ABS Cat. No. 4364.0.55.004. Canberra: ABS.
- ^{xx} Australian Institute of Health & Welfare 2014, Australia's Health 2014, <http://www.aihw.gov.au/australias-health/2014/ill-health/>
- ^{xxi} Department of Health 2014, Australia's Physical Activity and Sedentary Behaviour Guidelines, <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>
- ^{xxii} Healy, G; Lawler, S; Thorp, A; Neuhaus, M; Robson, E; Own, N; Dunstan, D 2012, Reducing prolonged sitting in the workplace; An evidence review full report, Baker IDI & The University of Queensland, http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCEQFjAA&url=http%3A%2F%2Fwww.uq.edu.au%2Fcp/rc%2Fdocs%2FReducing_Sitting_Workplace_Summary.pdf&ei=sNY8VdLeNYe4mAW4uoC4DA&usg=AFQjCNF4Ila_b9Ocsb4620i9_u8IywZ1_Q&sig2=f8P1jmnFHBHoul-lv-VRDg&bvm=bv.91665533.d.dGY
- ^{xxiii} Heart Foundation 2013, Stand at Work Study, http://www.heartfoundation.org.au/SiteCollectionDocuments/HF-Stand@Work_CaseStudy.pdf
- ^{xxiv} WorkCover 2013, Statistical Review 2011-2012, https://www.workcover.com/upload/SR_Part-1_2011-12_20131112_FinalDraft1.pdf?AspxAutoDetectCookieSupport=1
- ^{xxv} Price Waterhouse Coopers 2014, Creating a mentally healthy workplace: return on investment analysis, http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB4QFjAA&url=http%3A%2F%2Fwww.headsup.org.au%2Fdocs%2Fdefault-source%2Fresources%2Fbeyondblue_workplaceroi_finalreport_may-2014.pdf&ei=KAQ9Ve-KLMezmvWtslCoBw&usg=AFQjCNFwdG3RQft6glZgOu-moAow8VtR_w&sig2=uLnI2FVrqD-a-554j_qDeA&bvm=bv.91665533.d.dGY