WELLNESS MANAGEMENT POLICY

FOR THE PUBLIC SERVICE

2023

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COIDA	Compensation for Occupational Injuries and Diseases Act
DG	Director General
DoH	Department of Health
DoL	Department of Labour
DPSA	Department of Public Service and Administration
EAP	Employee Assistant Programme
EH&W	Employee Health and Wellness
EH&WSF	Employee Health & Wellness Strategic Framework
HR	Human Resource
ILO	International Labour Organisation
IR	Industrial Relations
ISO	International Standardization Organisation
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPM	Health and Productivity Management
HR	Human Resources
HRD	Human Resource Development
MDG's	Millennium Development Goals
M&E	Monitoring and Evaluation
NEPAD	New Partnership for Africa's Development
OD	Organisational Development
OHS	Occupational Health and Safety
PILIR	Policy and Procedure on Incapacity Leave& Ill-Health Retirement
QWL	Quality of Work Life
ROI	Return on Investment
SABS	South African Bureau of Standards
WEF	World Economic Forum
WLB	Work Life Balance
WHO	World Health Organisation

PART A: GENERAL

1. INTRODUCTION

This policy addresses individual and organizational wellness in a proactive manner. This development is a radical departure from the Employee Assistance Programme which was limited in scope and practice and was reactive and not strong on prevention. This is against the analysis done by many epidemiological and health information and medical aid cost driver trend reports like the Key Health trends from the Government Employee Medical Scheme (GEMS) and other medical aid schemes which confirm the trends of psychosocial problems, organizational climate assessments of hostile working physical and psychosocial working environments.

NCDs are the product of non-modifiable risk factors such as genetics and age, and modifiable factors such as social and behavioural determinants. Although genetic predisposition plays a role in NCDs such as cancer, diabetes, cardiovascular diseases, mental health and asthma. Genetically predisposed individuals may develop disease regardless of modifiable risk factors, pursuing a healthy lifestyle will help to ensure that other factors do not augment their risk for disease.

The global 5x5 strategy identifies five risk factors as determinants for the five major NCDs, namely; cardiovascular diseases, cancer, diabetes, chronic respiratory diseases and mental health conditions. These risk factors are: an unhealthy diet, insufficient physical activity, air pollution, tobacco and alcohol use. In South Africa, the risk factors that contribute to the highest burden of mortality and morbidity include three of five global risk factors identified.

According to the 2016 South African Demographic and Health Survey (SADHS), 37% of men and 7% of women smoke tobacco products. Of everyday smokers, the majority (75% women and 64% men) smoke between one and nine cigarettes a day while 12% of women and 18% of men smoke 15 or more.

In 2018, the WHO estimated the average annual per capita consumption of alcohol for South Africa (persons over 15 years of age) at 29.9 litres (drinkers only); of those who were drinkers, 59% were heavy episodic drinkers. Furthermore, the prevalence of alcohol-use disorders was 7%, almost double the prevalence in Africa.

Like many low- and middle-income countries, South Africa bears the double burden of undernutrition coupled with obesity and diet-related NCDs. South Africa experienced an increase from 1994 to 2012 in energy intake, sugar-sweetened beverages, processed and packaged foods, animal source foods, and added caloric sweeteners, while the consumption of vegetables decreased. The most drastic increase (>50%) was in the consumption of processed and packaged food, such as soft (sugary) drinks, sauces, dressings and condiments, and sweet and savory snacks. These significant changes in food consumption patterns may be due to the changing food environment.

Globally, 23% of adults and 81% of adolescents (aged 11–17 years) do not meet the WHO global recommendations on physical activity for health. Regular physical activity is a well-established protective factor for the prevention and treatment of the leading non-communicable diseases (NCDs), namely heart disease, stroke, diabetes and breast and colon cancer It also contributes to the prevention of other important NCD risk factors such as hypertension, overweight and obesity, and is associated with improved mental health, delay in the onset of dementia and improved quality of life and well-being.The WHO estimates for South Africa show that 38.7% of people are insufficiently active; men have higher levels of activity (47% in men vs 29% in women). It was found that 57% of South African learners age 8 to 14 engaged in moderate levels of physical activity; 31% did not meet internationally recommended amounts of moderate to vigorous physical activity.

NCDs are caused to a large extent by four behavioural risk factors. These are tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol. Globally, raised blood pressure is responsible for 13% of deaths, tobacco use 9%, raised blood glucose 6%, physical inactivity 6%, overweight and obesity 5% and alcohol 3.8%. The latest data in South Africa on causes of death showed that diabetes, hypertension and cerebrovascular (which includes stroke) claimed 67 392 lives. Obesity rates in South Africa are increasing rapidly, with 70% of Woman and 40% of man either overweight or obese. Furthermore, South Africa is rated number 14 country in the world with regards to obesity.

According to WHO (2013) approximately 4.5% of the global burden of disease and injury is attributable to alcohol. Alcohol consumption is estimated to cause from 20% to 50% of cirrhosis of the liver, epilepsy, poisonings, road traffic accidents, violence and several types of cancer. It is the third highest risk for disease and disability, after childhood underweight and unsafe sex. Alcohol contributes to traumatic outcomes that kill or disable people at a relatively young age, resulting in the loss of many years of life to death and disability.

Studies in South Africa revealed that alcohol use was reported by 41.5% of the men and 17.1% of women. Urban residents (33.4 %) were more likely than rural dwellers (18.3%) to report current drinking. Risky or hazardous or harmful drinking was reported to be 17% among men and 2.9% among women. In men, risky drinking was associated with the 20-54 year age group. An increase in current, binge drinking and hazardous or harmful drinking prevalence rates was observed from 2005 to 2008 in South Africa. Multilevel interventions are required to target high-risk drinkers and to create awareness in the general population of the problems associated with harmful drinking.

The Wellness Management pillar will be best implemented using **SOLVE** programme. SOLVE is an interactive educational programme designed to assist in the development of policy and action to address health promotion issues at the workplace. The SOLVE methodology includes a policy and action-oriented educational package that addresses the issues of **Stress, Drugs and Alcohol, Violence, HIV&AIDS, Tobacco, Nutrition, Healthy Sleep, Physical Activity, and Economic Stress** in an integrated way. It is based on the recognition of the interdependent relationships between psychosocial factors and other health-related behaviours and their underlying causes in the workplace (work organization, working conditions, labour relations).

2. SCOPE

This policy is applicable to all National and Provincial Departments as contemplated in the Public Service Act 1994.

3. OBJECTIVES

The objectives of this policy are to:

3.1 Meet wellness needs of Public Servants through preventative and curative measures.

3.2 Promote the physical and psycho-social wellbeing of individual employees.

3.3 Create an organizational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risks.

3.4 Promote Work-Life Balance through flexible policies in the workplace to accommodate work, personal and family needs.

4. MISSION

The Public Service is committed to the promotion of health and wellbeing of Public Servants and their families through comprehensive wellness programmes.

5. PRINCIPLES

The Wellness Management programme is underpinned by the following principles:

5.1 Employees utilizing the Wellness Management programme are assured of confidentiality, except in cases of risk to self and others or in terms of legislation.

5.2 Only registered professionals will be allowed to provide therapeutic interventions.

5.3 As far as possible the generic principles of respect for autonomy, non-malfeasance, beneficence, and distributive justice will guide the actions of all professionals working in the field of Wellness Management.

5.4 Focus on all levels of employment.

5.5 Cohesiveness with HR processes.

5.6 Policy coherence: policy measures should not contradict the measures of other related policies in the Public Service, e.g Department of Health, Social Development etc.

5.7 Coherence of models: the service delivery models should offer the same package to Public Servants in spite of it being in-house, outsourced or Departments of Health collaboration.

5.8 Programme coherence: The programme/ protocols that are offered should not contradict each other in various Departments.

5.9 Flexibility and adaptability.

5.10 Maintaining a performance focus.

5.11 Responding to the needs of designated employees (e.g people with disabilities and women).

5.12 Voluntary Participation: Employees participation in the programme is voluntary.

6. LEGAL FRAMEWORK

This policy should be read in conjunction with the following instruments:

6.1 INTERNATIONAL INSTRUMENTS UNDERPINNING WELLNESS MANAGEMENT WITHIN THE PUBLIC SERVICE

6.1.1 WHO Global Strategy on Occupational Heath for All

6.1.2 WHO Global Worker's Plan 2008-2017

6.1.3 ILO Decent Work Agenda 2007-2015

6.1.4 ILO Promotional Framework for Occupational Safety Convention 2006

6.1.5 United Nations Convention on the Rights of People with Disabilities

6.1.6 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

6.1.7 The Beijing Declaration and its Platform for Action, 1995

6.1.8 United Nations Millennium Declaration and its Development Goals (MDGs)

6.1.9 The International Convention on Population Development 1994

6.1.10 World Summit on Sustainable Development, Johannesburg 2002

6.1.11 WHO Commission on social determinants of health

6.1.12 WHO Convention on Tobacco Control (CTC)

6.2 LEGAL FRAMEWORK FOR WELLNESS MANAGEMENT WITHIN THE PUBLIC SERVICE

6.2.1 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)

6.2.2 Labour Relations Act, 1995 (Act No. 66 of 1995)

6.2.3 Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997)

6.2.4 Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993)

6.2.5 Employment Equity Act, 1998 (Act No.55 of 1998)

6.2.6 Disaster Management Act, 2002 (Act No. 57 of 2002) and National Disaster Management Framework

6.2.7 Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999)

6.2.8 The Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000)

6.2.9 Mental Health Care Act, 2002 (Act No.17 of 2002)

6.2.10 National Sports and Recreation Act, 1998 (Act No. 110 of 1998)

6.3 STRATEGIC FRAMEWORKS APPPLICABLE TO WELLNESS MANAGEMENT WITHIN THE PUBLIC SERVICE

6.3.1 National Strategic Plan on HIV, TB and STIs 2017-2022

6.3.2 National Strategic Framework on Stigma and Discrimination

6.3.3 National Occupational Health and Safety Policy of 2005

6.3.4 EAPA-SA Standards 2002

6.3.5 Mental Health Care Regulations, 2003

6.3.6 The Public Service Regulations, 2012.

6.3.7 Public Health (Tobacco) Regulation (PHTR) 2009

6.3.8 Draft Sexual Harassment Policy for the Public Service

6.3.9 Tshwane Declaration, August 2011

6.3.10 South African Green Paper on Family (Department of Social Development)

6.3.11 Code of Good practice on the protection of employees during pregnancy and after birth of a child

6.3.12 Code of good Practice on the Integration of Employment Equity into Human resource Policies and practices

6.3.13 Code of Good Practice on Arrangement of Working Time

6.3.14 Change Management Strategic Framework for the Public Service

6.3.15 Policy on Incapacity Leave and Ill-Health Retirement

6.3.16 Tobacco Regulations (2012)

6.3.17 Public Sector summit

6.3.18 Accelerated School Infrastructure Development Initiative (ASIDI)

6.3.19 Cabinet Memo on State of Government Facilities

6.3.20 Auditor General Report 2011

6.4 ECONOMIC AND SOCIAL POLICY, PROGRAMMES AND STRATEGY

6.4.1 Presidential, Provincial Pronouncements and Budget Speech

6.4.2 Integrated Development Plans (IDPs)

6.4.3 Medium Term Strategic Framework

6.4.4 National Spatial Development Strategies

6.4.5 Provincial Growth and Development Strategies

6.4.6 National Development Plan

6.4.7 New Growth Path

6.4.8 National Infrastructure Development Plan

6.4.9 National Disaster Management Framework

6.4.10 Decent Work Country Programme

6.4.11 Gender mainstreaming framework

6.4.12 Occupational Health and Safety Programme Local Government

6.4.13 Social Security Framework

7. DEFINITIONS

In this policy any term to which a meaning has been assigned in the Public Service Act bears that meaning, unless the context otherwise indicates-

7.1 **"Wellness"** is an active process through which organizations become aware of, and make choices towards a more successful existence. For both the individual and the organization, the concept of wellness is one where active steps can be taken to reduce chronic disease and mitigate its debilitating impact on personal lives and organizational productivity (World Economic Forum).

7.2 **"Physical Wellness"** promotes taking care of your body for optimal health and functioning.

7.3 **"Social Wellness"** emphasizes the positive and interdependent relationship with others and nature.

7.4 **"Psychological Wellness"** is a dynamic state that is influenced by and influences our physical, intellectual, spiritual and social lives.

7.5 **"Spiritual Wellness"** refers to integrating our beliefs and values with our actions; it enhances the connection between mind, body and spirit.

7.6 **"Intellectual Wellness"** is the utilization of human resources and learning resources to expand knowledge and improve skills.

7.2 **"Financial Wellness"** is the ability to maintain a fully developed and well balanced plan for managing one's financial life that is integrated with personal values and goals.

7.8 **"The Health and Wellness Coordinator"** is an employee tasked with the responsibility to coordinate the implementation of wellness programmes. The Wellness Coordinator can be professionally trained and registered with a relevant statutory body to perform therapeutic interventions, if not, such cases should be referred.

7.9 **"The Head of Department"** means head of a national department, the office if the premier, a provincial department, or a head of a national or provincial component, and includes any employee acting in such post.

7.10 **"The Designated Senior Manager"** means a member of the Senior Management Services (SMS) who is tasked with championing the Wellness Management programme within the Public Service workplace.

7.11 **"The Employee"** means a person appointed in terms of the Public Service Act 1994 and Employment of Educators Act No. 76 of 1998.

7.12 **"The Health and Wellness Committee"** is a committee that is established by the HOD to initiate, develop, promote, maintain and review measures to ensure the wellness of employees at the workplace. This is a multi-disciplinary team consisting of relevant representatives as indicated by different Departments.

7.13 **"The peer Educator"** is an employee who is trained in working with his/her peers, sharing information and guiding a discussion using his/her peer experience and knowledge.

7.14 **"The Steering Committee"** is a committee established by DPSA, for all components of Human Resource Management and Development at provincial and national levels. This Committee serves as a vehicle of coordination, communication, collaboration, and consultation of the EH&W programmes.

7.15 **"Immediate Family"** means spouse and children or as determined by the Department.

7.16 **"Work-Life Balance"** the achievement of equality between time spent working and one's personal life (Webster).

7.17 **"SOLVE"** is the International Labour Organization (ILO) programme dealing with management of psychosocial factors (Stress, Tobacco, Alcohol and Drugs, HIV & AIDS, Violence, Nutrition, Physical Activity, Healthy Sleep, Economic Stress) in the workplace. Its focus is on the recognition of the interrelated relationship between these psychosocial factors.

8. ROLE PLAYERS

This policy involves the following role players:

8.1 The Head of Department:

8.1.1 Ensures development and implementation of a written policy on managing the wellbeing of both the employees and the organization

8.1.2 Appoints a designated Senior Manager to champion the Wellness Management programmes in the workplace

8.1.3 Ensures the provision of resources for the implementation of Wellness programmes in the Department.

8.1.4 Establishes a Wellness Management committee that will oversee the implementation of Wellness programmes in the workplace and consult with the committee with a view of initiating, developing, promoting, maintaining and reviewing measures to ensure the wellbeing of employees at work.

8.2 The Designated Senior Manager:

8.2.1 Structures, strategize, plan and develops holistic employee wellness programmes

8.2.2 Manages employee wellness strategies and policies, e.g. wellness promotion and wellness facilities within budgetary guidelines

8.2.3 Aligns and interface organizational wellness policy with other relevant policies and procedures

8.2.4 Liaises with, manage and monitor external employee wellness service providers

8.2.5 Plans interventions based on risk and needs analysis

8.2.6 Monitors and evaluates implementation of wellness interventions

8.2.7 Establishes a Peer Education programme

8.2.8 Promotes capacity development Initiatives to:

a) Promote competence development of practitioners

b) Improve capacity development of auxiliary functions (OD, HR, IR, Change Management etc.) to assist with wellness promotion at an organizational level

c) Establish e-Health and Wellness information systems

8.2.9 Establishes organizational support initiatives to:

a) Establish an appropriate organization structure for Wellness Management

b) Ensure Human Resource planning and management

c) Develop integrated wellness information management system

d) Provide physical resources and facilities

e) Ensure financial planning and budgeting

f) Mobilise management support

8.2.10 Establishes governance and institutional development initiatives to:

a) Ensure the functioning of a Wellness Management Committee

b) Obtain Stakeholder commitment and development

c) Develop and implement an ethical framework for Wellness Management

d) Develop and implement management standards for wellness

e) Develop and maintain an effective communication system

f) Develop and implement a system for monitoring, evaluation, and impact analysis.

8.2.11 Establish economic growth and development initiatives to:

a) Mitigate the impact of unhealthy employees on the economy

b) Ensure responsiveness to the Government's Programme of Action

c) Ensure Responsiveness to Millennium Development Goals

d) Integrating NEPAD, AU and Global programmes for the economic sector.

8.3 The Wellness Coordinator:

8.3.1 Coordinates the implementation of wellness programmes, projects and interventions.

8.3.2 Plans, monitors and manages Wellness programmes according to strategies, policies and budgetary guidelines.

8.3.3 Makes provision for counseling to individual employees and to their immediate family members.

8.3.4 Identifies personal development needs for individual employees.

8.3.5 Analyzes and evaluates data and communicate information, statistics and results to various stakeholders and management.

8.3.6 Coordinates activities of Peer Educators.

8.3.7 Promotes work-life balance for employees.

8.3.8 Provides information regarding nutrition and monitors canteen services.

8.3.9 Oversees the functioning of the gymnasium and other physical and recreational activities at the workplace (if applicable).

8.4 The Peer Educator:

8.4.1 Acts as a focal point for the distribution of evidence-based and generic health and wellness promotional material at the workplace (all functions shall be performed as far as possible during normal working hours and shall be included in their performance agreement).

8.4.2 Takes initiative to implement awareness activities, or to communicate health and wellness information at the workplace.

8.4.3 Acts as a referral agent of employees to relevant internal or external health support programmes.

8.4.4 Be involved with the identification of employees needs and health risks at the workplace.

8.4.5 Initiates and arrange staff training with regard to employee health and wellness.

8.4.6 Submits monthly reports of activities to the Wellness coordinator.

8.5 The Health and Wellness Committee:

8.5.1 Oversees the implementation of the wellness policy and programmes in the workplace.

8.5.2 Makes recommendations to the employer regarding any policy matter and implementation. procedures including any matters affecting the wellness of employees.

8.5.3 Keeps record of each recommendation made to an employer.

8.5.4 Discusses any incident or condition at the workplace which might have a negative impact on the wellbeing of employees.

8.5.5 Serves as a vehicle of communication to promote wellness initiatives within the workplace.

8.6 The Steering Committee:

8.6.1 Establishes harmonised communication of the Wellness Management Policy at provincial and national levels.

8.6.2 Serves as a vehicle of coordination, communication, collaboration, consultation of issues pertaining employee wellness with other stakeholders and Departments.

8.6.3 Creates avenues through which collaborative initiatives can be forged; meets quarterly to discuss employee wellness policy matters.

8.7 The Employee should:

8.7.1 Apply his/her knowledge, motivation, commitment, behaviour, self-management, attitude and skills toward achieving personal fitness, health and organizational goals.

8.7.2 Look after his/her body by following a nutritionally balanced diet and maintaining his/her body mass within a healthy range.

8.7.3 Take an active part in improving the world of work by encouraging a healthy living environment and initiating better communication with those around him/her.

8.7.4 Make use of wellness facilities and services provided at the workplace.

8.8 The Labour Representatives:

8.8.1 Represent employees in the workplace.

8.8.2 Ensure that the employer fulfill mandates of Wellness legislation and regulations in order to optimize wellness in the workplace.

8.8.3 Attend the Wellness committee meetings and make representation to the employer on agreed issues affecting the wellness of employees at the workplace**.**

9. FINANCIAL IMPLICATIONS

The cost associated with the implementation of this policy shall be borne by the individual department.

10. IMPLEMENTATION

The Generic Implementation plan for Wellness Management is the alignment of the logical framework commonly used in policy, programme and project management (inherent in the result-based model) and the 12 components of an effective M&E system and the organizational structure for implementation of the EH&W. The implementation of this policy will follow the result base model.

11. MONITORING AND EVALUATION

Monitoring and evaluation have a significant role to play in Wellness interventions as it assists in assessing whether the programme is appropriate; cost effective and meeting the set objectives. The 12 components of an effective Wellness Management M&E System are indicated below:

11.1 Organisational structures with EH&W M&E functions

11.2 Human capacity for EHW M&E

11.3. Partnerships to plan, coordinate, and manage the M&E system

11.4 National multi-sectoral EH&W M&E plan

11.5 Annual costed national EH&W M&E workplan

11.6 Advocacy, communications, and culture for EH&W M&E

11.7 Routine EH&W programme monitoring

11.8 Surveys and surveillance

11.9 National and sub-national EH&W Databases

11.10 Supportive supervision and data auditing

11.11 EH&W evaluation and research

11.12 Data dissemination and use.

Regular monitoring of progress on Wellness Management programmes should be conducted quarterly through reports submitted to the DPSA by all departments. These reports will inform implementation, monitoring and evaluation, and future planning. An effective, efficient and implementable monitoring and evaluation system is required if this Wellness Management Policy is to be successful in measuring achievements of the policy objectives. Departments would be expected to develop indicators as appropriate for micro and meso levels of governance.

12. REVIEW

This policy shall be reviewed as and when there are new developments or after every three years.

PART B: IMPLEMENTATION OF OBJECTIVES: PHYSICAL WELLNESS

1. AIM

The physical dimension of wellness aims to promote physical wellbeing for optimal health and functioning. Attending to medical interventions to sustain physical fitness and seeking treatment for illness.

2. POLICY PRINCIPLES

See Part A, paragraph 5.

3. POLICY MEASURES

The following are policy measures for Physical Wellness:

3.1 Promotion of **Physical Activity** through establishment of gym facilities and sporting codes.

3.2 Promotion of **Good Nutrition** through provision of healthy meals in canteens and work functions.

3.3 Promotion of **Healthy Sleep** through management of shift work.

3.4 Management of **Tobacco** use through promotion of tobacco free workplaces.

3.5 Promotion of Wellness through awareness and education programmes.

4. PROCEDURAL ARRANGEMENTS

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in part A paragraph 8.2 of this policy. This policy will be further implemented as according to the Implementation Guide.

PART C: IMPLEMENTATION OF OBJECTIVES: PSYCHO-SOCIAL WELLNESS

1. AIM

The Psycho-social dimension of wellness aims to promote the ability of employees to interact successfully and to live up to the expectations and demands of personal roles; to promote emotional intelligence, self-esteem, optimism, sense of coherence, and resilience of employees. It also aims to promote a set of guiding beliefs, principles or values that help give direction to life; the ability to make sound decisions; and to promote financial fitness.

2. POLICY PRINCIPLES

See Part A, paragraph 5.

3. POLICY MEASURES

3.1 Management of stress through workplace **stress** Management Programmes.

3.2 Management of **economic stress** through workplace Financial Wellness Programmes.

3.3 Management of **alcohol and drugs** through workplace Alcohol and Drug Programmes.

3.4 Management of **HIV&AIDS related psychosocial stressors** (self-directed stigma and discrimination)

3.5 Availability and accessibility of counseling services to all employees.

3.6 Availability of resilience building programmes.

4. PROCEDURAL ARRANGEMENTS

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in part A paragraph 8.2 of this policy. This policy will be further implemented as according to the Implementation Guide.

PART D: IMPLEMENTATION OF OBJECTIVES: ORGANIZATIONAL WELLNESS

1. AIM

Organisational wellness aims to promote an organizational culture that is conducive to individual and organizational wellness in order to enhance the effectiveness and efficiency of the Public Service. The intended outcome of Organizational Wellness is to maximize and sustain the potential of human capital and an effective and efficient Public Service that is positively responsive to the needs of the public.

2. POLICY PRINCIPLES

See Part A, paragraph 5.

3. POLICY MEASURES

3.1 Management of workplace **violence** is through workplace violence programme.

3.2 Change in the organization is managed through change management programme.

3.3 Availability of a strategy for dissemination of wellness information.

3.4 Manage human factors that impact on organizational wellness (e.g. Diversity Management).

4. PROCEDURAL ARRANGEMENTS

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in part A paragraph 8.2 of this policy. This policy will be further implemented as according to the Implementation Guide.

PART E: IMPLEMENTATION OF OBJECTIVES: WORK-LIFE BALANCE

1. AIM

The Work- Life Balance Program promotes flexibility in the workplace to accommodate work, personal and family needs; which can result in benefits to organizations due to higher levels of employee satisfaction and motivation.

2. POLICY PRINCIPLES

See Part A, paragraph 5.

3. POLICY MEASURES

3.1 Development and implementation of flexible policies that address work-life balance.

3.2 Establishment of child care facilities in the workplace.

3.3 Development and implementation of retirement programmes in the workplace.

4. PROCEDURAL ARRANGEMENTS

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in part A paragraph 8.2 of this policy. This policy will be further implemented as according to the Implementation Guide.