

CSIRO - Australia's innovation catalyst

“Engaging Family and peers to support recovery”

Closing the Loop

Adelaide, 19 July 2018

Alexandra Allars

Team CSIRO



Team CSIRO

5767

talented staff +
3000 affiliates

\$1billion+
budget

Working
with over
2800+
industry
partners

55

sites across
Australia + OS

Top 1%
of global
research
agencies

Each year
6 CSIRO
technologies
contribute
\$5 billion to
the economy

Outline

“Engaging Family and peers to support recovery”

- **Developing a recovery plan that incorporates the employee’s family and peers**
- **Gaining buy-in from family and peers on a recovery plan and refining plans to their wishes**
- **Leveraging the influence of family and peers in recovery**
- **Equipping family and peers so they can support the recovery of an injured worker**

Audience Poll 1 – How much do you love Canberra?

Q1 How much do you love Canberra?

(Only select the most applicable answer).

- A lot
- A little less than a lot
- A little
- A little less than a little

Audience Poll 2 – Who do you trust?

- Who do you listen to, seek advice from, has your back....

Q1 When you are well?

(Only select those that are applicable to you in order of priority. For example, if 'friend' is the most trusted then select 'friend' as number 1. If 'work colleague' is the second most trusted, then select as number 2.

- Yourself
- Partner/spouse/defacto
- Friend
- Family member/s
- Work colleague
- Line Manager
- Human Resources/Health Safety staff
- Union Representative
- Other

Audience Poll 2 – Who do you trust?

- Who do you listen to, seek advice from, has your back....

Q2 When you are unwell?

(Only select those that are applicable to you in order of priority. For example if 'friend' is the most trusted then select 'friend' as number 1. If 'work colleague' is the second most trusted, then select as number 2.

- Yourself
- Partner/spouse/defacto
- Friend
- Family member/s
- Work colleague
- Line Manager
- Human Resources/Health Safety staff
- Union Representative
- Other

Audience Poll 2 – Who do you trust?

Q3. Does context matter - Do you trust different people depending on whether you are at work or outside of work?

- Yes
- No
- Unsure

A note or three on 'recovery'

The Free Dictionary defines recovery as...

1. The act, process, duration, or an instance of recovering.
 2. A return to a normal or healthy condition.
 3. The act of obtaining usable substances from unusable sources.
- Recovery from a physical and/or psychological health condition may be an individual process that varies from person to person. The road (if there is one as there may be several) to recovery can be rocky at times, and some people may encounter setbacks.
 - Recovery may be a personal journey on a continuum rather than a set outcome, and one that may involve developing hope, meaning, security, a sense of self, supportive relationships, empowerment, social inclusion, coping skills etc.
 - Work can play a vital role in recovery. It can provide structure and routine, contribute to a sense of purpose, and provide financial security and social connection.

What is the value of work?

- Good work is good for our health and wellbeing and that of our family, community and workplace.
- Healthy employees are productive employees.
- Being off work for long periods has serious health effects and is one of the greatest known risks to public health.
- Good work is the most effective means of improving the wellbeing of individuals, their families and communities.
- Returning to an unsafe workplace can be as detrimental to health as 'worklessness'.
- Returning to former lifestyle, including work activities, after an injury or illness will assist recovery and reduce risks of long-term disability.
- Both the employer and employee benefit from effective workplace rehabilitation.
-

Source: Comcare 'Rehabilitation Guide'

What is the value of work?

- **For unwell, injured and disabled people** - There is broad consensus around multiple disciplines, healthcare providers, disability groups, employers, insurers, unions and government - based on extensive clinical experience and principles of fairness and social justice - that when their health condition permits, unwell, injured or disabled people (particularly those with common health problems) should be supported and encouraged to remain in or to return to work as soon as possible because it:
 - Is therapeutic
 - Helps promote recovery and rehabilitation
 - Leads to better health outcomes
 - Minimises the harmful physical, mental and psychosocial effects of long term absence and cost of sick leave
 - Reduces the risk of long-term incapacity
 - Promotes full participation in society, independence and human rights
 - Reduces poverty and improves quality of life and well-being.

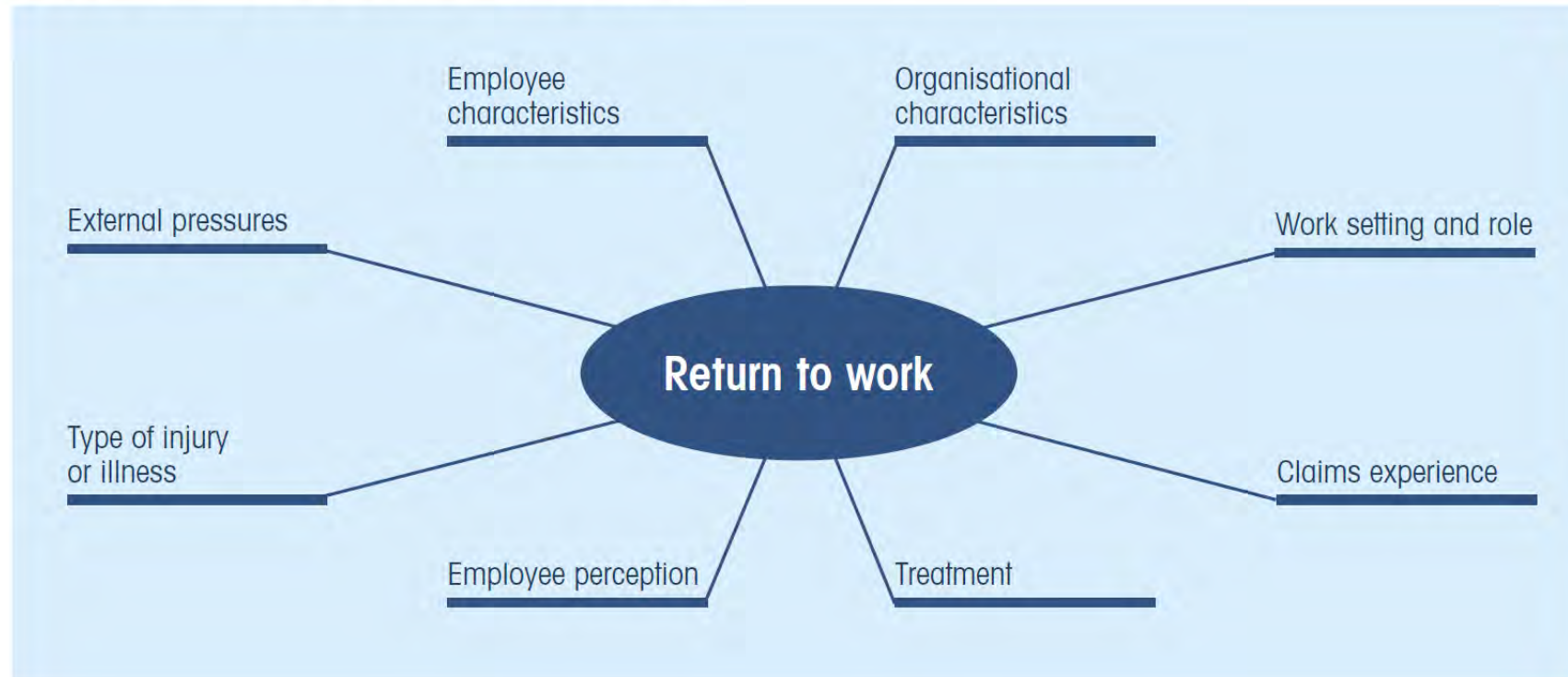
Source: Comcare 'Rehabilitation Guide'

Employment Relationship

- Direct relationship between an employer and employee
- Governed by written (or verbal) contract, express and implied terms, Award, Enterprise Agreement, organisational policies, procedures, practices, Code of Conduct, legislation, common law
- Can hire and fire in an employment relationship
- Can give and follow reasonable and lawful directions in an employment relationship
- Can the same be applied to family? Peers?

Return to Work – it's complicated

Figure 1—Return to work as a multi-factorial outcome



Source: Comcare 'Barriers to Return to Work – a Literature review'

Return to Work – it's non-linear, multiple and interacting

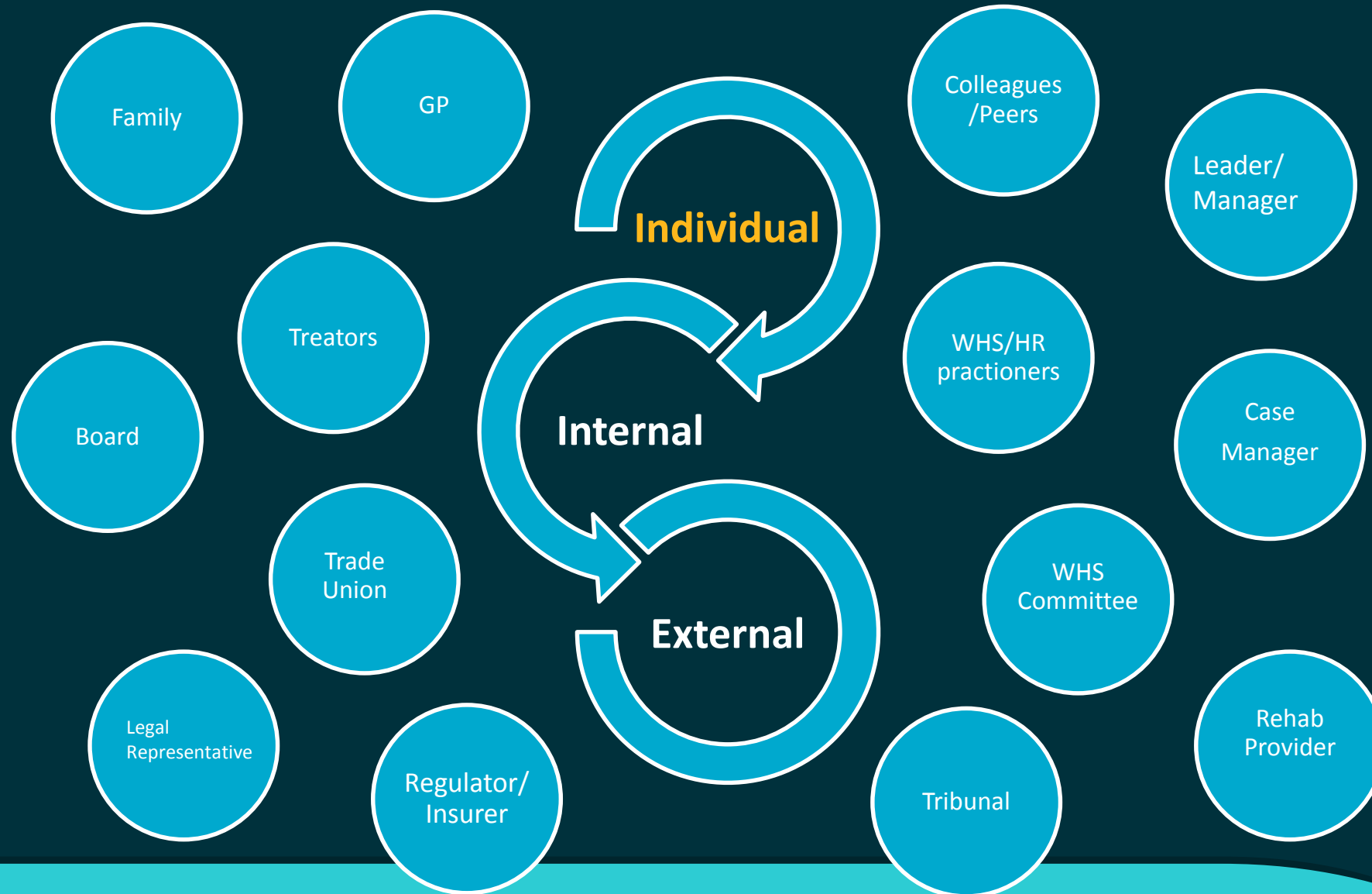
Table 1—Biopsychosocial obstacles to return to work

OBSTACLES TO RETURN TO WORK	
BIOLOGICAL	Health condition and health care Physical and mental capacity, activity level and demands of work
PSYCHOLOGICAL	Personal perceptions, beliefs and behaviour (especially about work) Psychosocial aspects of work
SOCIAL	Organisational and system obstacles Attitudes to health and disability

Source: Waddell & Burton, 2004

Source: Comcare 'Barriers to Return to Work – a Literature Review'

Stakeholders - responsible for what, why and how?



Key factors to overcome variability in outcomes

- **Supportive conditions at work**

- Work satisfaction, feeling welcomed back to work, social support and quality of leadership.

- **Relationship with supervisor**

- Relationship between an employee and their supervisor a significant risk factor, with poor relationships tending to result in a negative outcome.
- Supervisor has the main responsibility for the rehabilitation of the employee.
- Conflict between meeting their core business functions and offering suitable duties can be a challenge.
- 4 key factors drive supervisors readiness to engage – work supervision factors (availability of appropriate work, understanding limitations and daily contact); compliance (legal obligations); financial role (position in upper management and budget responsibilities) and organisational communication (communicating upwards, availability of others to assist, reporting difficulties).

- **Co-worker support**

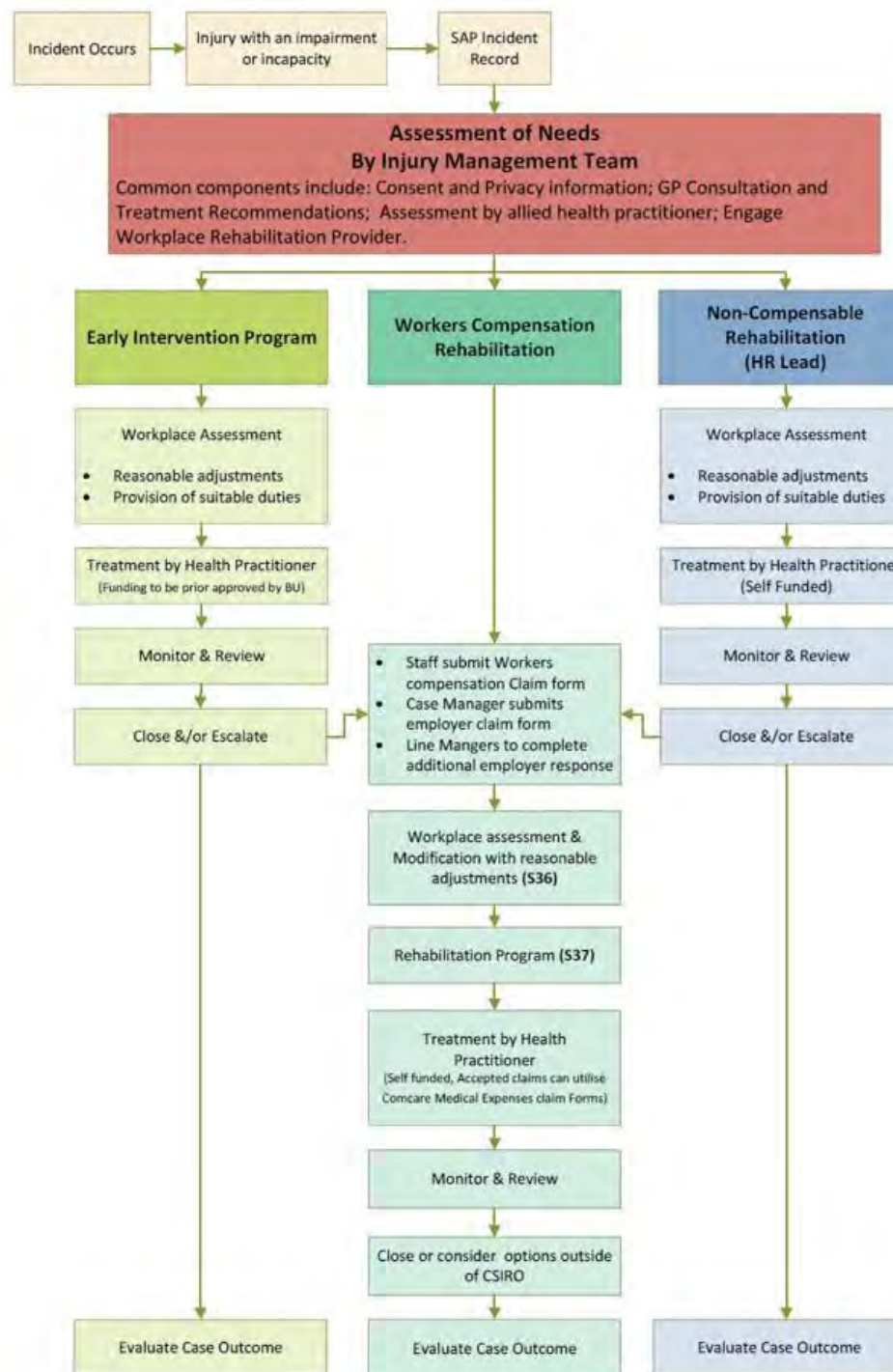
- Can impact and be impacted by return to work; potential to be adversely affected by policies and practices designed to support others return to work; if personal cost minimised then can assist process; for optimal return to work outcomes, co-workers need to perceive fairness and this may be achieved by engaging them in planning, monitoring and evaluating the reintegration process.

Source: Comcare 'Barriers to Return to Work – a Literature review'

Return to Work Plan

- A rehabilitation (or return to work) program is based on the principle that an employer can allow a coordinated return to work.
- The program is delivered according to medical advice and where necessary the use of a rehabilitation provider.
- **Rehabilitation aims** to do one of two things:
 - maintain the injured employee within the workplace
 - return them to appropriate employment in a timely, safe and cost efficient manner.
- **A return to work plan** as part of a rehabilitation program should:
 - be developed in consultation with the injured employee and the treating medical practitioner
 - be tailored, outcome-based and set out the steps to achieve return to work
 - be available to an employee with a work capacity (unless contraindicated, for example where the employee has retired)
 - be developed using appropriate expertise, such as approved rehabilitation providers, where required
 - recognise the existing skills, experience and capabilities of the injured employee to allow suitable duties to be found
 - if necessary, utilise retraining and redeployment when it is not possible for the employee to return to pre-injury duties.

Injury Management and Return to Work @ CSIRO



Return to Work Act 2014 - requirements

(A) – Important Notice to Employers

Failure to co-operate with the implementation of a recovery/return to work plan or to provide suitable employment for an injured worker may be considered as appropriate grounds to impose a supplementary payment (see section 147 of the Return to Work Act 2014);

An application for a review of a provision of a recovery/return to work plan on the ground that the provision is unreasonable does not suspend obligations imposed by the recovery/return to work plan until a review authority makes a decision to modify the plan, if at all.

(B) – Important Notice to Injured Workers

A failure to comply with an obligation under a recovery/return to work plan may lead to the discontinuance of weekly payments (see section 48(3)(d)(ii) of the Return to Work Act 2014);

An application for a review of a provision of a recovery/return to work plan may be made but it does not suspend obligations imposed by the plan pending a determination of the review;

A refusal or failure to undertake work that has been offered and that the worker is capable of performing, or to take reasonable steps to find or obtain suitable employment, may lead to the discontinuance of payments (see section 48 of the Return to Work Act 2014). This may also occur if a worker obtains suitable employment and then unreasonably discontinues the employment.

Return to Work Act 2014 – any mention of family?

24—Early intervention, recovery and return to work services

(1) The services that may be provided under this Part (*recovery/return to work services*) may do 1 or more of the following:

- (a) provide for the physical, mental or vocational assessment of a worker;
- (b) provide advisory services to a worker, **members of the family of a worker**, an employer and others;
- (c) assist a worker in retaining, seeking or obtaining employment;
- (d) assist in the training or retraining of a worker;
- (e) assist a worker to find or establish appropriate accommodation;
- (f) provide equipment, facilities and services to assist a worker to cope with any injury at home or in the workplace;
- (g) provide assistance to a person who may be in a position to help a worker to overcome or cope with an injury;
- (h) provide necessary and reasonable costs (including costs of travel, accommodation and child care) incurred by a worker in order to receive or participate in any services;
- (i) provide anything else that may assist in achieving the objects of this Part.

Audience Poll 3 – Family involvement in recovery?

Q1. Do you currently involve family members in recovery/rehabilitation plans for ill/injured employees?

- Yes
- No
- Unsure

Incorporating Family and peers?

- **Developing a recovery plan that incorporates the employee's family and peers**
 - Separate out family, line manager and peers – different relationships, roles and requirements
 - Do you do this now? How?
 - Organisational view? What is it? Does it need to shift?
 - Permission from employee, confidentiality, boundaries
- **Gaining buy-in from family and peers on a recovery plan and refining plans to their wishes**
 - As above, can family, line manager and peers be put in same category?
 - Importance of work to recovery
 - Are you really required to refine plans based on their wishes? Where do you draw the line?
 - When conduct and behaviours are unacceptable

Incorporating Family and peers?

- **Leveraging the influence of family and peers in recovery**
 - Interpersonal relationships, communication skills, influence, persuasion, boundaries
 - Importance of work to recovery
- **Equipping family and peers so they can support the recovery of an injured worker**
 - Support person – what is your organisational view on who can be a support person?
 - Permission from employee, confidentiality, boundaries
 - EAP, over and above EAP offerings, coaching, communication, just in time?
 - Note on line managers and peers – support v having their back if performance and/or conduct issues arise

Observations? Questions?

Thank you

CSIRO Human Resources

Alexandra Allars

Executive Manager, Human Resources

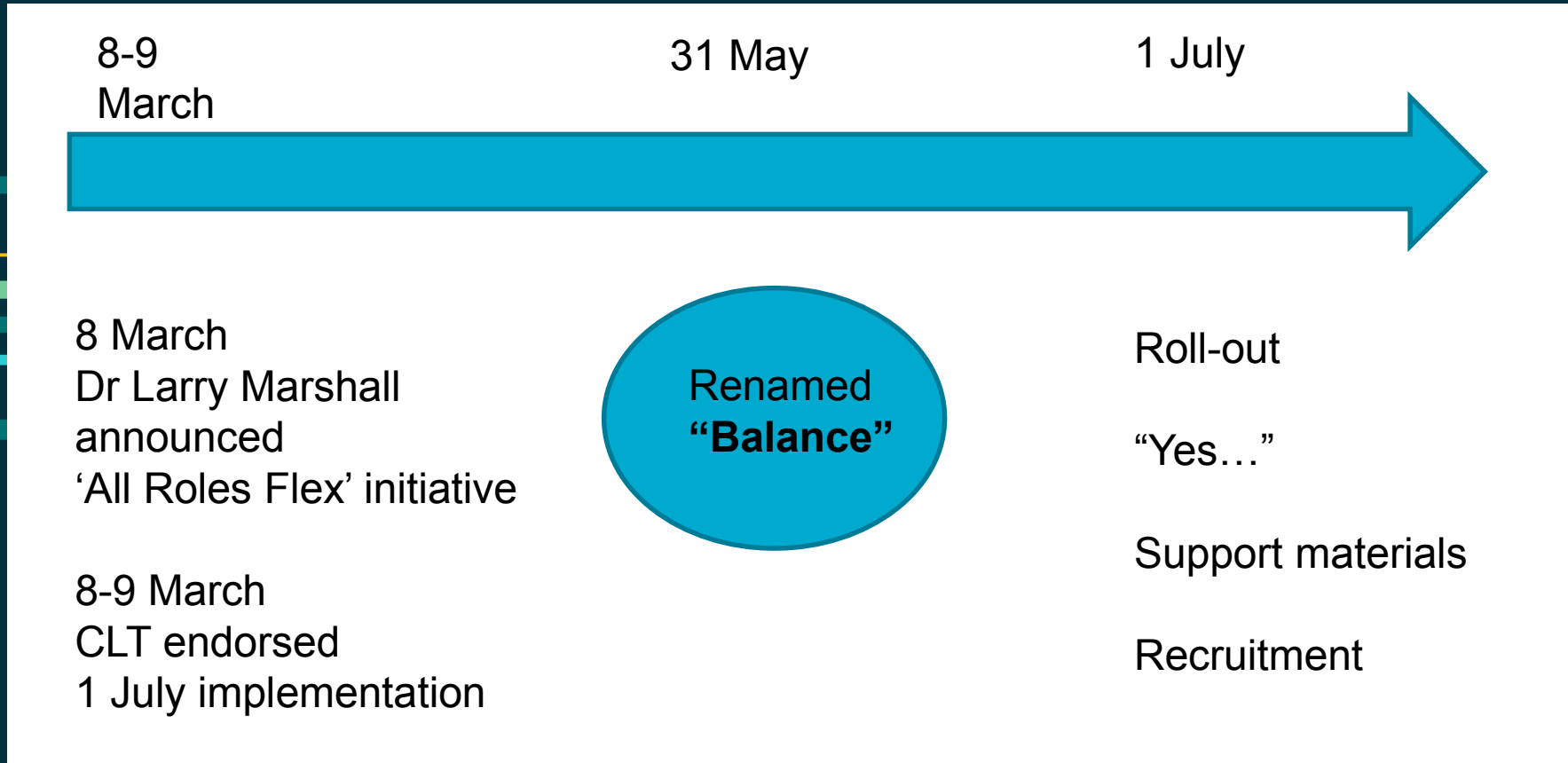
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Additional Slides

Balance – Flexible Work



Balance

Flexible work at CSIRO



Ranked **#1** by staff in 2017 Staff Survey for recent change that should be continued.

20+ F2F site sessions across Australia
1000+ attendees

475 webinar registrations

Overall Flexible Work Options ranked as **#1** category by staff in 2017 Staff Survey with 85% total favourable

3 months

- from concept to go live on 1 July 2017.
- Suite of implementation tools, guidance material, scenarios and video case studies available.

87% feel their immediate manager supports access to flexible work options;
83% are satisfied with their access to flexible work options;
81% feel CSIRO's culture is supportive of work/life balance.

CSIRO Connect

17+ sessions
1000+ participants

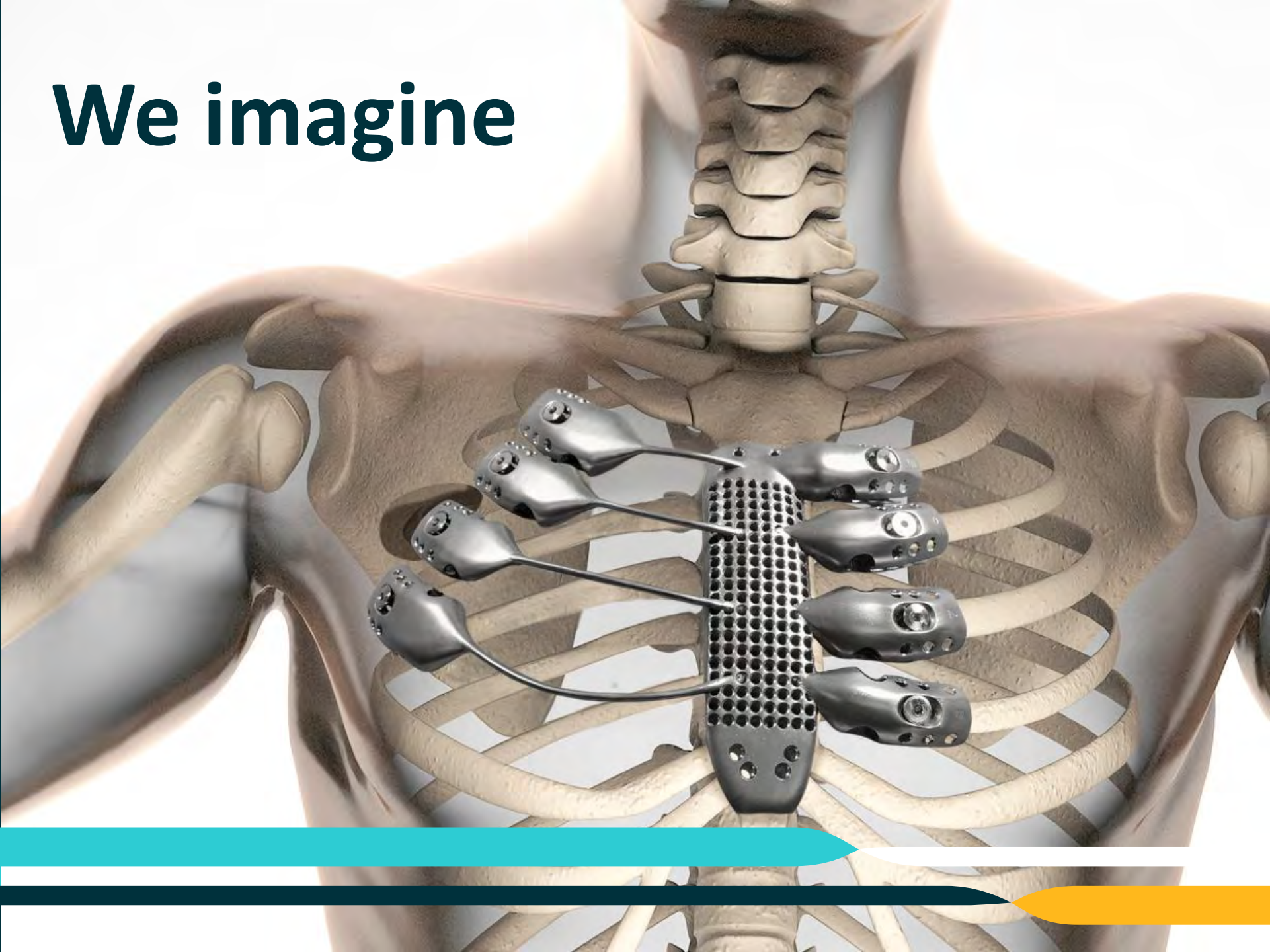
Balance roadmap
next steps are system and process changes, measuring uptake and impact and solving flexibility challenges.

All CSIRO roles now advertised as flexible...

At CSIRO we do the extraordinary every day



We imagine



Big ideas start here



Fast WLAN
Wireless Local
Area Network



**POLYMER
BANKNOTES**



AEROGARD



BARLEYmax™



**RELENZA
FLU TREATMENT**



**TOTAL
WELLBEING
DIET**



**HENDRA
VACCINE**



**EXTENDED
WEAR
CONTACTS**



**SOFTLY
WASHING
LIQUID**



**SELF
TWISTING
YARN**

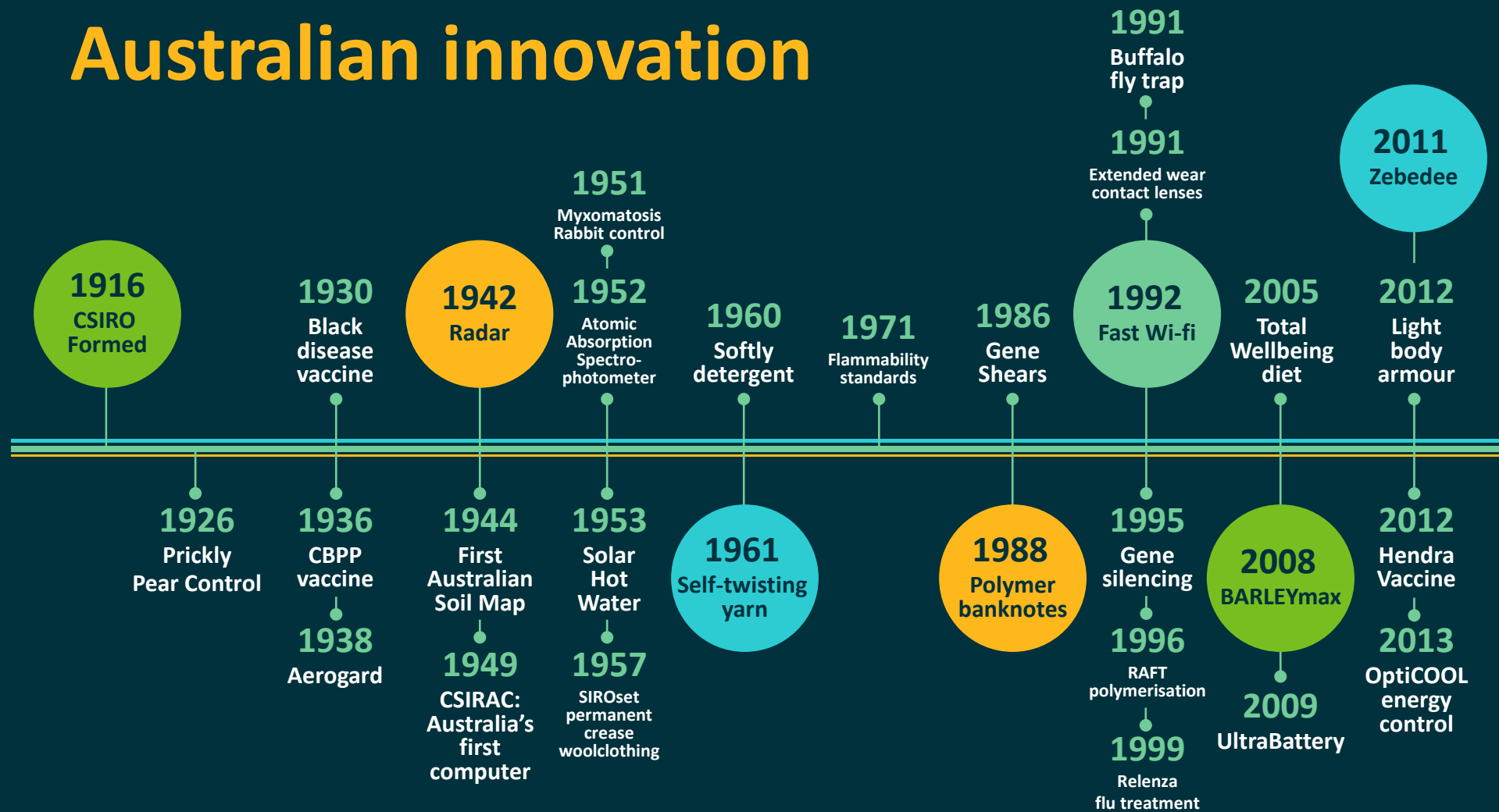


**RAFT
POLYMERISATION**



**NOVACQ™
PRAWN FEED**

CSIRO's contribution to Australian innovation



Our mission

Create value
for customers
through
innovation
that delivers
positive
impact for
Australia

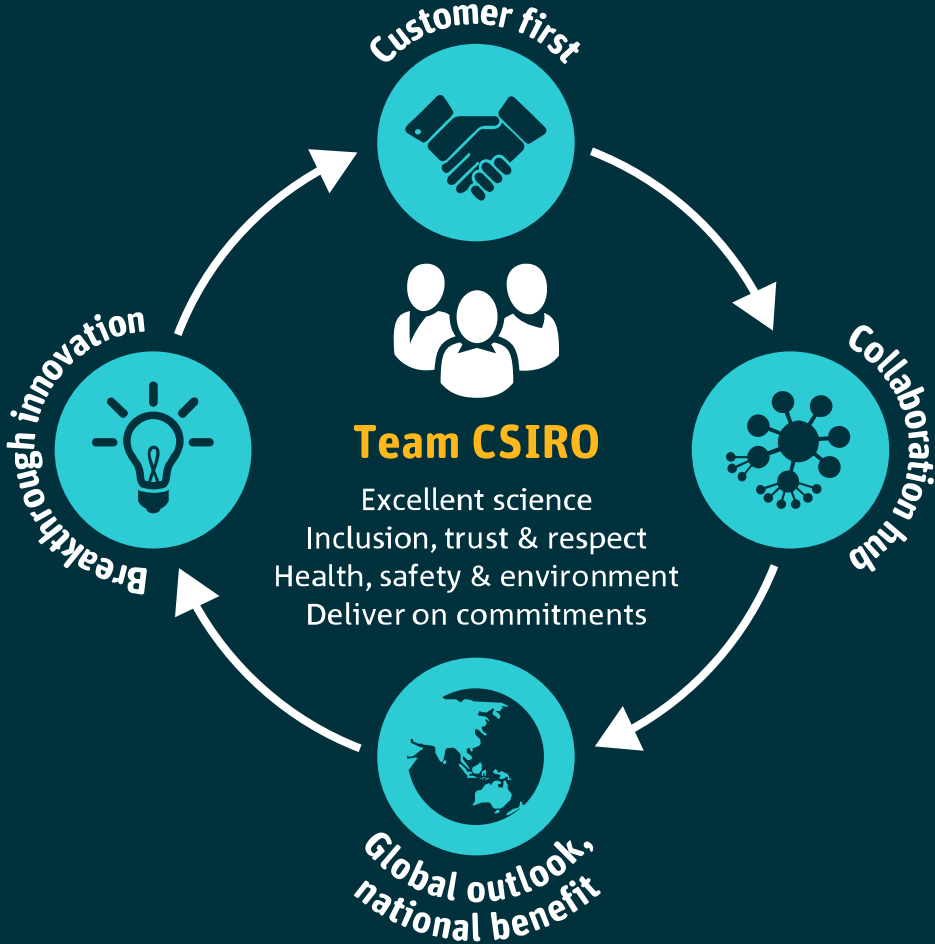


Projects and teams – creative, entrepreneurial, collaborative teams tackling big challenges through science, technology and innovation

Customer value – delivering value through innovative solution for customers in industry, government and community

Impact delivery – creating new economic, environmental and social impact for Australia

Strategic actions to deliver impact



We believe (Our values)

At CSIRO we do the extraordinary every day.

- Every day we are helping to improve the prosperity, quality of life and future sustainability of humanity
- Every day we collaborate to deliver impact and value
- Every day our people go home safely and share a sense of achievement
- Every day we provide a place where people are healthy, flourish and want to work
- Every day we provide trusted advice

Definitions

What is Bullying?

Bullying at work occurs when (s789FD Fair Work Act 2009):

- a person or a group of people repeatedly behaves unreasonably towards a worker or a group of workers at work AND
- the behaviour creates a risk to health and safety.
- Bullying does not include reasonable management action carried out in a reasonable manner.

The reasonable management action provision comprises 3 elements:

- **The behaviour (being relied upon as bullying conduct) must be management action;**
- **It must be reasonable for the management action to have been taken; and**
- **The management action must have been carried out in a manner that is reasonable.**

Some Statistics

Workplace bullying and violence

Mental disorder claims that involve harassment or bullying



1 in 3
women



1 in 5
men



almost **20%**

of workers say they have experienced discomfort due to sexual humour



22% of workers report being physically assaulted or threatened by patients or clients



39% mental disorder claims

caused by harassment, bullying or exposure to violence



mental stress claims

15% result from exposure to occupational violence

26% made by workers aged 20-27 years were from exposure to workplace violence

31% made by workers under 20 years were from exposure to workplace violence

All statistics for the violence/bullying infographic have been sourced from the below SWA reports:
Safe Work Australia's National Data Set for Work-related mental disorders profile
Safe Work Australia's National Data Set for Bullying and Harassment in Australian Workplaces: results from the Australian workplace barometer project 2014/2015



safe work australia

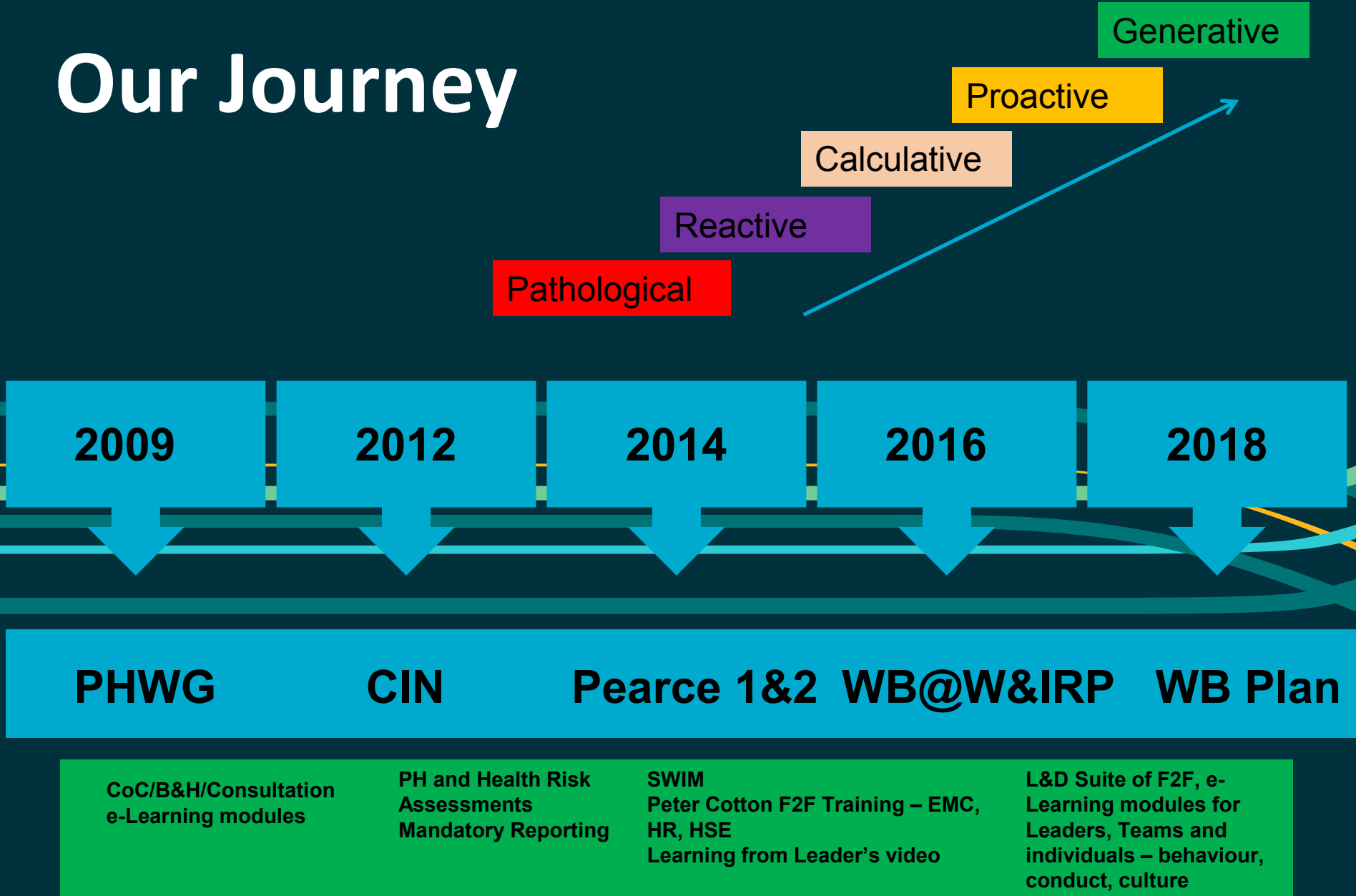
Some statistics – Safe Work Australia

- Almost 1 in 10 Australian employees now experience bullying, with those employed in the utilities and government administration and defence industries suffering among the highest levels of harassment (Safe Work Australia 2016 '[Bullying & Harassment In Australian Workplaces](#)').
- National average up almost 40% – from 7% to 9.6% – between 2011 and 2015.
- Australia might now have a greater incidence of workplace bullying than 34 European countries which last collected similar data in 2010. At that time, Australia ranked sixth.
- One third of those who report being bullied experienced the treatment at least once a week, with women more likely to be bullied than men, and race or ethnicity a factor in 7.4% of cases.
- The report looked at eight different forms of harassment, ranging from being sworn or yelled at (37.2% of cases) to physical assault or threat by work colleagues (3.4%).

Some statistics – Fair Work Commission

- The number of anti-bullying applications and outcomes has been consistent since the jurisdiction commenced on 1 January 2014.
- In 2015–16, the FWC received 734 applications for orders to stop bullying.
- 352 applications were withdrawn prior to proceedings, 191 were resolved during the course of proceedings and a further 108 were withdrawn after a conference or hearing and before a decision.
- Like the two previous reporting periods, less than eight per cent of applications (52) were finalised with a decision and seven applications were granted, compared with one in each of the two previous reporting periods.
- In 2014–15 there were 694 applications.
- In the first six months of 2014 there were 343 applications.

Our Journey



WELLBEING - in support of our people first culture



1 The Wellbeing Project team reviewed data from 187 staff who attended 29 focus groups

DATA

Wellbeing associated with health, happiness, balance and safety/trust. Responsibility for wellbeing both organisational and personal.

Physical and emotional wellbeing were most valued. The most valued initiatives already available were:

- Social clubs and gatherings
- Flexibility/Balance Initiative
- Education & Training
- Exercise classes/sports

Balance, leadership programs, mentoring, and Vibrant Sites were also mentioned as supportive of wellbeing. Variability in support for and availability and access to wellbeing across the organisation was a concern.

The most frequent wellbeing suggestions were:

- Establishing a wellbeing culture from the top-down
- Improving the indoor working environment
- On-site gym/facilities
- Opportunities for socialising with colleagues
- Career planning/development

2 The team reflected on the data & their insights were:

MORE INSIGHTS

- Great data set
- Self worth, meaning & purpose are more important here (Eudaimonics)
- Solutions may be found in the intangible (job security, trust, connection with our people etc)
- Desire for consistency, equitable (not equal) access (top down endorsement modelling)
- Leaders & context critical, learn from Balance
- Measures and baseline important
- All areas of wellbeing interconnected
- Broad org system processes & culture significant
- Communicate what is already available (ongoing & aligned to principles)

AREAS OF FOCUS

Its not just about the individual, its about CSIRO's systems and culture

3 Based on the data the focus areas are:

4 The recommendations for testing are:

<p>1</p> <p>1. PHYSICAL</p> <ul style="list-style-type: none"> • Health Risk Assessment • Healthy Catering Policy • Fitness Passport • Access to total diet score for all 	<p>2</p> <p>2. EMOTIONAL</p> <ul style="list-style-type: none"> • Wellbeing & resilience program for staff • 50 minute meetings & downtime between meetings • Volunteer hours for leaders to contribute to social events • Leaders educated/developed to support regular wellbeing check-ins (mental health etc) 	<p>3</p> <p>3. SOCIAL</p> <ul style="list-style-type: none"> • CSIRO support 3-5 common days (eg International Women's Day) • Social citizens rewarded & celebrated • Inclusive social events • Site leader selection to amplify social cohesion 	<p>4</p> <p>4. INTELLECTUAL</p> <ul style="list-style-type: none"> • Career planning & development in support of more stimulating work • Capability development & employability (future proofing) • Mentoring 	<p>5</p> <p>5. ENVIRONMENT</p> <p>For people in open plans:</p> <ul style="list-style-type: none"> • Personalised work spaces • Break-out facilities • Plants • Consistency of sit/stand desks and furniture & technology accessibility • Socialising spaces
<p>EVP connections</p> <p>The Flexibility</p>	<p>The People</p>		<p>The Work</p>	<p>The Tools</p>

CULTURE

- Leaders endorsement & wellbeing champions
- Articulate the 'why' for wellbeing eg
 - productivity is up
 - illness is down
 - Mental health problems are reduced
- Continued emphasis of Leadership Development including how to support wellbeing
- Leaders facilitate regular wellbeing check-ins

SYSTEM

- Shift APA to developmental future focus
- APA objective where employees are 'required' to undertake a wellbeing activity

MEASURE

- Perma plus measure for baseline & improvements

COMMUNICATE

- Portal to increase visibility, awareness & promotion of wellbeing
- Activities Calendar
- Access to wellbeing self-assessment, tools & advice

5 The next steps are:

- Test recommendations
- Secure leader sponsors
- Build & test solutions



Comcare Improvement Notice



Australian Government

Comcare

IMPROVEMENT NOTICE

This notice is issued under s191 of the *Work Health and Safety Act 2011*. This notice requires the person (which includes a body corporate) to whom it is issued to remedy a contravention of the Act or Regulations. Section 210 requires that the person to whom an improvement notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice.

NOTICE ISSUED TO: DR MEGAN CLARKE, CHIEF EXECUTIVE OFFICER, CSIRO

Notice No.IN EVE207221-

0002B

Legal name of person: Commonwealth Scientific and Industrial Research Organisation (CSIRO)	
ABN:N/A	ACN:N/A
Trading as: CSIRO	
Address: CSIRO Corporate Centre, Limestone Avenue, Campbell ACT	
Postcode:2612	

DETAILS OF CONTRAVENTION:

Parliamentary Inquiry into Workplace Bullying



Response to 23 Recommendations

- defining what bullying is and is not;
- promoting and strengthening existing legislative and regulatory frameworks;
- ensuring that the requirements of the draft Code of Practice: Managing the Risk of Workplace Bullying are met, with guidance and support provided to employers;
- improving workplace cultures;
- and enhancing tools for the prevention and early resolution of workplace bullying incidences.
- Risk Assessment approach
- Confidentiality issues
- Role of bystanders

External Environment

Bullies: \$4.5 million. CSIRO: Nil

*Science second in toxic
CSIRO work culture*

CSIRO accused of more shabby tactics

*Damning court appraisal of
CSIRO decision process*

**Scientists 'bullied or
forced out' of CSIRO**

Inquiry called on CSIRO 'bullying'

CSIRO faked documents, whistleblower tells court

Workplace Conduct in CSIRO Investigation

Emeritus Professor Dennis Pearce AO

REPORT

Workplace conduct in CSIRO

A report of the Independent Investigator for allegations of workplace bullying and other unreasonable behaviour

- Phase 1 and 2
- GFR's 1 and 2
- 39 (34 + 5) recommendations
- 110 submissions
- 130 allegations
- 2 recommendations for misconduct

“We feel that CSIRO has listened and learnt.”

“We have heard the talk- and we like it. We now want to see the walk.”

CSIRO vision for the future – conflict and conduct

- Increased **trust** and **confidence** in our organisational approach, policies and practices with **support for, and perspectives of, all parties considered**;
- A **readiness** to adopt reports of workplace B&H and PHWB as the **Organisation's problem**, rather than the **individual's problem**;
- Continuation of the **promotion of early and quick informal resolution as the first response**, with improved monitoring of informal complaints and resolutions;
- **Complaints about unreasonable behaviour or conduct** that cannot be resolved quickly and informally or that are **more complex to be investigated and addressed by the Organisation**;
- **Proactive monitoring by CSIRO** of the **implementation and outcome** of resolutions of workplace B&H and PHWB, so that **responsibility** for ensuring the outcomes are implemented and required changes in behaviour are sustained **rests with the Organisation**.

Risk Management

Psychosocial hazards are those aspects of the design, organisation and management of work...

... and it's social and environmental context that can be potentially detrimental to employee health & wellbeing.



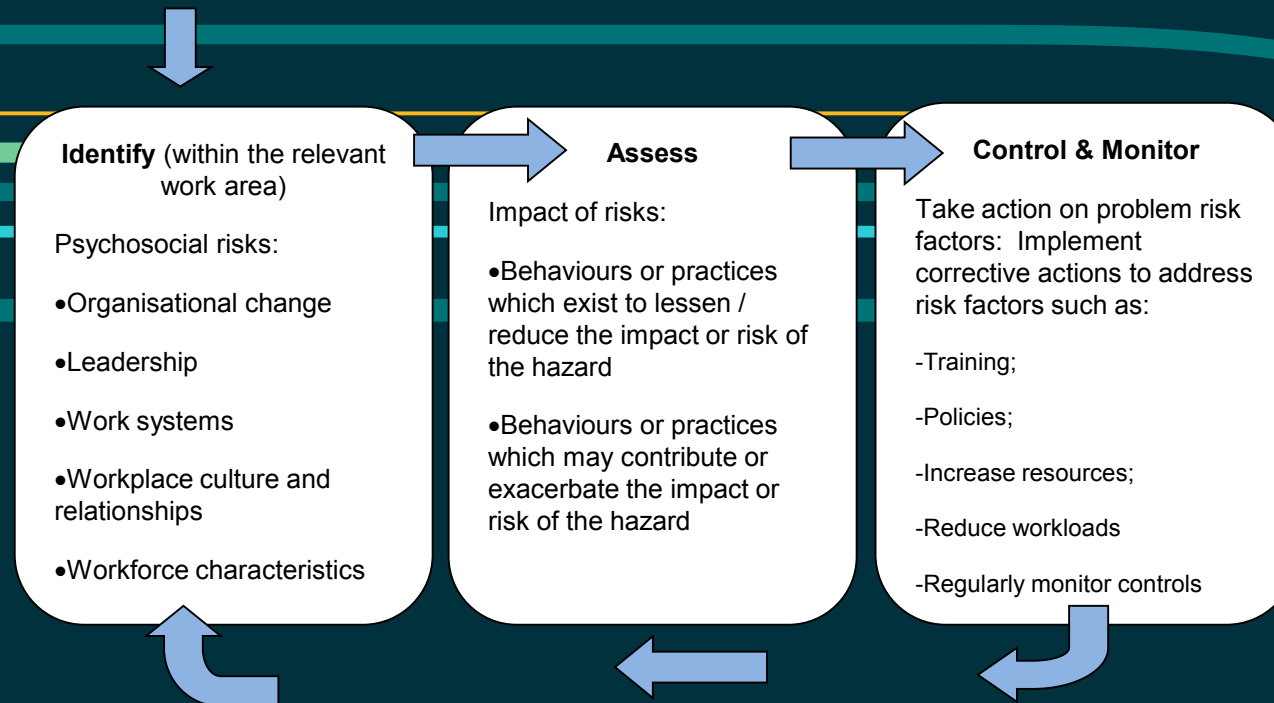
Consultation

Risk Management - Psychosocial

Risk identification and control assessment process for Psychosocial risk factors for a whole workplace, not an individual.

To be conducted when:

- Allegations of Bullying or Harassment are made
- Introduced to HSE Risk Management Guideline



Individual Health Risk Assessment (HRA)

- The HRA is designed to identify, assess and control health risks (including Psychological ones) for an individual.
- The purpose is to determine the likelihood and consequence that taking a specific action may cause or exacerbate injury/illness to the staff member.
- Required prior to commencing any misconduct action and reviewed at each step. Advisory use in other circumstances.
- Conducted by the appropriate Line Manager with support from CSIRO Human Resources/Workplace Relations & Policy/Health, Safety and Environment staff.

Individual Health Risk Assessment Qs

- Do you have direct knowledge that the officer has a pre-existing illness or injury including any psychological condition?
- Are you aware if there has been any previous intervention in relation to this pre-existing illness or injury (for example, including, but not limited to, Early Intervention, EAP, CSIRO arranged medical assessment)?
- Has the officer lodged an Incident Report and/or workers' compensation claim/s in relation to this condition or injury?
- Is there any other organisational process underway (for example, including, but not limited to, redeployment, grievance, management of underperformance, early intervention, return-to-work program)?
- List any other specific risk/s identified, including any workplace related or interpersonal psychosocial contributing factors.
- Is there any risk to CSIRO, including to another CSIRO officer, if the proposed misconduct action does not proceed?

While Australia's workforce is continually changing, the current period in history is characterised by a combination of forces likely to be associated with greater, faster and different transitions than previously experienced.

Source: Hajkowicz SA, Reeson A, Rudd L, Bratanova A, Hodgers L, Mason C, Boughen N (2016) Tomorrow's Digitally Enabled Workforce: Megatrends and scenarios for jobs and employment in Australia over the coming twenty years. CSIRO, Brisbane.

“Aptitudes and mindsets to handle a dynamic labour market ...

In tomorrow’s job market adaptability, resilience, buoyancy and entrepreneurial capabilities are of growing importance. This is because of the increased pace of change fuelled by technological innovation and globalisation increases the need for workers to handle minor and major transitions. Workers will need the capability to handle a career dead-end (or job loss) and create their own job in another space. The character traits of a resilient individual represent aptitudes and mindsets which are learned over time and not easily built into a structured curriculum. However, these ‘soft’ skills may be increasingly vital for people to thrive in tomorrow’s labour market.”

Source: Hajkowicz SA, Reeson A, Rudd L, Bratanova A, Hodggers L, Mason C, Boughen N (2016) Tomorrow’s Digitally Enabled Workforce: Megatrends and scenarios for jobs and employment in Australia over the coming twenty years. CSIRO, Brisbane.

“Aptitudes and mindsets to handle a dynamic labour market ...

“For those with the right skills and aptitudes (not just technical but also interpersonal), the prospects for meaningful employment have never been better. Job tasks that involve creativity, complex judgement, advanced reasoning, social interaction and emotional intelligence are beyond the reach of even the most advanced artificial intelligence and automation. Jobs that place emphasis on these tasks are likely to experience growth in the decades ahead. Jobs that involve repetitive, rules-based, structured and routine tasks (either manual or cognitive) are at risk of being replaced by automated systems and/or offshoring.”

Source: Hajkowicz SA, Reeson A, Rudd L, Bratanova A, Hodggers L, Mason C, Boughen N (2016) *Tomorrow's Digitally Enabled Workforce: Megatrends and scenarios for jobs and employment in Australia over the coming twenty years*. CSIRO, Brisbane.

Psychological Health @ Work

Wellbeing at Work 2014-2018 Strategy on a Page



PILLARS	1. OUR PEOPLE AND LEADERS	
Objectives	Enhance the wellbeing of individuals and teams	
Initiatives	1.1	Develop and grow all our people to contribute positively to, and take responsibility for, their own wellbeing and the wellbeing of those around them.
Build on existing initiatives	1.2	Develop and grow our leaders to model and promote behaviours and attributes that foster a climate of wellbeing founded on our CSIRO Values and Code of Conduct.
New	1.3	Build our leaders' personal accountability for the wellbeing of their people and teams, including encouraging the creative exchange of ideas and the active and early resolution of conflict.
Current State	Patchy awareness amongst leaders and team members, as to the importance of local wellbeing climates; their personal responsibilities in their creation and maintenance; and varying levels of competence to enact.	

Psychological Health @ Work

2. SYSTEMS, STANDARDS AND PROCEDURES	3. SUPPORTING WELLBEING THROUGH PROFESSIONAL PARTNERSHIPS	4. GOVERNANCE, MEASUREMENT, AND REPORTING
Support wellbeing through clear and effective systems, standards and procedures	Provide professional advice, guidance and support for the wellbeing of individuals and teams	Measure, monitor and report wellbeing climate and performance, and use data to inform improvement
<p>2.1 Establish a 'Wellbeing at Work' standard, that integrates with our People Policy and Code of Conduct and makes clear the organisation's commitment to wellbeing and what is expected of leaders and staff.</p>	<p>3.1 Boost our capacity to operate collectively to build our psychological wellbeing capability, and create a shared vision of what's required for wellness, prevention and early intervention.</p>	<p>4.1 Develop and implement methods integrated with risk assessment processes to assess, monitor and report workplace wellbeing at the individual, team and organisational level.</p>
<p>2.2 Develop and implement an ongoing program of engagement and communication that builds and sustains widespread awareness of, and commitment to, wellbeing at work.</p>	<p>3.2 Develop and implement an integrated approach to enable the delivery of seamless advice and interpretation to our people and leaders on psychological health and wellbeing case management.</p>	<p>4.2 Leverage and extend existing steering and governance arrangements (e.g. Diversity & Inclusion and HSE Committees) to support translation of this wellbeing strategy to practice, and oversee rigorous performance reporting and continuous improvement.</p>
<p>2.3 Strengthen the embedding of wellbeing principles into employee lifecycle systems and procedures, including selection, advancement, and performance management and HSE risk assessment to ensure that people's skills, motivations, and organisational fit are appropriate to their roles.</p>		
<p>Some current procedures are not well understood or the benefits are yet to be realised. There is an awareness that change is required in some areas; and there is evidence of some best practice improvements being made.</p>	<p>Spectrum of cross-discipline trust and partnering models; awareness of the need to strengthen working together.</p>	<p>Enterprise level mechanisms exist to provide some assessment of wellbeing at the whole of organisation and business unit level. No formal governance bodies exist to steer or monitor wellbeing; systems for wellbeing reporting are not available.</p>

Our HSE journey: striving for zero harm

5 Success pillars

