Our Wellbeing at Work Vision towards 2018

CSIRO is a place where all our people:
Are healthy, flourish and want to work.
Go home safely and share a sense of achievement.
Build trust and respect each day with colleagues and partners, knowing that with trust comes accountability.

At CSIRO:
Our creative spirit inspires us to explore new horizons.
We strive towards a healthy, safe and sustainable future.
We work together with integrity in everything we do.
We embrace excellence in our science and our partnerships.
CSIRO has long been committed to staff engagement and wellbeing. Current measures of the health of our innovation culture and operating conditions place us in promising or leading categories for several indicators. The 2012 all staff survey results show engagement levels at 83 per cent and staff wellbeing at 71% favourable (based on 9 benchmarked survey questions). Further, CSIRO’s enterprise separation and absenteeism rates are lower than the Australia Public Service (APS) average, and CSIRO’s Comcare premium for 2012/13 remains significantly below the average of all Commonwealth agencies.

These ‘healthy culture’ metrics have been achieved through a focus on the development of CSIRO’s cultural foundations. This includes:

- communication and education of staff about our Values Compass and Code of Conduct standards;
- continuous review and refinement of our award winning flexible work practices;
- policies, procedures and guidelines for reporting grievances and misconduct;
- a comprehensive suite of training for leaders at the new, experienced and senior levels;
- guidance and training for managers in communication, consultation, and the way we work;
- training leaders, HR and other key stakeholders in change management;
- articulation of role accountability statements and capability profiles;
- Strategies and Plans for People, Values, Diversity and Inclusion, and Health, Safety and Environment.

In 2009 CSIRO commissioned an internal study and report into Psychological Health and Wellbeing which led to a number of initiatives in response.

During 2012-13, staff wellbeing increased in visibility as an issue for both government and private organisations, with a particular focus on psychological health and its interplay with physical wellbeing.

The focus in CSIRO was intensified with a Comcare Improvement Notice issued to a CSIRO Division in 2012; and ultimately led in 2013 to the commissioning of the independent (Pearce) investigation into allegations of inappropriate behaviour.
This Strategy is informed by the Stage 1 recommendations of the Pearce Report – but is primarily a response under CSIRO’s 2011-15 Strategic Pillar 4 – Innovation Organisation. In developing this strategy we have also worked with Comcare as part of an agreed cooperative plan.

Whilst CSIRO is doing many things to support wellbeing at work, a focus on the psychological impact of culture and operating conditions has, as is the case in most organisations, been more implicit than explicit. CSIRO is now at a maturity level whereby it understands that much can be gained for our people, teams, and enterprise if it explicitly focuses on the culture and operating conditions that promote physical and psychological wellbeing, with psychological wellbeing explicit in our plans.

In 2009 CSIRO commissioned an internal study and report into Psychological Health and Wellbeing which led to a number of initiatives in response
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What do we mean by Wellbeing at Work?

Many factors, both inside and outside the workplace, contribute to an individual’s wellbeing – and there is an interplay between the two. There are also many different ways of discussing wellbeing concepts, some focusing on prevention and positive factors, others on injury, stress and consequences.

For this Strategy, we have adopted some external constructs and adapted existing CSIRO models to frame our wellbeing scope and focus. We have characterised the macro factors that comprise an individual’s wellbeing at work, in two parts – psychological and physical – while acknowledging the very important relationship between the two.

For the macro factors affecting an individual’s wellbeing at work, we have adapted the Comprehensive Workplace Health Promotion model\(^1\). This model categorises workplace factors affecting an individual’s wellbeing into three areas:

1. **Occupational Health and Safety** (OH&S) relates to reducing work-related injury, illness and disability by addressing environmental issues in the workplace such as ergonomics, chemical hazards, air quality etc.

2. **Lifestyle Choices and Practices** relates to reducing the risk or incidence of illness and promoting healthy lifestyle choices through awareness raising and education programs.

3. **Culture** relates to removing or mitigating stressors and increasing peoples’ job satisfaction, engagement and productivity by improving the way work is organised and done, how change is managed, and how people engage, lead and support. CSIRO has described the dimensions of its culture and operating conditions in its Innovation Roadmap. Key factors that affect wellbeing are described later in terms of this Roadmap.

The APS and Comcare in the recent publication, ‘Working Together: Promoting mental health and wellbeing at work’ (2013) note the considerable influence of culture on individual wellbeing outcomes. They recommend that organisations: take more responsibility for employee wellbeing at work; don’t assume it’s an employee’s responsibility alone; and place more focus on optimising conditions to enhance employee wellbeing and reducing factors that cause stress. This is the approach that CSIRO is taking with this Strategy.

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\(^1\) The Comprehensive Workplace Health Promotion (CWHP) model was developed by The Health Communication Unit, Centre for Health Promotion, University of Toronto and sourced from Comcare’s ‘Effective Health and Wellbeing Programs’ publication, 2010
A Comprehensive Workplace Health Promotion (CWHP) model

Macro factors affecting an individual’s wellbeing at work

**Key Message:**
Wellbeing at work comprises the interplay of the physical and psychological

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**CSIRO’s Innovation Roadmap**

<table>
<thead>
<tr>
<th>LEADERSHIP</th>
<th>ENVIRONMENT</th>
<th>PEOPLE</th>
<th>CONNECTEDNESS</th>
<th>RESOURCES</th>
<th>OPERATIONAL APPROACH</th>
</tr>
</thead>
</table>
| • Strategic clarity  
  • Innovation leadership | • Trust and respect; debate and challenge  
  • Staff engagement and empowerment  
  • Risk-taking  
  • Organisational learning  
  • Physical workspaces | • Alignment of skills, track record and cultural fit  
  • Diversity  
  • Innovation skill development | • Transparency and openness  
  • Connectivity  
  • Multi / inter disciplinary partnerships  
  • Client engagement | • Resource sufficiency and balance  
  • Headspace  
  • Infrastructure and technology | • Internal processes  
  • Path to impact  
  • Recognition and rewards  
  • Governance |

Comprehensive Workplace Health Promotion (CWHP) model (The Health Communication Unit, 2006; sourced from Comcare’s ‘Effective Health and Wellbeing Programs’ publication, 2010, and adapted for CSIRO)
What is the Scope of the Wellbeing Strategy?

CSIRO’s Wellbeing at Work Strategy is explicitly focused on the effect of our culture and operating conditions on the psychological wellbeing of our people, and its interplay with their physical wellbeing.

The Strategy is not explicitly focused on physical wellbeing risks nor is it focused on programs that support healthy lifestyle choices for our people. These focus areas are already addressed in CSIRO’s 2011-15 Health Safety & Environment (HSE) Strategy. The Wellbeing Strategy is designed to complement and integrate with our HSE and People Strategies, and our Diversity & Inclusion Plan.

The Strategy is about strengthening our innovation culture and operating conditions in the key areas that positively contribute to the wellbeing of our people and remediating in areas that detract from wellbeing.

From our review of extensive internal and external literature and data sources, we know that the key psychological wellbeing factors that affect our people are:

1. Our **operational approaches**, such as those associated with resource allocation, effort logging, project management, general administration and client engagement.

2. **Resources** (financial pressures and time for creativity) and job security.

3. **Leadership** and related areas such as role clarity, meaningful work, collaboration, team relationships, flexible work arrangements and development opportunities.

Remediating wellbeing issues associated with our operational approach and financial resources is outside the scope of the Wellbeing Strategy. This is because it is in scope for two organisational review programs, namely, the Operating Arrangements and Financial Sustainability Reviews.

The cultural and operational conditions that are in the scope of the Wellbeing Strategy are:

1. People and Leadership;

2. People systems, standards and procedures;

3. Supporting wellbeing through professional partnerships; and

4. Governance, measurement and reporting.
Who is CSIRO’s Wellbeing Strategy for?

An individual’s wellbeing state, whether physical or psychological, can be considered along a continuum from “injured” (or with pre-existing unhealthy conditions) to “well”, and the nature and urgency of the interventions that will benefit an individual depend on where they sit on that continuum.

CSIRO’s Wellbeing at Work Strategy is for all of our people:

- the 1 in 5 likely to experience symptoms of a mental illness;
- the 50% that will experience a mental health related condition in their lifetime;
- the majority who are well for most of the time.

Within this latter group there are the naturally expected ebbs and flows of wellbeing. On some days we feel well and energetic, make progress toward our aspirations, and are in good spirits. On other days, we may feel run down, accomplish very little, and experience frustration (Scott, Colquitt, Paddock, & Judge, 2010, p. 127).

**Wellbeing at Work Strategy 2014-18**

- **Reactive activities** (urgency to act)
- **Proactive activities** (engage, support, develop, recognise)

**OUR VISION**
Supporting everyone to be safe, healthy and share pride in their achievements

**ONE out of FIVE**
Australians each year are estimated to experience symptoms of a mental disorder (DoHA 2009b)
What is the Wellbeing Imperative?

- Around 7.3 million of Australians aged 16 – 85 will experience a mental health related condition in their lifetime (National Survey of Mental Health and Wellbeing, 2007)
- 70% failed change programs attributed to poor organisational health
- 1.9m Australians (9% of the population) received public or private mental health services in 2010–11
- $6.9 bn spent on mental health related services in Australia during 2010–11
- 4x more likely to lose talent where an organisation does not manage health and wellbeing well
- Just under 7% of employees in any organisation will develop clinically significant depressive symptoms in any one year
- One out of five Australians each year are estimated to experience symptoms of a mental disorder (DoHA 2009b)

Successful programs:
- 25.3% reduced sick leave
- 40.7% reduced compensation costs
- 24.2% reduced disability management costs

save $5.81 for every $1 invested in employee health and wellbeing (Chapman, 2007)
WHAT IS THE WELLBEING IMPERATIVE

- Increased engagement
- Improved sense of meaning
- Increased motivation
- Improved views on leadership
- Improved relationships between colleagues
- Increased satisfaction
- Increased productivity
How was the Wellbeing Strategy developed?

In formulating our Wellbeing at Work Strategy, we have:

- spoken with leading organisations;
- undertaken extensive literature and best practice reviews;
- spoken with acknowledged subject matter experts (such as Comcare’s Centre of Excellence);
- noted the focus areas agreed with Comcare in our Cooperative Plan, and the Pearce General Findings Report;
- reviewed our own internal data sources such as the 2009 Psychological Health and Wellbeing Report, the 2012 Working in CSIRO survey, and the 2013 Speaking up in CSIRO survey.

We also consulted with our staff, the CSIRO Staff Association, and with our Human Resources and Health, Safety and Environment professionals.

CSIRO’s Wellbeing Strategy was developed in accordance with the ADKAR principles of significant change, these being:

- Creating **Awareness** of the need for change (‘burning platform’),
- Creating **Desire** for the changed state (what’s in it for our people),
- Promoting **Knowledge** and **Ability** to achieve the desired state, and
- **Reinforcement** of change state through systems, standards and procedures and (leadership) practices!
**Wellbeing at Work 2014-2018 Strategy on a Page**

<table>
<thead>
<tr>
<th>PILLARS</th>
<th>1. OUR PEOPLE AND LEADERS</th>
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</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
<td>Enhance the wellbeing of individuals and teams</td>
</tr>
<tr>
<td><strong>Initiatives</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Build on existing initiatives</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>New</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Current State</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
## Wellbeing at Work Strategy 2014–18

### Objectives

1. Enhance the wellbeing of individuals and teams through 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.
   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.
   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.

### Support wellbeing through clear and effective systems, standards and procedures

| 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. |
| 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. |
| 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. |

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.

### Support wellbeing through professional partnerships

| 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. |
| 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. |

Spectrum of cross-discipline trust and partnering models; awareness of the need to strengthen working together.

### Governance, measurement, and reporting

| 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. |
| 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. |

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.
<table>
<thead>
<tr>
<th>STRATEGY PROGRESS</th>
<th>1. OUR PEOPLE AND LEADERS</th>
<th>2. SYSTEMS, STANDARDS AND PROCEDURES</th>
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</thead>
<tbody>
<tr>
<td>Current (2014)</td>
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<td>Mid-strategy (2015-2017)</td>
<td>Increasing and more consistent awareness amongst leaders and staff as to the importance of wellbeing, their personal responsibilities for wellbeing at work, and growing levels of competence to enact. More consistent flow of information and support practices experienced by leaders and staff</td>
<td>Systems and procedures affecting wellbeing are beginning to be understood / redesigned and the benefits for wellbeing are beginning to be realised. Awareness of required change has developed into accountable actions and many best practice improvements are being realised.</td>
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<td>2018 and beyond</td>
<td>The importance of focusing on wellbeing and the personal responsibility of staff and leaders is clearly understood throughout the organisation (including how change is managed) and competence to support wellbeing is evident.</td>
<td>Wellbeing informs our people procedures, which are well understood and applied consistently in the spirit intended. There is widespread understanding of how systems, standards and procedures proactively contribute to wellbeing in the workplace.</td>
</tr>
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</table>

**Measures of success**

- Increased participation in wellbeing promotion activities at all sites
- Improved feedback in all-staff survey results
- Leaders at all levels seeing and supporting the benefits of wellbeing at work
- Wellbeing programs included in business unit plans and championed throughout organisation
- Improvement in:
  - HR metrics (e.g. absenteeism, grievances, misconduct, bullying and harassment complaints, EAP referrals etc)
  - Performance and productivity metrics (e.g. employee engagement)
  - Cultural metrics (e.g. speaking up, team effectiveness)
Wellbeing at WORK Strategy 2014 - 2018 pillars

1. Our people and leaders

Current (2014)
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.

Inconsistent information or support practices experienced by leaders and staff.

Some current procedures are not well understood or the benefits are yet to be realised.

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Mid-strategy (2015-2017)
Increasing and more consistent awareness amongst leaders and staff as to the importance of wellbeing, their personal responsibilities for wellbeing at work, and growing levels of competence to enact.

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Systems and procedures affecting wellbeing are beginning to be understood / redesigned and the benefits for wellbeing are beginning to be realised.

Awareness of required change has developed into accountable actions and many best practice improvements are being realised.

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The importance of focusing on wellbeing and the personal responsibility of staff and leaders is clearly understood throughout the organisation (including how change is managed) and competence to support wellbeing is evident.

Wellbeing informs our people procedures, which are well understood and applied consistently in the spirit intended.

There is widespread understanding of how systems, standards and procedures proactively contribute to wellbeing in the workplace.

Measures of success
• Increased participation in wellbeing promotion activities at all sites.
• Improved feedback in all-staff survey results.
• Leaders at all levels seeing and supporting the benefits of wellbeing at work.
• Wellbeing programs included in business unit plans and championed throughout organisation.
• Improvement in:
  – HR metrics (e.g. absenteeism, grievances, misconduct, bullying and harassment complaints, EAP referrals etc).
  – Performance and productivity metrics (e.g. employee engagement).
  – Cultural metrics (e.g. speaking up, team effectiveness).

3. Professional partnerships

Spectrum of cross-discipline trust and partnering models.

Awareness of the need to strengthen working together.

4. Governance, measurement and reporting

Enterprise level mechanisms exist to provide some assessment of wellbeing at the whole of organisation, Group and Division level.

No formal governance bodies exist to steer or monitor wellbeing.

Systems for wellbeing reporting are not available.

Increasing cohesion of cross-disciplines to provide consistent and timely information where needed.

Demonstrable commitment to working together on wellbeing evidenced through common goals and objectives.

Greater and more consistent utilisation of Enterprise level mechanisms to assess wellbeing and inform improvement.

Established wellbeing governance body and/or steering committee.

Robust systems for wellbeing reporting at the Enterprise level are increasingly being put in place and utilised.

HR and HSE professionals are trusted advisors to each other and proactively partner to provide responsive, co-ordinated and integrated support and advice to our people and leaders in support of an actively caring culture.

Well established, robust, assessment monitoring and reporting mechanisms exist, as well as oversight, steering and governance arrangements.
In Practice Pillar 1 Our people and leaders

OBJECTIVE
Enhance the wellbeing of individuals and teams.

Skilled and accountable leaders are critical for creating a wellbeing environment in which a diverse and inclusive workforce can boost CSIRO’s impact and science excellence. CSIRO will build on its existing learning and development framework to provide targeted wellbeing knowledge and skills for our people, teams and leaders tailored to their role in the organisation. CSIRO will ensure implementation of the program through a high level steering committee with accountability for delivery and a managed change and communications process.

SUCCESS IN 2018
• Improved ability of our people to assess and positively influence individual wellbeing in the workplace.

• Leaders across the organisation with the ability and mindset to apply wellbeing competencies effectively in changing work situations.

• Teams achieving results by working in harmony to ignite the talents of each individual towards common goals.

• A comprehensive, widely available suite of leadership and personal development programs to build capacity to create and contribute to an environment of wellbeing.

• Internal resources and toolkits developed and implemented for supporting:
  - Team Effectiveness
  - Conflict resolution
  - Resilience
  - Wellbeing Culture
  - Risk assessments (and measuring and monitoring follow up actions) as a standard meeting protocol.

CASE STUDY
CSIRO’s ‘It Takes a Team’ (ITaT) program is aimed at creating a positive team culture and developing team effectiveness by addressing the many factors that contribute to team success. The program has been trialed in a team in the MMM Group who used the ITaT diagnosis tools and conversation guide to analyse team challenges and areas for development. The process led to the design of a workshop series which will be facilitated over a 6-8 month timeframe. This approach provides our HR staff with the resources to proactively build team and individual effectiveness and develop the ability of leaders to create a positive wellbeing environment within their teams.
In Practice Pillar 2 Systems, standards and procedures

**OBJECTIVE**

Support wellbeing through clear and effective systems, standards and procedures.

If CSIRO is to realise its wellbeing vision then we must define our expectations of our people and leaders through enabling systems, standards and procedures. A Wellbeing at Work Standard, accompanied by appropriate measurement and reporting frameworks, will provide that guidance and clarify the organisation’s commitment.

These procedures, applied in a spirit of improvement rather than compliance, will empower CSIRO leaders and staff to ensure that the right people, with the right skills, motivations, team and organisational fit, are in the right roles at the right time.

**SUCCESS IN 2018**

- CSIRO’s *Wellbeing at Work Standard* sets the foundation for the organisation’s commitment to the health and wellbeing of staff.
- Leaders across the organisation actively support the wellbeing of our people every day and in all that they do.
- Leading, whole of life cycle systems and procedures are in place to measure, monitor and report on wellbeing matters.
- CSIRO procedures and practices ensure the right people, with the right skills, motivations, team and organisational fit, are in the right roles, at the right time.
- Together CSIRO leaders and staff now anticipate and proactively address emerging workplace health and wellbeing matters.
- CSIRO is recognised and respected as having leading wellbeing at work systems, standards and procedures.

**ELIMINATING PSYCHOSOCIAL RISKS AT WORK**

1. **IDENTIFY**
   (within the relevant work area)
   - Psychosocial risks:
     - Organisational change
     - Leadership
     - Work systems
     - Workplace culture and relationships
     - Workforce characteristics

2. **ASSESS**
   - Impact of risks:
     - Behaviours or practices which exist to lessen / reduce the impact or risk of the hazard
     - Behaviours or practices which may contribute or exacerbate the impact or risk of the hazard

3. **CONTROL & MONITOR**
   - Take action on problem risk factors:
     - Implement corrective actions to address risk factors such as:
       - Training Policies
       - Increase resources
       - Regularly monitor workloads
       - Reduce workloads

**IDENTIFY**

**ASSESS**

**CONTROL & MONITOR**
CASE STUDY

CSIRO’s Duty of Care to prevent and manage individual and psychosocial risk at work

In December 2012 CSIRO introduced two new innovative risk assessment processes which are now embedded in organisational Human Resource and Health and Safety procedures and practices. CSIRO has been asked to speak about these new processes at conferences and forums and to share them and our learnings from their implementation with other public sector agencies, private sector organisations and universities.

1. Individual Health Risk Assessment
To inform management actions and decisions by identifying, assessing and controlling health risks (including psychological) for an individual participating in an organisational procedure (e.g. misconduct, grievance redundancy).

2. Psychosocial Workplace Risk Assessment
To identify, assess, control and monitor psychosocial risk factors (e.g. leadership, change, relationships, conflict, systems of work) for a whole workplace.

To be conducted when allegations of bullying or harassment are made and as part of health and safety Risk Management Guidelines.
In Practice Pillar 3 Supporting wellbeing through professional partnerships

OBJECTIVE
Provide professional advice, guidance and support for the wellbeing of individuals and teams.

Alignment of HR and HSE effort is critical to ensuring staff are supported in an informed and responsive manner. A deep understanding of individual and shared roles across the two groups and a shared understanding of what is required for wellness, injury prevention, early intervention and active management of complex cases are key success factors.

CSIRO will establish a framework for early recognition of, and cooperative responses to, situations that impact wellbeing.

CSIRO will also clarify and establish mechanisms for the appropriate sharing of relevant information across HR and HSE to ensure that organisational process do not impede the recognition and response.

SUCCESS IN 2018

- Early recognition and rapid response to wellbeing concerns and issues across leaders and support staff is the norm.
- Deep understanding by HR and HSE of their individual and shared roles in prevention, intervention and active management of people matters including injury and complex cases.
- Reduced number and complexity of people, health and safety management cases.
- Staff confident to raise issues early, with the knowledge that the organisation has a clear framework to rapidly assess and plan resolutions.
- CSIRO recognised as a leader in psychological health and wellbeing management.

CASE STUDY
Complex Injury Case Management

CSIRO’s injury management and rehabilitation procedures were revised in early 2013 to provide guidance on the management of work related and non work related injuries. The procedures also provide a framework for complex injury case management with multiple opportunities for connectedness and understanding across HR and HSE. The procedures have been put into practice for several cases. By working together to understand their relative individual roles, HR and HSE staff involved with these cases have successfully developed a shared understanding and cohesive path forward towards the recovery and resolution of these cases. HR, HSE and key stakeholders involved indicate that they have a greater understanding of the organisation’s approach to the management of complex injury management cases and how to escalate situations early to manage any potential future issues.
In Practice Pillar 4 Governance, measurement and reporting

OBJECTIVE
Measure, monitor and report wellbeing climate and performance, and use data to inform improvement.

Effective support for psychological wellbeing in the organisation requires mechanisms to assess and monitor our wellbeing profile and identify gaps in our performance. This requires systems to:

• Measure psychological wellbeing at the individual, team and organisational levels.
• Guide areas for improvement.
• Transparently report on CSIRO’s progress.

Implementation of the Wellbeing Strategy will become an integral part of our operational planning cycle. Our performance will inform improvement strategies to ensure we continue to aspire to excellence in promoting the wellbeing of our people. Our governance processes will guide development of targets and plans at enterprise and local levels.

SUCCESS IN 2018
• Psychological Wellbeing is effectively measured at the individual, team and organisational level.
• Psychological Wellbeing Plans developed and implemented for local environments informed by our Innovation Roadmap and workplace risk assessment.
• Visible and measurable year on year improvements in psychological wellbeing (subjective and objective measures).
• Improved ability to track and report on the state of psychological wellbeing in CSIRO with lead indicators.
• Improved ability to develop, identify and guide activities that support psychological wellbeing.

CASE STUDY
Governance, measurement and reporting

The Working in CSIRO survey was undertaken in 2012 to gather data on key organisational factors including leadership, operating environment, wellbeing, values, engagement and diversity.

The findings informed new activities and strengthened existing initiatives to help improve in areas identified by staff. The top three areas of priority across the organisation were:

• Internal collaboration and knowledge transfer across teams.
• Management of change.
• Processes for resource allocation and engagement.

Addressing these priorities in combination with ongoing activity at the local level will help to provide a better working environment and reduce stress on individuals.
A model for Wellbeing in CSIRO

Wellbeing imperative

What is the Wellbeing Imperative

70% failed change programs
70% failed organisational health
1.9m Australians (9% of the population) received public or private mental health services in 2010-11
Just under 7% of employees in any organisational sector develop clinically significant depressive symptoms in any one year

Successful programs:
- 25.3% reduced sick leave
- 66.3% reduced organisational costs
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Wellbeing at Work Strategy 2014-18

Reactive activities
(urgency to act)

Proactive activities
(engage, support, develop, recognise)

Wellbeing

Strategic impact

OUR VISION

CSIRO is a place where all our people:

Are healthy, flourish and want to work
Go home safely and share a sense of achievement
Build trust and respect each day with colleagues and partners knowing that with trust comes accountability

At CSIRO:

Our creative spirit inspires us to explore new horizons
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CURRENT SUPPORT PROGRAMS

- Diversity and Inclusion
- Enterprise Agreement
- Code of Conduct
- Values Compass
- L&D Plan
- HSE Strategy
- Comcare Cooperative Plan

IN SCOPE

- Diagnosis and reporting of organisational stressors
- Independent investigator’s recommendations
- Comcare Cooperative Plan
- Integrating and complementing psychological wellbeing initiatives with physical wellbeing initiatives in the HSE Strategy

OUT OF SCOPE

- Redesigning systems and processes for e.g. deployment and investment
- Duplication or subsuming of physical wellbeing initiatives in the HSE Strategy
CSIRO’s Wellbeing at Work Strategy is for all our people, all of the time, acknowledging the natural ebbs and flows of wellbeing irrespective of the starting point.

As wellbeing at work is a new explicit frontier for society and CSIRO, our Strategy is a long term commitment, designed on the ADKAR principles of significant cultural change.
Research – key findings

- Psychological wellbeing is not a single phenomenon – it has multiple and diverse aspects which are influenced by a variety of factors (Searle, 2013).

- There can be substantial variation in wellbeing from one day to the next. On some days, we feel well and energetic, make progress toward our aspirations, and are in good spirits. On other days, we may feel run down, accomplish very little, and are frustrated (Scott, Colquitt, Paddock, & Judge, 2010, p. 127).

- Individual factors that affect psychological wellbeing include: personal resilience, optimism, locus of control, personality style, moods, thinking style, psychological and physical health, sense of progression towards goals and aspirations, feelings of competence and mastery, and influences from outside the workplace (e.g. support networks).

- Responsibility needs to be at an organisational level, with flexible application at the local level (Munn-Giddings, Hart, & Ramon, 2005).

- Need to provide a way for employees to make their wellbeing needs known (Grawitch, Gottschalk, & Munz, 2006).

- Can be promoted via programs and initiatives, job design, interactions with colleagues and supervisors/leaders, skills training, work-life balance, operating environment, job/career opportunities, recognition and reward etc.

- Important to recognise and address the interplay between the preventive and reactive activities (Reynolds, 1997).

- Wellbeing is a “wicked” problem! Success requires engaged leaders, alignment to other strategies/plans, broad scope, accessibility, partnerships, and effective communication (Berry, Mirabito, & Baun, 2010; Grawitch, Gottschalk, & Munz, 2006).

- Psychological wellbeing is not simply an absence of mental illness. It is about being mindful of individual needs, fostering positive climates, and taking the time to make work fulfilling and meaningful so that everyone can have a sense of pride and satisfaction and be their best at work.

- Definitions:
  - *Mental health and wellbeing* is the state in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively, and is able to make a contribution to his or her community (World Health Organisation).
  - *Psychological wellbeing factors*: Self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery and autonomy (Ryff, 1989).
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