

# POLICY ON WELLNESS MANAGEMENT

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### 1. INTRODUCTION

The Department recognises that the health and wellbeing of Employees directly impact on the productivity of the entire organisation. The goal of Wellness Management is to enable the Department to sustain higher levels of performance as well as for individuals to enjoy life.

### 2. PURPOSE

The purpose of this Policy is to provide guidelines for implementation of Wellness Management programmes in the workplace.

### 3. OBJECTIVES

The objectives of this Policy are to provide measures to:-

- 3.1 create an organisational culture conducive to Wellness and comprehensive identification of Psycho- social health risks;
- 3.2 support Work-Life Balance through flexibility of policies to accommodate work, personal and family needs;
- 3.3 improve the individual wellness which includes the promotion of physical, social, emotional, occupational, spiritual, financial and intellectual wellness of individuals in the workplace; and
- 3.4 address the Wellness needs of Employees through preventative and curative measures.

### 4. SCOPE OF APPLICABILITY

This Policy applies to all Employees in the Department.

# 5. LEGISLATIVE FRAMEWORK

This Policy is governed by the following legislation and Policy documents:

- 5.1 Basic Conditions of Employment Act, 1997 (Act No.75 of 1997)
- 5.2 Compensation for Occupational Diseases and injuries Act, 1993 (Act No 130 of 1993)
- 5.3 Disaster Management Act, 2002 (Act No .57 of 2002) and National Disaster Management Framework.
- 5.4 EAP Standards and Professional Guidelines for Employee Assistance Programme, 2010 Edition.
- 5.5 Employee Health and Wellness Strategic Framework for the Public Service, 2008
- 5.6 Employment Equity Act, 1998 (Act No. 55 of 1998)
- 5.7 Labour Relations Act, 1995 (Act No. 66 of 1995)
- 5.8 Mental Health Care Act, 2002 (Act No. 17 of 2002)
- 5.9 National Sports and Recreation Act, 1998 (Act No .110 of 1998)
- 5.10 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)

- 5.11 Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)
- 5.12 Public Service Act, 1994 (Proclamation 103 of 1994) and Public Service Regulations, 2001.
- 5.13 Tobacco Products Control Amendments Act, 1999 (Act No. 12 of 1999)

# 6. DEFINITIONS, ABBREVIATIONS AND ACRONYMS

For the purpose of this Policy:

- 6.1 "Department" means the KwaZulu-Natal Provincial Department of Social Development;
- 6.2 "Employee" means any person in the employ of the Department;
- 6.3 "Employee Health and Wellness" or "EHW" means the promotion and maintenance of the highest degree of physical, mental, spiritual and social wellbeing in all occupations, which includes prevention of illness caused by working conditions, protection of Employees in their employment from risks resulting from factors adverse to health; placement and maintenance of Employees in an occupational environments adopted to optimal physiology and psychological capabilities; and the adaptation of work to Employees and of each Employee to his/her job:
- 6.4 "EWP" refers to Employee Wellness Programme;
- 6.5 "HOD" refers to the Head of Department;
- 6.6 "Intervention" means therapeutic and professional guidance to an Employee in order to overcome his/her illness caused by working conditions and other emotional, physical and social conditions;
- 6.7 "Immediate family" means an Employee's spouse or life partner, parents, adoptive parents, grandparents, children, adopted children, grandchildren or siblings;
- 6.8 "Physical Wellness" means the promotion of wellbeing of one's body to ensure optimal health and functioning;
- 6.9 "PSA" refers the Public Service Act, 1994;
- 6.10 "Social Wellness" means the positive and interdependent relationship with others and nature;
- 6.11 "Wellness" means a process of becoming aware of and making choices towards a healthy and fulfilling life; and
- 6.12 "Workplace programme" means programs that are a part of the overall departmental strategy for a healthy workplace.

### 7. PRINCIPLES

# 7.1 Confidentiality

- a) Confidentiality will be maintained for all Employees utilizing the Wellness Management programme.
- (b) Breach of confidentiality will warrant disciplinary procedures to be implemented against the responsible Employees.

# 7.2 Professionalism and Autonomy

- a) Only registered professionals are allowed to provide therapeutic interventions.
- b) As far as possible the generic principles of respect for autonomy, beneficence and distributive justice must guide the actions of all professionals working in the field of Wellness Management.

# 7.3 Accessibility

a) Wellness services must be easily accessible to all Employees at all levels of employment and their immediate family members either as referrals from supervisors and other colleagues or on a voluntary self-referral basis.

### 7.4 Coherence and Cohesiveness

- (a) The application of this Policy must be compatible with all human resource management and development processes.
- b) The Policy measures must not contradict the measures of other related policies applicable in the department.

# 7.5 Performance Focus

- a) Employee participation in the EWP is voluntary;
- b) Utilisation of the programme must not jeopardise and Employee's promotional opportunities or affect job security;
- c) Employees participating in the EWP must not be deprived of any benefits provided under current agreements or departmental policies;
- d) Employees have a right to accept or not accept the recommendations regarding counselling or treatment but, in such circumstances, the Employee will not be guaranteed assistance should further related instances of unacceptable behaviour or job performance arise;

- e) If Employees accept treatment or counselling programmes but subsequently default or discontinue the programme, then further related job performance or behaviour problems must be dealt with according to other departmental policies; and
- f) Participation in the EWP does not replace standard disciplinary or incapacity procedures.

# 7.6 Flexibility and adaptability

Wellness Management establishes and maintains a holistic approach to remedy personal, social and emotional problems.

### 8. WELLNESS MANAGEMENT PROGRAMME AND ACTIVITIES

# 8.1 Prevention Programmes

- a) The Department must conduct needs assessment to ensure an appropriate and effective programme.
- b) The Programme design must be based on an assessment and identification of department's and Employees needs as they relate to the EWP utilisation.
- c) The Department must conduct outreach, advocacy and Educational programmes to Employees and their immediate family members about availability of EWP services.
- d) The Department must provide confidential, appropriate and timely problem identification or assessment services for Employee's personal concerns that may affect job performance.
- e) The Department must encourage physical exercise, recreation and relaxation of Employees.
- f) The Department must encourage Employees to manage lifestyle diseases and health risks.
- g) The Department must encourage Employees to undergo medical check-ups and manage their health conditions.
- h) The Department must promote good nutrition, healthy diet and weight control.

# 8.2 TREATMENT AND SUPPORT PROGRAMMES

The Department must:-

- a) ensure appropriate referrals of Employees for diagnosed treatment, assistance, case monitoring and follow-up services;
- b) ensure the formation of linkages between the workplace EWP, community resources and service providers for such services;
- c) encourage Employees to access health care options;

- d) follow up services for Employees who have utilised the EWP;
- e) ensure appropriate marketing and promotion of the programme which must be realistic, honest, specific and consistent; and
- f) provide Employees with treatment benefits subject to approval by the Head of Department and the availability of financial resources.

### 8.3 REFERRALS

- (a) Employees can access the EWP either through self-referral, informal referral or formal referral, as explained hereunder:
  - (i) A self-referral occurs when an Employee voluntarily contacts EWP to seek assistance.
  - (ii) An informal referral occurs when a supervisor, friend or co-employee recommends the EWP to an Employee and
  - (iii) A formal referral is based on job performance results and a recommendation from an Employee's supervisor.
- (b) Employees may be assessed for referral to a service provider participating in the programme at any time.
- (c) Employees who voluntarily seek assistance from the EWP but do not want their supervisors to know of their participation, can arrange appointments outside of working hours, during lunch periods or during periods of approved leave.
- (d) The nature of an Employee's problem must not be disclosed, however, the supervisor must be kept informed of in-house consultations and external referrals which may affect the Employee's attendance at work.

### 8.4 TRAINING PROGRAMMES

- (a) Training on Employee Wellness Management must be offered to empower all Employees;
- (b) Specific supervisory training enables the supervisor, among others, to:-
  - (i) recognize and identify various problem signs and symptoms in his/her workforce;
  - (ii) ensure objectivity and consistency in managing the employees who require EWP services;
  - (iii) establish a sufficient knowledge base for referral procedures, documentation, referral data base and the contact numbers of the Employee Wellness Practitioners to refer Employees accordingly; and
  - (iv) reintegrate the Employees after treatment or rehabilitation.

# 8.5 DOCUMENTATION AND MAINTENANCE OF RECORDS

- (a) Proper safekeeping and up-to-date records are required to assist in the recognition and identification of problem signs, symptoms and monitoring of the interventions.
- (b) Employee records must only contain information that is directly related to and necessary for the provision of the service.
- (c) A separate filing system for the clinical information of the Employee utilizing the EWP services must be kept. Therefore, information pertaining to the precise nature of an Employee's problem(s) must be treated confidentially.
- (d) The supervisor must receive feedback on a referred case, but without any breach of confidentiality.
- (e) Follow-up services must be monitored and recorded accordingly.
- (f) All records of closed cases or of those Employees who have exited the services are to be retained and disposed of in terms of the National Archives of South Africa Act, 1996 (Act No.43 of 1996).
- (g) There are limits to the confidentiality of records, including but not limited to:-
  - (i) when required by law and professional obligation, such as reporting a case of abuse or neglect;
  - (ii) bona fide professional assistance;
  - (iii) when the Employee signs a consent for release of information form:
  - (iv) situations deemed potentially "life threatening" (where there is sufficient evidence to raise serious concern about the physical well-being and safety of the Employee, or about others who may be threatened by the Employee, steps shall be taken as are judged necessary); and
  - (v) compliance with a court order or a subpoena.

### 8.6 SICK LEAVE

The normal sick leave provisions contained in the Determination on Leave of Absence in the Public Service, are applicable to an Employee utilizing the EWP, provided that:-

(a) the department procedures regarding incapacity are instituted in the event that an Employee is too ill to perform his/her current work; and

(b) the Supervisor concerned examines opportunities to reasonably accommodate such an Employee in an endeavor to keep such employee economically active for as long as he/she is medically fit.

### 8.7 DEFAULTING IN TREATMENT

- a) In the event of an Employee defaulting in the treatment programme, voluntarily or due to poor participation and motivation, then any payments made by the Department on behalf of the Employee must be recovered from the Employee;
- Should an Employee who has successfully completed treatment suffer a relapse, then a full report must be submitted to the HOD or his/her designee by the EWP recommending any further action to be taken;
- c) Employees must be informed accordingly of the provisions of the section 8.7(a) and (b) at the commencement of the treatment programme.

### 9. ROLES AND RESPONSIBILITIES

- 9.1. The Head of Department is responsible for:
  - a) ensuring the implementation of the Wellness Management Policy;
  - b) appointing a designated manager to champion the Wellness Management programmes; and
  - c) ensuring the necessary funds, infrastructure and resources are in place to establish and maintain the EWP.
- 9.2 The Employee Health and Wellness Manager is responsible for:
  - a) structuring, strategizing, planning and developing holistic Employee Wellness Programmes;
  - b) managing Employee Wellness strategies and Policies;
  - c) aligning and interface the organizational Wellness Policy with other relevant policies and procedures;
  - d) ensuring that financial and human resources are allocated for the management and implementation of the Policy and programmes;
  - e) liaising with, managing and monitoring external Employee Wellness interventions:
  - f) monitoring and evaluating implementation of Wellness interventions; and
  - g) planning interventions based on risks and needs analysis.

# 9.3 Supervisors are responsible for:-

- a) ensuring adherence to the provisions of this Policy;
- b) providing an enabling environment with open communication channels concerning Employee Wellness;
- c) attending training session on the management of Employees in the workplace, as well as all other activities relating to EWP;
- d) serving as a referral agent for Employees who may require assistance from the EWP;
- e) managing Employees who are presenting with performance related problems in accordance with the policies and prescripts;
- f) assisting with the aftercare of Employees after re-entry into the workplace by monitoring job performance and attendance; and
- g) assisting the Employees with reintegration into the workplace following intervention.
- 9.4 The Employee Health and Wellness Practitioner is responsible for:
  - a) coordinating the implementation of EWP's, projects and interventions;
  - b) planning, monitoring and managing EWP's in accordance with the strategies, Policies and budgetary guidelines;
  - c) analyzing and evaluating data, and communicate information and statistics to management;
  - d) coordinating activities of the Peer Educators;
  - e) promoting work-life balance for Employees;
  - f) establishing and managing a service provider database;
  - g) making provision for counseling to individual Employees and to their immediate family members; and
  - h) overseeing the functioning of physical and other recreational activities at the workplace, if available.
- 9.5 The Employee Health and Wellness Committee is responsible for:
  - a) overseeing the implementation of the Wellness Management programmes;
  - b) making inputs regarding Policy matters and implementation of procedures affecting the Wellness of Employees;

- c) discussing any incident or condition which might have a negative impact on the wellbeing of Employees;
- d) supporting the promotion of Wellness initiatives; and
- e) assisting with the conducting of surveys on attitudes and perceptions in order to identify particular needs of Employees.

# 9.6. The Peer Educator is responsible for:-

- a) acting as a focal point for the distribution of evidence-based and generic health and Wellness promotional material.
- b) taking initiatives to implement awareness activities or to communicate health and Wellness information;
- c) acting as a referral agent of Employees to relevant internal or external Wellness support programmes;
- d) identification of Employees needs and health risks;
- e) initiating and arranging staff training with regard to Employee health and Wellness;
- f) submitting monthly reports of activities to the Employee Health and Wellness Practitioner.

### 9.7 All Employees are responsible for:-

- a) familiarizing themselves with, and comply with the provisions of this Policy:
- b) respecting the rights of other Employees at all times, and not manifest prejudicial or discriminatory attitudes or behavior towards people who are experiencing problems;
- c) working with the parties to raise awareness and improve skills; and
- d) managing and preventing harmful myths and misconceptions.

# 10. MONITORING, EVALUATION AND REVIEW

The Policy will be monitored, evaluated and reviewed after three years or as and when the need arises.

# 11. EFFECTIVE DATE

This Policy is effective from the date of approval.

### 12. POLICY VERSION

This Policy is available in English version.

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This Policy shall be called the Policy on Wellness Management.

# 14. POLICY APPROVAL

This Policy is approved with effect from the 20 day of 0to be in the year 20H.

Algularym -ACTING HEAD OF DEPARTMENT

DEPARTMENT OF SOCIAL DEVELOPMENT