



Province of the
EASTERN CAPE

SOCIAL DEVELOPMENT
& SPECIAL PROGRAMMES

**INTEGRATED EMPLOYEE
WELLNESS POLICY**

Policy Registration No: 2012-315

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DEFINITIONS AND TERMS

For purposes of this policy, unless otherwise stated, the following definitions shall apply

- | | | |
|------|---|--|
| i | Chronic -Diseases of Lifestyle (CDL) - | Medical Research Council Defines chronic diseases of lifestyle (CDL) as a group of diseases that share similar risk factors as a result of exposure, over many decades, to unhealthy diets, smoking, lack of regular exercise, and possibly stress. |
| ii | Health Risk - Assessment | Method of describing an individual's chance of falling ill or dying of a specified condition using medical tools. |
| iii | Hypertension - | Hypertension or high blood pressure is the force of blood pushing against the walls of arteries as it flows through them |
| iv | Hyperglycaemia - | Condition characterized by excessively high levels of glucose in the blood, and occurs when the body does not have enough insulin or cannot use the insulin it does have to turn glucose into energy. |
| v | Body Mass - Index (BMI) | The Body mass index (BMI), estimates the ideal weight of a person based on their size and weight. The Body mass index is valid for an adult man or woman (18 to 65 years). |
| vi | Obesity - | The Medical Dictionary defines obesity as the state of being well above one's normal weight.
Obesity has been more precisely defined by the National Institutes of Health (the NIH) as a BMI of 30 and above. |
| vii | High LDL - Cholesterol | Cholesterol is a fatty substance found in animal tissue and is an important component to the human body. Problems can occur when too much cholesterol forms an accumulation of plaque on blood vessel walls, which impedes blood flow to the heart and other organs. |
| viii | Immediate - family | Refers to the employee's parent, adoptive parent, grandparent, child, adopted child, grandchild or sibling. |
| ix | Integrated -Employee Wellness -Programme | The Integrated Employee Wellness Programme is a holistic workplace strategy aimed at reducing risks to health and wellness of the organization and its employees. The Integrated Employee Wellness Framework as outlined in the Department of Public Service and Administration (DPSA) guidelines for Implementation of Employee Health and Wellness is delivered through the following four pillars:- <ul style="list-style-type: none">i. Wellness Managementii. Safe, Healthy Environmental Risk and Quality Managementiii. HIV & Aids and TB Managementiv. Health and Productivity Management |
| x | The Department: | The Department of Social Development and Special Programmes in the Eastern Cape |

LEGISLATIVE FRAMEWORK

The IEW Programme is informed by, among others, the following legislation:

- i. The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996)
- ii. Labour Relations Act 1995 (Act 66 of 1995)
- iii. Employment Equity Act, 1998 (Act 55 of 1998)
- iv. Skills Development Act, 1998 (Act 97 of 1998)
- v. Basic Conditions of Employment Act, 1997 (Act 75 of 1997)
- vi. Occupational Health and Safety Act, 1993 (Act 85 of 1993)
- vii. Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993)
- viii. The Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act 4 of 2000)
- ix. The Medical Scheme Act, 1998 (Act 4 of 1998)
- x. Code of Good Practice on Key Aspects of HIV and AIDS and Employment
- xi. Code of Good Practice on Key Aspects of Disability and Employment
- xii. Code of Good Practice on Sexual Harassment
- xiii. Code of Good Practice on Dismissals
- xiv. HIV and AIDS and STI National Strategic Plan for South Africa (2007-2011)
- xv. Public Service Act
- xvi. Batho Pele Principles
- xvii. Public Service Regulations 2001
- xviii. White Paper on Transformation (as amended)
- xix. PSCBC Resolution No 8 of 2001
- xx. Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR)
- xxi. Social Work Act No 110 of 1978
- xxii. Amendment of the Special Leave Policy (Resolution 3 of 2002)
- xxiii. DPSA Guidelines on Implementation of Employee Health and Wellness Management

1. PREAMBLE

- 1.1 The comparative risk assessment for South Africa (Health Trust Systems 2008) quantified the burden of disease, which was attributed to 17 selected risk factors that were considered modifiable. The three leading risk factors were unsafe sex, interpersonal violence and alcohol use, each accounting for significant burden of disease. The social behaviours underlying these risk factors, as well as instilling values on life, need to be addressed. The comparative risk assessment also identified a cluster of lifestyles and risk factors that result in considerable chronic disease burden, including cardiovascular and respiratory diseases as well as cancers. These include tobacco use, lack of physical activity and the inability to balance dietary intake and energy expenditure so as to maintain a healthy weight. The Health Review Report (Health Systems Trust, 2008) showed an increased trend of death of young adults (20-59) and a drop in life expectancy. . This arises from amongst others, chronic diseases such as diabetes and stroke In South Africa, the disease profile is compounded by a high injury burden and the HIV and AIDS epidemic.
- 1.2 The Department already reflects the health trends identified in the Health Review. The internal Health Risk Assessment conducted by the Department in 2009 isolated Hypertension; High BMI; High Cholesterol; Hyperglycaemia and Obesity were identified as highest risks within the department. HIV Prevalence Study that was conducted by Office of The Premier in 2006 indicated that the department is the third highest regarding HIV infection (16, 8%). The risks identified during Social Workers' debriefing sessions were vicarious trauma, burnout and compassion fatigue.
- 1.3 In the light of the fact that external trends are already reflected internally, health loss due to disability and premature mortality will impact negatively on the mandate of the department. The highest impact is on adults between ages 23 – 59 and employees of the department largely fall within this age group. The PILIR Policy does not make adequate linkages to promotion of employee wellness in order to minimize cases of incapacity due to the fact that up until now, an integrated approach has not been guided by policy to give guidance to proactive prevention. Indirect costs to the Department may include: Increase in absenteeism, Decrease in productivity, Increase in presenteeism, Workplace accidents, Increase in health care costs, High labour turnover, Low morale, Stress and dysfunctional coping such as substance abuse

2. PURPOSE AND OBJECTIVES

The purpose of this policy is to provide the mandate, guidelines and infrastructure to manage Human Capital Risks through integrated employee wellness programmes.

3. THE OBJECTIVES ARE:-

- (a) To mitigate the impact of the HIV & AIDS and TB epidemic.
- (b) To facilitate the enhancement of individual wellness and organizational wellness and to improve work life balance
- (c) To create an enabling environment and management of healthy and safe work environment.

4. SCOPE OF APPLICABILITY

The policy applies to all persons who are employed by Department in terms of the Public Service Act, 1994 and their immediate families.

5. PRINCIPLES AND VALUES

5.1. Accessibility

All employees should have reasonable access to decentralized services relating to the promotion of employee wellness. Access to rehabilitative/treatment services will be facilitated through the provision of referral resources outside the workplace

5.2. Confidentiality

To ensure that any information disclosed to IEWP personnel is not unduly revealed to anyone outside the IEWP.

- (a) Personal information of employees utilizing the IEWP will at all times be treated in a confidential manner.
- (b) The information shall only be disclosed with the employee's written consent.

5.3. Voluntarism

To provide an environment that enables the employee with personal concerns to voluntarily seek assistance at the earliest possible opportunity, preferably before such problems become job affecting and/or incapacitating.

The decision to participate in the IEWP is voluntary regardless of the source of referral without denying management the prerogative of recommending employees for assistance.

5.4. Fair and equitable practice

- (a) Referrals for assistance will be applied fairly and consistently
- (b) Self or other-referrals to the IEWP services will not influence or show detriment to employees' job security, promotion opportunities and/or reputation. The meeting of the inherent requirements of the job and/or fitness for duty will be the only differentiating criteria.

5.5. Openness and Transparency

5.5.1 The Department has a legal responsibility to inform all employees of any conditions in the workplace that may be harmful to their health and safety, how to protect their health, and of the services offered through the programme.

5.6. Sensitivity

5.6.1 Language used in the programme shall uphold human dignity, reflect inclusion, and be gender-sensitive, accurate, and understandable.

5.7. Timeous intervention

5.7.1 Employees should be referred to the programme as soon as it becomes apparent that they need to deal with a particular concern in their personal life or performance related issue.

5.8. Existing procedures and agreements

To create an environment where the IEWP does not unduly interfere with existing workplace practices

- a) All aspects of health and safety that are covered by legislation will be strictly applied in order to ensure not only legal compliance but also the maintenance of human dignity.
- b) The IEWP services will not change the existing procedures for correcting poor performance/attendance/and conduct issues and maintaining a safe workplace.
- c) The IEWP services will not change the existing collective agreements between Department and the Union.
- d) Employees participating in the IEWP should not expect any special privileges or exceptions to normal work rules or performance standards.

5.9. Independence

- (a) The utilization or non-utilization of IEWP services shall not be a basis for discipline or grievance
- (b) The IEWP services address both the interests of the employee and the employer.

5.10. A balanced approach

5.10.1 A healthy balance between proactive and preventative programmes and services on the one hand and rehabilitative and therapeutic psychosocial interventions on the other hand will be maintained.

5.11. Co-responsibility

- (a) To provide an environment where the employee takes self-responsibility for addressing personal problems that are affecting or will potentially affect their performance and/or attendance
- (b) To provide an environment where the supervisory/ management/ shop stewards take co-responsibility for early recognition of a troubled employee and utilize the IEWP preferably before job performance is affected.
- (c) To ensure that the IEWP is not utilized by management as a control system and by employee's as an excuse system.

6. POLICY STATEMENT

6.1 It is in recognition of the above risks that the department commits to adopting an integrated approach to manage complex human capital risk factors by implementing wellness policies that will create an environment and organizational culture that support healthy lifestyle choices for employees and give support to managers, employees and their immediate families in managing wellness challenges.

7. THE APPROVING AUTHORITY

Head of Department has the responsibility for approval the policy.

Departmental Policy Forum is responsible for adjustment and review of this policy

7.1 ACCOUNTABILITIES AND RESPONSIBILITIES AND RIGHTS

7.1.1 Senior Managers

The HOD shall delegate the responsibility for the integrated employee wellness programme to General Manager for Corporate Services to steer the IEW including the provisions contained in the Public Service Regulations VI E, and ensure that the member so designated is held accountable by means of her or his performance agreement.

7.2. Integrated Employee Wellness Function

IEWP Policies Advocacy through:

- (a) Identification of risks and policy gaps
- (b) Alerting the employer through recommendations on policy gaps solutions
- (c) Facilitate policy formulation/amendments to bridge the gaps
- (d) Create capacity for policy implementation through policy users training

7.2.1 Design Implementation Process by:

- (a) Designing Behaviour Change Interventions
- (b) Designing Process and Impact Indicators
- (c) Facilitating implementation
- (d) Monitoring and reporting on impact and process indicators

7.2.2 Design Change Management Process through:

- (a) Formulating Programme Promotion Plans (Social Marketing)
- (b) Identifying critical stakeholders whose support is required and get their buy-in
- (c) Identifying critical skills required
- (d) Coordinating action
- (e) Adhering to programme protocols (professional ethics and legislated professional registration)

7.3. Line Managers/Supervisors

- (d) Manage Performance proactively through early identification and referral
- (e) Manage Incapacity
- (f) Promote health and wellness through creation of an environment that support healthy choices within own environment

7.4. Employees

- (f) The employees have the right to expect a healthy and safe working environment.
- (g) The employees have the responsibility to:-
- (h) Take responsibility for own health and wellness
- (i) Take responsibility for own performance
- (j) Adhere to treatment plans

7.5. IEWP Advisory Committee

The Committee has to contribute and ensure programme integration by participating in:

- (a) Policy and strategy processes
- (b) Implementation procedures
- (c) Marketing and promotion of the programme
- (d) Evaluation process

7.6. Wellness Practitioner

- (a) Provide specialist advice and create awareness regarding health, wellness and safety in the workplace;
- (b) Implement the employee wellness operational plan for all employees and stakeholders
- (c) Coordinate employee health and wellness needs assessment, risk assessment and interventions
- (d) Support and guide line managers with employee health and wellness issues
- (e) Liaise, coordinate and monitor external service providers and their activities
- (f) Ensure continuous professional development and self-development
- (g) Ensure the credibility of support staff via performance management and skills development
- (h) Operational planning and budgeting
- (i) Create and maintain data base of service providers
- (j) Establish referral system

7.7 IEWP Coordinators in Districts

- (a) IEWP will take co-responsibility in managing the emotional and behavioural health of the employee
- (b) To provide management with support without breaching confidentiality
- (c) To provide co-support where applicable in managing the incapacity process

- (d) To take responsibility for Wellness Promotion Activities in own district

7.8. Integrated Employee Wellness Committee

- (e) Monitor the implementation efficacy of the Employee Wellness policy
- (f) Take relevant measures to reduce risks and promote workplace health and safety
- (g) Hold quarterly meetings to discuss employee wellness issues
- (h) Facilitate and monitor the implementation of the Employee Wellness policy;

7.9 Organized Labour

- (a) Render support in development and marketing of Wellness Programmes;
- (b) Participate in collaborative partnerships;
- (c) Participate in recognition regarding level of standards for service delivery;
- (d) Should seek information about employee health and wellness activities and outcomes and educate their members.
- (i) Motivate staff to participate in wellness programmes and to utilize health and wellness preventative and promotive services offered.

8. ADMINISTRATION OF THE POLICY

- (a) The SMS member to whom the responsibility is delegated shall ensure the establishment of all relevant committees and structures as prescribed in the relevant legal framework.
- (b) Allocate resources (financial, time, human)
- (c) Ensure senior management representation in Wellness Committees
- (d) Make Employee Wellness indicators a standing item in management agenda under the organizational risk management plan in order to review and monitor data from the Case Management System
- (e) The department shall appoint suitable qualified and skilled practitioners to facilitate execution of the IEWP Policy

9. EFFECTIVE DATE OF THE POLICY

This policy will be effective from the date of its approval.

10. PROCEDURES FOR IMPLEMENTATION

The Integrated Employee Wellness Policy is an umbrella policy that defines each Pillar. Each Pillar will develop its own policy, processes and procedures.

11. MONITORING MECHANISMS

- (a) Policy Performance Indicators shall be defined under each pillar.
- (b) Data will be captured in the Office of The Premier Case Management System.
- (c) Senior managers will be created as users in the Office of The Premier Case Management System, this will enable them to monitor trends and impact across the organization quarterly and annually.
- (d) Managers will be able to monitor team performance.

12. COMPLIANCE TO POLICY

Non-compliance with this policy will be subject to discussion between the non-complying party and where non-compliance compromises the employer's obligation to a healthy and safe working environment non-compliance will be dealt with in accordance with existing procedures.

13. REVIEW OF THE POLICY

The policy will be reviewed every three years and whenever necessary to maintain relevance.

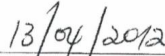
14. POLICY RECOMMENDATION & APPROVAL RECOMMENDED/ NOT RECOMMENDED

Comments:

Recommended/ ~~Not Recommended~~



Head of Department: Dept. of Social
Development & Special Programmes

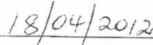


Date

Approved/ ~~Not Approved~~



MEC: Dept. of Social Development &
Special Programmes



Date

ANNEXURE A

PILLAR SPECIFIC POLICIES; PROCEDURES AND PROGRAMMES PILLAR: QUALITY OF WORKLIFE

PROGRAMMES	Program / Project Descriptors	Supporting Policies	Emotional Wellness	Occupational Environment Wellness	Financial Wellness	Intellectual Wellness	Career Wellness	Physical Wellness	Social Wellness
Em-ployee Assist-ance Program	<ol style="list-style-type: none"> 1. Personal Problems Management outreach, education and consultation to Managers, Union Leaders, Employees and their Families 2. Assessment, Treatment Planning and Referral Out for counseling 3. Critical Time Intervention Training for Managers 4. Case Management Specialised Provider Relations and SLA (psycho-logists; psychiatrists; social workers in private practice specialising in specific areas such as forensic social work; medical social work; occupational social work; school social work; clinical social work) 5. Programe Evaluation 	IEWP Policy Framework EAP Policy (not tabled, still under development) Vicarious Trauma Prevention and Management Policy Labour Relations Policy PMDS Policy Occupational Health and Safety Policy (not tabled, still under development) Substance Abuse Prevention Policy	X	X	X	X	X	X	X

PILLAR: HIV AND AIDS MANAGEMENT

PROGRAMMES	Program / Project Descriptors	Supporting Policies	Emotional Wellness	Occupational Environment Wellness	Financial Wellness	Intellectual Wellness	Career Wellness	Physical Wellness	Social Wellness
	<ol style="list-style-type: none"> 1. Prevention 2. Treatment Care and Support 3. Human Rights and Access to Justice 4. Research, Monitoring and Evaluation 	IEWP Policy Framework HIV and AIDS Management Policy Substance Abuse Management Policy	X	X				X	X

PILLAR: HEALTH AND PRODUCTIVITY MANAGEMENT

PROGRAMMES	Program / Project Descriptors	Supporting Policies	Emotional Wellness	Occupational Environment Wellness	Financial Wellness	Intellectual Wellness	Career Wellness	Physical Wellness	Social Wellness
	1. Disease Management 2. Mental Health 3. Injury on duty 4. Incapacity due to ill-health 5. Risk Management of Injury and Health 6. Chronic Diseases 7. Disability and Health Education and Promotion Management	IEWP Policy Framework (tabled) VT Policy EAP Policy PILIR Policy	X	X		X		X	X

PILLAR: SAFETY, HEALTH, ENVIRONMENT AND QUALITY MANAGEMENT

PROGRAMMES	Program / Project Descriptors	Supporting Policies	Emotional Wellness	Occupational Environment Wellness	Financial Wellness	Intellectual Wellness	Career Wellness	Physical Wellness	Social Wellness
	Risk Management Plan for management of 1. Chemical Hazards 2. Biological Hazards 3. Physical Hazards Employee Education Management Training 4. Safety (reviews, inspections, safety plans and evacuation procedures)	IEWP Policy Framework OHS Policy (under development) EAP Policy (under development) Workplace Violence Policy (under development) VT Policy PILIR Policy	X	X				X	