



the denc

Department:
Environment & Nature Conservation
NORTHERN CAPE PROVINCE
REPUBLIC OF SOUTH AFRICA

Private Bag X6102, Kimberley, 8300, Metlife Towers, T-Floor, Tel: 053 807 7300, Fax: 053 807 7328

DEPARTMENT OF ENVIRONMENT AND NATURE CONSERVATION

**WELLNESS MANAGEMENT POLICY
10 SEPTEMBER 2013
HUMAN RESOURCE MANAGEMENT: EH&W
VERSION 01**

"A PROSPEROUS AND EQUITABLE SOCIETY LIVING IN HARMONY WITH OUR NATURAL RESOURCES"

TABLE OF CONTENTS

DEPARTMENT OF ENVIRONMENT AND NATURE CONSERVATION.....	1
1. CONCEPTUAL BACKGROUND	3
1.1 INTRODUCTION.....	3
1.2 LEGISLATIVE REQUIREMENTS.....	4
2. POLICY STATEMENT AND APPLICATION SCOPE	6
2.1 POLICY STATEMENT	6
2.2 APPLICATION SCOPE.....	18
3. POLICY FRAMEWORK.....	19
3.1 IDENTIFICATION AND CONSULTATION OF STAKEHOLDERS.....	19
3.2 TIMEFRAMES	19
3.3 IMPLEMENTATION STRATEGY	19
The implementation date for this policy is April 01, 2014	20
3.4 FINANCIAL IMPLICATIONS.....	20
3.5 COMMUNICATION	20
3.6 COMPLIANCE, MONITORING AND EVALUATION (M&E).....	20
3.7 POLICY REVIEW	21
3.8 POLICY IMPACT	21
3.9 INTERIM MEASURES	21
4. ADOPTION OF POLICY	22
ANNEXURE A	23
ANNEXURE B	24
ANNEXURE C	25
ANNEXURE D	26
ANNEXURE E	30
ANNEXURE F	31
BIBLIOGRAPHY	32



1. CONCEPTUAL BACKGROUND

1.1 INTRODUCTION

Employees are our most valued assets. The Department of Environment and Nature Conservation support and promote wellness initiatives. Wellness is a proactive approach to positive behavioural change and illness avoidance because it is preventative and long term. Wellness programs enhance the health of employees, improve attendance at work, improve morale and increase productivity.

Both personal and workplace factors influence overall wellness and employee performance. Individual wellness in this policy is viewed as the promotion of the physical, social, emotional, occupational, spiritual, financial, and intellectual wellness of individuals. This is attained by creating an organizational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risk.

DEFINITIONS

- **"Aftercare"** means assisting an employee in reintegrating into the workplace, following treatment
- **"Confidentiality"** means the legal right to therapeutic/ counseling and privacy
- **"DENC"** means the Department of Environment and Nature Conservation
- **"Designated Senior Manager"** means a member of the Senior Management Services (SMS) who is tasked with championing the Wellness Management programme within the department
- **"DPSA"** means the Department of Public Service and Administration
- **"EAP"** means Employee Assistance Programme
- **"EAPA"** means the Employee Assistance Professionals Association
- **"Employee"** means a person appointed in terms of the Public Service Act 1994
- **"Family members"** in terms of section 27 (family responsibility leave) of the Basic Conditions of Employment Act, 1997, family members refers to the employee's spouse or life partner or parents, adoptive parents, grandparents, child, adopted child, adopted grandchild or sibling
- **"Financial Wellness"** is the ability to maintain a fully developed and well balanced plan for managing one's financial life that is integrated with personal values and goals
- **"Follow-up"** is any action involving the referring manager/ supervisor for job performance evaluation after the re-entry (in the workplace) of an employee who has undergone treatment
- **"GEMS"** is the Government Employee Medical Scheme
- **"Head of the Department"** means head of a department and includes any employee acting in such a post
- **"Health and Wellness Committee"** – a committee established by the HoD to initiate, develop, promote, maintain and review measures to ensure wellness of employees at the workplace. This is a multi-disciplinary team consisting of relevant representatives as indicated by the DENC
- **"Health and Wellness Coordinator"** is an employee tasked with the responsibility to coordinate the implementation of wellness programmes. The Wellness Coordinator

can be professionally trained and registered with a relevant statutory body to perform therapeutic interventions, if not, such cases should be referred.

- **"Intellectual Wellness"** is the utilization of human resources and learning resources to expand knowledge and improve skills.
- **"Intervention"** – therapeutic and professional guidance to any employee in order to overcome his/her problem
- **"NSP"** – National Strategic Plan on HIV&AIDS, TB and STI 2012-2016
- **"Physical Wellness"** promotes taking care of your body for optimal health and functioning.
- **"Psychosocial Wellness"** is a dynamic state that is influenced by and influences our physical, intellectual, spiritual and social lives.
- **"Referral"** – the process of directing a client to an agency, resources or external service provider for further assistance or intervention
- **"Service provider"** – an agency providing professional services to clients and customers according to a formal contract
- **"Social Wellness"** emphasizes the positive and interdependent relationship with others and nature.
- **"Spiritual Wellness"** refers to integrating our beliefs and values with our actions; it enhances the connection between mind, body and spirit.
- **"Supervisor"** – a person in a position of authority who oversees the performance of subordinate staff
- **"Therapy"** – assessment and treatment (based on a brief solution based approach) of a vulnerable employee
- **"Trauma"** – any event which is generally considered to be outside the range of ordinary human experiences and resulting in extreme emotional reactions
- **"Treatment"** – intervention with a troubled employee by exploring his/her feelings and guiding him/her through a process of recovery
- **"Wellness"** is an active process through which organizations become aware of, and make choices towards a more successful existence. For both the individual and the organization, the concept of wellness is one where active steps can be taken to reduce chronic disease and mitigate its debilitating impact on personal lives and organizational productivity (World Economic Forum).
- **"Work-Life Balance"** the achievement of equality between time spent working and one's personal life

1.2 LEGISLATIVE REQUIREMENTS

- Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
- Labour Relations Act, 1995 (Act No. 66 of 1995)
- Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997)
- Compensation for Occupational Diseases and Injuries Act, 1993 (Act No. 130 of 1993)
- Employment Equity Act, 1998 (Act No. 55 of 1998)
- Disaster Management Act, 2002 (Act No. 57 of 2002) and National Disaster Management Framework
- Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999)



- The Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000)
- Mental Health Care Act, 2002 (Act No. 17 of 2002)
- National Sports and Recreation Act, 1998 (Act No. 110 of 1998)

A handwritten signature in black ink, appearing to be 'SMA', is located in the bottom right corner of the page.

2. POLICY STATEMENT AND APPLICATION SCOPE

2.1 POLICY STATEMENT

A comprehensive wellness programme should be proactive, client-orientated, holistic, and participative, encompassing preventive, promotive, curative and rehabilitative components to optimise employee health and well-being. The policy regulates the management of health, safety and wellness in a non discriminatory, fair, transparent and accessible manner in order to enhance productivity, efficiency and safety in the workplace.

2.1.1 PRINCIPLES

The Wellness Management programme is underpinned by the following principles:

- (i) Employees utilizing the Wellness Management programme are assured of confidentiality, except in cases of risk to self and others or in terms of legislation.
- (ii) Only registered professionals will be allowed to provide therapeutic interventions
- (iii) As far as possible the generic principles of respect for autonomy, non-maleficence, beneficence and distributive justice will guide the actions of all professionals working in the field of Wellness Management
- (iv) Focus on all levels of employment
- (v) Cohesiveness with HRD processes
- (vi) Policy coherence: policy measures should not contradict the measures of other related policies in the Public Service, e.g Department of Health, Social Development etc.
- (vii) Coherence of models: the service delivery models should offer the same package to Public Servants in spite of it being in-house, outsourced or Department of Health collaboration.
- (viii) Programme coherence: The programme/ protocols that are offered should not contradict each other in various Departments.
- (ix) Flexibility and adaptability
- (x) Maintaining a performance focus
- (xi) Responding to the needs of designated employees(e.g. people with disabilities and women)
- (xii) Voluntary participation: employees' participation in the programme is voluntary

2.1.2 WELLNESS MANAGEMENT PROGRAMMES

The department recognizes that what needs to be developed is a structured Wellness Management Programme that provide not only for the physical needs of its employees but, more importantly, for their psychosocial well-being. The DENC Wellness Management Programme shall have the following components:

- (a) Awareness, education and prevention programmes will be provided for nutrition, weight control, medical check-up, lifestyle and chronic diseases. These will be done by establishing wellness structures e.g. lectures/workshops on correct nutrition, etc. as well as regular on-site visits by medical staff, promotion of certain wellness days, team-building. Some of these programmes will include the families of employees and the local community.



- (b) Fitness, exercise, recreation, meditation and relaxation programmes in order to promote fitness and healthy lifestyle
- (c) Programmes to promote social, financial and spiritual wellness e.g. personal financial management (including retirement), interpersonal skills, conflict management, ethical decision making, value clarification, spiritual counseling and religious activities, etc should a need arise
- (d) Provision of Employee Assistance Programme (EAP) services as per standards and ethics of the EAPA-SA
- (e) Training and development, i.e. stress management, special training for supervisors, etc.
- (f) Peer education activities.
- (g) Voluntary HIV Counseling and Testing services (HCT) with regard to HIV and AIDS.
- (h) Development and implementation of curative programmes such as stress management, grief counseling, trauma defusing and debriefing, depression and anxiety.
- (i) Prevention, education and awareness productivity management and organizational development programmes and policies in place.
- (j) Promotion of work-life balance.

2.1.3 WELLNESS MANAGEMENT FRAMEWORK

- (a) The wellness management framework extends to all employees as reflected within the 'scope of application' and services will be available as specified within the wellness programme of the department. Treatments may also be extended within the wellness programme to immediate family members residing at the same address (including live-in partners), but will be limited to cases that specifically impact on the performance of the employee since it is recognized that problems at home can affect an employee's ability to function at work.
- (b) Supervisors and Wellness Co-ordinators are to ensure optimal utilization of available internal support structures (e.g. medical aid, leave provisions, etc.), as well as encouraging the utilization of provisions contained in individual short term insurance policies, before employees are referred to the programme. The Wellness Co-ordinator will act as focal point for all referrals to the Wellness Programme and will consider cost effective treatments options (referral to NGO's, other state institutions, etc.) prior to considering services provided by private institutions at additional cost to the Wellness Programme.
- (c) There will be no charge for initial assessments and the short-term counseling services provided by departmental Wellness Coordinators/Counselors. A maximum of six-eight (6-8) one-hour sessions per annum per case are allowed per employee for short-term interventions (inclusive of all problems which may be experienced), while **immediate family members** are allowed a maximum of five (5) similar consultation sessions. The Head of Department may, however, approve the granting of additional sessions, in exceptional cases. Appointments not kept or cancelled are included in the count of the number of sessions



- (d) Appointments for counseling sessions should be scheduled at the convenience of the client, while at the same time taking service delivery requirements into account, thereby ensuring the least time spent away from the workplace. Should appointments be scheduled during official working hours, employees will be expected to make the necessary prior arrangements with immediate supervisors. Time-off for counseling, within the Wellness programme, during working hours will be dealt with as official duty. For monitoring purposes, the department may devise its own operational measures (including controlling mechanisms) if deemed necessary, but without compromising confidentiality. Whereas a manager and/or supervisor has a right to know where his/her subordinate is, he or she does not have the right to know what the problem is or which psychosocial support service the employee is attending and/or receiving. Confidentiality should not be confused with anonymity. All persons involved the Wellness Management programme are bound by conditions of strict confidentiality. Breach of confidentiality is regarded in a serious light. Disciplinary action may be taken against an employee who breaches confidentiality.
- (e) Employees participating in the Wellness programme activities/treatments, whether long-or short-term (by self-or mandatory referral) will not be penalized for seeking assistance, security, compensation, promotional opportunities and/or reputation and confidentiality will be maintained. No information obtained from or about an employee as a result of his/her participation in the Wellness Management programme shall be made available to be used for any purpose. To this end, the employee's right to privacy and confidentiality shall be strictly protected. Written consent from the employee concerned is required in situations, other those mentioned in 3.1., where confidentiality needs to be breached.
- (f) All records and discussions of personal problems will be handled in a confidential manner and, where record is kept, this will be maintained separately and apart from the standard personnel files. Information from the Wellness programme to any third party may be released only with the written consent of the employee concerned.
- (g) Reporting, evaluation and managing accounting aspects within the Wellness programme is reflected in the policy.

2.1.4 KEY ROLE PLAYERS

In implementing the Wellness Management policy, key role players will be the following:

2.1.4.1. The Head of Department

- (a) Ensures development and implementation of a written policy on managing the wellbeing of both the employees and the organization
- (b) Appoints a designated Senior Manager to champion the Wellness Management programmes in the workplace
- (c) Ensures the provision of resources for the implementation of Wellness programmes in the Department.



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

2.1.4.2 The Designated Senior Manager – Employee Health and Wellness

- (a) Structures, strategize, plan and develops holistic employee wellness programmes
- (b) Manages employee wellness strategies and policies, e.g. wellness promotion and wellness facilities within budgetary guidelines
- (c) Aligns and interface organizational wellness policy with other relevant policies and procedures
- (d) Liaises with, manage and monitor external employee wellness service providers
- (e) Plans interventions based on risk and needs analysis
- (f) Monitors and evaluates implementation of wellness interventions
- (g) Establishes a Peer Education programme
- (h) Promotes capacity development Initiatives to:
 - Promote competence development of practitioners
 - Improve capacity development of auxiliary functions (OD, HR, IR, Skills Development, Change Management etc.) to assist with wellness promotion at an organizational level
 - Establish e-Health and Wellness information systems

- 2.1.4.2.1 Establishes organizational support initiatives to:
- a) Establish an appropriate organization structure for Wellness Management
 - b) Ensure Human Resource planning and management
 - c) Develop integrated wellness information management system
 - d) Provide physical resources and facilities
 - e) Ensure financial planning and budgeting
 - f) Mobilise management support

- 2.1.4.2.2 Establishes governance and institutional development initiatives to:
- a) Ensure the functioning of a Wellness Management Committee
 - b) Obtain Stakeholder commitment and development
 - c) Develop and implement an ethical framework for Wellness Management
 - d) Develop and implement management standards for wellness
 - e) Develop and maintain an effective communication system



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

2.1.4.2.3

Establish economic growth and development initiatives to:

- a) Mitigate the impact of unhealthy employees on the economy
- b) Ensure responsiveness to the Government's Programme of Action
- c) Ensure Responsiveness to Millennium Development Goals
- d) Integrating NEPAD, AU and Global programmes for the economic sector.

2.1.4.3 Line Managers and Supervisors

- (a) Implement the wellness policy and strategy in the immediate workplace
- (b) Communicate and maintain links with the employee wellness unit
- (c) Provide feedback to employees about wellness status of the department
- (d) Provide support to employee wellness programme functionaries
- (e) Ensure that staff is sufficiently trained in order to be able to discharge their duties
- (f) Create meaningful developmental opportunities for staff
- (g) Manage job demands (monitor workloads) in order to prevent work overload
- (h) Create an environment that is conducive to the referral of employees, namely, that referral is a corrective measure and not a punitive measure.
- (i) Implement employee wellness policy and strategy
- (j) Ensure employee participation in wellness programmes
- (k) Provide feedback to employees about the health and wellness status of the department taking into cognizance the issue of confidentiality.
- (l) Create meaningful developmental opportunities for staff and ensure that staff is sufficiently trained in order to perform their duties.
- (m) Manage equal and fair distribution of the work flow in order to prevent work overload;
- (n) Create conducive working environment within the unit.
- (o) Support employees in times of need.
- (p) Provide necessary support to all employee wellness initiatives

2.1.4.4 The Wellness Coordinator

- (a) Coordinates the implementation of wellness programmes, projects and interventions
- (b) Plans, monitors and manages wellness programmes according to strategies, policies and budgetary guidelines
- (c) Makes provision for counseling to individual employees and to their immediate family members
- (d) Identifies personal development needs for individual employees
- (e) Analyzes and evaluates data and communicate information, statistics and results to various stakeholders and management



- (f) Coordinates activities of Peer Educators
- (g) Promotes work-life balance for employees
- (h) Provides information regarding nutrition and monitors canteen services
- (i) Oversees the functioning of the gymnasium and other physical and recreational activities at the workplace (if applicable).

2.1.4.4 Wellness Support Staff

- (a) Ensure communication and reporting to the wellness manager
- (b) Liaise, coordinate and monitor external service providers and their activities
- (c) Ensure continuous professional development and self-development
- (d) Ensure and implement an effective employee health and wellness administration function.

2.1.4.5 The Peer Educator

- (a) Acts as a focal point for the distribution of evidence-based and generic health and wellness promotional material at the workplace (all functions shall be performed as far as possible during normal working hours and shall be included in their performance agreement).
- (b) Takes initiative to implement awareness activities, or to communicate health and wellness information at the workplace
- (c) Acts as a referral agent of employees to relevant internal or external health support programmes
- (d) Be involved with the identification of employees needs and health risks at the workplace
- (e) Initiates and arrange staff training with regard to employee health and wellness
- (f) Submits monthly reports of activities to the Wellness coordinator.

2.1.4.6 The Employee should

- (a) Apply his/her knowledge, motivation, commitment, behaviour, self-management, attitude and skills toward achieving personal fitness, health and organizational goals
- (b) Look after his/her body by following a nutritionally balanced diet and maintaining his/her body mass within a healthy range
- (c) Take an active part in improving the world of work by encouraging a healthy living environment and initiating better communication with those around him/her
- (d) Make use of wellness facilities and services provided at the workplace.

2.1.4.7 The Health and Wellness Committee

- (a) Oversees the implementation of the wellness policy and programmes in the workplace
- (b) Makes recommendations to the employer regarding any policy matter and implementation procedures including any matters affecting the wellness of

- employees
- (c) Keeps record of each recommendation made to an employer
- (d) Discusses any incident or condition at the workplace which might have a negative impact on the wellbeing of employees
- (e) Serves as a vehicle of communication to promote wellness initiatives within the workplace.

2.1.4.8 The Labour Representatives

- (a) Represent employees in the workplace
- (b) Ensure that the employer fulfill mandates of Wellness legislation and regulations in order to optimize wellness in the workplace
- (c) Attend the Wellness committee meetings and make representation to the employer on agreed issues affecting the wellness of employees at the work place.

2.1.1.14 Institutionalized rehabilitation treatment for substance abuse

- (a) Employees who experience substance abuse problems present a significant risk for organizations, other employees and themselves. It has been found that substance abuse leads to workplace accidents, excessive absenteeism, turnover of staff, high medical benefit utilization, and other workplace performance problems. Wellness interventions may offer a significant promise of recovery, while at the same time saving costs in terms of future performance and benefit usage.
- (b) (i) The **Departmental Policy on Special Leave** entails the allocation of vacation leave with full pay and thereafter leave without pay for the treatment of substance abuse (alcohol and drug related) after available vacation leave with full pay has been exhausted. If an employee can prove rehabilitation after 12 months, the vacation leave with full pay is reverted to special leave with full pay and the employee's vacation leave credited with the number of vacation leave days with full pay granted for institutionalized rehabilitation. The normal period required for institutionalized substance abuse rehabilitation is 21 days and the department will consider the allocation of special leave with full pay for this period, subject to it being a first commitment to a rehabilitation centre. This is subject to the verification by the relevant medical practitioner of a recognized institution offering rehabilitation services.
- (ii) Should a longer period than 21 days be required, such absence must be certified by a relevant medical practitioner, must be accompanied by a formal rehabilitation programme and may not exceed 90 calendar days. In such a case, the period above the 21 days should be covered by the employee's available vacation leave and or leave without pay. It is of vital importance that where it is required of employees and/or medical practitioners to submit medical certificates/reports, these be treated with total confidentiality.

- (c) (i) Should costs be incurred for specialized assessment, in-patient or long term therapeutic services for the employee (including, but not limited to treatment for substance abuse), these must firstly be submitted to the applicable medical aid scheme for payment.
- (ii) Financial support for an employee within the parameters of wellness structures may be provided in the form of specialized, needs directed assistance (payment for specialized treatment/services on behalf of the employee) and not to exceed R10 000 per person, per annum for all treatments while in the employ of the department and subject to overall budget availability. Should the cost of treatments exceed R10 000, the payment of all excess amounts will be the responsibility of the employee.
- (d) It is the responsibility of the employee to submit the following for consideration of the above support:
- the provision of an appropriate medical and/or counselor's report
 - documentary proof of services that will be/or were rendered and the cost thereof;
 - proof of the pro-rata contribution covered by the medical scheme; and
 - completed application forms as supplied by the relevant institution
- (e) The above concession is also applicable to employees not belonging to any medical aid scheme, but excludes family members.
- (f) The department will be expected to budget for these (unplanned) expenses.
- (g) The above (approved) longer-term treatments must also be complemented by an after-care programme of at least 12 to 36 months after finalization of the treatment period. Such a programme can be supported by, and form part of the treatment facility's contracted services or may be provided by alternative programmes within the departmental wellness structures. Furthermore, it must be managed in terms of arrangements made for time-off, or in terms of the provisions contained in the **Special Leave Policy**. In terms of the above, it is also recommended that affected employees enter into a written agreement with the employer because of the financial implications.
- (h) It is recommended that consideration be given to have the initial detoxification phase of treatment referred to a state hospital, in order to minimize costs, and thereafter following a treatment programme with an out-sourced provider. Acceptance at state hospitals for detoxification, however, depends on the employee's commitment to in-patient rehabilitation at a certified treatment centre (not necessarily state-owned). In cases where there is a waiting period between an employee's commitment to rehabilitation and actual placement in a treatment centre, the Wellness Co-ordinator must liaise with the Medical Practitioner and/or Social Worker or other related professional person concerned, to decide on the implementation of suitable interim measures. These could include on-going counseling, hospitalization for detoxification, etc.

- (i) Failure to comply with the after-care commitment, and in the event of failure to respond to treatment, could result in the necessary steps being taken in terms of the prescribed processes contained in **the Disciplinary Procedure for the Public Service**. The procedures for non-compliance and sanctions for non-compliance are also applicable.

2.1.1.15 In-patient treatment for cases other than substance abuse

- (a) The departmental Wellness Co-ordinator will determine, on recommendation by a medical practitioner or relevant professional, when it may be appropriate to provide referrals for longer-term, ongoing treatment in cases where psychiatric, stress-related or other (non substance abuse) care is required, and are not covered fully by an employee's medical aid or other personal provisions (e.g. short-term policies, hospitalization plans, etc.).
- (b) The Wellness Co-ordinator, together with the above-mentioned professionals, shall identify, and evaluate health care delivery systems and community resources which provide quality assistance at an affordable cost for the work organization, employees and family members for in-patient treatment of e.g. psychological or stress-related conditions.
- (c) Costs incurred for specialized assessment, in-patient or long-term treatment, will be managed according to the terms as outlined and subject to overall budget availability.
- (d) An after-care programme may be required on completion of the inpatient-treatment period as supported by the wellness structure. Participation in an after-care programme depends on the individual's treatment prognosis and the recommendation for ongoing support within the ambit of the wellness programme.
- (e) The provisions contained in the relative prescripts on general leave, including sick leave and temporary incapacity leave, apply.

2.1.1.16 Prevention of Abuse of the Wellness Programme

Employees and participating parties as well as management should not abuse the programme. An employee, who defaults, refuses to comply with counselling or does not keep appointments, may be removed from the programme and the costs of therapy or treatment incurred by the Department will be recovered from the concerned employee. Participation in the wellness programme will not affect the employee's employment or career development. On the other hand, employee's participation in the programme will not protect the employee from disciplinary action for continued poor work performance or misconduct. Supervisors and managers should not, under any circumstances prevent employees from utilizing the services of the wellness programme.



2.1.1.17 Discipline

The Wellness Management programme is not a substitute for the discipline of employees. Rather, the programme may be used before or in conjunction with disciplinary actions where appropriate. The Wellness Management programme does not alter management's responsibility to maintain discipline or the right to take disciplinary measures as per the policies within the department. The Wellness Management programme is not designed to assist in "conflict resolution" between employees, managers and/or supervisors. These matters should be resolved through established procedures. The Wellness Management programme may however assist employees, managers and/or supervisors to deal with personal consequences of conflicts which may be work related. No one should manipulate the Wellness Management programme by trying to avoid disciplinary action and by justifying inappropriate work conduct or insubordination

2.1.3 THE REFERRAL PROCEDURE

Entry or referral to the Wellness programme may be gained through:

- Self-referral
- Managerial/ Supervisory or mandatory referral
- Third party referral

Note: The decision to seek assistance through the Wellness programme is always voluntary.

2.1.3.1 Self-referral

An employee can refer him/herself to the Employee Health and Wellness unit if he/ she finds his/ her problems overwhelming and are affecting his/ her work and therefore decides to seek help, voluntarily. The employee has the right to seek assistance or information for his/ her concerns through self-motivation or self-recognition

Procedure for self-referral

- (a) The employee contacts the Wellness Co-ordinator directly and in this case, he/ she can arrange for an appointment
- (b) The employee needs to notify in advance his/ her immediate supervisor and/or manager of his/ her whereabouts

2.1.3.2 Managerial/Supervisory or mandatory referral

There are two types:

- (a) Formal (employer initiated)
- (b) Informal (employer initiated)

(a) Formal (or work-related) referral

This is a referral where a personal and/or work related problem has affected job performance and disciplinary action may be pending. Formal referral is based on the following:

- (i) Performance problems
- (ii) Absenteeism and poor time-keeping
- (iii) Relationships with colleagues
- (iv) Personal conduct
- (v) Alcohol/substance abuse

Note: The manager or supervisor is responsible to address deteriorating work performance, motivation or behavioural relationship and provide guidance to help the employee improve work performance. It is also the responsibility of the employee to keep job performance at an acceptable level. If job performance does not improve or shows continuing deterioration, then the manager or supervisor may initiate a formal offer of assistance.

Procedure for formal referral

- (i) Before speaking to the employee, the supervisor/manager must first speak to the Wellness Co-ordinator and seek advice (where necessary) regarding the appropriateness of making a formal referral (and how it links with the department's policies and procedures)
- (ii) The Wellness Co-ordinator will provide guidelines on how to proceed with the formal referral
- (iii) Once it's been determined that a formal referral would be an appropriate intervention, the manager/supervisor must set aside time to have a private session with the employee
- (iv) The manager/supervisor must explain to the employee that a formal referral will be made and discuss the reasons for this type of referral and agree with the employee that the formal referral is acceptable (Form is attached as Annexure B)
- (v) It is important to explain that the referrer will receive limited feedback i.e. participation and assessment recommendations that are made. The referrer will not be entitled to get any content feedback unless the employee consents to the sharing of this information (Form is attached as Annexure C)
- (vi) The manager/supervisor should call the EHW unit to make the formal referral. Preferably the formal referral will be in the form of a document as proof of receipt of information (Form is attached as Annexure D)
- (vii) A file is opened under the employee's name. The Wellness practitioner keeps a filing cabinet where records are kept separate from personnel files
- (viii) The manager would then inform the employee that a formal referral

has been made and it would be up to the employee to contact the Wellness Co-ordinator. Remember, the employee's decision to make contact with the Wellness Co-ordinator still remains voluntary

- (ix) If the employee does not make contact, then the Wellness Co-ordinator will contact the manager/supervisor and inform him/her thereof. The matter will then be closed
- (x) Once the therapy process is complete, the Wellness Co-ordinator will contact the supervisor/manager to provide him/her with the process information about the intervention that was undertaken with the employee and the report will be forwarded to the supervisor/manager

(b) Informal referral

This is the type of referral whereby an employee requests assistance regarding personal problems. If the manager/supervisor is not equipped to handle the situation appropriately, he/she must encourage the employee to seek professional help to solve the issue/s. The manager/supervisor may not be informed of the problem unless the employee requests this to happen. The employee is responsible for obtaining approval for any required time-off associated with the use of the wellness services

Procedure for informal referral

- (i) Ask the employee what help or assistance you as a manager/supervisor can render to assist him/her
- (ii) Ask the employee what help or support he/she currently has with their issue
- (iii) Remind him/her of the wellness programme and its benefits. The manager/supervisor is not required to call the EHW unit but should ask the employee to tell the Wellness Co-ordinator that their supervisor has recommended the service

Please note:

- (i) All employees' concerns are to be treated confidentially
- (ii) Should the employee not wish to participate in the Wellness programme (i.e. Regarding formal referral), his/ her job performance should continue to be monitored and the **Incapacity Code and Procedures for the Public Service**, follow
- (iii) Contacting the EHW unit remains a voluntary act on the part of the employee
- (iv) Employees and participating parties as well as management should not abuse the programme. An employee who refuses to comply with counselling or does not keep appointments, may be removed from the programme (and the costs of therapy or treatment incurred by the Department will be recovered from the concerned employee). Participation in the Wellness programme

will not affect the employee's employment or career development. On the other hand, employee's participation in the programme will not protect the employee from disciplinary action for continued poor work performance or misconduct. Supervisors and managers should not prevent employees from utilizing the services of the Wellness programmes

- (v) The formal and informal referral does not replace the requirements and responsibilities for sound management practices and principles.

2.1.3.3 Third-party referral

- (a) Any person within the organization who is of the opinion that an employee could benefit from Wellness services can put in a request for referral with the affected employee's consent
- (b) Requests for referral may also be made by labour representatives or family members on behalf of individual members

2.1.3.4 Wellness Co-ordinator referral

- (a) The Wellness Co-ordinator is located in the HRM unit or directorate and ultimately reports to the HR Senior Manager. In cases of a formal referral, the Wellness Co-ordinator liaises with the HR Senior Manager to determine the weight of the problem.
- (b) If the problem is beyond the Wellness Coordinator's skill and/or capacity, then the co-ordinator outsources by contacting the relevant service provider
- (c) Referral to any facility/ institution outside of the approved structure e.g. for long-term treatment, must be done according to the guidelines prescribed in the Wellness Management policy.

This section also provides details as it relates to the operationalisation of the policy concept.

2.2 APPLICATION SCOPE

This policy will apply to all officials of the Department of Environment and Nature Conservation.

The provisions of this policy framework are applicable to the department as employer and all employees of the department.

3. POLICY FRAMEWORK

3.1 IDENTIFICATION AND CONSULTATION OF STAKEHOLDERS

This policy document was distributed to staff members within the department and their feedback and inputs are included where changes were suggested and motivated. Information sessions were also held as part of the consultation process. The recognized Labour Unions are not excluded in the process as they do have shop stewards within the department, and them being part of the departmental staff, thus had the opportunity to participate in the process. Furthermore, it needs to be mentioned that the department cannot negotiate with the Unions (Organized Labour) as a separate entity on this policy. Especially, because there are matters of mutual interests that must be dealt with in the formal structures created for this purpose, such as the Provincial Bargaining Council.

3.2 TIMEFRAMES

In 08 August 2013 a draft of this policy was reviewed by the departmental Corporate Policy unit policy unit who submitted their comments on the policy.

3.3 IMPLEMENTATION STRATEGY

It is the responsibility of each Head of department to ensure that this policy is carefully followed within the department. All managers should make members of their employees aware of the obligation to familiarize themselves with and follow this policy.

An implementation plan will be drafted which will outline how and when this policy will be implemented. The plan will be drafted two months after the implementation date of this policy. In order to ensure adequate implementation of this policy the human resource unit will compile an infrastructure investment (in terms of human capital) and policy management plan. The plan will be updated on an annual basis and will contain details on future guidelines for this policy. The financial implications if any will be indicated on the plan in order to ensure that funds are available or availed.

The implementation plan is subjected to the following:

3.3.1 The approval of the Wellness Management Policy

- The policy will serve as a guideline in implementing the Wellness Management Pillar

3.3.2 A finalized wellness strategy after consultation

The HOD shall ensure that employee health and wellbeing is reflected in departmental strategic and operational plans and as a key performance area of all managers accompanied by specific performance indicators. It is the responsibility of each Head of department to ensure that this policy is carefully followed within the department. All managers should make members of their employees aware of the obligation to familiarize themselves with and follow this policy.

3.3.3 An approved Wellness Structure

- The designated Senior Manager to whom the responsibility is delegated shall ensure the establishment of all relevant committees and structures as prescribed in the relevant legal framework.
- The department shall appoint suitably qualified and skilled practitioners to ensure the implementation of the Wellness Management pillar
- Suitable employees shall be recruited and trained as peer educators to support the implementation of the programme. The number of the recruited peer educators will depend on the department's geographically dispersed departmental regional offices.

The implementation date for this policy is 01 April 2014

3.4 FINANCIAL IMPLICATIONS

The HOD shall ensure that the departmental EH&W programme is adequately funded with a dedicated budget to ensure the sustainability of the programme. The policy shall have financial implications for the Department regarding the implementation, monitoring, evaluation and review. It will be functional that cross-programme assistance and communication happen in terms of financial support, resources and expertise to the EH&W programme

3.5 COMMUNICATION

- The DENC shall keep all staff informed of the latest developments in the EHW Policy and programme through existing communication structures i.e. staff meetings, through the intranet, peer educators and official circulars
- **Provincial Wellness Structure**

3.6 COMPLIANCE, MONITORING AND EVALUATION (M&E)

- (a) In terms of **PSR Part VI**, the HoD is responsible for creating a working environment that supports effective and efficient service delivery while, as far as reasonably possible, taking employees' personal circumstances, including disability, HIV and AIDS and other health conditions into account and ensuring the safety and health of its workforce. The provision of a wellness programme and adequate funding thereof, thus forms part of the HoD's performance agreement and must also be included in the **performance agreement** of the designated SMS member responsible for the execution of the aforementioned. Negligence with regard to making adequate budgetary provision for wellness activities, or putting the necessary procedures in place, will be dealt with in terms of the measures (sanctions) outlined below
- (b) Line managers and supervisors who are found guilty of disregarding the rights of employees to assistance via the wellness programme may be addressed in terms of the measures (sanctions) as outlined in hereunder:
 - Should an employee (after being advised to do so by management/supervisor) indicate that she/he is not prepared to participate in the wellness programme,



her/his performance should continue to be monitored and the **Incapacity Code and Procedures for the Public Service, Disciplinary Code or measures contained in the PMDS followed** (whichever is applicable).

- (d) The department shall introduce measures for monitoring and evaluating the impact of the EHW policy amongst employees in the department. Monitoring and evaluation shall be done on an annual basis

3.7 POLICY REVIEW

This policy will be reviewed when the need arises or in case of the occurrence of extenuating circumstances (political mitigation, or pronouncement by legislation and/or regulations). The contact person for this policy will be required to submit all relevant information pertaining to this policy in conjunction with a signed memo with all amendments (addition or omission) during the third quarter annually.

The exception, the Policy development unit will be conducting all extenuating reviews throughout the year, therefore it is paramount that any new information received be submitted to this unit, in order to coordinate the review process of this policy.

3.8 POLICY IMPACT

The desired plan is that the EHW policy should have an impact in relation to the department's five year strategic plan.

3.9 INTERIM MEASURES

This is an interim document for this Department until such time that a provincial policy has been developed.

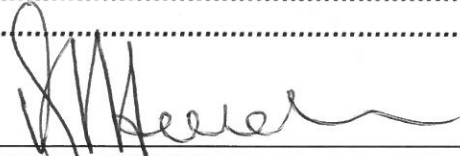
The DENC has an EAP policy in place and currently the policy is being updated to make it into a comprehensive Wellness Management Policy. In the meantime while it undergoes a process of change and gain input and approval, the Employee Health and Wellness unit will implement the Employee Health and Wellness Programme according to the Employee Health and Wellness Strategic Framework by the DPSA.

4. ADOPTION OF POLICY

Approved / ~~Not Approved~~

Comments:

.....
.....
.....



D VAN HEERDEN
HEAD OF DEPARTMENT

20130910

DATE



ANNEXURE A

CATEGORIES OF SUPPORT AND SERVICES INCLUDED IN THE WELLNESS PROGRAMME

The bulk of problems that negatively influence productivity are of a personal nature. The interdependence of personal problems and work is thus a fact that cannot be ignored by supervisors and managers. Support can be provided for the following categories **problems/conditions** experienced by employees:

- Anti-social behaviour.
- Chronic and acute illness (HIV / AIDS related, cancer, etc.).
- Experiences of severe trauma.
- Financial problems.
- Health related psychological problems e.g. depression, personality disorders, etc.
- Religious and existential concerns.
- Substance dependence and abuse.
- Social problems.
- Work related problems, including adjustment problems, stress, and trauma resulting from sexual harassment, job change or promotion, redundancy, relocation, re-structuring, etc.
- Adjustment problems, including diversity matters.

ANNEXURE B

Employee Assistance Program

Confidential

Formal Offer of Assistance

To:

Date:

On _____ we discussed your job performance and the opportunities available with the Employee Assistance Program. An appointment with an EAP counsellor has been scheduled for _____(time) on _____(date) at _____(place).

Signature of Supervisor

1. This is not a mandatory referral and the employee is not obligated to attend.
2. A copy of this form is to be delivered to the worksite's EAP formal offer of assistance file.



ANNEXURE C

Employee Agreement

- A. During the course of my participation in the Employee Assistance Program, I will be asked to provide certain personal information in order that the counsellor may effectively work with me. Such information will be maintained by the counsellor in the strictest of confidence. I may authorize anyone of my choosing to have access to my records, provided that I consent to such disclosure in writing in advance. Any action on my part that causes my file to be destroyed will be considered as a withdrawal from the program.
- B. I authorize the counsellor to share assessment information with the appropriate treatment agency/counselor _____ solely for the purpose of my receiving the necessary service. I further authorize the treatment agency/counselor _____ to share information with the EAP counsellor concerning: type of treatment (in/out-patient); approximate length of time away from work; how treatment plan is progressing; when treatment finishes early or on schedule; follow-up supports needed.
- C. In employer-initiated formal offer of assistance, I authorize the EAP counsellor to provide my supervisor _____ with the following:
- whether I attended the assessment session and no further service is required,
 - whether I attended the assessment session and agreed to a structured program of treatments including the approximate length of the program,
 - whether I am participating in a prescribed structured program to an acceptable level,
 - when I drop out of the program, and
 - when I finish the program.
- D. With respect to confidentiality, the counsellor is bound by laws and may be bound by statutes to release certain information.

I, _____ acknowledge that I was given a copy of this document, agree with and understand the conditions of the program.

Participant

EAP Counsellor

Date: _____



ANNEXURE D

Formal Supervisory/Managerial EAP Referral Form

Instructions:

- This form should be completed by the supervisor/manager or any other concerned person at work.
- The employee should be aware of the contents of this form.
- This is not a disciplinary form but a form to be used to assist the employee experiencing personal problems requiring help.

Employee's Name:		Personnel No:	
Occupation/ Job title:		Salary/grade level:	
Work Station:		Number year/months of employment:	
Division/Unit/ Component		Employee Tel Number:	
Referring Supervisor/Manager's Name:		Referring Supervisor/Manager's Tel Number:	


1. Briefly state the reasons for referral:

2. Indicate the indicators of behaviour you have observed from the employee? (Use the check list attached):

3. For how long have you been aware of the incidents or behaviours mentioned in the check list?

4. Which corrective actions have been made to solve the problem(s) – if any? (e.g. disciplinary action, warnings, counselling)? Attach documentation

5. If the EAP interventions were to be successful, what would be the desired improvements/changes?



6. Mention anything positive about the employee that would be helpful during treatment/to improve performance.

7. Mention anything that could hinder the success of the EAP intervention.

Supervisor/Manager's Signature

Date

The employee's intention to participate in the programme cannot be processed without the signature of the employee in question and a "Yes" indication below.

I understand that my supervisor/manager is referring me to the Employee Assistance Programme and I wish to confirm that the contents of this form were discussed with me.

YES, I will participate in the Employee Assistance Programme.

NO, I do not wish to participate in the Employee Assistance Programme.

Employee's Signature

Date

EAP Practitioner: _____

Date received: _____

Check list for supervisors

The indicators of the employee's behaviour that warrants the referral to the Employee Assistance Programme.

Please complete the list below by checking the appropriate bullets and providing any additional information in the space provided.

Absenteeism



- Excessive absenteeism
 - Number of days absent in past 12 months: _____
 - Pattern (e.g. Mondays, Fridays, after paydays, before or after holidays or long weekends):

 - Excessive lateness
Period: _____
 - Frequently leaves work place/area
 - Unusual excuses for absences
 - Leaves work early
 - Multiple instances of unauthorised leave
 - Frequently sick
 - Frequently sick on duty
 - Other (specify):

-

Job performance

- Lowered quality of work – compared to earlier performance
 - Decreased quantity of work output
 - Increased errors or mistakes
 - Impaired judgement
 - Impaired memory
 - Inability to concentrate
 - Frequent accidents on the job
 - Job requires more time or effort to complete than expected
 - Failure to meet deadlines or schedules
 - Decline in ability to manage complex tasks
 - Lack of consistency in work pattern
 - Other (specify):

-

Behaviour

- Avoids supervisor/co-workers
- Deterioration of personal appearance
- Less communicative at work
- Loss of interest
- Unusually critical of supervisor/co-workers/employer
- Inability to accept constructive criticism and advice from co-workers or supervisor
- Wasteful of resources
- Disregard for safety (poor safety record)
- Frequent mood swings
- Aggression
- Insubordination
- Suicidal

- Domestic Violence
 - Criminal behaviour
 - Substance abuse at work
 - Under the influence of drugs and/or alcohol
 - Other (specify):
-

Inability to cope following an extended period of bereavement or grief (e.g. Loss of spouse, child, parent, grandparent, siblings)

Describe the nature of the event and resulting indicators of affected behaviour:

Inability to cope following a traumatic event or incident (e.g. car accident, disaster, armed robbery, shooting, hijack, kidnapping, death)

Describe the nature of the event and resulting indicators of affected behaviour:

Inability to cope following an injury on duty:

Describe the nature of the event and resulting indicators of affected behaviour:

Substance abuse at work (alcohol, drugs, etc.)

List event:

Would you like training on how to identify and refer a troubled employee.

- Yes
- No

If yes, please contact the EAP office.

ANNEXURE E

(OPTIONAL) EMPLOYEE ASSISTANCE PROGRAM (EAP) SERVICES AGREEMENT SUPERVISOR STATEMENT OF UNDERSTANDING

I, the undersigned, have had each of the following items explained to me by the Employee Assistance Program (EAP). I have discussed each item and have indicated by my initials and signature that I understand each item and will comply.

_____ I am aware of client confidentiality through the EAP. I understand that information disclosed to me is from records where confidentiality is protected by law. The law prohibits me from making further disclosure to other sources without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

_____ I am responsible for support of both the EAP and the employee through careful and consistent attention to the evaluation of the employee's job performance, conduct, and attendance.

_____ I will establish an evaluation system with the EAP to identify deteriorating job performance.

_____ I will not attempt to diagnose the employee's problem.

_____ I will grant leave to the employee to obtain treatment and rehabilitation in accordance with personnel regulations.

_____ I understand that the role of the EAP is to:

1. conduct screenings
2. provide referral to resource agencies/programs
3. provide follow-up services
4. conduct training concerning a variety of adult living disorders
5. liaison with care providers, union(s) and all other relevant persons

Other comments or considerations

Supervisor's Name (*please print*):

Date

Signature of Supervisor:

Telephone



ANNEXURE F

Subject: Participation in the Employee Assistance Program (used only in employer-initiated formal offers of assistance.)

To:

Re: Notification to supervisor of employee assistance program participation

This is to notify you that _____

1. Attended the assessment session and no further service is required.
() yes () no

2. Attended the assessment session and agreed to a structured program of treatment. () yes () no

The approximate length of the program will be _____.

3. () Is () Is not participating in his/her prescribed structured program to an acceptable degree.

4. Dropped out of the program. () yes () no

5. Finished the prescribed program. () yes () no

This information has been disclosed to you from records whose confidentiality is protected.

EAP Counsellor
Date

A copy of this form is to be delivered to the worksite's EAP formal offer of assistance file.

BIBLIOGRAPHY

1.2.3. STRATEGIC FRAMEWORKS APPLICABLE TO WELLNESS MANAGEMENT WITHIN THE PUBLIC SERVICE

- National Strategic Plan on HIV&AIDS, TB and STI 2012-2016
- National Strategic Framework on Stigma and Discrimination
- National Occupational Health and Safety Policy of 2005
- Employee Assistance Professional Association (EAPA-SA) Code of Ethics and Standards
- Mental Health Care Regulations 14 February 2003
- Public Service Regulations, 2001 as amended

1.2.4. ECONOMIC AND SOCIAL POLICY, PROGRAMMES AND STRATEGY

- Presidential, Provincial Pronouncements and Budget Speech
- Integrated Development Plans (IDPs)
- Medium Term Strategic Framework
- National Spatial Development Strategies
- Provincial Growth and Development Strategies

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

1.2.1. INTERNATIONAL INSTRUMENTS UNDERPINNING WELLNESS MANAGEMENT WITHIN THE PUBLIC SERVICE

- WHO Global Strategy on Occupational Health for All
- WHO Global Worker's Plan 2008-2017
- ILO Decent Work Agenda 2007-2015
- ILO Promotional Framework for Occupational Safety Convention 2006
- United Nations Convention on the Rights of People with Disabilities
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- The Beijing Declaration and its Platform for Action, 1995 (+10)
- United Nations Millennium Declaration and its Development Goals (MDGs)
- The International Convention on Population Development 1994 (+10)
- World Summit on Sustainable Development, Johannesburg 2002
- WHO Commission on social determinants of health

