CSIRO - Australia’s innovation catalyst

“Engaging Family and peers to support recovery”

Closing the Loop

Adelaide, 19 July 2018

Alexandra Allars
Team CSIRO

- 5767 talented staff + 3000 affiliates
- $1 billion+ budget
- Working with over 2800+ industry partners
- 55 sites across Australia + OS
- Top 1% of global research agencies
- Each year 6 CSIRO technologies contribute $5 billion to the economy

Each year 6 CSIRO technologies contribute $5 billion to the economy
“Engaging Family and peers to support recovery”

• Developing a recovery plan that incorporates the employee’s family and peers
• Gaining buy-in from family and peers on a recovery plan and refining plans to their wishes
• Leveraging the influence of family and peers in recovery
• Equipping family and peers so they can support the recovery of an injured worker
Q1 How much do you love Canberra?
(Only select the most applicable answer).
- A lot
- A little less than a lot
- A little
- A little less than a little
Audience Poll 2 – Who do you trust?

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

Q1 When you are well?
(Only select those that are applicable to you in order of priority. For example, if ‘friend’ is the most trusted then select ‘friend’ as number 1. If ‘work colleague’ is the second most trusted, then select as number 2.

• Yourself
• Partner/spouse/defacto
• Friend
• Family member/s
• Work colleague
• Line Manager
• Human Resources/Health Safety staff
• Union Representative
• Other
Audience Poll 2 – Who do you trust?

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

Q2 When you are unwell?
(Only select those that are applicable to you in order of priority. For example if ‘friend’ is the most trusted then select ‘friend’ as number 1. If ‘work colleague’ is the second most trusted, then select as number 2.

• Yourself
• Partner/spouse/defacto
• Friend
• Family member/s
• Work colleague
• Line Manager
• Human Resources/Health Safety staff
• Union Representative
• Other
Q3. Does context matter - Do you trust different people depending on whether you are at work or outside of work?

• Yes
• No
• Unsure
The Free Dictionary defines recovery as...
1. The act, process, duration, or an instance of recovering.
2. A return to a normal or healthy condition.
3. The act of obtaining usable substances from unusable sources.

- Recovery from a physical and/or psychological health condition may be an individual process that varies from person to person. The road (if there is one as there may be several) to recovery can be rocky at times, and some people may encounter setbacks.

- Recovery may be a personal journey on a continuum rather than a set outcome, and one that may involve developing hope, meaning, security, a sense of self, supportive relationships, empowerment, social inclusion, coping skills etc.

- Work can play a vital role in recovery. It can provide structure and routine, contribute to a sense of purpose, and provide financial security and social connection.
What is the value of work?

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

Source: Comcare ‘Rehabilitation Guide’
What is the value of work?

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

Source: Comcare ‘Rehabilitation Guide’
Employment Relationship

• Direct relationship between an employer and employee

• Governed by written (or verbal) contract, express and implied terms, Award, Enterprise Agreement, organisational policies, procedures, practices, Code of Conduct, legislation, common law

• Can hire and fire in an employment relationship

• Can give and follow reasonable and lawful directions in an employment relationship

• Can the same be applied to family? Peers?
Return to Work – it’s complicated

Source: Comcare ‘Barriers to Return to Work – a Literature review’
Return to Work – it’s non-linear, multiple and interacting

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

Source: Waddell & Burton, 2004

Source: Comcare ‘Barriers to Return to Work – a Literature Review’
Stakeholders - responsible for what, why and how?

- Family
- GP
- Treators
- Board
- Trade Union
- Legal Representative
- Regulator/Insurer
- Colleagues/Peers
- Leader/Manager
- Case Manager
- WHS/HR practitioners
- WHS Committee
- Rehab Provider
- Tribunal
- Rehabilitation Provider
- GP
- Case Manager
- WHS/HR practitioners
- WHS Committee
- Rehab Provider
- Tribunal
- Individual
- Internal
- External
Key factors to overcome variability in outcomes

• **Supportive conditions at work**
  - Work satisfaction, feeling welcomed back to work, social support and quality of leadership.

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

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

Source: Comcare ‘Barriers to Return to Work – a Literature review’
A rehabilitation (or return to work) program is based on the principle that an employer can allow a coordinated return to work.

The program is delivered according to medical advice and where necessary the use of a rehabilitation provider.

**Rehabilitation aims** to do one of two things:
- maintain the injured employee within the workplace
- return them to appropriate employment in a timely, safe and cost efficient manner.

**A return to work plan** as part of a rehabilitation program should:
- be developed in consultation with the injured employee and the treating medical practitioner
- be tailored, outcome-based and set out the steps to achieve return to work
- be available to an employee with a work capacity (unless contraindicated, for example where the employee has retired)
- be developed using appropriate expertise, such as approved rehabilitation providers, where required
- recognise the existing skills, experience and capabilities of the injured employee to allow suitable duties to be found
- if necessary, utilise retraining and redeployment when it is not possible for the employee to return to pre-injury duties.
Return to Work Act 2014 - requirements

(A) – Important Notice to Employers

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

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

(B) – Important Notice to Injured Workers

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

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

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

24—Early intervention, recovery and return to work services

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

(a) provide for the physical, mental or vocational assessment of a worker;
(b) provide advisory services to a worker, members of the family of a worker, an employer and others;
(c) assist a worker in retaining, seeking or obtaining employment;
(d) assist in the training or retraining of a worker;
(e) assist a worker to find or establish appropriate accommodation;
(f) provide equipment, facilities and services to assist a worker to cope with any injury at home or in the workplace;
(g) provide assistance to a person who may be in a position to help a worker to overcome or cope with an injury;
(h) provide necessary and reasonable costs (including costs of travel, accommodation and child care) incurred by a worker in order to receive or participate in any services;  
(i) provide anything else that may assist in achieving the objects of this Part.
Q1. Do you currently involve family members in recovery/rehabilitation plans for ill/injured employees?

• Yes
• No
• Unsure
Incorporating Family and peers?

• Developing a recovery plan that incorporates the employee’s family and peers
  • Separate out family, line manager and peers – different relationships, roles and requirements
  • Do you do this now? How?
  • Organisational view? What is it? Does it need to shift?
  • Permission from employee, confidentiality, boundaries

• Gaining buy-in from family and peers on a recovery plan and refining plans to their wishes
  • As above, can family, line manager and peers be put in same category?
  • Importance of work to recovery
  • Are you really required to refine plans based on their wishes? Where do you draw the line?
  • When conduct and behaviours are unacceptable
Incorporating Family and peers?

• Leveraging the influence of family and peers in recovery
  • Interpersonal relationships, communication skills, influence, persuasion, boundaries
  • Importance of work to recovery

• Equipping family and peers so they can support the recovery of an injured worker
  • Support person – what is your organisational view on who can be a support person?
  • Permission from employee, confidentiality, boundaries
  • EAP, over and above EAP offerings, coaching, communication, just in time?
  • Note on line managers and peers – support v having their back if performance and/or conduct issues arise
Observations?
Questions?
Thank you

CSIRO Human Resources
Alexandra Allars
Executive Manager, Human Resources

t  +61 02 6276 6321
e  Alexandra.Allars@csiro.au
w  www.csiro.au
Additional Slides
Balance – Flexible Work

8-9 March
Dr Larry Marshall announced ‘All Roles Flex’ initiative

31 May
Renamed “Balance”

1 July
Roll-out
“Yes…”
Support materials
Recruitment

8-9 March
CLT endorsed
1 July implementation
**Balance**
Flexible work at CSIRO

- Ranked **#1** by staff in 2017 Staff Survey for recent change that should be continued.
- 20+ F2F site sessions across Australia
- 1000+ attendees
- 475 webinar registrations

CSIRO Connect
- 17+ sessions
- 1000+ participants

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

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

**87% feel their immediate manager supports access to flexible work options;**

**83% are satisfied with their access to flexible work options;**

**81% feel CSIRO's culture is supportive of work/life balance.**

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

**All CSIRO roles now advertised as flexible...**
At CSIRO we do the extraordinary every day
We imagine
Big ideas start here

Fast WLAN
Wireless Local Area Network

POLYMER BANKNOTES

AEROGARD

BARLEYmax™

RELENZA FLU TREATMENT

TOTAL WELLBEING DIET

HENDRA VACCINE

EXTENDED WEAR CONTACTS

SOFTLY WASHING LIQUID

SELF TWISTING YARN

RAFT POLYMERISATION

NOVACQ™ PRAWN FEED
CSIRO’s contribution to Australian innovation

1916 CSIRO Formed
1926 Prickly Pear Control
1930 Black disease vaccine
1936 CBPP vaccine
1938 Aerogard
1942 Radar
1944 First Australian Soil Map
1949 CSIRAC: Australia’s first computer
1951 Myxomatosis Rabbit control
1952 Atomic Absorption Spectrophotometer
1953 Solar Hot Water
1957 SIROset permanent crease woolclothing
1960 Softly detergent
1961 Self-twisting yarn
1986 Gene Shears
1988 Polymer banknotes
1991 Buffalo fly trap
1991 Extended wear contact lenses
1992 Fast Wi-fi
1995 Gene silencing
1996 RAFT polymerisation
1999 Relenza flu treatment
2005 Total Wellbeing diet
2008 BARLEYmax
2009 UltraBattery
2011 UltraBattery
2011 Zebedee
2012 Light body armour
2008 BARLEYmax
2009 UltraBattery
2012 Hendra Vaccine
2013 OptiCOOL energy control
1916 CSIRO Formed
1926 Prickly Pear Control
1930 Black disease vaccine
1936 CBPP vaccine
1938 Aerogard
1942 Radar
1944 First Australian Soil Map
1949 CSIRAC: Australia’s first computer
1951 Myxomatosis Rabbit control
1952 Atomic Absorption Spectrophotometer
1953 Solar Hot Water
1957 SIROset permanent crease woolclothing
1960 Softly detergent
1961 Self-twisting yarn
1986 Gene Shears
1988 Polymer banknotes
1991 Buffalo fly trap
1991 Extended wear contact lenses
1992 Fast Wi-fi
1995 Gene silencing
1996 RAFT polymerisation
1999 Relenza flu treatment
2005 Total Wellbeing diet
2008 BARLEYmax
2009 UltraBattery
2011 UltraBattery
2011 Zebedee
2012 Light body armour
2008 BARLEYmax
2009 UltraBattery
2012 Hendra Vaccine
2013 OptiCOOL energy control
Our mission

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

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

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

Impact delivery – creating new economic, environmental and social impact for Australia
Strategic actions to deliver impact

Team CSIRO

Excellent science
Inclusion, trust & respect
Health, safety & environment
Deliver on commitments

Customer first
Breakthrough innovation
Global outlook, national benefit
Collaboration
We believe (Our values)

At CSIRO we do the extraordinary every day.

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

What is Bullying?

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

• a person or a group of people repeatedly behaves unreasonably towards a worker or a group of workers at work AND

• the behaviour creates a risk to health and safety.

• Bullying does not include reasonable management action carried out in a reasonable manner.

The reasonable management action provision comprises 3 elements:

• The behaviour (being relied upon as bullying conduct) must be management action;

• It must be reasonable for the management action to have been taken; and

• The management action must have been carried out in a manner that is reasonable.
Some Statistics

Workplace bullying and violence

Mental disorder claims that involve harassment or bullying

1 in 3 women
1 in 5 men

Almost 20% of workers say they have experienced discomfort due to sexual humour

39% mental disorder claims caused by harassment, bullying or exposure to violence

37% of workers report being sworn or yelled at in the workplace

11% of workers experienced unfair treatment due to gender

Mental stress claims

15% result from exposure to occupational violence
26% made by workers aged 20-27 years were from exposure to workplace violence
31% made by workers under 20 years were from exposure to workplace violence

Some statistics for the violence/bullying infographic have been sourced from the below SWA reports:
Safe Work Australia’s National Data Set for Work-related mental disorders profile
Safe Work Australia’s National Data Set for Bullying and Harassment in Australian Workplaces; results from the Australian Workplace Barometer project 2014/2015.
Some statistics – Safe Work Australia

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

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

2009: PHWG
2012: CIN
2014: Pearce 1&2
2016: WB@W&IRP
2018: WB Plan

Pathological
Calculative
Proactive
Generative

CoC/B&H/Consultation e-Learning modules
PH and Health Risk Assessments Mandatory Reporting
SWIM Peter Cotton F2F Training – EMC, HR, HSE Learning from Leader’s video
L&D Suite of F2F, e-Learning modules for Leaders, Teams and individuals – behaviour, conduct, culture
WELLBEING - in support of our people first culture

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

The team reflected on the data & their Insights were:

MORE INSIGHTS
- Great dataset
- Well worth the investment & purpose is more important (Stakeholders)
- Solutions may be found in triangulation (job security, work, connection with our people)
- Deeper for consistency, equitable (not equal) access
- Resilience & control, Control, Resilience Balance (group dynamics can impact mental health)
- Measures & indicators important
- All areas of wellbeing improved
- Broad: any system processes culture standard
- Communicate what is already available (policies, aligned by principles)

Based on the data the focus areas are:

Areas of focus:
- Mental Health
- Physical Health
- Work-Life Balance
- Workplace Products & Services
- Professional Development
- Leadership & Culture
- Wellbeing Experience
- Organisational Culture
- Wellbeing Strategy
- Wellbeing Initiatives

The recommendations for testing are:

1. PHYSICAL
   - Healthy Food Options
   - Healthy Exercise Options
   - Fitness Programs
   - Access to outdoor spaces

2. EMOTIONAL
   - Wellness programs for staff
   - Effective communication
   - Professional development
   - Values-oriented: benefits & processes

3. SOCIAL
   - Career planning & development
   - Supportive, strong, diverse community

4. INTELLECTUAL
   - Capability development & growth
   - Information and knowledge sharing

5. ENVIRONMENT
   - Personalised workspaces
   - Flexibility
   - Technology

EVP connections
- The Flexibility
- The People
- The Work
- The Tools

The next steps are:
- Test recommendations
- Secure leader sponsors
- Build & test solutions

CSIRO
Comcare Improvement Notice

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

NOTICE ISSUED TO: DR MEGAN CLARKE, CHIEF EXECUTIVE OFFICER, CSIRO
Notice No.IN EVE207221-

0002B

<table>
<thead>
<tr>
<th>Legal name of person: Commonwealth Scientific and Industrial Research Organisation (CSIRO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABN:N/A ACN:N/A</td>
</tr>
<tr>
<td>Trading as: CSIRO</td>
</tr>
<tr>
<td>Address: CSIRO Corporate Centre, Limestone Avenue, Campbell ACT</td>
</tr>
<tr>
<td>Postcode:2612</td>
</tr>
</tbody>
</table>

DETAILS OF CONTRAVENTION:
Response to 23 Recommendations
• defining what bullying is and is not;
• promoting and strengthening existing legislative and regulatory frameworks;
• ensuring that the requirements of the draft Code of Practice: Managing the Risk of Workplace Bullying are met, with guidance and support provided to employers;
• improving workplace cultures;
• and enhancing tools for the prevention and early resolution of workplace bullying incidences.

• Risk Assessment approach
• Confidentiality issues
• Role of bystanders
External Environment

Bullies: $4.5 million. CSIRO: Nil

CSIRO accused of more shabby tactics

Scientists 'bullied or forced out' of CSIRO

Inquiry called on CSIRO ‘bullying’

CSIRO faked documents, whistleblower tells court
Workplace Conduct in CSIRO Investigation

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

“We feel that CSIRO has listened and learnt.”

“We have heard the talk- and we like it. We now want to see the walk.”
CSIRO vision for the future – conflict and conduct

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

... and it’s social and environmental context that can be potentially detrimental to employee health & wellbeing.
Risk Management - Psychosocial

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

To be conducted when:
- Allegations of Bullying or Harassment are made
- Introduced to HSE Risk Management Guideline

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

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

Control & Monitor
Take action on problem risk factors: Implement corrective actions to address risk factors such as:
- Training;
- Policies;
- Increase resources;
- Reduce workloads
- Regularly monitor controls
The HRA is designed to identify, assess and control health risks (including Psychological ones) for an individual.

The purpose is to determine the likelihood and consequence that taking a specific action may cause or exacerbate injury/illness to the staff member.

Required prior to commencing any misconduct action and reviewed at each step. Advisory use in other circumstances.

Conducted by the appropriate Line Manager with support from CSIRO Human Resources/Workplace Relations & Policy/Health, Safety and Environment staff.
Individual Health Risk Assessment Qs

• Do you have direct knowledge that the officer has a pre-existing illness or injury including any psychological condition?

• Are you aware if there has been any previous intervention in relation to this pre-existing illness or injury (for example, including, but not limited to, Early Intervention, EAP, CSIRO arranged medical assessment)?

• Has the officer lodged an Incident Report and/or workers’ compensation claim/s in relation to this condition or injury?

• Is there any other organisational process underway (for example, including, but not limited to, redeployment, grievance, management of underperformance, early intervention, return-to-work program)?

• List any other specific risk/s identified, including any workplace related or interpersonal psychosocial contributing factors.

• Is there any risk to CSIRO, including to another CSIRO officer, if the proposed misconduct action does not proceed?
While Australia’s workforce is continually changing, the current period in history is characterised by a combination of forces likely to be associated with greater, faster and different transitions than previously experienced.

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

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

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

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

Psychological Health @ Work

Wellbeing at Work 2014-2018 Strategy on a Page

1. OUR PEOPLE AND LEADERS
   
   Objectives: Enhance the wellbeing of individuals and teams

   Initiatives:
   1.1 Develop and grow all our people to contribute positively to, and take responsibility for, their own wellbeing and the wellbeing of those around them.
   1.2 Develop and grow our leaders to model and promote behaviours and attributes that foster a climate of wellbeing founded on our CSIRO Values and Code of Conduct.
   1.3 Build our leaders' personal accountability for the wellbeing of their people and teams, including encouraging the creative exchange of ideas and the active and early resolution of conflict.

   Current State: Patchy awareness amongst leaders and team members, as to the importance of local wellbeing climates; their personal responsibilities in their creation and maintenance; and varying levels of competence to enact.
# Psychological Health @ Work

<table>
<thead>
<tr>
<th>2. SYSTEMS, STANDARDS AND PROCEDURES</th>
<th>3. SUPPORTING WELLBEING THROUGH PROFESSIONAL PARTNERSHIPS</th>
<th>4. GOVERNANCE, MEASUREMENT, AND REPORTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support wellbeing through clear and effective systems, standards and procedures</td>
<td>Provide professional advice, guidance and support for the wellbeing of individuals and teams</td>
<td>Measure, monitor and report wellbeing climate and performance, and use data to inform improvement</td>
</tr>
</tbody>
</table>

### 2.1 Establish a “Wellbeing at Work” standard, that integrates with our People Policy and Code of Conduct and makes clear the organisation’s commitment to wellbeing and what is expected of leaders and staff.

### 2.2 Develop and implement an ongoing program of engagement and communication that builds and sustains widespread awareness of, and commitment to, wellbeing at work.

### 2.3 Strengthen the embedding of wellbeing principles into employee lifecycle systems and procedures, including selection, advancement, and performance management and HSE risk assessment to ensure that people’s skills, motivations, and organisational fit are appropriate to their roles.

Some current procedures are not well understood or the benefits are yet to be realised. There is an awareness that change is required in some areas, and there is evidence of some best practice improvements being made.

### 3.1 Boost our capacity to operate collectively to build our psychological wellbeing capability, and create a shared vision of what’s required for wellness, prevention and early intervention.

### 3.2 Develop and implement an integrated approach to enable the delivery of seamless advice and interpretation to our people and leaders on psychological health and wellbeing case management.

### 4.1 Develop and implement methods integrated with risk assessment processes to assess, monitor and report workplace wellbeing at the individual, team and organisational level.

### 4.2 Leverage and extend existing steering and governance arrangements (e.g. Diversity & Inclusion and HSE Committees) to support translation of this wellbeing strategy to practice, and oversee rigorous performance reporting and continuous improvement.

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

Enterprise level mechanisms exist to provide some assessment of wellbeing at the whole of organisation and business unit level. No formal governance bodies exist to steer or monitor wellbeing; systems for wellbeing reporting are not available.
Our HSE journey:
striving for zero harm

5 Success pillars

Strengthening HSE Culture
Health and Wellbeing
Fatality and Serious Injury Prevention
Environmental Stewardship
HSE Information, Monitoring and Review