



WorkWell Essentials Pilot Evaluation

Supporting small-to-medium businesses in creating a mentally healthy workplace

Exploring the experience and outcomes of participants in the WorkWell Essentials pilot program.

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Disclaimer: This evaluation has been produced by ISCRR in response to a specific question from WSV. The content of this report may not involve an exhaustive analysis of all existing evidence in the relevant field, nor does it provide definitive answers to the issues it addresses. Reports are current at the time of publication, June 2023. ISCRR is a joint initiative of WorkSafe Victoria and Monash University. The opinions, findings and conclusions expressed in this publication are those of the authors and not necessarily those of WorkSafe Victoria, Monash University or ISCRR.

EXECUTIVE SUMMARY

Background

While online resources such as WorkSafe Victoria's WorkWell Toolkit are useful, small and medium businesses require more direct and individualised support to identify and address workplace psychosocial hazards. In response to this need, WorkSafe Victoria (WSV) adapted their Occupational Health and Safety (OHS) Essentials program model and engaged seven OHS Essentials Consultants to offer businesses, with the equivalent of up to 60 employees, a mental health focused service.

Between November 2022 to March 2023, participating small and medium businesses were provided with up to 8 hours of free, tailored and confidential support from an independent consultant over a four-month period.

Project aims

The purpose of the project was to evaluate the pilot, and the key evaluation questions were:

1. To what extent was the WorkWell Essentials program successful at educating employers on psychosocial hazards, and assisting them to identify these hazards in the workplace?
2. To what extent was the WorkWell Essentials program successful in assisting businesses to develop and start implementing an action plan?
3. What barriers and facilitators have been identified in implementing the WorkWell Essentials Pilot, and were any changes needed before this could be integrated into the existing OHS Essentials Program?

Key findings

Program delivery depended on consultant's expertise and professionalism:

- The majority (74%) of the 15 businesses interviewed reflected a positive experience with the pilot. Businesses appreciated that the consultants tailored the advice, resources and controls so that they were practical for their organizations.
- Two businesses (13%) described a mixed experience, primarily due to lack of consultant follow up.
- Two businesses (13%) described a negative experience as they did not find their consultant helpful.

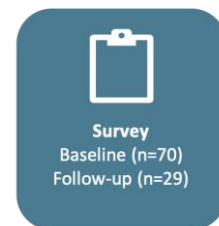
The WorkWell Toolkit was received with mixed views:

- Half of the businesses (53%) found the topics covered in the toolkit 'helpful', 'great' and 'interesting'.
- Other businesses felt there was 'an overload of information', the navigation of the website was challenging and the information was irrelevant for their staff.
- The toolkit was much more meaningful when consultants tailored the toolkit to meet the business' needs.

Identifying workplace psychosocial hazards:

- Comparing the baseline and follow-up survey data of the 29 businesses, there was a significant increase of 34% in respondents who felt very confident in identifying mental health risk factors after the participating in the pilot.
- Businesses interviewed who had a positive experience from the pilot also expressed increased confidence in identifying workplace psychosocial hazards. Some businesses with some mental health background appreciated that their knowledge was validated.

Methodology



Addressing workplace psychosocial hazards:

- Comparing the baseline and follow-up survey data of the 29 businesses, there was again an increase in the number of businesses who were very confident in addressing mental health risk factors, from four to seven businesses after the pilot.
- Most businesses interviewed also indicated increased confidence in addressing workplace psychosocial hazards.
- Eight businesses created an action plan with their consultant and reflected that this exercise crystallised their duties and responsibilities in creating a mentally healthy workplace.
- A number of enablers in addressing workplace psychosocial hazards were identified: having a champion with authority to implement changes, encouraging staff engagement, harnessing lived experiences and increased mental health awareness within the industry.

Successes



A standalone concept that prioritises psychological health and safety in the workplace



Tailored guidance, direction and suggestions on controls



Provided businesses with a roadmap for the future



Increased businesses' capacity to identify and address workplace mental health risk factors



Reinforced existing knowledge and learned new things

Challenges



Difficulties in scheduling meetings due to the timing of the pilot roll-out



Insufficient contact information provided to consultants



Lack of consistency in program delivery



Time commitment required by businesses and consultants outside of scheduled meetings



WSV's tools for consultants could be more robust



WorkWell Toolkit resources for businesses were overwhelming

Suggestions for improvement

Referral process

- Mirror OHS Essentials Program with an automatic alert at the commencement of a client referral
- Match consultants with industries they are familiar with

Consultant expertise, knowledge and training needs

- Consultants should be screened for a baseline level of knowledge in identifying controls for workplace psychosocial hazards
- Training should be given to all onboarded consultants to ensure that the baseline level of knowledge is standardised and consistent

Resources for consultants

- Provision of a thorough guidebook or reference document outlining program
- Risk assessment survey to identify workplace psychosocial hazards
- Improve templates, forms and tools for small versus medium businesses

WorkWell Toolkit

- Provide more direct examples of addressing mental health risk factors
- Improve user experience of the Toolkit website

Follow-up phase

- Additional follow up phase on business' action plans, e.g., 3-6 months later
- Increasing capacity to include leadership team and staff in consultations

INTRODUCTION

Background

Many small and medium businesses do not have the required level of understanding or support to create mentally healthy workplaces. Insights gathered by the WorkWell Team from small business owners revealed that while online resources such as WorkSafe Victoria's WorkWell Toolkit were useful, business owners needed more direct and individualised support, especially for those with lower cultural maturity in understanding workplace psychosocial hazards. Specifically, they lack the awareness and understanding of how to identify types of psychosocial hazards, the knowledge about how to put systems and processes in place to prevent harm from occurring, and how to manage it when it does.

WorkWell Essentials Program



Fig 1. WorkWell Essentials Program

The WorkWell Essentials pilot program (Figure 1) was offered to businesses with up to 60 employees, including full-time, part-time and casual workers. WorkSafe Victoria (WSV) adapted their OHS Essentials program model to a mental health focused service. Where a business had more than 60 employees, the WorkWell Essentials Team would determine their eligibility to participate at their discretion.

The aim of the pilot was to increase the confidence and capacity of business owners to prevent psychological harm in the workplace and create a mentally healthy workplace.

WSV engaged seven existing Occupational Health and Safety (OHS) Essentials Consultants to educate and support 70 small and medium businesses. They were allocated to businesses, based on geographical locations, to focus on:

- Educating businesses on the types of psychosocial hazards in the workplace
- Identifying the types of psychosocial hazards at greatest risk/prevalence in the workplace
- Developing an action plan to address the psychosocial hazard/s
- Initiating the implementation of the action plan

Participating small and medium businesses were provided with up to 8 hours of free, tailored and confidential support from an independent consultant over a four-month period. The consultation sessions were delivered virtually or in person. The pilot ran from November 2022 to March 2023.

Project Aims

The purpose of the project was to evaluate the pilot, identify enablers and barriers to success, and recognise potential improvements. The key evaluation questions were:

1. To what extent was the WorkWell Essentials program successful at educating employers on psychosocial hazards, and assisting them to identify these hazards in the workplace?
2. To what extent was the WorkWell Essentials program successful in assisting businesses to develop and start implementing an action plan?
3. What barriers and facilitators have been identified in implementing the WorkWell Essentials Pilot, and were any changes needed before this could be integrated into the existing OHS Essentials Program?

Methodology

WSV emailed a survey consisting of 12 questions to participating businesses at the beginning and end of the pilot to identify what the employers were expecting and their experience of the program. Seventy businesses filled out the baseline survey, and 29 businesses responded to the follow-up survey.

ISCR conducted semi-structured interviews with 15 businesses who participated in the WorkWell Essentials pilot, as well as six consultants and two Psychological Health & Safety specialists from WSV who supported the consultants during this pilot.

All participants are deidentified in this report. Ethics was approved by the Monash University Human Research Ethics Committee (MUHREC) (#2022-36666-85373).

SURVEY RESULTS OF PARTICIPATING BUSINESSES

The WorkWell Team distributed a survey to participating businesses to understand the extent the pilot had improved health and safety at workplaces. Seventy businesses filled out the survey at the beginning of the pilot, forming the baseline data. However, only 29 businesses responded in the follow-up survey, which limited in-depth data analysis and meaningful comparisons. Please note that the respondent of the pre-pilot and post-pilot surveys from the same business may not be the same.

All survey responses were analysed and discussed, except the first and last question which asked for the business' identification number and their interest in participating in future research, respectively.

Demographics

Almost two-thirds of participating businesses were small businesses (1-29 staff), including one sole trader, and over one-third were medium businesses (30-199 staff) (Figure 2).

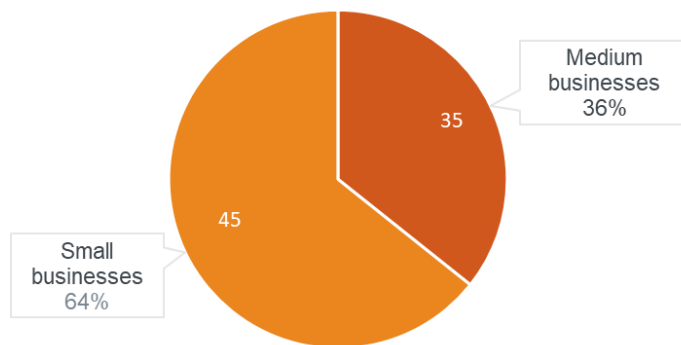


Fig 2. Participating businesses by size (n=70)

The majority (n=64, 91%) of the representatives who filled out the survey on behalf of the business only spoke English at home. Other non-English languages represented by a single business were Vietnamese, Italian, German, Arabic, Greek and Filipino/Tagalog.

Three-quarters of the participating businesses were located in metropolitan Victoria.¹ The number of participating businesses located in regional centres or in rural towns was approximately the same (Figure 3).

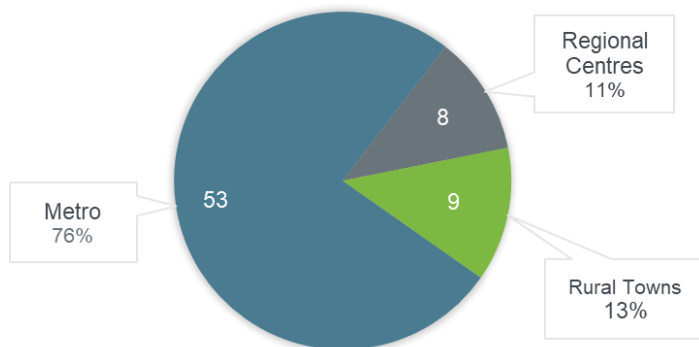


Fig 3. Participating businesses by postcode (n=70)

Businesses from a wide range of industries participated in the pilot program (Figure 4). The top five sectors represented were: Health care and Social Assistance (23%), Other Services (16%), Manufacturing (14%), Construction (13%), and Professional, Scientific & Technical services (11%).

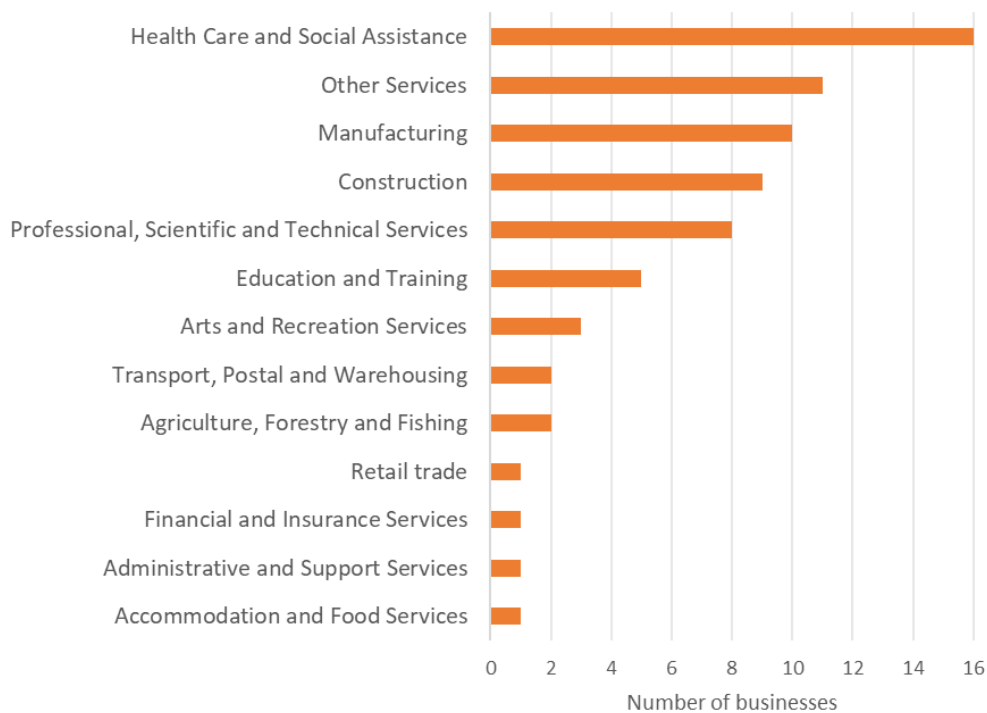


Fig 4. Participating businesses by industry (n=70)

¹ Locations were classified using the Modified Monash Model (MMM) (Appendix A). The MMM classifies metropolitan, regional, rural and remote areas according to geographical remoteness and town size, as defined by the Australian Bureau of Statistics (ABS).

Changes to workload

Businesses were asked:

Has your workload changed due to the COVID-19 pandemic? This includes work carried out in the workplace or from home.

Among the 70 respondents in the baseline survey, two thirds reported an increase in workload, with 14 (20%) stating a large increase and 32 (46%) stating a slight increase (Figure 5). One quarter (n=18, 26%) reported no change to their workload. One business reported a slight decrease and one a large decrease in workload. There was one business who preferred not to say and three businesses who did not address this question.

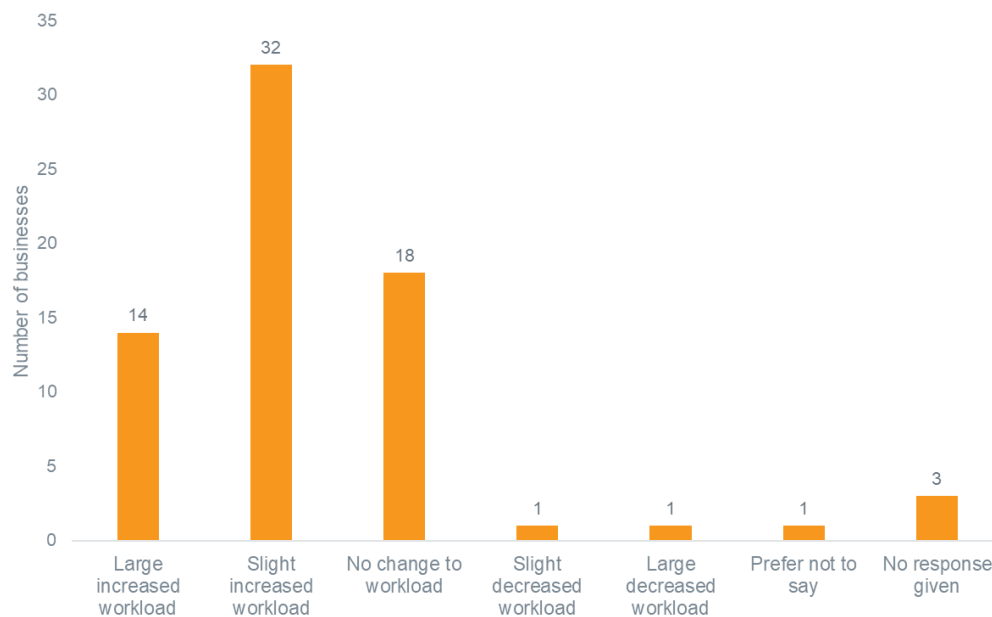


Fig 5. Changes to workload due to the COVID-19 pandemic (n=70)

Comparing data from the 29 businesses who completed both the baseline and follow-up survey, there was a small increase in the number of businesses who reported an increased workload, from 20 (69%) before to 22 (76%) after the pilot (Figure 6).

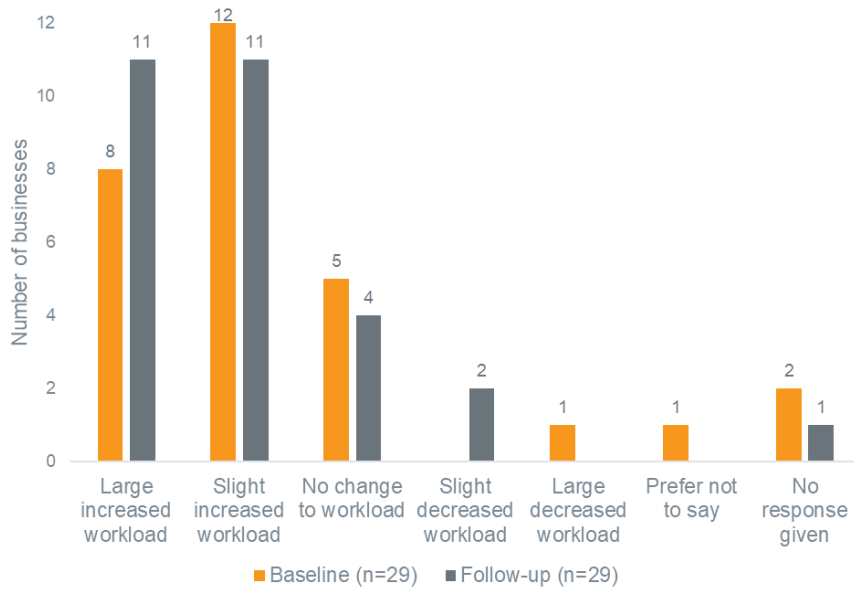


Fig 6. Changes to workload due to the COVID-19 pandemic (n=29)

Mentally healthy workplaces

Businesses were asked:

A mentally healthy workplace is one that protects and promotes mental health and addresses concerns or problems when they occur. Would you agree or disagree that this describes your current workplace?

Of the 70 respondents that completed the baseline survey, the majority of the businesses agreed with the statement, with 27 (39%) businesses completely agreed, 26 (37%) businesses mostly agreed, and six (9%) businesses slightly agreed (Figure 7). Six (9%) businesses disagreed with this statement, while four (6%) neither agreed nor disagreed.

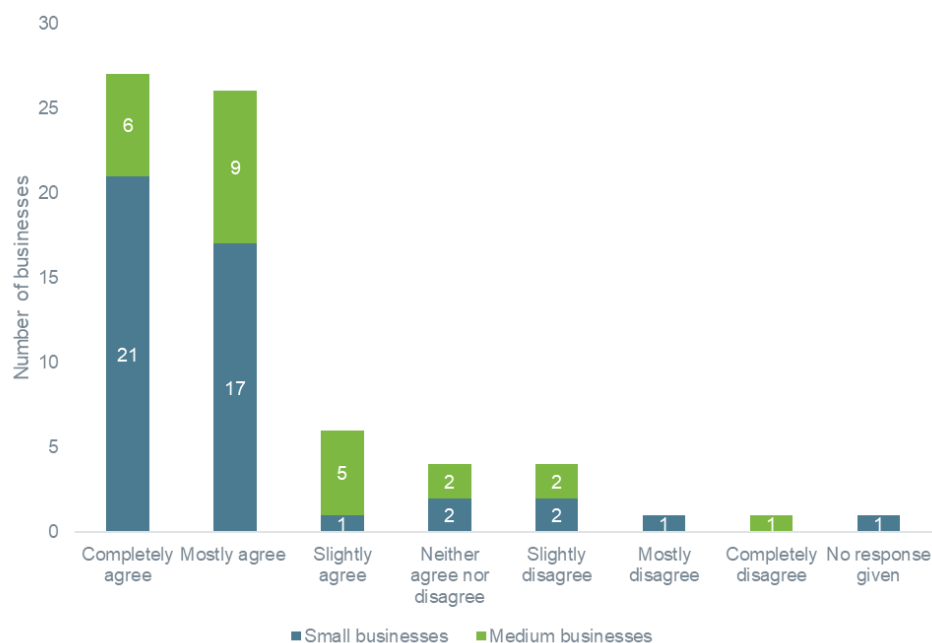


Fig 7. Businesses' agreement with the statement on mentally healthy workplaces (n=70)

Of the 29 respondents that completed both surveys, there was a 14% increase in the number of businesses that completely agreed with this statement after the pilot compared to before (Figure 8).

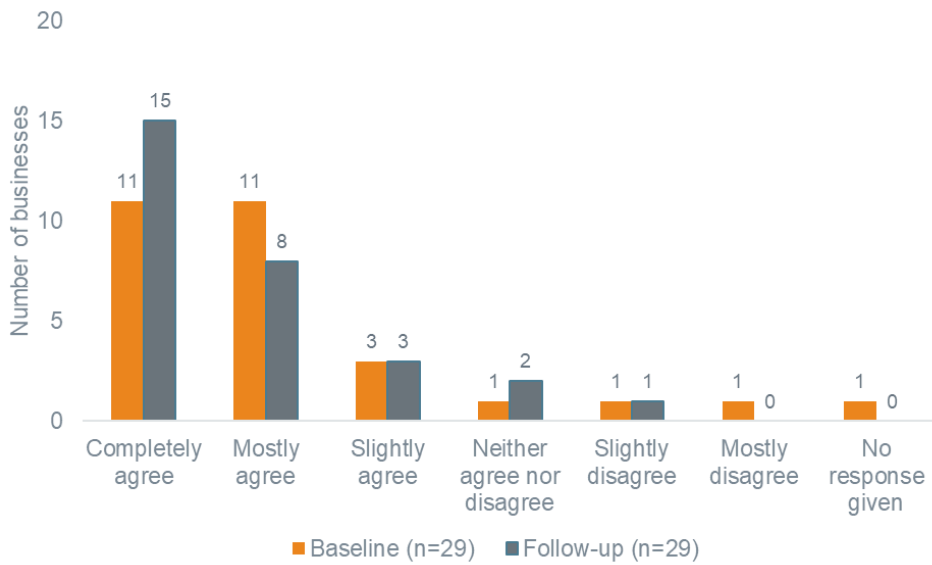


Fig 8. Businesses' agreement with the statement on mentally healthy workplaces (n=29)

Identifying mental health risk factors

Businesses were asked:

How confident are you in the capacity of your workplace to identify mental health risk factors?

Among the 70 respondents in the baseline survey, the majority (73%) felt very confident or somewhat confident in identifying mental health risk factors in the workplace (Figure 9).

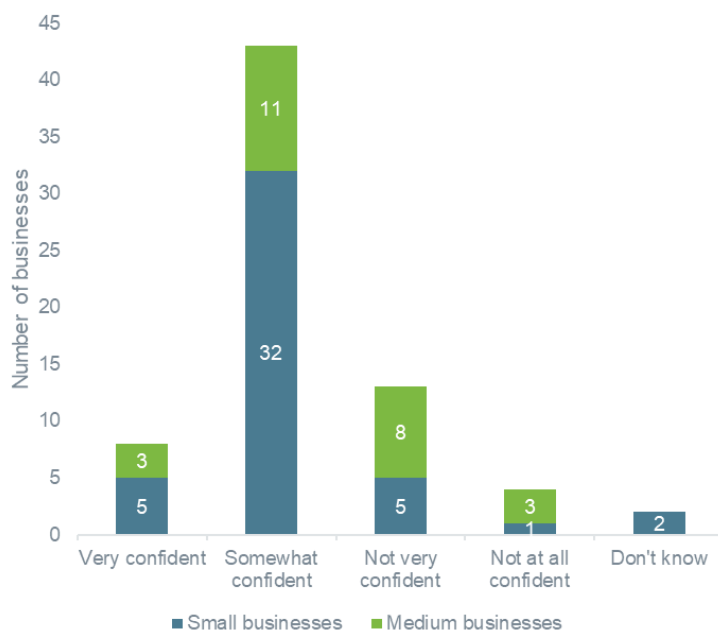


Fig 9. Confidence in identifying mental health risk factors (n=70)

An additional 34% of businesses (n=10) felt very confident identifying mental health risk factors after participating in the pilot, based on 29 businesses with baseline and follow-up data (Figure 10).

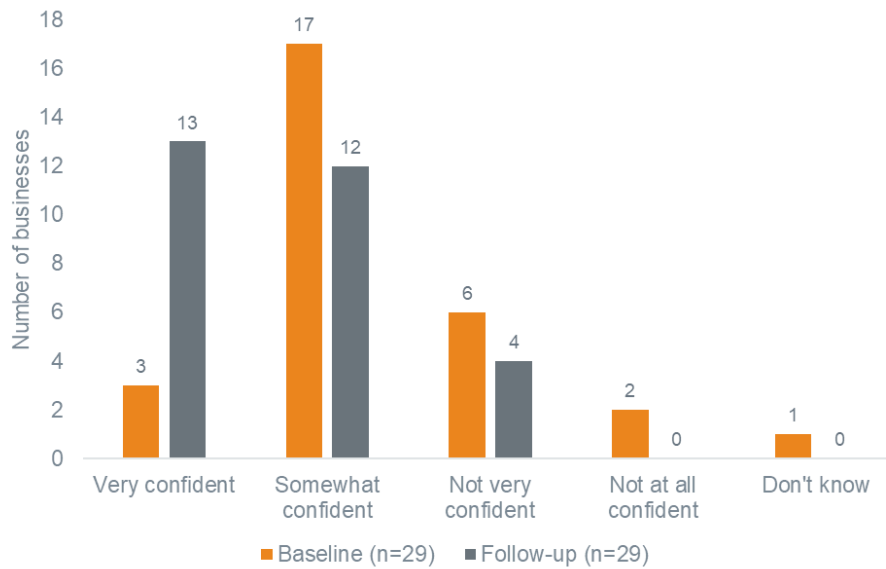


Fig 10. Confidence in identifying mental health risk factors (n=29)

Addressing mental health risk factors

Businesses were asked:

How confident are you in the capacity of your workplace to address mental health risk factors?

Similar to businesses' confidence levels in identifying mental health risk factors, the majority (70%) of the 70 respondents in the baseline survey felt very confident or somewhat confident in addressing mental health risk factors in the workplace (Figure 11).

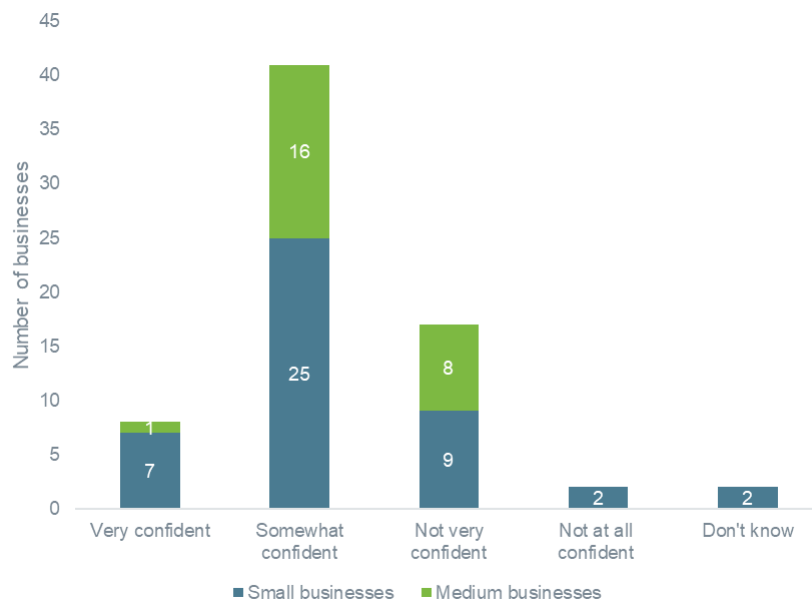


Fig 11. Confidence in addressing mental health risk factors (n=70)

The responses of the 29 businesses who completed the baseline and follow-up survey also showed an increase in confidence in addressing mental health risk factors (Figure 12). The number of businesses who were very confident rose from three to seven (14% after the pilot). There were no businesses who felt ‘not at all confident’ or ‘don’t know’ at addressing mental health risk factors after the pilot.

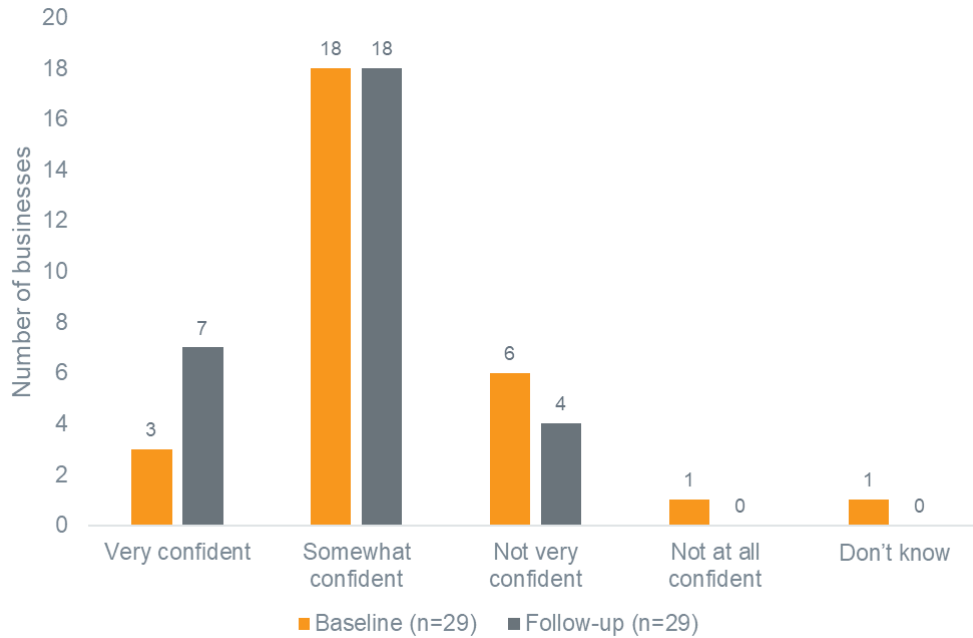


Fig 12. Confidence in addressing mental health risk factors (n=29)

Health and safety provision at workplaces

Businesses were asked:

To what extent do you disagree or agree with the following eight statements about the health and safety provisions in your workplace.

The majority of the 70 businesses who completed the baseline survey either strongly agreed or agreed that there were health and safety provisions at their workplace (Figure 13). More than 70% of the businesses strongly agreed or agreed with all but two statements. Nearly half (46%) of the businesses strongly agreed or agreed that formal OHS audits at regular intervals were a normal part of their workplace, with the other half (54%) stating that they strongly agreed or agreed that those who acted safely received positive recognition.

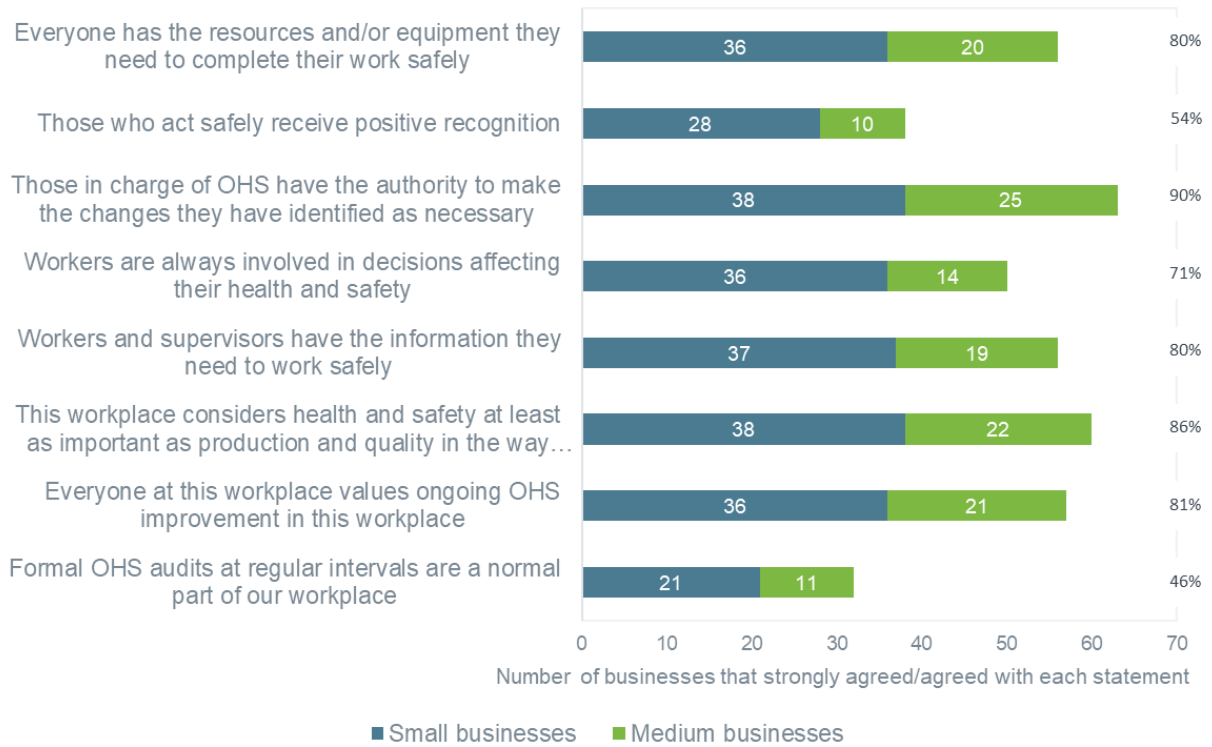


Fig 13. Number of businesses which strongly agreed or agreed with the statements on health and safety provisions at workplaces (n=70)

Among the 29 business that completed both surveys, there was an overall improvement in the provisions at their workplaces after the pilot (Figure 14). The two statements that registered the biggest improvement with 28% additional businesses agreeing were ‘Formal OHS audits at regular intervals are a normal part of our workplace’ and ‘Everyone has the resources and/or equipment they need to complete their work safely’.

Before the pilot, just over half of the businesses strongly agreed or agreed with the statement ‘Those who act safely receive positive recognition’. After the pilot, there was an additional 17% agreeing to this, bringing the total to 69%.

Notably all of the 29 businesses agreed with the statement ‘Those in charge of OHS have the authority to make the changes they have identified as necessary’ after the pilot.

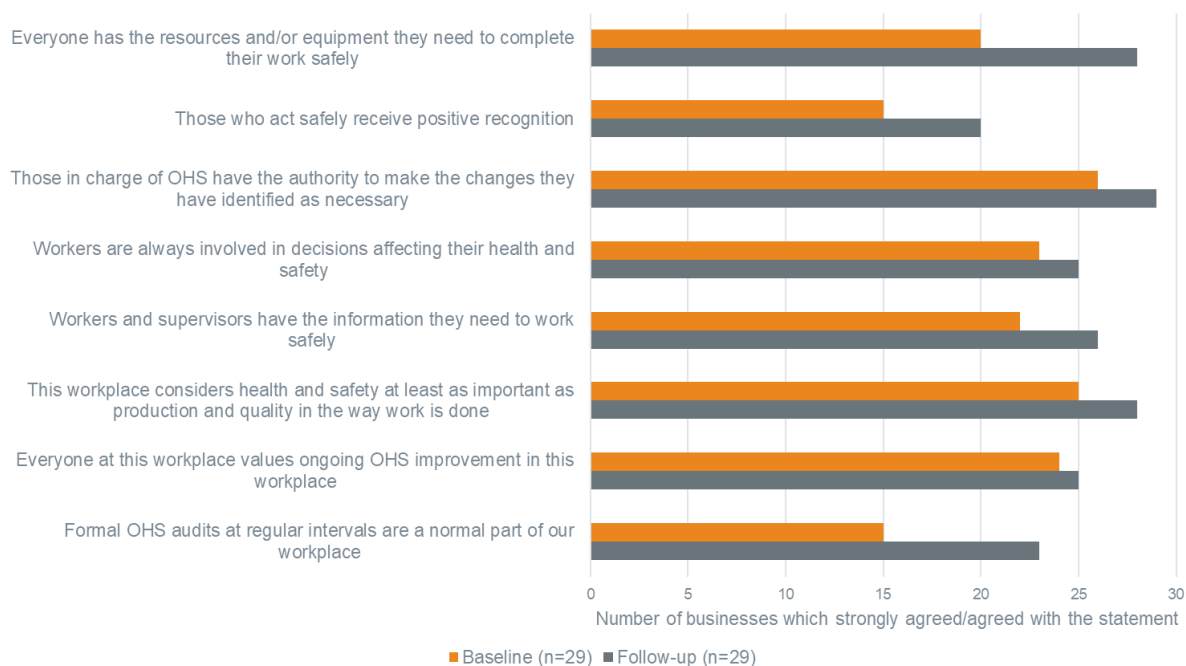


Fig 14. Number of businesses which strongly agreed or agreed with the statements on health and safety provisions at workplaces (n=29)

Perception of stress management in the workplace

Businesses' perception of stress management in the workplace were sought using the WorkWell Team's slightly modified version of the Psychosocial Safety Climate (PSC) survey. There were four statements in this question and each response was given a score. Based on their composite score, a business could be categorised as low, moderate or high risk (Table 1).

Table 1. Psychosocial Safety Climate-4 (PSC-4) benchmark standards and recommendations

Score	PSC Standards	Recommendation
>12	Low risk	Continued attention to risk management and further improvement of the organisational and social work environment is recommended.
>8-12	Moderate risk	Risk management of the organisational and social work environment needs more attention.
≤8	High risk	Urgent actions are needed for improved management of risks related to the organisational and social work environment.

Source: Benchmarks for Evidence-Based Risk Assessment with the Swedish Version of the 4-Item Psychosocial Safety Climate Scale²

Based on their composite score, over two thirds of businesses (69%) were classified as low risk, 26% as moderate risk and 14% as high risk before the intervention (Figure 15).

² Berthelsen H, Muhonen T, Bergström G, Westerlund H, Dollard MF. Benchmarks for Evidence-Based Risk Assessment with the Swedish Version of the 4-Item Psychosocial Safety Climate Scale. *International Journal of Environmental Research and Public Health*. 2020; 17(22):8675. <https://doi.org/10.3390/ijerph17228675>

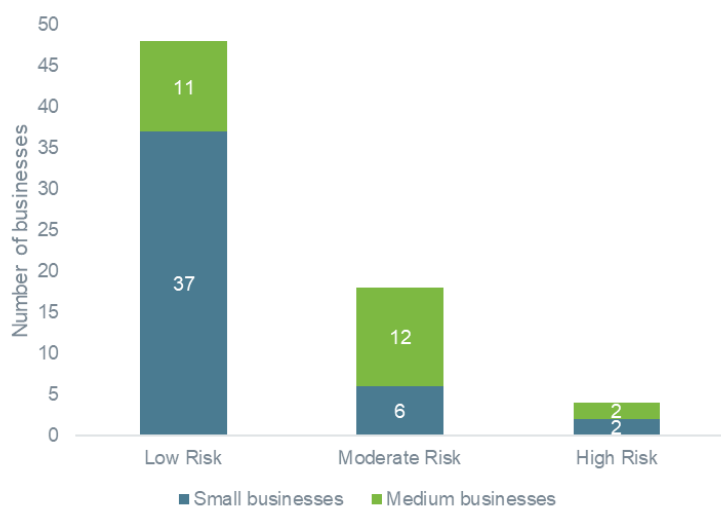


Fig 15. Perception of stress management (n=70)

The baseline and follow-up data of the 29 businesses showed that five additional businesses fell into the low-risk category after the pilot (Figure 16). However, one business had moved into the high-risk category after the pilot, which may be due to increased awareness of risks.

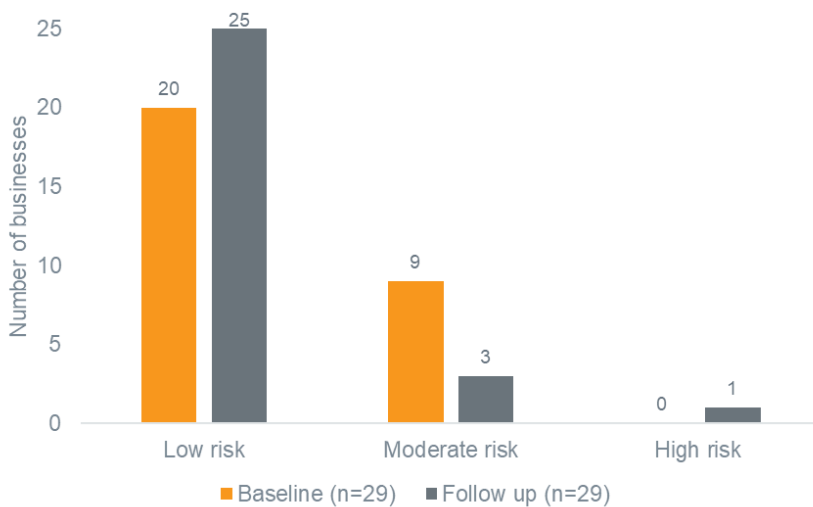


Fig 16. Perceptions of stress management (n=29)

INTERVIEW FINDINGS FROM PARTICIPATING BUSINESSES

ISCRRC interviewed 15 business representatives who directly met with the consultant, seven from small businesses and eight from medium businesses. Their roles ranged from business owners or Chief Executive Directors to Operations Managers, People Safety and Wellbeing Managers, HR Managers, and OHS Managers.

The primary reasons business representatives gave for participating in the pilot were to:

- Improve staff mental health wellbeing
- Receive education on workplace psychosocial hazards
- Access expert guidance

One participant stated they had limited time but wanted to know the information, and the pilot seemed like an opportunity to overcome that barrier.

*Like you've got loads and loads of resources on your website, but I don't have time a lot of the time. So just having somebody that I could actually talk to about this and not have to do that research myself is what I was really looking for.
(Business #12, Small business)*

Participation

Nine businesses spent at least 8 hours with their consultant. All but one felt the time allocated was sufficient. This business wished the consultant could have been involved in the implementation of their action plan as part of the program.

The remaining six businesses had one or two meetings (two to four hours) with their consultant. Two of these businesses met with their consultant late in the program due to communications and scheduling issues. Four businesses did not experience the full program because their consultant did not follow up with them.

Meeting modes

Businesses and their consultant had the option to meet face-to-face at the business location, online, over the phone or a combination of these:

- Nine (60%) businesses met with their consultant face-to-face
- Three (20%) met online. Virtual meetings were more practical for businesses that were located in country Victoria and also allowed both parties to meet after business hours. One business said they would have preferred to meet with their consultant face-to-face because they had challenges with the consultant using the online meeting platform.
- One (7%) business had their consultations over the phone
- Two (13%) businesses used more than one option. One met with their consultant face-to-face and virtually and the other one met virtually and over the phone.

Businesses' experience

The majority (74%) of the businesses interviewed had a positive experience with the pilot. Two businesses (13%) described a mixed experience, while another two businesses (13%) described a negative experience.

Positive experience

Businesses appreciated having access to a consultant with whom they could discuss and make informed joint decisions on creating a mentally healthy workplace. They found the pilot helpful in several aspects (Table 2):

- The consultant was professional, knowledgeable and a good listener.
- The consultant was able to provide them with education, guidance and advice that was relevant to their business.
- At least two consultants met with the business representative and assisted the business in conducting staff surveys and educating the staff.
- Businesses with limited psychosocial background said they learned new things from their consultant, such as implementing a risk management process, creating clear documentation on policies and procedures, or getting tips and ideas on controlling psychosocial hazards.
- Businesses with some psychosocial background were able to validate their knowledge with their consultant. These discussions with the consultant made them feel they could introduce improvements to their workplace.

Table 2. Quotes from positive feedback on the pilot

Aspects	Quotes
Consultant was professional	<i>[The consultant] was great. Well organised, everything was punctual, the plan was set right from the first meeting, everything was clearly communicated and documented. Gave me reasonable timeframes. There was a patch there in between where I couldn't meet her criteria and I just let [them] know that I was snowed under for a couple of weeks and [they were] fine, [they] followed me up a couple of weeks later. (Business #6, Small business)</i>
Consultant was knowledgeable	<i>There was bits and pieces that we sort of nitted out and worked through together but it was just that next level where I could openly talk about things. (Business #11, Small business)</i> <i>[The consultant] was great. I couldn't speak more highly of [them]. [They] understood where we were at, understood the pressures on people, and that you can't get everything right the first time. And [they] was able to highlight periods of concern in my business, or various potential for concern, and able to help me put some things in place to address that. (Business #10, Medium business)</i>
Consultant provided tailored guidance and advice	<i>[The consultant] would actually turn it into more practical things we could actually implement. So maybe you could do it this way, maybe you could do it that way. Because we're quite a small company, there's certain things that are a bit harder to do, because anonymity and things like that, when you're talking about these things, are a bit harder to organise. But [they] did have some tips and ideas on how we could deal with that, so it was helpful in that sense. (Business #4, Small business)</i> <i>Everything was useful. Because the follow-up catchups with [the consultant] were great for the check-in, did I do the right thing, this is what we've done since. Particularly the last meeting we actually went through the action plan and we had ticked off a lot of stuff. [The consultant] was great. So, from my</i>

Aspects	Quotes
	<p><i>perspective, it was a really good achievement. (Business #9, Medium business)</i></p> <p><i>So, it was probably the direction more than anything. And it was [their] sensible, intelligent approach was really helpful, I felt. Often you get people who just know what has to be done, and has no understanding of the real world, whereas [they were] very, very good with that. (Business #10, Medium business)</i></p>
Consultant was able to provide objective and independent advice to staff	<p><i>It helped to bring up issues with the staff such as workplace bullying. I felt it was easier coming from an outside source. And [the consultant] was able to help me identify areas, like for instance, in our policies and procedures manual, that needed to change. (Business #14, Small business)</i></p> <p><i>It's always really good to get an objective person to come in and talk about the organisation and talk with staff about how they feel about the organisation. (Business #8, Medium business)</i></p>
Business' knowledge on workplace psychosocial hazards was reinforced	<p><i>The one positive out of it all was that we are a psychologically active healthy workplace... started on our journey, we had decided last year to commence. It just reinforced that we were on the right path. (Business #13, Medium business)</i></p> <p><i>I did have some knowledge, I feel. There wasn't a lot that was new. But it just gave me a platform, I guess, to make sure that I was - you know – dotting my Is and crossing my Ts so that my staff could be more informed. (Business #14, Small business)</i></p>
Business learned new information	<p><i>I guess I learnt about the requirements for mental health, whereas previously back in my day it was a nice thing to do, now there are requirements. (Business #10, Medium business)</i></p> <p><i>There are some methodologies in managing human beings that I wasn't aware of that have been quite helpful. There have been some flowcharts that he has given me, which has opened my eyes up to different ways of handling things in my job role. (Business #5, Small business)</i></p>

Mixed experience

The two businesses which had a mixed experience in this pilot said the initial meeting with their consultant was constructive but they were not impressed when the consultant did not follow up with them as promised. The businesses also admitted they did not actively follow up with the consultant because the pilot took place during a busy time period for the businesses.

“[The consultant] seemed very keen to help us get that survey, develop the survey. And potentially [they] did – I noticed something's come out just after [they] did this the last time, but I didn't find [them] terrifically responsive. In fact, I think [they] hardly came in. But as I said, we might not have chased [them] when we should have either, and it was Christmas. It's really hard over that December/Jan.” (Business #12, Small business)

Negative experience

The two businesses which reported a negative experience commented that the consultant assigned to them was not helpful and was perceived to be unfamiliar with workplace psychosocial hazards. They also explained that the consultant appeared unprofessional and disorganised, for example:

- The consultant created confusion when they tried to set up an initial meeting with the same business twice
- The business had to follow up with the consultant numerous times after the initial meeting
- The consultant requested the business to resend documents even after the business had emailed them several times
- The consultant used resources and templates that seemed to be in development from their own consultancy instead of using the resources prepared by the WorkWell Team
- The business received paperwork from the consultant to endorse that the consultant had delivered the full program with the number of allocated hours to the business when it was not the case.

We had a second meeting for about an hour. And at that meeting, yeah, still not really having anything concrete that we can go off and do with our staff or to have a look at our systems or anything. (Business #1, Medium business)

[The consultant] was kind of – having a bit of a whinge about new things, and I don't know I just didn't get much of any use from it. Had a pen and paper to write down notes, and I just didn't find there was very much useful content. (Business #2, Medium business)

WorkWell Toolkit

All of the businesses interviewed were aware of the online WorkWell Toolkit and had accessed it to some degree. Feedback on the WorkWell Toolkit was mixed, regardless of the size of the business. Most of the businesses (8) found the topics covered in the toolkit 'helpful', 'great' and 'interesting'.

What I know more than anything is, it's a future resource and when I need something I can go there. (Business #8, Medium business)

The ease of use, so you could actually access the things that you were looking for. And yeah, the topics covered were really good, comprehensive. (Business #13, Medium business)

There were also some businesses who felt there was 'too much to look at' or that it was 'almost overwhelming'. Two small businesses found the navigation of the website challenging. Due to the volume of information available, they often could not remember what they had or had not viewed. It was also difficult to find useful information they had found previously.

I think that one of the issues you have on your website, it's too wordy. And I often struggle when I'm looking for something to know – because I go down rabbit holes sometimes... so I find the navigation of the website a bit challenging at times – not that I'm on it a lot, but I do hop on often to just see what resources are there and that sort of stuff. I think your resources are great. (Business #12, Small business)

One small business felt the information needed to be more relevant for their staff.

*Probably navigating the WorkSafe documentation was a bit - I couldn't see the relevance for my staff, but you've got to remember, my staff are at a high intelligence level... maybe I'm just being overcritical, but I thought the documentation from WorkSafe could've had a bigger punch.
(Business #6, Small business)*

A medium business with limited support from their consultant felt there was too much assumed knowledge in the content.

I will say that when I looked through the content on the WorkSafe website, I also don't think that's sort of that great either... I'm not a psychologist or anything – so I think there needs to be more direct guidance. I think there's too much assumed knowledge. (Business #2, Medium business)

Businesses felt the consultant provided significant value when they tailored the WorkWell Toolkit and other resources to meet their needs.

*I did look at it. It was an amazing resource. But there was just an overload of information for me to sift through, so I was just guided by what [the consultant] gave me and we worked with what [they] provided.
(Business #9, Medium business)*

What they say in three pages, they could say in half a page but the stuff the consultant did, [the consultant] pulled all those documents apart from WorkSafe and consolidated them and the staff really liked them. (Business #6, Small business)

Other materials

Consultants also used external resources and tools that were not provided by WSV as part of the pilot to help businesses identify workplace psychosocial hazards. Examples include risk assessment surveys, books, flowcharts and websites for businesses to use as references and reading materials.

One consultant used the People at Work Survey and the businesses found the tool critical in identifying the issues relevant to their organisation and their industry.

I think what we learnt was sort of what the top – well, from the People in Work Survey and the focus groups with the leadership team and staff, what we learnt were the top three psychosocial hazards for our organisation, and that is really important. (Business #8, Medium business)

Businesses quickly discovered that apart from the allocated hours with the consultants, extra time was required for preparations and reading between the meetings.

[The consultant] ran through the toolkit, which I've started doing. I've completed some of those modules in the toolkit and a plethora of other material and links to websites and recommendations for books and other reading material... I am finding it helpful. I haven't gone through, I'm just trying to juggle my role here and other work life balances of course. As we all know, it can be quite challenging. (Business #5, Small business)

Action plans

Each business was expected to develop an action plan with their consultant during the program. Eight businesses created an action plan and appreciated the consultant's discussions and suggestions that were tailored to their organisation's needs.

We had the conversation about what I thought I could do. The consultant came with, okay, here are some ideas that she had, and then she pulled the plan together based on our mutual understanding of actions, and it's just a draft that we will take things out of, because they're not relevant to our organisation, and there are things that we will action. (Business #8, Medium business)

At the time of the interviews, the action plan of each business was at various stages (e.g., drafting stage, under Management review, newly approved or beginning of implementation). A general consensus among the businesses was to conduct a follow-up in three to six months' time.

While outcomes of the action plan were yet to be identified, a few businesses noted early changes such as sentiment change among staff. For example, one business felt a sense of increased confidence among the staff in the organisation's capacity to manage workplace psychosocial hazards.

I think from a Work Health and Safety perspective, I think there's a lot more confidence within the organisation that we do take it seriously, and there is a process if anything happens, there is a team to support and there is now that knowledge around. (Business #9, Medium business)

Another business started conducting 'WorkWell Wednesdays on Workplace' to communicate about psychosocial hazards, which was well-received by their staff.

Someone just wrote, "yeah, I love this", "knowing I can identify hazards and be listened to is really comforting." ... And they're thanking for the summaries and the definitions as well. (Business #7, Small business)

The remaining seven businesses did not create an action plan with their consultant. Aside from one business that had already drafted an action plan prior to joining the pilot, these businesses did not have an opportunity to create an action plan collaboratively with their consultant. Reasons provided included only meeting with their consultant once or twice or joining the pilot late.

Business' capacity in identifying workplace psychosocial hazards

Similar to the survey results, interviewed businesses that completed the pilot expressed increased confidence in identifying workplace psychosocial hazards. Participating in the pilot allowed them to better recognise risk factors and helped them prioritise psychosocial hazards relevant to their business.

It's certainly a lot clearer because we did actually go through a few documents, so it was sort of like these are the sort of questions you can ask, or this is how you can get that information from your workers... and it even gave me a clearer path to discuss with my higher management so that they could see what we need to head towards. (Business #4, Small business)

Business' capacity in addressing workplace psychosocial hazards

Most businesses indicated increased confidence in addressing workplace psychosocial hazards. The exercise of developing an action plan crystallised the businesses' duties and responsibilities. After the pilot they expressed a better understanding of the policies and procedures required and how to document them properly. They also found it helpful in putting appropriate and practical controls in place. Armed with this knowledge, they felt more empowered to make decisions in addressing psychosocial hazards.

A number of enablers in addressing workplace psychosocial hazards also emerged from the interviews:

Having a champion with authority to implement changes

A business said that it was important to have a champion with a clear vision to drive the initiative to create a mentally healthy workplace. Consultants also noticed that businesses that had a champion with authority to implement changes in the workplace benefited most from the program.

Encouraging staff engagement

Staff engagement was challenging for many businesses because their staff were not office-based. In other cases, staff were not comfortable having such conversations. One business prioritised staff engagement. They achieved this by involving their staff in reviewing and endorsing their action plan.

Harnessing lived experiences

A couple of businesses disclosed that either the business representative or their staff had previously experienced mental health challenges. As a result, they were open to discussions about mental health and had a fair understanding of managing potential concerns. Consultants who met with businesses with lived experience also concurred that it would be helpful to use their lived experience to drive and advocate for change within their organisation.

Increased mental health awareness within the industry







More businesses are aware of the pending Victorian Psychosocial Regulations and that there are similar regulations in other Australian states. This has prompted business management and leadership teams to be more proactive in discussing and dealing with workplace psychosocial hazards and issues.

Successes and challenges

Business commitment was a critical factor in the success of the program. Small businesses who opted in this pilot were mostly represented by the owner, founder or CEO and were highly engaged. A few medium businesses suggested having the consultants engage with and educate the leadership team and staff to increase their buy-in. However, this also depended on the nature of the industry the business was in. In some industries, such as the construction industry, where most of their staff do not work in a fixed location, the preferred method was for the manager to receive guidance and to share organisation-wide.

Successes and challenges of the pilot from the perspective of the businesses are summarised below (Table 3).

Table 3. Successes and challenges participating businesses experienced during the pilot

Successes	
	Tailored guidance, direction and suggestions on controls
	Increased businesses' capacity to identify and address workplace psychosocial risks
	Reinforced business' existing knowledge and provided additional learnings
Challenges	
	Timing of the pilot over the Christmas and New Year period
	Time commitment required by businesses outside the scheduled meetings with consultants
	Navigation of the WorkWell Toolkit

FINDINGS FROM CONSULTANTS AND WORKSAFE VICTORIA'S PSYCHOLOGICAL HEALTH AND SAFETY SPECIALISTS

Six of the seven independent consultants who delivered the pilot program on behalf of WSV were interviewed in two focus groups. Two of WSV's Psychological Health and Safety Specialists were also interviewed as part of the evaluation. Their feedback focussed on the service delivery model.

Participation and drop-outs

Each consultant was allocated approximately ten small and medium businesses from various industries. While most of the consultants delivered the information within the allocated eight hours, there were instances where they had to spend more time with businesses. Examples included:

- small businesses (between 10-15 staff) that were not fully aware of the psychosocial issues they were facing
- businesses that had more than 50 staff
- where consultants were requested to brief the business' leadership team

Half of the consultants interviewed had at least one business drop out of the program after commencement. The most common reason was that the business could not commit the time to continue.

The majority of consultants interviewed said that there were businesses they were unable to contact at all, either due to insufficient contact details or non-responsiveness of the business.

Meeting modes

Consultants reported that they met with businesses face-to-face, online or a mixture of both as guided by the business' needs. Meeting face-to-face was identified as the preferred method of meeting as it was easier to build rapport, interpret the audience's body language and navigate the WorkWell Toolkit with the businesses.

A common issue that made meeting face-to-face difficult was the rural location of some businesses. One consultant provided an example of a business that was located over 2.5 hours from their base location, while another consultant disclosed that all businesses they had been allocated by WSV were located regionally.

In instances of long travel times, online meetings were more appropriate to maximise the time spent with the businesses and to ensure it remained equitable to the consultants under the program's fee structure, as travel time was not billable. Consultants reported that meeting virtually had its advantages. For example, when they had large amounts of information to share, they could systematically present them on a screen. However, it was also noted that gaining buy-in from businesses could be more challenging during online meetings.

Small versus medium businesses

The consultants noted differences between the small and medium businesses such as the number of personnel they had to engage with in the pilot (Table 4). However, these differences had no significant impact on the success of the program delivery. Business commitment and existing knowledge of workplace psychosocial hazards were not determined or affected by business size.

Table 4. Small versus medium businesses

Business size	Observations
Small business	<ul style="list-style-type: none"> • Often one person participated in the pilot from start to finish • Needed more time between visits to process information and implement actions • Difficulty in maintaining staff confidentially in surveys due to a smaller workforce
Medium business	<ul style="list-style-type: none"> • Personnel who participated in the pilot lacked the authority to make decisions or changes • Difficulty in engaging with their staff to identify psychosocial hazards for some businesses • When multiple individuals were responsible for the program, there was a risk of inefficient use of time (e.g., repetition of information on follow-up visits, lack of ownership of action items)

Successes of the pilot

Prioritises psychological health and safety in the workplace

While workplace OHS regulations and requirements were considered to be generally understood, consultants deemed a program success to be able to educate employers specifically on psychosocial hazards and their responsibilities. Most consultants agreed that the educational aspect of the program was invaluable, regardless of their personal experiences or opinions about implementing the program.

I think it was successful to be able to sit down and speak with an employer about psychological health and safety outside of general workplace health and safety which generally tends to take precedence because everyone understands that, and it's easier to speak to people about that and have them understand what's going on. (Consultant B)

Helped increase some businesses' capacity to identify psychosocial risks at their workplaces

Consultants observed a shift in businesses' understanding of their responsibilities regarding psychosocial hazards once they achieved improved clarity on their duties in this area. Participation helped the businesses identify and understand the risk factors that were within their control to change, such as support, supervision, role clarity and job demands on employees. It also made the businesses more aware of what they need to focus their time and attention on. The clarification was useful to businesses that were unclear about the difference between managing psychosocial hazards in the workplace and managing individuals with psychological health conditions.

So that's what changed for me in terms of them being able to understand where and how they can influence the psychosocial hazards as opposed to dealing with someone with a mental health condition. (Consultant B)

Another consultant provided an example of a business who initially held the belief that their workplace was free from interpersonal conflict or inappropriate behaviour. The business' perspective shifted following their participation in the program and prompted the owner to recognise the importance of addressing diversity, inclusion, and workplace culture.

I believe that the program for that individual was really helpful to unpack what he felt he knew about his business as being potentially misconceptions and then really looking quite, "I'm gonna push away some of my own bias and go do we really have a good workplace here? Do I need to be a little bit more considerate about diversity and inclusion?" (Consultant C)

Provided businesses direction and a roadmap for the future

Access to an independent consultant and tailored resources allowed some businesses to create and then implement practices that would not have been in place otherwise. One consultant reported an experience with a business that progressed quickly in closing out the actions identified via their action plan and then proceeded to implement further actions. One of these actions was a weekly discussion session with all employees called 'WorkWell Wednesday' in which they discussed a new topic every week, based on the information contained in the WorkWell Toolkit.

I heard that time and time again, "I feel like we have direction. I feel like we can see what we need to do, what has to be done". (Consultant A)

Challenges of the pilot

Resources for consultants

All consultants and specialists felt there could be improvements to the tools and materials provided by the WorkWell Team to deliver the program. More streamlined and cohesive resources, including improved templates and completed examples that could be readily given to businesses, may enhance the delivery of the program.

I also think what's needed going forward is a lot of really good, really well-put together resources, because the resources weren't really – they were grabbing things from all over the place and everyone was using different things. And some were okay, some weren't. I just think that there could be a really good amount of work put into just providing some standard resources so all the consultants are sort of using the same things. (Consultant E)

It was kind of like going into a child's store and you could go over here for Lego or you could there for soft toys, you can go there for boardgames or you could go there for that. And that's what I guess, the resources that were given to us were, a whole host of things to play with, but no sequence or process in which to utilise them. (Consultant F)

What made it difficult was I think, we're relying quite heavily on the WorkWell tool to be the end resource point, which actually goes, "Here's a template that can help. Here's something that can help." What we don't have is potentially, "Here are some completed examples". (Consultant C)

Lack of consistency in program delivery

The lack of a sufficient onboarding and recruitment screening process for consultants resulted in a potential gap in their understanding of psychosocial hazards. The specialists interviewed observed that the consultants had varying degrees of knowledge and/or experience in identifying and developing controls for psychosocial hazards in the workplace. It was noted that not every consultant might be adequately equipped with the basic skills necessary to carry out these responsibilities with confidence.

As this was a pilot, the WorkWell Team only provided the consultants a basic structure of the program and welcomed them to use their own resources. The absence of standardised and cohesive resources led to consultants navigating through different sets of materials.

I think their job was pretty broad in terms of: go out, educate the duty holder on psychosocial hazards; identify them; and put controls in place in conjunction with the duty holder; and then document everything. So, my understanding was they were tasked with the responsibility to go out and be an independent consultant for small to medium enterprises. And yeah, we hadn't really given them the base skills to allow them to do that with confidence. (Specialist A)

I think in our area as well, it's so easy for things to get confused in terms of psychological support in the workplace. And without the consultants being at the same sort of level with regards to that, it can be easier to talk to an employer about EAP provision, or health promotion, or other things that aren't psychosocial hazard and risk management. (Specialist B)

Timing of the pilot

Running the program over the Christmas period was identified as a challenge by all of the consultants interviewed. Participation in the pilot was considered secondary to the business's operational requirements.

For a lot of the businesses it wasn't a case that they were disinterested, it wasn't a priority for them. So that was probably one of the biggest – the timing of the program was probably one of the biggest barriers. (Consultant A)

Uncompensated time

Considerable time spent by consultants in dealing with administrative tasks was not taken into consideration in the pilot. Examples provided by consultants included:

- Additional time and effort to search for business information and an appropriate contact person due to insufficient contact information provided.
- Additional time to reschedule appointments
- Impact of no-shows on consultants' schedules and business activities

For the actual program delivery, I would say eight to nine hours, so we try to stick to the time that we're allocated from WorkSafe and not provide over and above that wherever possible. But what's not factored in is the amount of messing about in terms of arranging appointments and rescheduling appointments, which I would quantify as an additional two hours per referral that we received. (Consultant B)

I think I had six to seven no-shows and for me, that's a lot. And that wasn't a phone call the day before advising that, 'I won't be available', that was they didn't show up. So, whether it be virtually or in person – most of the no-shows were virtually, but that's obviously your day is planned around that. So, I think being compensated in some way for that, or there being some sort of action or preventative strategies to reduce those numbers is pretty important.

(Consultant A)

We also run businesses where we've scheduled appointments for these particular clients and if they're a no-show then we've actually lost time with our either existing business, or with other potential clients that we could've been meeting with. (Consultant D)

SUGGESTIONS FOR IMPROVEMENT

The majority (87%) of the businesses interviewed said they would recommend this program because it was extremely informative. Consultants also agreed that there was value in implementing this program to provide small and medium businesses clarity on workplace psychosocial hazards and to prepare them for the pending Victorian Psychosocial Regulations. The specialists who supported the consultants during the pilot commented that it was important to incorporate the lessons learned from the pilot if the program was going to be implemented as business as usual.

Below are suggestions from the businesses, consultants and specialists to maximise the value and benefits of the program.

1. Referral process

To minimise time spent setting up the initial meetings, the referral process could mirror the existing OHS Essentials Program. Suggestions included:

- an inclusion of an automatic alert at the commencement of a client referral
- providing complete contact details of the business
- flagging businesses' categories of interest

I think as opposed to OHS Essentials Program which is – in the referral section it'll actually tell you the person has flagged that they've got an interest in these five categories. We didn't really get categories of interest. We didn't get anything to help us define what the person was after to narrow down our scope.

(Consultant F)

Having industry knowledge, such as experience with the National Disability Insurance Scheme (NDIS), may be advantageous. Matching consultants with industries they are familiar with will allow businesses to spend more productive time with the consultant instead of explaining the particulars and challenges specific to their industry.

My only thought would be – I had to spend a reasonable amount of time just explaining how the structure of our organisation works with the NDIS, and the NDIS operates very similarly to a legal service. (Business #8, Medium business)

2. Consultant expertise, knowledge, and training needs

Due to the lack of consistency in program delivery, the specialists suggested a screening process to identify consultants with sufficient baseline knowledge of workplace psychosocial hazards. The specialists further suggested a comprehensive guidebook or reference outlining the steps and phases involved to provide more rigour in the program structure and promote consistency in program delivery. Training delivered by specialists would also be of benefit to some consultants before delivering the program.

Therefore, to ensure that all consultants possess the necessary skills, knowledge, and resources to complete their duties at the expected standard, implement a comprehensive screening process, provide a handbook for reference, develop a set of training resources, and offer standardised training.

I think in our area as well, it's so easy for things to get confused in terms of psychological support in the workplace. And without the consultants being at the same sort of level with regards to that, it can be easier to talk to an employer about EAP provision, or health promotion, or other things that aren't psychosocial hazard and risk management. (Specialist A)

I think in general terms, there should be some sort of training. And if not training, maybe some sort of competency test or something. Because there's no point training people that do already know what they need to know. (Consultant E)

3. Resources for consultants

Consultants reported that during the pilot they supplemented the resources provided by WSV, with online resources from other jurisdictions such as SafeWork, or from their own consultancy work. The specialists also thought that the resources provided by the WorkWell Team could be significantly improved. Even though the resources would need to be tailored to the business and/or industry, these items would be helpful:

- A revised action plan template
- A different risk assessment survey for small versus medium businesses, for staff to identify the psychosocial hazards they are exposed to
- A screening tool for psychosocial hazards for duty holders, with examples of controls for each risk

4. WorkWell Toolkit

While the feedback from most businesses on the WorkWell Toolkit was positive, a couple of potential areas for improvement were more direct examples of addressing mental health risk factors and to improve user experience.

A small business from the interviews suggested a flagging system to indicate the videos they had watched or the information they had read. One of the consultants said forgetting what they had read or watched was a regular experience among the businesses they were allocated to and suggested using a log-in or creating a profile so that businesses could keep track of their progress.

I'm used to identifying risks, but tactical guidance.... they're probably addressed in that Workwell toolkit. I haven't done all the modules, but I'm sure there's probably some practical advice. There's just a lot of information out there and it's hard to know. It can be a bit overwhelming at times. So eight hours of consultation would have been a great start, but I think continued guidance and help, especially for small companies that don't have dedicated resources in this department. So yeah, a bit more practical help on the how-to, like a code of compliance. I believe WorkSafe Vic, like they've done in other States, have a code of compliance for psychosocial hazards now I think, on how to practically apply stuff like this. Yeah, that would be a great help. (Business #5, Small business)

5. Follow-up consultations

Both businesses and consultants suggested adding an additional phase to the program to follow up on the implementation of the action plan and address any emerging concerns. This could ensure ongoing commitment to achieving the goal of creating a mentally healthy workplace. A common suggestion was three to six months later.

6. Consultation with a broader audience within the organisation

Businesses suggested that the program could include staff consultation and engagement with the organisation's leadership teams. Consultants would provide an objective view and encourage buy-in and cooperation from staff and the leadership team in creating a mentally healthy workplace.

*They may need to consider doing some work with the employees versus just around the work with the manager, you know? That may be something, for sure.
(Business #15, Medium business)*

*Whether there's also an opportunity to do something with the leadership teams in the organisation. So even if it was, say, that we did put together an action plan, that maybe the consultant will support you to present the action plan to your management team or something, and they could answer questions too... I just think getting the management on board is part of it as well.
(Business #1, Medium business)*

CONCLUSION

Overall, findings from the evaluation showed that the WorkWell Essentials pilot was welcomed and well-received by the participating businesses and consultants. It was reiterated by multiple businesses that the best part of the program was the tailored guidance from the consultants. Both survey results and interview findings reflected an increase in business confidence to identify and address mental health issues at their workplaces.





Tailored support was an important aspect of this program due to the fact that businesses had varying degrees of knowledge in workplace psychosocial hazards. Businesses with limited knowledge reported new learnings while businesses with some background knowledge felt reassured that they were in the right direction of creating mentally healthy workplaces.

Program delivery also depended on the consultant's expertise. Businesses that reported a positive experience were those that felt their consultants were professional and knowledgeable. Knowledge of how to identify and control psychosocial hazards varied from consultant to consultant and there was little consistency between consultants in assessing and implementing interventions.

To ensure the program's success and quality, it is critical to implement a comprehensive screening process, provide a handbook for reference, develop a set of training resources, and offer standardised training to ensure all consultants possess the necessary skills, knowledge, and resources to complete their duties.

While meeting face-to-face was identified as the preferred method, having other options such as meeting online should continue to be part of the service delivery model. Key considerations to improve the program are summarised in Table 5.

Table 5. Considerations for improvement

	Referral process	<ul style="list-style-type: none"> • Mirror OHS Essentials Program with an automatic alert at the commencement of a client referral • Match consultants with industries they are familiar with, where possible
	Consultant expertise, knowledge and training needs	<ul style="list-style-type: none"> • Consultants should have a baseline level of knowledge in identifying controls for psychosocial hazards in the workplace that can be screened for at the onboarding stage • Training should be given to all onboarded consultants to ensure that the baseline level of knowledge is standardised and consistent
	Resources for consultants	<ul style="list-style-type: none"> • Provide a thorough guidebook or reference document outlining the steps and phases involved in the program, adding structure and consistency to the program delivery • Provide a risk assessment survey to identify psychosocial hazards that might be inherent within their workplace • Improve templates, forms and tools for small versus medium businesses
	WorkWell Toolkit	<ul style="list-style-type: none"> • Provide more direct examples of addressing mental health risk factors • Improve user experience in the navigation of the Toolkit website



Follow-up phase

- An additional phase to follow up on the implementation of business' action plan, e.g., 3-6 months later
- Increase program capacity to include leadership team and staff in consultations

The WorkWell Essentials Program was seen as a worthwhile and important initiative. Some businesses explicitly stated that the program was an “enabler” in equipping businesses to address psychosocial hazards. The pilot was deemed a success by both businesses and consultants, who endorsed its expansion into a business-as-usual program. Business commitment, led by a champion with a clear vision and authority to implement changes and controls, would be an important factor to the success of the program.

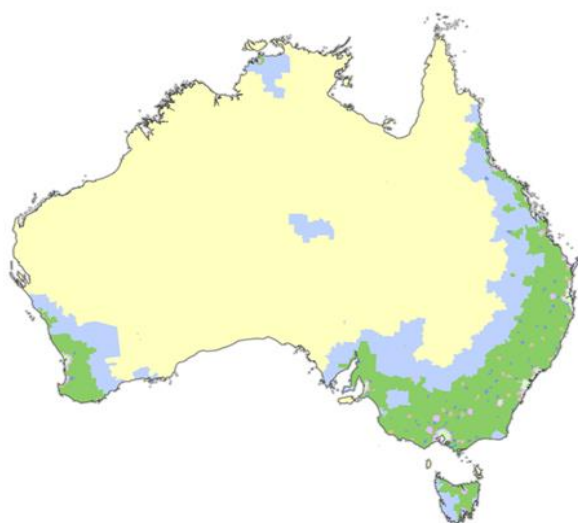
APPENDIX A – MODIFIED MONASH MODEL

The Modified Monash Model (MMM) 2019 has been updated to align with the latest available census data (2016).

The model was developed by the Australian Department of Health to better target health workforce programs to attract health professionals to more remote and smaller communities. The MMM classifies metropolitan, regional, rural and remote areas according to geographical remoteness, as defined by the Australian Bureau of Statistics (ABS), and town size.

Health programs will begin transitioning to the new MMM 2019 from 1 January 2020.

The MMM is used to determine eligibility for a range of health workforce programs, such as rural Bulk Billing Incentives, Workforce Incentive Program, Bonded Medical Program.



MM1	Metropolitan
MM2	Regional centres
MM3	Large rural towns
MM4	Medium rural towns
MM5	Small rural towns
MM6	Remote communities
MM7	Very remote communities

Modified Monash Category (MMM 2019)	Description (including the Australian Statistical Geography Standard – Remoteness Area (2016))
MM 1	Metropolitan areas: Major cities accounting for 70% of Australia’s population All areas categorised ASGS-RA1.
MM 2	Regional centres: Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are in, or within a 20km drive of a town with over 50,000 residents. For example: Ballarat, Mackay, Toowoomba, Kiama, Albury, Bunbury.
MM 3	Large rural towns: Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are not MM 2 and are in, or within a 15km drive of a town between 15,000 to 50,000 residents. For example: Dubbo, Lismore, Yeppoon, Busselton.
MM 4	Medium rural towns: Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are not MM 2 or MM 3, and are in, or within a 10km drive of a town with between 5,000 to 15,000 residents. For example: Port Augusta, Charters Towers, Moree.
MM 5	Small rural towns: All remaining Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas. For example: Mount Buller, Moruya, Renmark, Condamine.

Modified Monash Category (MMM 2019)	Description (including the Australian Statistical Geography Standard – Remoteness Area (2016))
MM 6	Remote communities: Remote mainland areas (ASGS-RA 4) AND remote islands less than 5kms offshore. For example: Cape Tribulation, Lightning Ridge, Alice Springs, Mallacoota, Port Hedland. Additionally, islands that have an MM 5 classification with a population of less than 1,000 without bridges to the mainland will now be classified as MM 6 for example: Bruny Island.
MM 7	Very remote communities: Very remote areas (ASGS-RA 5). For example: Longreach, Coober Pedy, Thursday Island and all other remote island areas more than 5kms offshore.

A map showing MMM 2019 can be viewed at doctorconnect.gov.au