

Mental health and   
wellbeing: the   
minimum data set

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# Summary

## Objectives

The objectives of the **minimum data set** are to:

* provide a consistent method for benchmarking psychological health and safety performance of Victorian government departments
* promote continuous improvement in psychological health and safety management by sharing leading practice of departments performing well, and
* monitor progress in achieving performance improvement in psychological health and safety management across the Victorian public sector.

## Underpinning principles

The underpinning principles guiding the selection and use of the **minimum data set** are to:

* ensure data included in the **minimum data set** are defined and that definitions are commonly applied across the Victorian public sector
* ensure data included in the **minimum data set** can be measured and quantified
* provide a means of comparison of psychological health and safety performance across the Victorian public sector
* provide representation, through data analysis, of current performance
* inform continuous improvement and compliance, and
* minimise the data collection burden.

## Privacy

Any collection, collation, aggregation and reporting of psychological health and safety data shall comply with all privacy requirements, legislation, collective agreements, and policies.

Data collected as part of the **minimum data set** will be aggregated before being reported for benchmarking purposes (rather than reporting individual statistics so as to protect privacy).

Any identifying markers associated with data collected as part of the **minimum data set** will be removed before the data is shared.

## Review

The **minimum data set** will be reviewed annually to consider:

* the effectiveness of data included in the **minimum data set** in benchmarking psychological health and safety performance
* whether additional data should be included in the **minimum data set** or whether data should be removed, and
* the efficacy of the objectives and underpinning principles.

The review will be conducted by personnel responsible for collecting and reporting the data within the relevant Victorian government departments.

The outcomes of the review will be tabled with the Public Sector OHS Leadership Group for ratification.

# Introduction

Creating a psychologically healthy and safe (**PHS**) workplace requires planning, specifically planning the ‘what’ and the ‘how’ (**Plan**) which is informed by what success will look like and how it will be measured. Once established the plan is implemented (**Do**) it is then assessed to confirm it is tracking against the plan (**Check**) and if not supports corrections (**Act**).

Figure 1: The Plan, Do, Check, Act cycle

Figure showing the Plan, Do, Check, Act cycle. Plan: Consistent with Policy, determine what you will do and how you will go about doing it. Do: Implement what was planned. Check: Assess performance relative to the plan. Act: Take appropriate action to correct and improve.

Source: Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace

## Plan

The planning phase includes establishing a PHS policy, ascertaining the organisation’s current state (**baseline**), setting objectives & targets consistent with the PHS policy, developing an implementation plan that details how the objectives & targets will be achieved and defining **performance indicators** that measure whether objectives & targets are being met.

In order to establish a baseline, data needs to be **collected and analysed**.

## Implement

The implementation phase involves delivering the activities included in the plan.

## Check

The checking phase includes measuring improvements made against the baseline (**baseline benchmark**), measuring progress against the plan and/or measuring performance against the stated objectives & targets. In order to undertake these checks data needs to be **collected and analysed**.

An organisations current state can be compared to similar organisations (**comparison benchmark**). In addition to understanding where an organisation may be situated compared to other like industry i.e. its maturity in a PHS, it also offers opportunity to share knowledge and either provide or seek support.

## Act

**Analyse collected data** to determine whether:

* activities are being delivered in accordance with the plan and if not revising the implementation plan
* objectives and targets are being met and if not revising the implementation plan or the objectives and targets
* OHS interventions (e.g. training) are effective, and if not, taking corrective action
* performance is improving as measured against the baseline
* support can be offered or sought from similar organisations

# Framework

## Mental Health and Wellbeing Charter

All Victorian Public Sector Organisations are being asked to align to the Mental Health and Wellbeing Charter. This charter is a commitment to supporting a mentally healthy and safe workplace.

The integrated approach to mental health incorporates promoting positive mental health, protecting mental health, and addressing mental injuries and illnesses.

All organisations within the VPS should establish their framework to have relevant policies and procedures that support the charter, as well as ensuring adequate physical and financial resources are in place.

To monitor progress towards achieving a mentally healthy and safe workplace, the VPS has endorsed the ‘mental health and wellbeing minimum data set’.

## Leading the Way

Victorian Public Sector Organisations are committed to *Leading the Way* in workplace occupational health, safety (OHS) management, including for psychological health and safety. This commitment is part of an ongoing effort to enhance the wellbeing of Victoria’s workforce and wider community.

Leading the Way is the overarching framework for the monitoring of the minimum data set.

## Education and Training Framework

Victorian Public Sector Organisations are also committed to the development of the education and training framework that will establish training and learning opportunities for staff, supervisors and senior leaders across all organisations to improve education and awareness of mental health and mental illness.

## Minimum data set

The **minimum data set** may be used to establish a **baseline**, measure improvement against a baseline (**baseline benchmark**) and to benchmark performance against similar organisations (**comparison benchmark**).

Benchmarking performance against other similar organisations in areas not defined in the **minimum data set** may provide additional value, however comparisons are most beneficial when performance indicators have a common definition and data is collected, collated and reported using a common approach.

A management review should consider all the data and information collected in order to identify opportunities for improvement and review and update objectives and targets, actions and implementation strategy (including relevant policies and procedures).

# Performance Indicators

Establishing performance indicators enables a systematic approach to review OHS performance and is useful when an organisation is seeking to:

* establish and measure improvement against its baseline
* measure progress in meeting its objectives and targets
* allow for evidence based planning for continual improvement, and
* compare performance against other organisations and learn from the experience of others.

## Lead indicators

Lead indicators (sometimes referred to as ‘**process indicators**’) provide a means for organisations to measure progress towards achieving their objectives and targets. They provide a measure of activities, interventions or initiatives designed to drive improvement and positively impact performance. Lead indicators are therefore predictors of future performance.

|  |
| --- |
| **Example:**  Lead indicators may include:   * % of audits completed * % remedial or corrective actions completed * staff participation in wellbeing programs * senior management participation in training * number of psychological health and safety communication initiatives |

## Lag indicators

Lag indicators (sometimes referred to as ‘**outcome indicators**’) reflect system or operational performance. However they generally reflect results of past actions. This is because there is often a delay period between implementation of an improvement initiative and achieving measurable changes in outcome results (frequency and severity of injuries/claims).

Outcome performance results are generally the product of a range of interventions rather than being directly attributable to a single initiative. Lag indicators often measure failure in performance (e.g. number of injuries).

Lag indicators may hide potential risks, for example, a low number of injuries is not necessarily indicative that risk controls have been effectively implemented. Similarly, rare but catastrophic risks are often not identified from lag data alone.

|  |
| --- |
| **Example:**  Lag indicators may include:   * number of critical events (incidents) * claim frequency * claim severity/cost * absenteeism * staff turnover |

There are a number of advantages in measuring lag indicators, including that they:

* are relatively easy to collect
* are generally well understood, and
* may be used for benchmarking or comparative analysis when a common definition and collection process is adopted.

# Defined minimum data set

## Process reporting for the minimum data set

| Base Data | Definitions |
| --- | --- |
| Rates of absenteeism | The number of days absent due to sickness in the 12 months period to 30 June each year per 100 full time equivalent employees (FTE) or the Annualised Employee Equivalent (AEE). |
| Rates of turnover | The number of on-going employees and fixed term employees (prior to end of contract) that have left the organisation in the 12 months period to 30 June each year, per 100 full time equivalent employees (FTE) or the Annualised Employee Equivalent (AEE). |
| EAP access | The number of people and contacts made to the Employee Assistance Program service in the 12 months period to 30 June each year, year per 100 full time equivalent employees (FTE) or the Annualised Employee Equivalent (AEE). |
| PMS Survey results (or equivalent)   * response rates * responses to specified questions | The percentage of staff who participated in the survey compared with the total number of staff eligible to participate in the survey.  The responses from the People Matters Survey. See Appendix 2 for the list of PMS questions to be included. |

| Comparison Data | Definitions |
| --- | --- |
| Rates of absenteeism   * average for Australia | The average number of days absent due to sickness in the 12 months period to 30 June each year per 100 full time equivalent employees (FTE) or the Annualised Employee Equivalent (AEE). |
| Rates of turnover   * average for Australia | The average number of on-going employees and fixed term employees (prior to end of contract) that have left the organisation in the 12 months period to 30 June each year, per 100 full time equivalent employees (FTE) or the Annualised Employee Equivalent (AEE). |

| Mature Data | Definitions |
| --- | --- |
| Reported matters:   * occupational Violence * bullying / harassment * traumatic event | The number of reported matters (defined as an incident report or complaint made to the organisation) in the 12 month period to 30 June each year, year per 100 full time equivalent employees (FTE) or the Annualised Employee Equivalent (AEE). |
| Reported matters (as above) investigation completed | The percentage of reported matters (defined as an incident report or complaint made to the organisation) where an investigation has been completed for the 12 month period to 30 June each year. |
| Mental health and well-being training:   * % senior leaders completed * % people leaders completed * % of staff completed | Relevant training that meets the objectives and underpinning principles (as adopted from the education and training framework). *Note, HSRs should be offered to attend external refresher training through WorkSafe approved providers*. |
| Mental health self-assessment tool | Completion of an agreed self-assessment tool (based on the Canadian Standard) in the 12 month period, and the results for % compliance |
| Peer support program | The number of staff appointed as peer support officers as a proportion of total staff and that have attended relevant training. |
| Calendar of Mental health and wellbeing activities | Completion of at least 2 wellbeing initiatives / activities and the % of staff who participated. See Appendix 3 for a list of Wellbeing Initiatives. |

Outcomes reporting for the minimum data set

| Data\* | Definitions |
| --- | --- |
| Mental injury claims | The number of standardised claims\* categorised as mental injury claims and reported to agents in the 12 month period to 30 June each year, year per 100 full time equivalent employees (FTE) or the Annualised Employee Equivalent (AEE). |
| Claims by mechanism of injury   * Occupational violence | The number of standardised claims\* for the mechanism of injury reported to agents in the 12 month period to 30 June each year, year per 100 full time equivalent employees (FTE) or the Annualised Employee Equivalent (AEE). |
| Claims by affliction – mental injury as a proportion of all claims | The proportion of claims categorised as mental injury (in comparison to all other claims) reported to agents in the 12 month period to 30 June each year. |
| Claims where mechanism of injury was:   * Bullying / Harassment / Discrimination * Work pressure * Conflict * Traumatic event * Other mental stress factors | The number of standardised claims\* where the mechanism of injury resulted in a mental injury claim reported to agents in the 12 month period to 30 June each year, per 100 full time equivalent employees (FTE) or the Annualised Employee Equivalent (AEE). |

\* data collected by WorkSafe Victoria

| Mature Data | Definitions |
| --- | --- |
| Mental injury claims exceeding 13 weeks  (expressed as a percentage of all claims for that organisation) | The number of standardised claims\* categorised as mental injury claims and reported in the 12 month period to 31 March each year, that exceed 13 weeks of weekly payments divided by the total number of claims. Claims are included if the employer has paid the time loss excess (10 days of earnings) and the injured worker has been reimbursed for at least 10 additional days off work or on reduced hours. |
| Mental injury claims exceeding 26 weeks  (expressed as a percentage of all claims for that organisation) | The number of standardised claims\* categorised as mental injury claims and reported in the 12 month period to 31 March each year, that exceed 26 weeks of weekly payments divided by the total number of claims. Claims are included if the employer has paid the time loss excess (10 days of earnings) and the injured worker has been reimbursed for at least 10 additional days off work or on reduced hours. |
| Average fully developed costs – mental injury claims | For mental injury claims, it is the sum of all payments made plus the sum of the estimate of the future costs for those claims divided by the number of claims in the **group**.  **Group** = number of standardised claims\* categorised as mental injury claims and reported to agents in the 12 month period to 30 June each year |
| Average number of days / shifts lost per workers compensation claim for mental injury | The number of days / shifts lost on average on standardised claims\* (separated for mental injury claims and physical injury claims) reported in the 12 month period to 31 March each year. |
| Workers compensation claims by industry groups | The number of standardised claims\* for a defined industry group reported to agents in the 12 month period to 30 June each year, year per 100 full time equivalent employees (FTE) or the Annualised Employee Equivalent (AEE) for that industry group. (e.g. Police Officer, Prison Officer, Nurse etc). |

\* data collected by WorkSafe Victoria

# Benchmarking

## Data collection process

The agreed data gathering process uses qualitative and quantitative methods for collecting data for the following purposes:

* establishing a baseline
* benchmarking performance against the baseline (**baseline benchmarking**) or against a similar organisation (**comparison benchmarking**)
* measuring implementation progress of the plan, and/or
* measuring performance against the objectives and targets.

The data gathering process referenced in Leading the Way reflects privacy requirements, as well as the processes and methods used to collect the data.

## Data analysis

Once the data is collected a review and analysis of the data is required to determine:

* what the data is telling you
* what is working well, and
* whether there are opportunities for improvement.

The **minimum data set** provides baseline data to identify strengths and weaknesses in organisational systems and provide for benchmarking against other organisations who also apply analysis using the minimum data set; however, a broader set of data specific to organisations may provide a more complete profile of strengths and weaknesses.

## Performance reporting

There is value in publicly (or semi-publicly) reporting selected lead and lag indicator results in annual reports.

The indicators listed will assist with benchmark reporting and enable reflection on how the organisation is performing against itself through ongoing monitoring, and against other organisations as a comparison.

Performance reporting provides opportunity for an organisation to show case areas of strength or commitment to improve areas where there are opportunities to improve.

Performance reporting also sends a message that senior management acknowledge their accountability to drive improved organisational performance.

Appendix 1 contains the template for the reports from all departments across the public sector for process and outcomes reporting.

Key

|  |  |
| --- | --- |
| **↑ x%** | Green is an improvement of 5% or more on the base period |
| **--** | Yellow is within 5%. |
| **↓ x%** | Red is a deterioration of 5% or more |

# Appendices

## Appendix 1: report template for minimum data set

Part 1

| Base Data | [Insert Department Name] |
| --- | --- |
| Rates of absenteeism |  |
| Rates of turnover   * better job / promotion * family / health / retirement * poor environment / management * bullying/harassment/discrimination * other |  |
| EAP access |  |
| PMS Survey results (or equivalent)   * response rates   Questions:   * bullying * wellbeing * psychological health (from 2017) |  |

| Mature Data | [Insert Department Name] |
| --- | --- |
| Reported matters:   * occupational Violence * bullying / harassment * traumatic event |  |
| Percentage of reported matters (as above) investigation completed |  |
| Mental health and well-being training:   * % senior leaders completed * % people leaders completed * % of staff completed |  |
| Mental health self-assessment tool |  |
| Peer support program |  |
| Completed Mental health and wellbeing activities |  |

Part 2

| Data\* | [Insert Department Name] |
| --- | --- |
| Mental injury claims per 100 FTE or AEE |  |
| Claims per 100 FTE or AEE by mechanism of injury   * Occupational violence |  |
| Claims by affliction – mental injury as a proportion of all claims |  |
| Claims per 100 FTE or AEE where mechanism of injury was:   * Bullying / Harassment / Discrimination * Work pressure * Conflict * Traumatic event * Other mental stress factors |  |

\* data collected by WorkSafe Victoria

| Mature Data\* | [Insert Department Name] |
| --- | --- |
| Mental injury 13-week claims as a percentage of total claims |  |
| Mental injury 26-week claims as a percentage of total claims |  |
| Average fully developed costs – mental injury claims |  |
| Average number of days / shifts lost per workers compensation claim for mental injury |  |
| Workers compensation claims by industry groups |  |

\* data collected by WorkSafe Victoria

## Appendix 2: survey questions

People Matter Survey (PMS)

| Category | Question |
| --- | --- |
| Bullying | 1.1 My organisation takes steps to eliminate bullying, harassment and discrimination (Agree %)  OR  1.1 During the last 12 months, in your current organisation have you personally experienced bullying at work (Yes %)  1.2 Did you tell anyone about the bullying (Submitted a formal complaint %)  1.3 Were you satisfied with the way your formal complaint was handled (Yes%) |
| Wellbeing | 2.1 The workload I have is appropriate for the job that I do (Agree %)  2.2 How satisfied are you with the work/life balance in your current job (Satisfied %) |
| Psychological health in the workplace | 3.1 Senior leaders show support for stress prevention through involvement and commitment (Agree %)  3.2 Senior leaders consider the psychological health of employees to be as important as productivity (Agree %)  3.3 In my workplace, there is good communication about psychological safety issues that affect me (Agree %)  3.4 All levels of my organisation are involved in the prevention of stress (Agree %) |

## Appendix 3: wellbeing initiatives

Select at least 2 initiatives per year

| Initiative | Description |
| --- | --- |
| Mental Health Communications | Information provided to staff on resources available to them such as Beyond Blue, Sane Australia and Heads Up |
| Go home on time day | Focus awareness on working hours and ensure work/life balance encouragement to staff to go home on time |
| Healthy eating challenges | provide healthy eating options and relevant information is available for staff in the workplace |
| Healthy living challenges | provide healthy exercise options to improve their mental and physical health |
| Mens / Womens health | Weeks dedicated to men and women that focus on their particular health issues (prostate, breast cancer, etc) |
| Mental Health Week | Engagement of staff on being mentally healthy through seminars and other events |
| Movember | Workplace challenges to raise awareness of good health for men |
| Peer support programs | Confidential services for staff by their peers who are trained in psychological first aid |
| Resilience information & training | Training programs that encourage staff to focus on their own resilience in challenging situations |
| RUOK day | Promoting awareness of checking on your mates mental health (suicide prevention) |
| Social events | Any event where staff are encouraged to be more engaged in the workplace through social interactions |
| White Ribbon | Movement of men and boys working to end violence against women and promote gender equality |
| Work life balance priorities | Promoting healthy work and life balance through information for staff on self and time management |
| World Health Day | Theme selected to highlight a priority area of public health and how to be involved to improve your community |

## Appendix 4: mental health self-assessment tool

Based on the Canadian Standard

\* See notes at the end of the tool

^ See LTW notes at the end of the tool

Part 1: Framework

| Item | Yes | Partial | No | Comments | LTW^ |
| --- | --- | --- | --- | --- | --- |
| 1.01 The safety management system (SMS) includes mental health and safety |  |  |  |  | OHS 2 |
| 1.02 Responsibilities and authorities for mental health and safety are defined and communicated |  |  |  |  | OHS 10  Acct 2 |
| 1.03 The endorsed Health and Safety policy statement includes mental health and safety |  |  |  |  | OHS 1 |
| 1.04 The organisation has adopted the commitments defined in the Mental Health and Wellbeing Charter |  |  |  |  | OHS 5 & 6 |
| 1.05 The requirements for consultation with employee representatives includes mental health and wellbeing |  |  |  |  | OHS 13 |

Part 2: Planning

| Item | Yes | Partial | No | Comments | LTW^ |
| --- | --- | --- | --- | --- | --- |
| 2.01 Processes include preventing mental injury and managing mental health and safety – ie assessment of impacts to workers\* |  |  |  |  | OHS 3 |
| 2.02 Employee representatives participate in planning processes |  |  |  |  | SC 7  OHS 13 |
| 2.03 There is a risk management approach for mental health and safety which includes:  (a) identification,  (b) assessment and  (c) risk control (prevention and protective measures) |  |  |  |  | OHS 19 |
| 2.04 There is a process for workers to seek assistance (internally or externally) for mental issues |  |  |  |  | Not specific |
| 2.05 There are links to internal and external resources provided for staff when accessing information |  |  |  |  | OHS 15 |
| 2.06 There is a workplan that details how the Mental Health and Wellbeing Charter targets and objectives will be achieved (including timeframes and responsible people) |  |  |  |  | OHS 6 |

Part 3: Implementation

| Item | Yes | Partial | No | Comments | LTW^ |
| --- | --- | --- | --- | --- | --- |
| 3.01 The workplan is sponsored by leadership and senior management at all levels of the organisation |  |  |  |  | OHS 8 |
| 3.02 There is sufficient resourcing (including financial) allocated to manage mental health and safety programs\* |  |  |  |  | OHS 9 |
| 3.03 Staff outlined in the workplan are skilled and qualified to implement the requirements of the mental health and safety elements of the SMS |  |  |  |  | OHS 12 |
| 3.04 There are programs for education, awareness and understanding of mental health and safety and mental health issues (including training) |  |  |  |  | SC 6 & 8  OHS 11 |
| 3.05 There are systems that enable communications, information sharing and support for workers for:  (a) change processes  (b) critical incidents  (c ) investigation outcomes\*  (d) hazard reduction activities |  |  |  |  | SC 12  OHS 13 & 19 |
| 3.06 External parties are advised of the policies and expectations to protect the mental health of workers\* |  |  |  |  | OHS 20 |

Part 4: Processes

| Item | Yes | Partial | No | Comments | LTW^ |
| --- | --- | --- | --- | --- | --- |
| 4.01 There are processes to provide staff with information about workplace hazards (including psychological) and the relevant risk control options\* |  |  |  |  | ~ OHS 3, 15 & 19 |
| 4.02 There are processes to ensure protection of privacy and confidentiality of stakeholders |  |  |  |  | OHS 15 |
| 4.03 There are processes to support stakeholders\* |  |  |  |  | Not specific |
| 4.04 There are processes for identifying risks of critical events and the likelihood of psychological injury |  |  |  |  | SMC 12 |
| 4.05 There is a response process for critical events that includes debriefing, follow up and training |  |  |  |  | ~ OHS 22 |
| 4.06 There is a process to assess the impacts of critical events and ensure adequate management |  |  |  |  | ~ OHS 22 |
| 4.07 There is a system for reporting and investigating work related psychological incidents |  |  |  |  | ~ OHS 23 |
| 4.08 The investigation process is carried out by stakeholders who are competent\* |  |  |  |  | OHS 16 |
| 4.09 Investigation outcomes and recommended control measures are documented and communicated\* |  |  |  |  | SC 12 |

Part 5: Evaluation

| Item | Yes | Partial | No | Comments | LTW^ |
| --- | --- | --- | --- | --- | --- |
| 5.01 The organisation has an effective accident information reporting system which includes reporting of psychological issues |  |  |  |  | OHS 16 |
| 5.02 The organisation has an effective audit program and continuous improvement process that includes mental health and safety\* |  |  |  |  | OHS 23 |
| 5.03 The organisation reports corrective actions / continuous improvement actions related to psychological health and safety activities through appropriate governance committees |  |  |  |  | OHS 17 & 24 Acct 6 |
| 5.04 The results of this self- assessment and any audits are communicated to appropriate safety committees and stakeholders |  |  |  |  | SC 12 |
| 5.05 The self-assessment and audit program results feed into the planning process for health and safety |  |  |  |  | OHS 7 & 24 |
| 5.06 Use of the self-assessment tool is considered part of business as usual |  |  |  |  | SMC7 |
| *Scores of ‘no’ or ‘partial’ prompt action* |  |  |  |  |  |

**\* Notes to consider when using this self-assessment tool**

Suitable people to administer this self-assessment tool are managers, senior managers and management representatives with assistance from HSRs as appropriate

**2.01** consider Job Safety Analysis and risk management processes

**3.02** health and safety programs may include but are not limited to: policy reviews, process mapping, debriefing programs, access to supports for resources, training needs and skill development, information sharing, change management programs and processes

**3.05c** consider privacy and confidentiality implications

**3.06** external parties may include but is not limited to: external providers, suppliers, contractors, visitors

**4.01** information delivered through appropriate means for your organisation: consider induction, staff forums, meetings, newsletters, articles

**4.03** Stakeholder support could include communication, information sharing, wellbeing activities and training

**4.08** stakeholders may include but are not limited to: senior managers, managers, executive, HSRs, management representatives, Health and Safety manager / director

**4.09** consider privacy and confidentiality when communicating investigation outcomes

**5.02** audit program could be through risk management reporting

**^ Leading the Way (LTW) self-assessment tool references:**

SMC – Senior Management Commitment

SC – Safety Culture

OHS – OHS Systems

Acct - Accountability

# Definitions

Reporting outcomes in the minimum data set

| Term | Definition |
| --- | --- |
| Bullying | As per the WorkSafe Victoria definition:  Workplace bullying is characterised by persistent and repeated negative behaviour directed at an employee that creates a risk to health and safety.  As per Fair Work Ombudsman definition:  A worker is bullied at work if:   * a person or group of people repeatedly act unreasonably towards them or a group of workers * the behaviour creates a risk to health and safety.   Unreasonable behaviour includes victimising, humiliating, intimidating or threatening. Whether a behaviour is unreasonable can depend on whether a reasonable person might see the behaviour as unreasonable in the circumstances.  Examples of bullying include:   * behaving aggressively * teasing or practical jokes * pressuring someone to behave inappropriately * excluding someone from work-related events or * unreasonable work demands.   Note that this excludes behaviours by non-employees which is covered under occupational violence. |
| Discrimination | As per the VEOHRC definition:  Discrimination is treating, or proposing to treat, someone unfavourably because of a personal characteristic protected by the law. This includes bullying someone because of a protected characteristic. |
| Harassment | As per the VEOHRC definition:  Sexual harassment is unwelcome sexual behaviour, which could be expected to make a person feel offended, humiliated or intimidated. It can be physical, verbal or written. |
| Occupational violence | As per the WorkSafe Victoria Definition:  Work-related violence involves incidents in which a person is abused, threatened or assaulted in circumstances relating to their work. This definition covers a broad range of actions and behaviours that can create a risk to the health and safety of employees.  Examples of work-related violence can include:   * biting, spitting, scratching, hitting, kicking * pushing, shoving, tripping, grabbing * throwing objects * verbal threats * threatening someone with a weapon, armed robbery * sexual assault.   Any behaviours by the public, clients, visitors etc (non-employees) including stalking, harassment, etc. |
| Traumatic Event | The involvement in or exposure to a work related event that is or has the potential to be distressing or disturbing in nature including circumstances such as:   * attendance at a location where a person has been seriously injured or has died, * viewing materials that contain sensitive details * hearing testimony or evidence of a serious event   That causes the employee to experience any type of issue related to their health and wellbeing (or causes a mental injury) |

# References

1. De Cieri H et al. (2012) Measuring the leading indicators of occupational health and safety: A snapshot review.
2. Mental Health Commission of Canada (2014) Assembling the Pieces, An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace.
3. Mental Health Commission of Canada (2013) CAN/CSA-Z1003-13 BNQ 9700-803/2013 National Standard of Canada, Psychological health and safety in the workplace – Prevention, promotion and guidance to staged implementation.
4. Safe Work Australia (2004) Safe and Sound, A discussion paper on safety leadership in government workplaces.
5. Standards Australia (2001) AS/NZS 4801:2001 Occupational health and safety management systems - Specification with guidance for use.
6. Leading the way (2017) – Victorian Public Service publication
7. Mental Health and Wellbeing Charter (2016) – Victorian Public Service publication
8. Mental Health and Wellbeing Charter Education and Training Framework (2017) – Victorian Public Service publication
9. Guide for Violence and Aggression Training in the Victorian Public Service (2017) – Victorian Public Service publication

# Document Control

**Revision History**

The following updates have been made to this document.

| Version | Revision Date | Author | Summary of Changes |
| --- | --- | --- | --- |
| 1.1 | 23 July 2020 | Victorian Public Sector Commission | Update to data derived from the People Matter Survey, as detailed in Appendix 2, reflecting survey improvements made in 2019 and 2020, including improved wording, removal of duplicative questions, and the shift to a more concise set of Psychological Safety Climate questions. |
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