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Foreword

Following an open tender process Quorus Pty Ltd was contracted by the Department of Health and Ageing to develop a Quality Framework for the Healthy Workers Initiative. The project involved the establishment of a Project Advisory Group with membership from the Australian Government Department of Health and Ageing, the Australian Council of Trade Unions, the Australian Chamber of Commerce and Industry, Fitness Australia, Health and Productivity Institute of Australia, Council of Small Business of Australia, Diabetes Australia, Comcare and the Healthies Steering Committee.

This Healthy Workers Quality Framework was the culmination of extensive stakeholder consultation and pilot testing, building off the Quality Framework developed under the Healthy Communities initiative.
Introduction

The Australian Government Department of Health and Ageing (the Department) is implementing the Healthy Workers Initiative (HWI), which is one component of three setting based approaches to reduce the number of Australians at risk of lifestyle-related chronic disease. These initiatives (Healthy Communities, Healthy Workers and Healthy Children) are occurring under the National Partnership Agreement on Preventive Health.

The Australian Government is providing funding to the states and territories to facilitate the delivery of healthy living programs in workplaces in their jurisdictions. The Initiative is focusing on reducing smoking rates, improving nutrition – particularly fruit and vegetable intake, increasing rates of physical activity and reducing alcohol consumption. Funding for the states and territories began on 1 July 2011. To find out more about what is happening in each of the states and territories see the implementation plans for each jurisdiction available on [http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/health.aspx](http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/health.aspx)

The Australian Government is further supporting the states and territories by the development of a national awards program, a national workplace health promotion toolkit and web portal for employers, a national Joint Statement of Commitment to promote good health through workplaces and this Quality Framework.

The development of this Quality Framework follows extensive consultation with stakeholders including healthy lifestyle program providers, corporate wellness providers, academics, government representatives, peak bodies, employers and employee representatives.

Figure 1 shows the relationship between all the components of the overall Initiative.
Figure 1: Components of Healthy Workers
The Joint Statement of Commitment

The Australian Government recognises the important role workplaces can play in promoting and supporting healthy lifestyles. Partnership between the Australian Government, peak employer/industry bodies and unions is crucial to improving the health of the working population. A statement demonstrating the important commitment of these parties to promote good health in and through workplaces was signed in August 2011. The Joint Statement of Commitment - Promoting Good Health at Work is available for download at www.healthyworkers.gov.au. The Statement articulates a number of core principles. These principles will also underpin the development of this Quality Framework and are that:

- Participation by employers/businesses/the self employed in the initiative is voluntary.
- Participation or non-participation by individuals in workplace programs is voluntary.
- Participation or non-participation will not result in discrimination.
- Confidentiality of health information will apply.
- Participants will have access to their own health information and it will not form part of an ‘employee record’.
- Data for feedback to employers/businesses will only be used when it is not possible to identify individuals.
- Occupational Health & Safety legislation requires workplaces to be safe and healthy which may have some overlap with this non-mandatory initiative.
- The programs and activities will complement and not detract from Occupational Health & Safety legislation requirements and obligations.
- Workplace parties will have the ability to choose programs that are suitable to their workplaces.
- A supportive environment based on engagement, consultation and the subsequent agreement of workplace parties will be the basis on which programs in a workplace are initiated.
The Healthy Workers Initiative Quality Framework

Successful healthy worker programs comprise three essential mechanisms: Information and awareness; behaviour and environmental change; and workforce engagement. These mechanisms will be best achieved by workplace commitment and action, and the provision of evidence informed programs by quality providers (internal or external to workplaces). Consequently there are three components to this Quality Framework. Each of these components has been developed based on the available evidence and expert input. Each component is explained in a separate section of this document, each aimed as a stand alone document. This enables you to only read the section/s that apply to you. The three components are shown in Figure 2 and are:

- **Principles for Healthy Workplaces** – for organisations and employers
- **Healthy Lifestyle Provider Registration** – for providers of healthy lifestyle programs to organisations and employees
- **Healthy Lifestyle Program Registration** – for developers of stand alone programs.

*Figure 2: Components of the Healthy Workers Initiative Quality Framework*
Development of the Quality Framework

The development of the Quality Framework has taken into account the context and policy environment in which the initiative is currently funded. This includes the focus on physical activity, nutrition, smoking and alcohol consumption, noting that mental health is not currently explicitly included in the Healthy Workers scope. The Healthy Workers initiative is also taking a population based approach to change lifestyle behaviours to reduce the risk of chronic disease; it is not imposing these programs on workplaces, rather using the workplace as a setting to reach a large proportion of the population. The Healthy Workers initiative must also co-exist synergistically with workplace health and safety obligations. The Quality Framework for the Healthy Workers Initiative:

- supports the use of health promoting approaches recognising the need to balance individual behaviour change, organisational culture with environmental improvements
- recognises existing relevant accreditation, professional registration and credentialing schemes
- recognises existing quality improvement frameworks that program providers/employers may currently follow
- promotes the use of the current evidence base to ensure culturally, geographically, demographically and socio-economically appropriate and effective programs and interventions
- supports capacity building and continual improvement
- acknowledges different levels of risk and supports risk identification and appropriate risk mitigation
- recognises and attempts to minimise the administrative burden (where possible) and streamline administrative requirements
- recognises the need for review and evolution of the Framework.
- is voluntary
- covers workplaces, programs and providers
- recognises and complements existing workplace health and safety requirements.
Which component is for me

Implementing the Healthy Workers Initiative requires engagement and action by employers, a strong private provider sector and programs that are endorsed by experts. Consequently the Healthy Workers Quality Framework (HWQF) comprises three components as shown in above in Figure 2:

- **Principles for Healthy Workplaces.** A set of principles for employers wishing to establish, maintain and improve healthy lifestyle programs within their workplaces. These principles are supportive in nature and will not be formally assessed. The Principles are intended to provide the basis for workplace policy, programs and activities in this area but are not intended to provide the ‘how to’ instructions. Further resources on the practical application of the principles are contained on the web portal.
- **Program Registration** based on an expert, third party assessment of programs against a set of criteria (see Figure 3). This component is for those program developers who wish to have discrete programs formally recognised and/or make their programs available for use by others. A guide is included for those wishing to have their programs registered explaining the basis for the criteria and requirements for registration.
- **Provider Registration** based on self-assessment and third-party desk-top audit against criteria that are grouped in eight domains. This component is for those providers providing healthy lifestyle programs directly in workplaces or to employees. Figure 4 shows the overarching model of domains and Table 1 the standards and criteria. These are further supported in the extensive guide for providers which outlines the justification, resources, templates and required evidence for each criterion.

In some situations more than one component will apply. For example program providers may wish to promote good health in their own workplaces and therefore will use both the Provider Registration and Principles for Healthy Workplaces. An employer may use all three components. They may have developed a program that they want to have registered in its own right, providing activities and programs directly to employees, and are using the Principles for Healthy Workplaces to assess the comprehensiveness of their approach.

For providers that operate a license, franchise or contracted model discussions with the Registration Body will confirm who, and at which level, your organisation needs to be Registered. This will depend on the nature of the arrangement with respect to issues of branding, training, quality control and risk liability.
Principles for Healthy Workplaces

Part of the
Quality Framework
for the
Healthy Workers Initiative
Principles for Healthy Workplaces

Effective workplace health promotion programs have shown to have significant benefits to both employees and businesses and consistently show positive returns on investment. The workplace is considered nationally and internationally to be a priority setting to drive health promotion and illness prevention programs, not only for the direct impact they can have on a workforce’s health but the positive flow on effects from workers’ interactions with their families and communities in general.

Workplaces vary considerably across Australia by size, location and industry. Australian workplaces also vary considerably in their current approach to promoting healthy lifestyles for their workplaces. Many workplaces are at the beginning of their journey, while others have been investing in programs which have matured over time and are now reaping the rewards including higher retention rates, reduced absenteeism, and higher productivity.

A lot is known about what contributes and inhibits successful workplace health promotion programs. These Principles are drawn from that evidence base and provide considerations suitable for workplaces. Every workplace should consider how each of these Principles can apply in a practical manner in their workplace, noting the high level of interdependency and interconnectivity between each principal. Adopting all the Principles will support an effective and sustainable approach to supporting healthier lifestyles across the workplace setting.

These Principles complement the Joint Statement of Commitment – Promoting Good Health at Work which provides a statement of national level commitment and core principles for improving the health of the population through the workplace and the National Partnership Agreement on Preventive Health.
Further, to support implementation of these Principles, the Australian Government web portal is a clearing house of tools, support material, case studies and templates which can assist organisations and provide much more practical detail than is contained here.

Workplaces are encouraged to use the web portal\(^1\) to access the tools, templates and reference material they require to progress their journey in supporting healthier lifestyles in their workplaces.

These Principles are provided for the benefit of workplaces and comprise one of three components of the Healthy Workers Quality Framework. There is no formal quality assessment requirement for this component. It is intended as a guidance document for workplaces. An audit tool is included here for the workplaces to undertake a rapid assessment of their workplaces against the Principles.

\(^1\) Please note the web portal is still under development.
No two workplaces are the same. Understanding the specific context and aims of each workplace is an important part of the healthy workplace jigsaw. There is no one approach. Each workplace needs to determine their:

**Need** – Successful approaches are those that are matched to what each specific workplace needs, what the staff need, and what is relevant, appropriate and acceptable to that workplace. The assessment of need should take into account both individual healthy lifestyle profile and environmental considerations.

**Aims** – Aims need to be specific, measurable and time limited. Knowing the need will assist in developing relevant aims. Aims allow what can be diverse needs to be refined into priorities and specific focus areas.

**Workplace culture** – A supportive workplace culture will help participants of workplace health programs achieve more and sustain those achievements. Understanding workplace culture will assist in tailoring the program appropriately.

**Resource availability** – Resources can include staff time, freely available health promotion material, local community organisations, physical facilities, private providers, dedicated workplace units. Knowing the market place and what resources are available and the level of resource available internally will assist in planning an appropriate approach.

---

**Key Elements:**

- **Need**
- **Aims**
- **Workplace culture**
- **Resource availability**
Engagement and Collaboration

Key to successful outcomes is the level of engagement and participation by workers and business owners/senior Executive. Engagement and collaboration both internally and externally will enhance the success and reach of any health promotion approach. The following key elements should be considered by all workplaces.

**Promotion:** - Workplaces will need to discuss the mutual benefits with employers, management, employees and with any established healthy and safety representatives/committees. Promotion of program activities will support higher levels of participation and engagement. Promoting the successes and lessons learnt will promote continuous improvement and sustainability.

**Communication:** - As with all programs communication is key. Open discussion should be encouraged and take account of the different needs of people in workplaces. Communication needs to be repeated regularly to improve its effectiveness. Communicate the what, why, how, where and who.

**Champions:** - The use of workplace champions is associated with higher levels of success. Champions are those who are committed and passionate about workplace health promotion and healthy lifestyles and can help motivate others. They can act as role models and lead specific engagement strategies.

**Respectful:** - Programs must be respectful of individual choice, cultural beliefs and business requirements. They should also reflect any legal requirements.

**Partnerships:** - Collaborative approaches use partnerships effectively to harness like minded groups and individuals to achieve similar goals. There are many possible partners available to support workplaces including Workplace Health and Safety teams, local community groups, state and territory government departments, local businesses, not for profit and non-government groups and private providers. The Healthy Worker Registration process will assist workplaces in selecting quality providers, if they chose to use external providers.
Outcomes will only occur as the result of action. Action can be demonstrated in the following ways.

**Leadership:** - Leadership is a critical success factor for workplace health promotion. Ideally the leadership will come from all levels: senior executives, business owners, managers, supervisors and employees themselves. Leadership will make things happen, commit resources, and remove barriers and obstacles.

**Policy/philosophy:** - A statement about what the workplace wants to achieve will be useful in guiding action.

**Planning and Resources:** - Promoting healthier lifestyles in the workplace does not necessarily need to cost much. However at a minimum it will take some time and effort to promote and coordinate. Providing dedicated resources is the most demonstrable way of committing to doing something.

**Action:** - The planning process should identify the first actionable steps. Taking action will allow workplaces to start to achieve their stated aims.
Programs and approaches need to be tailored to address the diversity of each workplace and can range from simple to more detailed approaches.

**Responsive to need**: The most successful approaches will be those that consider the range of needs and the local aims identified under *Understanding the Context*. Programs that are relevant to the specific workplace needs are more likely to have higher levels of participation and success.

**Balanced**: There will always be competing priorities in delivering programs. Workplaces need to not only balance the various identified needs but also consider a balanced approach to improving healthy life choices by workers, the culture of the workplace and the workplace environment to support to reduce risk factors for chronic disease.

**Resource appropriate**: Programs need to match available resources. Tailored programs meeting the needs of workplaces can be developed on a range of budgets and resource availability.

**Variable**: The diversity of need and wants within a workplace would indicate that a variety of approaches will be more successful. Workplaces will need to consider variations in the way information is provided, the types of activities that are supported, the places where activities occur and the times that activities occur.

**Risk managed**: The risks of each approach need to be assessed and managed accordingly. This should be done in line with Workplace Health and Safety obligations.
Tailored
A simple and methodical approach to workplace health improvement that focuses on continual improvement will be most effective and efficient.

**Continuous Improvement:**

A continuous improvement cycle involves planning, assessing need, implementing action, monitoring progress, evaluating and improving. These key processes bring together the practical application of the Principles for Healthy Workplaces and will assist in achieving sustainable, effective approaches to promoting healthier lifestyles in workplace settings.

There are high quality publications which provide evidence based, detailed approaches for employers to follow. Many have a particular focus such as a specific state or territory, industry or size of workplace. Some notable examples include:

- Best-Practice Guidelines - Workplace Health in Australia. (HAPIA. 2010.)
- Healthy Workplace Guide – Ten steps to implementing a workplace health program (Heart Foundation, Cancer Council NSW, and PANORG Sydney University. 2011)
- Get moving at Work. A Resource Kit For Workplace Health & Wellbeing Programs. (Premiers Physical Activity Council - Tasmania. 2007)
- Healthy lifestyle program for the Queensland Public Service -Guidelines for Government Agencies. (Workplace Health and Safety Queensland.)
- Healthy Workplace Kit (WorkSafe Victoria)
- Consultation obligations - LEGISLATIVE FACT SHEET SERIES (Safe Work Australia)
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2 Specific, measurable, achievable, realistic, time limited
Healthy Lifestyle Program Registration Guide

Part of the Quality Framework for the Healthy Workers Initiative
Introduction
This Healthy Lifestyle Program Registration Guide is for program developers who would like to have their programs assessed by relevant experts and to have the program listed on the Healthy Workers web portal and made available for others to use. It steps through each of the Program Registration criteria and provides further explanation, comments and examples for each. The registration process is comprised of the following domains.

- **Program Description**
  - Scope and target group
  - Skills and qualifications
  - Intensity and duration
  - Assessment and monitoring

- **Evidence based**
  - Consistent with National Guidelines
  - Underpinned by appropriate evidence

- **Support Material**
  - Comprehensive
  - Able to be customised

- **Review**
  - Evaluation
  - Process for updating

Figure 3: Program Registration Components

Relationship to the Healthy Communities Quality Framework
For those providers working across the Healthy Communities Initiative this Healthy Lifestyle Program Registration is the same as the Program Registration component of the HCI Quality framework. Providers are not required to become Registered under both schemes, however specific programs will need to registered under each appropriate scheme.

** Becoming Registered**
Program developers and providers should use the Program Registration criteria to ensure their healthy lifestyle program is comprehensively described.

Those who want to have their program/s registered and listed on the HWI web portal must:
- review the Program Registration criteria
- complete the online self assessment, indicating where evidence for each criterion can be found in the program documentation (e.g., page numbers, sections, etc)
- submit the self assessment form, along with a detailed program outline and resource material relevant to the program, to the Registration Body.

The Registration Body will then:
• formally assess applications using an expert group
• communicate with the applicant as required
• list registered programs on the HWI web portal.

If program developers are involved in delivering the program (or other relevant services) and would also like to be registered as a Healthy Lifestyle Program Provider, they should complete the Healthy Lifestyle Program Registration as well.

Program developers who train and license/accredit others to deliver programs on their behalf may also need to register as a Healthy Lifestyle Program Providers, depending on the nature of the licence/agreement.

Further clarification can be obtained by contacting the Registration Body.

Service providers are encouraged to use these guidelines to supplement the criteria under Appropriateness and Effectiveness.

Support
The Program Registration process has been designed to promote continuous quality improvement. Applicants who demonstrate that their program meets the Program Registration criteria will obtain registration for their program. Applicants that do not meet the criteria will receive support from the Registration Body to enable them to plan the necessary improvements to be eligible for registration.

The Registration Body will:
• provide support to employers, providers and program developers in understanding the intent, benefits, application and registration of programs and providers using the Framework and resource documents
• determine approval or non approval of registration for programs and providers
• register programs and providers
• maintain up-to-date information and resources on the HCI Portal
• collate information on application and uptake of the Framework, trends, challenges, responsiveness.

Timeframe for renewal
The life of registration is two years.

In line with the continuous quality improvement approach, registration renewal will be required every two years or sooner if significant amendments to the program occur (including change to program scope, qualifications required and major changes to approach or content).
A note about Evidence Base

The level of evidence to support programs in the healthy living context is emerging. There is work occurring nationally and internationally to strengthen the evidence base. However, in the meantime the extent of robust, rigorous evidence that can be applied to different settings, client groups and contexts may not be available for all programs. This Program Registration will prompt the review of the quality of design and evidence base of programs which will assist in ensuring that best practice is further implemented.

Resources

For those wanting to know more about assessing and using evidence, the following resources may be useful:


Program Registration criteria

Explanation of each criteria is provided following the checklist.

<table>
<thead>
<tr>
<th>Program Registration Criteria</th>
<th>Evidence provided?</th>
<th>Description of evidence provided or justification for why a criterion is not applicable.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

The program adequately describes:

- Scope and target
- Skills and qualifications required to implement
- Duration (including frequency)
- Goal setting
- Monitoring outcomes
- Exercise intensity (if applicable)
- Risk screening / assessment requirements
- Risk management
- Communication and marketing messages

The program is consistent with the national guidelines for adult physical activity, healthy eating, healthy weight and obesity prevention, smoking cessation and alcohol reduction (where available and applicable).
<table>
<thead>
<tr>
<th>Program Registration Criteria</th>
<th>Evidence provided?</th>
<th>Description of evidence provided or justification for why a criterion is not applicable.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Indicate where evidence for each criterion can be found in the program outline or attached documents (e.g., page numbers, sections, etc)</td>
<td></td>
</tr>
<tr>
<td>The program is underpinned by appropriate evidence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The program has been developed with appropriate multidisciplinary / specialist input.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The program has been tested with its target group and adjusted accordingly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The program allows sufficient flexibility to take account of differences in target populations, geographical and workplace settings, resources, and employee values and preferences whilst maintaining program goals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is adequate and appropriate support material for quality implementation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An appropriate approach to program evaluation is described.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A review mechanism / timeframe for the program is specified.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Guide to completing Program Registration

Scope and target

The healthy lifestyle program documentation must include a description of the scope and target of the program.

Describing the scope and target of a program is one of the most important parts of program definition and planning processes. It sets the broad parameters for what a program will do, and boundaries around what it won’t do.

A succinct and well defined program scope is required. The scope and target will include a definition of the:

- intended objectives (the reasons for doing the program and what is hoped to be achieved)
- intended target groups (the people or groups that are the focus of a particular program or service)
- intended environments in which the program is applied. This may include the:
  - physical environment
  - organisational environment (e.g., is it running in conjunction with any other organisation/program?)
  - social environment or culture within which the program interacts or targets
- excluded target groups and environments (details of the people/groups and environments that a program is not suitable for)
- program approach (what is done, in what order, how it is done and who does it).

Skills and qualifications required to implement

The healthy lifestyle program documentation should include a description of and justification for the type and level of skill and/or qualifications required in order to deliver the specified program. This may be the requirement to hold certain nationally recognised qualifications such as a First Aid Certificate or Certificate 3 in Fitness, a professional background such as a dietitian, registered nurse, a minimum number of years’ experience, or simply the attendance at a specific training course.

Wherever possible and relevant, any specifications for skills and qualifications should be:

- linked to nationally recognised qualification or units of competency such as the Australian Qualifications Framework
- determined by taking into account the safety, quality and access requirements of the program
- not higher than can be reasonably justified as relevant for the program — for example, not specifying a university qualification if the program can be appropriately delivered by an instructor with a certificate-level qualification.

When setting qualification and skill levels consideration should be given to the availability of such people in rural and regional areas. Consideration may also be given as to how the program can be
appropriately supported in the absence of such qualifications. For example through a train the trainer approach or web/telephone coaching/mentoring of a local provider.

**Duration**

The healthy lifestyle program documentation should describe the amount of time and/or time intervals (frequency) required for program participation.

In some cases it may be more appropriate to define the duration based on client outcomes if the program is not set around a specific number of attendances, hours or length of time.

Keep in mind adult learning principles when setting duration and give consideration to flexibility and recognition of prior learning.

**Goal setting**

The healthy lifestyle program documentation should include a description of the way goals are set for the program and how participants are consulted during this process.

Goal setting is the process of identifying what an individual wants. Understanding and setting goals enables:

- clear understanding of the target/s to be reached or outcomes to be achieved
- a sense of direction and purpose for both the program provider and the participants
- identification of the steps required to reach the desired outcome or target
- the inspiration to achieve goals and reach performance expectations.

The program may have overarching goals applicable to all participants or there may be a defined process whereby goals are set by and for individuals. The program outline should include how these goals will be assessed. The goals will ideally be Specific, Measurable, Achievable, Realistic and Time-limited (SMART).

**Monitoring outcomes**

The healthy lifestyle program documentation should provide a description of the:

- types of outcomes to be measured
- frequency of measurement
- process to monitor/measure outcomes, including how this will be documented and communicated as necessary.

Where relevant, monitoring of outcomes should occur at two levels – at the individual and at the group level.

At the individual level a process should be defined to monitor whether the individual is making sufficient progress towards their agreed individual or program goals.

At the group level processes should be established to monitor trends in group attitudes, beliefs, behaviours and intentions to change behaviour before, during and/or after the intervention.
Exercise intensity (if applicable)

If the healthy lifestyle program contains a physical activity component, a description of the exercise intensity of the program is sought in the program documentation. The combination of heart rate, breathing, temperature and perspiration provides a measure of the level of exercise intensity and an indication of how hard the body will be working during physical activity.

It is important that the program documentation demonstrates an understanding and awareness of the relevance of intensity of exercise in a program in order to:

• help to determine if a person has an appropriate level of existing fitness to participate in a program taking into account medical conditions, medications, etc. This allows potential risks to be identified and strategies to be employed to reduce the risk prior to program participation
• provide guidance to ensure that a person exercises at the right intensity to achieve the desired health benefit
• identify the skills, knowledge and fitness level requirements of the workforce needed to deliver the program.

Risk screening / assessment requirements

The healthy lifestyle program documentation should include a description of the risk screening and assessment requirements of the program.

Observation, screening and assessment form a continuous process through which an individual’s strengths and needs are identified and inform the plan of intervention/action.

Risk screening provides a mechanism to:

• identify an individual’s characteristics and needs
• trigger a more in-depth assessment, such as a medical review, if necessary
• identify if the participant is suitable for the program
• identify if the participant requires a modified program.

The program documentation should define a consistent approach to how risk screening and assessment is undertaken (who, how, when) and should include risk screening and assessment templates and flowcharts/decision trees as appropriate.

Risk management

The healthy lifestyle program documentation should include a description of the risk management processes and considerations for the program.

Risk management involves the identification, assessment, and prioritisation of risks (positive or negative) with a coordinated application of strategies and resources to minimise, monitor and control the occurrence or impact of events.

The program’s risk management processes should include:

• a description of the way risks are identified, assessed and prioritised (who, how, when)
Healthy Workers Quality Framework  Healthy Lifestyle Program Registration Guide

- a description of the way common risks are managed or mitigated
- a risk register (a register of identified risks and their mitigation strategies)
- a description of the way risks are communicated in the program.

The level of risk for any given program will depend on the scope and target of the program. The level of risk identified for the program can then determine what mitigation strategies can be applied. These may include (but not be limited to):

- the level of qualifications required by the person/s delivering the program
- participant selection criteria, screening and exclusion criteria
- modification of the program or program environment.

Where the program involves potentially risky interventions such as cooking, the use of exercise equipment, and swimming pools, the program outline should include standard risk statements and mitigation strategies for providers to incorporate into their risk processes.

Communication and marketing messages

The healthy lifestyle program documentation should outline a description of the communication and marketing messages of a program.

The common messages and related media to be used to communicate about the program should be clearly defined to ensure consistency of message delivery, ‘look and feel’ and branding of a program throughout marketing and delivery.

Where possible logos, style formats, brochures, forms, etc., should be supplied in template form and available to program providers electronically.

The program outline should define which aspects of the communication strategies can be customised to local settings and include strict guidelines on the use of any branding information.

The program is consistent with national guidelines

All programs must be consistent with national guidelines for adult physical activity, healthy eating, healthy weight and obesity prevention, smoking cessation and alcohol reduction guidelines (where available and where applicable).

The healthy lifestyle program documentation must make specific reference to relevant guidelines as appropriate. Any deviation must be noted and justified for consideration by the Registration Body.

The following websites outline some useful resources:

Physical Activity Guidelines:
National guidelines for adult physical activity
Physical Activity Recommendations for Older Australians (Recommendations and Discussion Document)
Healthy Eating Guidelines
Evidence
The program documentation must contain details of the evidence that underpins a program (development, implementation, evaluation).

Basing a program on contemporary, reliable information (evidence based or best available industry endorsed practice) increases the potential effectiveness of the intervention, and decreases the risk of interventions that are ineffective or even harmful.

When reviewing the evidence consider:

- How well the study/ies was conducted – were the sample size, interventions, and measures appropriate?
- How relevant is the evidence to this target group?
- How relevant is the evidence to this setting?
- How credible are the findings? Are the findings supported by other studies, the literature?

References to evidence should be described in the program documentation.

Stakeholder input into development
The program documentation (or a separate attachment) should provide evidence of stakeholder input into the development of the program.

Consumer and community involvement in program development helps to ensure that programs are acceptable, accessible and meet the needs of the specific target group.
Evidence of stakeholder involvement should include position/discipline of those involved, whether or not these stakeholders were internal or external stakeholders, and how they were involved.

**Testing with target group**

The program documentation should outline a description of the testing conducted on the program, including outcomes of that testing.

Program testing, including evaluation of pilot projects, is a valuable means of identifying improvements to program effectiveness.

The evidence can be forwarded as an attachment and should include any pilots conducted, their format, design, outcome and changes made to the final program as a result.

**Program Flexibility**

Access to programs can be affected by a range of barriers, including cultural, transport, financial, literacy and language, physical access and disability.

The program outline must include information on how a program can be adapted to manage barriers and/or differences across target populations, geographical and facility settings, resources, and client values, whilst maintaining the program integrity.

**Support material**

Copies of support material should be provided to the Registration Body.

This refers to any information or materials that will support the person/s delivering the program to implement the program safely and effectively. This may include resources such as:

- facilitator manuals
- templates
- participant manuals, handouts, etc
- guidance on equipment procurement, venue selection, etc.

**Program evaluation**

A description of the approach to evaluation of the program is to be specified in the program documentation and should include details on:

- what will be measured
- the method, including:
  - who is involved
  - frequency of measurement
  - techniques/processes for data collection
  - processes for analysis and review
- data collection and storage
• reporting processes, including suggested formats
• any benchmarks or performance indicators that may be relevant.

Review processes and timeframe

Program documentation must include information on how and when a formal program review will be undertaken.
Healthy Lifestyle Program Provider Registration

Part of the Quality Framework for the Healthy Workers Initiative
Introduction
The purpose of this document is to provide detailed information on the Healthy Lifestyle Program Provider Registration component of the Quality Framework for the Healthy Workers initiative (HWI). The document provides detailed information on:

- the process that should be undertaken when seeking registration
- details on each of the Quality Framework domains, standards and performance criteria
- a range of resources that are provided as examples and learning resources
- the evidence that will be required to demonstrate that a provider meets the performance criteria for the purposes of registration.

The Healthy Lifestyle Program Provider Registration is divided into eight standards and twenty-eight criteria. The domains are shown in Diagram 4.

![Diagram 4: Healthy Workers Healthy Lifestyle Program Provider Standards Framework](image)

Further information on the Quality Framework and its other components can be found in the Healthy Workers Initiative Quality Framework.
Relationship to the Healthy Communities Quality Framework

For those providers working across the Healthy Communities Initiative this Healthy Lifestyle Program Provider Registration is the same as the Service Provider Registration component of the HCI Quality framework. This implementation guide has been amended to ensure the language and evidence is relevant to workplace settings. However the standards and criteria remain unchanged other than some minor changes to terms. One criteria (7.1) under Information Management is considered not relevant for the Healthy Workers initiative. Providers are not required to become Registered under both schemes, rather additional information on program/service approach will be required to identify how it is different according to the different setting (if relevant).

Gaining Registration

The Healthy Lifestyle Program Provider Registration process has been designed to promote continuous quality improvement. Providers who demonstrate that they meet the performance criteria will obtain registration. Providers that do not meet the performance criteria will receive support from the Registration Body to enable them to plan the necessary improvements to be eligible for registration.

This Framework is aimed at sole, small, medium and larger providers. Even though the term organisation is used in some of the quality standards, this includes sole providers. The level of evidence required by providers will be applicable to the size and scope of each business.

The process for Registration is as follows:

- make an application to the Registration Body and gain user name and password to the on-line submission section
- complete self assessment
- complete on-line submission
- submit self assessment and evidence
- Registration Body reviews submission and makes determination
- Registration Body contacts you if further clarification or evidence is required
- Registration Body advises you of the outcome
- If successful Registration Certificate is sent and your service is listed on the web portal
- If unsuccessful the Registration Body will work with you to rectify areas in need of improvement
- Registration is current for 2 years.

If you have other accreditation or registration processes for your service contact the Registration Body. You will then only need to address the criteria that are not covered by the other process.

To ensure a robust system, site audits will be conducted on 10% of providers applying for registration. If you are selected for a site audit you will be contacted by the Registration Body and provided with information on the process. The site audits will be planned and will not occur without prior notice.
Approach to Registration

In order to gain and maintain registration, providers need to:

• make a commitment to the process
• establish a team to oversee the process
• undertake a structured process of self assessment: identifying and collating evidence and data to demonstrate achievement against the performance criteria
• develop an Action Plan for areas identified for quality improvement, focusing on high priority areas
• submit the on-line self assessment report, sample evidence and action plan to the Registration Body, and
• participate in a site audit process if required.

Figure 5 represents the optimal approach to Healthy Lifestyle Program Provider Registration. Following is a more detailed description of each of these steps.

Make a Commitment

Pursuing improvements in any organisation requires a commitment. In embarking on a commitment to become registered each provider will need to consider:
**What benefits are you seeking?**

These benefits might include assuring yourselves, funders and clients of quality; identifying areas in need of improvement; external recognition that your organisation meets industry agreed standards, and/or increased potential for additional funding streams.

**What resources will be required?**

The extent to which any service pursues improvement will be governed by two elements — the extent of improvement required and the available resources required to achieve that improvement. For many organisations the most significant resource investment will be that of staff time. For some organisations, investment in improvements to equipment and facilities may also be required. The need for investment should not deter a commitment to improvement. It may mean that the level of improvement may need to be phased over time to match the level of resource available.

**How committed to the process of registration is your organisation?**

For larger organisations it will be important to ensure there is management commitment to this process. Individuals within an organisation are rarely successful pursuing quality initiatives on their own. There may be other organisational issues to be considered — for example, how does becoming registered through this process fit in with the business plan, what other accreditation options exist and how can they be aligned?

**Form a Team**

The benefit of using teams in quality improvement has been well established. A team approach will ensure one person doesn’t carry the entire burden of quality improvement; and can bring a variety of perspectives and ideas from across all levels and areas of your organisation.

Teams should wherever possible comprise a cross section of staff from different professional backgrounds and roles. The exact size and composition of the team will be determined by the size and composition of the organisation. Ideally 3–5 members should be selected from across the organisation, including relevant healthy living programs. Members should include the CEO/manager, administrative manager and program delivery staff.

For sole service providers and small operators forming a team like this is not an option. However such operators may consider the option of engaging external support such as partners and clients to form a team.

**Self Assessment**

Undertaking the self assessment will provide a useful opportunity for the organisation to reflect on what it does, what it should do, what it does well and where there are areas in need of improvement. Teams often report that this part of the process is very satisfying and useful.

The steps in undertaking a self assessment are:

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4 Adapted from the Dual Diagnosis Capability in Addiction Assessment Tool Guidelines 2008
1. **Allocate a self assessment coordinator.** The self assessment coordinator should be a person who is familiar with all components of the organisation and preferably has some understanding of quality improvement.

2. **Select the self assessment team.** Ideally the team will comprise approximately 3–5 members (depending on the size of your organisation) and comprise representatives who provide direct service delivery, program oversight, organisational management, or other key stakeholder positions e.g. partners, consumers representation. Sole providers can establish a team by engaging external support such as partners and clients as part of the self assessment team.

3. **Assign each team member a domain** for which they will assume an overall coordination role. The domains allocated should be those with which the person is not intimately familiar as this will promote a higher level of assessment. Assessing components that members are more familiar with creates a tendency to make assessments based on their personal knowledge and does not encourage them to explore actual evidence of performance.

4. **Disseminate information.** Provide all team members with a copy of this Healthy Lifestyle Program Provider Registration Implementation Guide.

5. **Explain the assessment and registration process to all your staff.** It will be useful to explain the aim of obtaining Healthy Lifestyle Program Provider Registration using the Framework. Provide advice to the whole organisation and client group about the registration process so they understand what is to happen, and that they may be asked questions about the way the organisation operates. This will promote transparency about the registration process and assist in implementing changes that may arise as a result of the process. In this step, sole providers might engage only with the client group, if at all.

6. **Identify evidence against each rating item.** Instruct members to identify evidence for each criteria of their allocated domain/s. They need to suggest at least one piece of evidence (electronic or hard copy) that can be submitted for each element.

   Minimum evidence for each criterion is listed later in this guide. While team members need to identify and adhere to this minimum, they may wish to include additional evidence to ensure they have comprehensively demonstrated the attainment of domain criteria. Remember each organisation will be different and the extent of evidence available in organisations will very much be determined by the size and type of programs.

   Information sources to inform self assessment and identification of evidence include:
   - interviews with key staff
   - review of policy and program documentation
   - review of brochures and client information
   - interviews with clients
   - organisational data.

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5 A domain comprises one standard and associated performance criteria. There are eight domains in the HCI Framework including Safety & Risk.
One document may serve as evidence against several different performance criteria — for example, your business plan. This is quite acceptable and just needs to be referenced accordingly in the *On-line Self Assessment for Healthy Lifestyle Program Provider Registration*.

In some cases your team may decide that a performance criterion is not appropriate or relevant because of the way your organisation is structured. Where this is the case, please rate that element as ‘Not Applicable’ and describe why in the comment box.

7. **Conduct team discussion.** Bring together the self assessment team for a pre-allocated time. Ensure that there is a comfortable venue and that each member brings the relevant evidence for the domain they coordinate.

Discuss each domain until a consensus is reached on the self assessed level of performance. The options for performance levels include ‘Yes’, ‘In progress’ or ‘No’. It is important to remember that a consensus agreement is not necessarily unanimous agreement or a majority vote, but rather when all members can agree to accept the final decision. The levels note performance at a particular point in time and do not need to be absolute. The self assessment should be based on a ‘most of the time’ judgement.

Each criterion also has a series of questions that seek a ‘Yes’, ‘No’, or ‘Not Applicable’ option to be ticked. These questions are intended to highlight current practice along with identification of areas for improvement.

8. **Disseminate findings to management group.** The findings should be presented to the management group (however comprised) for discussion. This is an ideal time to identify gaps against the strategic intent of the organisation and areas requiring improvement. Improvement activities can then be planned and incorporated into the business planning/quality improvement planning for the organisation.

9. **Disseminate findings to organisation.** It is important that the whole organisation can see the outcomes of the assessment and the resulting planned improvement activities. Sole providers may choose to disseminate findings to key stakeholders.

10. **Develop an Action Plan.** An action plan should be developed to harness the areas identified in need of improvement into a plan for action that is prioritised, targeted, time limited and resourced. Do not try to address every deficit. Identify the key items that when addressed will significantly enhance the quality of the business. It is important not to plan to do more than is practically possible.


12. **Plan a repeat assessment.** It is recommended that the self assessment be repeated at least annually and scheduled in advance to ensure it occurs at an appropriate time that can best feed into other planning and / or accreditation type processes.
The Healthy Lifestyle Program Provider Registration Framework

The Framework is based on four essential domains:

- risk and safety
- effectiveness and appropriateness
- consumer and community engagement
- access and equity.

Quality service provision is then underpinned by the elements of

- workforce
- organisational capacity
- information management
- continuous improvement.

The remainder of this document provides information intended to increase understanding and practical application of each of these domains.

Structure

Each of the domains include:

- a brief description of the intent of the standard and rationale
- an explanation of why and how a provider can implement and apply the criterion; along with useful resources and examples
- details of the evidence that providers will be required to demonstrate to meet the standard.

Resources

A range of hyperlinked resources are referenced in this document. These resources are only provided as examples and learning resources.

Providers that have existing processes in place to meet criteria do not need to use any of the resources.

Providers that are developing quality systems may find the resources useful as a starting point — they are welcome also to use other resources that are relevant to their service.

Note: The resources, products and associated organisations listed in this document have not been explicitly endorsed.

Evidence

A description of the types of evidence an applicant should provide for each criterion is described in this Guide. Applicants will need to decide that the evidence they have is a relevant demonstration of effort and outcome against that criterion. The minimum mandatory evidence that must be submitted with self assessment has been shaded in this colour. Additional evidence can also be provided.
In some cases, one document may provide evidence against several performance criteria, such as your business plan. Where this is the case the evidence should be referenced accordingly in the *On-line Self Assessment for Healthy Lifestyle Program Provider Registration template*.

Providers seeking registration may be contacted by the *Registration Body* to clarify information and/ or the evidence that is submitted.
Existing Legislation and Standards
Where there are existing standards and legislation that are applicable, providers need to ensure they are applied in day to day practice.

It is recommended that providers review their relevant jurisdictional legislation, standards and government guidance for requirements and information on issues such as:

- Privacy
- Workplace Health and Safety
- Human Rights and Equal Opportunity
- Racial Discrimination
- Food safety
- Infection Control
Healthy Lifestyle Program Provider Domains and Criteria

Providers seeking registration must ensure that at a minimum they are adhering to relevant legislation including Workplace Health and Safety, privacy, fair trading, food safety, and record retentions as is relevant in their jurisdiction.

<table>
<thead>
<tr>
<th>Domains</th>
<th>Risk and Safety</th>
<th>Access and Equity</th>
<th>Effectiveness and Appropriateness</th>
<th>Client /Employee engagement</th>
<th>Provider Workforce (includes paid, unpaid and those under license)</th>
<th>Provider Capacity</th>
<th>Information Management</th>
<th>Continuous improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Programs are delivered safely through a comprehensive risk management approach.</td>
<td>Providers enhance accessibility to promote equity.</td>
<td>Programs and interventions are consistent with national guidelines (where available).</td>
<td>The provider actively engages with its clients and their employees to promote healthy lifestyles.</td>
<td>The workforce is capable of delivering and supporting the programs being offered.</td>
<td>The provider is capable of delivering and supporting the programs being offered.</td>
<td>Data and information are used effectively.</td>
<td>The provider fosters and encourages the use of continuous quality improvement.</td>
</tr>
<tr>
<td>Performance Criteria</td>
<td>The provider has an active risk management policy.</td>
<td>Access and equity are enhanced by reducing barriers for specific target groups.</td>
<td>The provider bases its program planning on: current frameworks; local, state and national plans; and assessed need.</td>
<td>The client/employee is involved throughout the enrolment, program and feedback process.</td>
<td>The workforce is selected and trained to ensure skills match the program requirements and client risk.</td>
<td>The provider articulates its business / program scope.</td>
<td>Compliance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A risk assessment is undertaken for all programs in each environment in which they are delivered.</td>
<td>The provider works collaboratively with relevant professionals / groups / organisations.</td>
<td>The provider engages with the client/employees to promote healthy lifestyles.</td>
<td>The workforce operates within boundaries of designated roles /scope of practice.</td>
<td>The workforce is actively engaged in program design and improvement.</td>
<td>The provider has an articulated, effective governance structure. Resource allocation is managed to achieve efficiency and effectiveness.</td>
<td>Not relevant for HWI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clients are provided with information about program intent, potential risks and consent is obtained confirming awareness and acceptance of the risks.</td>
<td>Programs promote behavioural change. Broader components of lifestyle modification and health awareness are promoted.</td>
<td>Success is celebrated.</td>
<td>The workforce is formally reviewed</td>
<td>The provider identifies approaches to achieve program / organisation sustainability.</td>
<td>The provider declares funding sources and has explicit policies for donations, sponsorship and marketing.</td>
<td>The provider has documented protocols / policies for all data collections, use and disclosure. Staff are trained to ensure there is consistency of data collection.</td>
<td>Relevant reference material is readily available to clients and staff. Data are used to evaluate the effectiveness of programs. Opportunities for improvement are identified and acted on.</td>
</tr>
</tbody>
</table>
### Risk and Safety

<table>
<thead>
<tr>
<th>Standard</th>
<th>Programs are delivered safely through a comprehensive risk management approach.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>There are inherent potential risks in providing healthy living programs. These risks vary from minimal through to significant depending on the client, the intensity of programs being offered and the environment in which they are being delivered. Providers have a duty of care to clients, communities and funders to ensure appropriate risk management approaches in all program delivery to promote safety and minimise harm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk and Safety Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 The provider has an active risk management policy</td>
<td><strong>Why:</strong>&lt;br&gt;It is important that your staff (paid and volunteer) and program participants have a safe, fair and supportive environment and that program planning and work processes promote this. Risk can be defined as the combination of the probability of an event and its consequences. A policy on risk management increases opportunities for positive outcomes, decreases the likelihood of undesirable results and provides a guide for staff on:&lt;br&gt;• a process to identify hazards and risk&lt;br&gt;• actions to avoid or reduce the chance of something going wrong&lt;br&gt;• a process for decision making&lt;br&gt;• communication lines and responsibilities.</td>
<td>Evidence may include:&lt;br&gt;• a current (within last 3 years) Risk Management Policy&lt;br&gt;• risk register&lt;br&gt;• hazard and incident reports&lt;br&gt;• evidence of how risks, hazards and incidents are managed where relevant&lt;br&gt;• documentation of technical inspections and testing.</td>
</tr>
<tr>
<td></td>
<td><strong>How:</strong>&lt;br&gt;Providers need to have a policy in place that details how risk is assessed, how strategies are applied to reduce risk, as well as how hazards and incidents are reported and managed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Resources:</strong>&lt;br&gt;The following resources/ links provide useful resources and examples of risk policies;&lt;br&gt;• Standards Australia. 2004. HB 246-2004 Guidelines for Managing Risk in Sport and Recreation</td>
<td></td>
</tr>
</tbody>
</table>

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### Risk and Safety Criteria

<table>
<thead>
<tr>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.2 A risk assessment is undertaken for all programs in each environment in which they are delivered.</strong></td>
<td>Examples include copies of:</td>
</tr>
<tr>
<td><strong>Why:</strong></td>
<td>• risk assessment template/s used by the provider</td>
</tr>
<tr>
<td>The type and level of risk vary between environments and programs and can change over time. Out of concern for the health and safety of participants and staff, duty of care, good business sense and cost effectiveness, a risk assessment considering people, equipment and property should be completed for all programs in each specific environment in which they operate. Processes for reviewing and updating risk assessments should be established as part of good management practice. When working with workplaces it is important to have a discussion with the employer as there will be shared risks in this environment. It is essential both the employer and service provider know who is responsible for what risks and how they will be managed.</td>
<td>• risk and safety policies and procedures</td>
</tr>
<tr>
<td><strong>How:</strong></td>
<td>• completed risk assessment/s</td>
</tr>
<tr>
<td>Risk assessment is an ongoing process, undertaken at various times, including:</td>
<td>• hazard and incidence reports.</td>
</tr>
<tr>
<td>• for all new programs, interventions or environments</td>
<td></td>
</tr>
<tr>
<td>• when a hazard has been identified</td>
<td></td>
</tr>
<tr>
<td>• when a change in the workplace occurs</td>
<td></td>
</tr>
<tr>
<td>• after an incident, accident or workplace illness</td>
<td></td>
</tr>
<tr>
<td>• at regularly scheduled times.</td>
<td></td>
</tr>
</tbody>
</table>

Risk assessment should be documented including naming of the risk, rating its likelihood and severity of consequence, the appropriate mitigation strategies and monitoring mechanisms. A Risk Assessment Template can be used for this purpose (example templates are in the resources provided).
A hazard inspection should be undertaken on a regular basis (e.g. every two months) to identify any hazards. A standardised checklist can be developed to list possible hazards that may occur in your particular service.

Table 2 outlines potential risks for providers to consider for healthy eating, physical activity and general programs. These are a guide only, are not exhaustive and must be assessed for relevance.

**Resources:**
The following resources/links provide examples of risk assessment guidelines, templates and checklists:

### General Risk and Mitigation Strategies

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorrect use of equipment</td>
<td>Ensure staff and clients are trained and understand the correct use of equipment Safety instructions are visible for all equipment and products Safety equipment and protocols for its use are appropriately displayed.</td>
</tr>
<tr>
<td>Medical emergency</td>
<td>First aid capacity and emergency response plans are in place and are appropriate to the level of risk. This may include: • The presence of a qualified First Aid Officer • Access to a telephone • Appropriate first aid supplies (accessible, well stocked, unlocked). Relevant staff undertake mental health first aid training.</td>
</tr>
<tr>
<td>Spread of infection</td>
<td>Policies and processes to: • Manage body fluid spills • Appropriately clean equipment between use • Ensure spaces for group activities are appropriately ventilated • Promote and provide hand washing/personal hygiene • Discourage use of facilities by clients with upper respiratory tract infections.</td>
</tr>
<tr>
<td>Slips / trips</td>
<td>Ensure the environment is checked and hazards are removed where possible prior to program implementation Ensure hazard signs are available and used for example for wet floors</td>
</tr>
<tr>
<td>Inadequately maintained equipment</td>
<td>All equipment is maintained according to manufacturers specifications An equipment maintenance plan is in place.</td>
</tr>
<tr>
<td>Client safety</td>
<td>Appropriate security measures are in place. This may include: • Ensuring walking programs are conducted in groups, in well lit environments, that locks are provided on rooms, etc • Use of safety equipment e.g. use of outdoor bicycles includes the wearing of helmets • Use of pools: • Appropriate floatation devices and resuscitation aids are readily available • Pools are maintained according to Australian Standards • Safe entry and exit of pools is enhanced with appropriate rails.</td>
</tr>
</tbody>
</table>
| Emergency procedures | A communication strategy and contingency plan to use if an emergency occurs is available and:  
| | • is explained to participants prior to program commencement  
| | • evacuation procedure and assembly points are displayed  
| | • an incident/accident reporting system in place  
| | • an attendance list (sign in and sign out) is used. |
| Personal information accessed without consent | Registration Forms and personal medical information is stored securely in a lockable container or cabinet  
| | Information is accessible during each program should it be required e.g. for an emergency  
| | Discussions with clients about personal information are conducted in private  
| | Staff do not disclose information about clients without their consent.  
| | Strict privacy guidelines for the use of social media including not providing others names or photos |
| Financial Risk | Appropriate insurance in place  
| | Fee structure reviewed regularly |

### Healthy Eating Programs

<table>
<thead>
<tr>
<th>Risk</th>
<th>Possible Risk Minimisation Strategies</th>
</tr>
</thead>
</table>
| **Food Allergies** | • Foods are chosen so that exposure to those foods known to be highly allergenic (such as peanuts) is minimised  
| | • Assess for food allergies in client group  
| | • Alert clients to the ingredients involved. |
| **Knife injuries** | • Ensure knives are stored safely  
| | • Ensure knives are kept sharp  
| | • Teach clients on how to correctly handle knives / sharp instruments. |
| **Burns** | • Teach clients to working safely with hot liquids, stoves etc. |
| **Food handling breaches** | • Monitor adherence to food handling standards  
| | • Monitor the temperature of stored food  
| | • Ensure appropriate handling of high risk foods such as raw meats. |
| **Culturally appropriate foods** | • Provide culturally appropriate food services that meet participants’ |

---

7 Food Safety Standards Mandatory Standards for All Food Businesses and Fact Sheets for Community Organisations  
<table>
<thead>
<tr>
<th>Cultural and religious needs and preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Information is provided in the preferred languages of participants</td>
</tr>
<tr>
<td>• Staff demonstrate cultural respect.</td>
</tr>
<tr>
<td><strong>Suspicion of malnutrition or eating disorder</strong></td>
</tr>
<tr>
<td>• Clients are encouraged to see a nutrition expert or general practitioner.</td>
</tr>
</tbody>
</table>

### Physical Activity Programs

<table>
<thead>
<tr>
<th>Inadvertent harm</th>
<th>Based on the level of intensity of the physical activity providers should:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Undertake risk screening(^8) on all clients and refer for further assessment those clients with risk flags; and/or</td>
</tr>
<tr>
<td></td>
<td>• Require all clients to be medically approved for participation; and/or</td>
</tr>
<tr>
<td></td>
<td>• Require those clients identified at higher risk of an untoward event to be further assessed(^9) and programs tailored accordingly; and/or</td>
</tr>
<tr>
<td></td>
<td>• If the client has pre-existing and known health conditions, the client accepts the risk to exercise (risk waiver) or they obtain medical/health professional clearance before commencement of any physical activity program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dehydration</th>
<th>Water is encouraged before, during and soon after exercising.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pain during exercise</th>
<th>Participants are advised to stop exercising and tell the leader if:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Chest pain/discomfort or pressure is evident</td>
</tr>
<tr>
<td></td>
<td>• Irregular heartbeat or palpitations are felt</td>
</tr>
<tr>
<td></td>
<td>• Any unusual or worsening pain</td>
</tr>
<tr>
<td></td>
<td>• Nausea, dizziness or light headedness</td>
</tr>
<tr>
<td></td>
<td>• Sweating or hot flushes not explained by physical effort</td>
</tr>
</tbody>
</table>

Seating and ice/cold packs are available where practical.

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\(^9\) This may be by for example General Practitioner, Exercise Physiologist, Dietician, Physiotherapist, Personal Fitness Trainer, depending on risk identified, type of program being offered and availability of local professionals.
<table>
<thead>
<tr>
<th>Risk and Safety Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3 Clients are provided with information about program intent and potential risks and consent is obtained confirming awareness and acceptance of the risks. <em>(See also 2.2).</em></td>
<td><strong>Why:</strong> Participation in programs and successful outcomes are enhanced by truly engaging with clients. For clients to be engaged they need to fully understand the program and what it means to them. For people to make an informed decision on whether to participate in a program, information on the reasons, risks and benefits of a program must be provided and in a format that is understood by them. Serious ethical issues arise where an individual is provided with insufficient information to form a reasoned decision. Providers must obtain consent from clients prior to their commencement in a program. Informed consent indicates a client’s acceptance or approval of what is planned or done by another, including acknowledging acceptance of the risks involved and should be obtained for participation in all programs. In the event of making an insurance claim, insurers may require evidence of the provider obtaining informed consent from the client. <strong>How:</strong> Information on Program risk Ensure clients know the exact scope of the program – what can they expect, what is likely to be achieved, what are their rights and responsibilities, the costs and potential risks of the program Provide opportunities for clients to discuss the nature of the program, its suitability to their situation, and the personal relevance of any risks to them Ensure all questions are answered honestly and accurately Contact with insurers is recommended to determine the level of risk that needs to be disclosed to clients and any requirement for indemnity and release forms. Consent Where a client does not have capacity to consent for themselves consent can be attained from an appropriate legal substitute Use professional interpreter services, where possible if required Document consent on a form that can be retained by both parties for future reference Ensure a person understands they can withdraw consent at any time and that withdrawal of consent will be respected by the provider.</td>
<td>Examples include copies of: • information sheets that include program specific risk • consent policy • consent forms • client interviews</td>
</tr>
</tbody>
</table>
### Resources:
The following links provide examples of information that can be provided to participants on program intent, potential risks and consent:

- [http://www.rec.nova.edu/fitness/forms/waiver_consent.pdf](http://www.rec.nova.edu/fitness/forms/waiver_consent.pdf) Rec Plex Health and Fitness Liability Waiver/Informed Consent Form

### Access and Equity

<table>
<thead>
<tr>
<th>Standard</th>
<th>Providers enhance accessibility to promote equity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>Providers need to ensure that access and equity for these groups is given due consideration in program planning, program development, implementation and evaluation. Addressing inequity can be challenging. Providers need to consider and where possible reduce barriers to access for the employees they are targeting within individual workplaces.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access and Equity Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
</table>
| 2.1 The provider ensures all marketing and advertising is ethical, accurate and consistent with its scope of services. *(See also 4.1)* | **Why:** Information provided by providers to participants must be accurate and consistent with the scope of services. Providers have a social responsibility to protect consumer rights and not provide misleading information. In order to help participants in their decision making process, providers must apply standards of fairness (without bias) and morality to marketing approaches, behaviour and practice. When a provider behaves ethically, participants develop a more positive perception of the provider, encouraging uptake and confidence in the program objectives and function. Not employing ethical marketing and advertising can lead to:  
  - unhappy participants  
  - lack of trust  
  - low participation  
  - poor advertising  
  - legal action. | Examples include copies of:  
  - promotional material used for programs  
  - marketing strategy  
  - client feedback |
### Why/How/Resources

**Access and Equity Criteria**

<table>
<thead>
<tr>
<th>2.2 Access and equity are enhanced by reducing barriers for specific target groups.</th>
<th>Why: Access to programs can be affected by a range of barriers. The different types of barriers can include (but are not limited to):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• cultural (including issues of shared gender programs)</td>
</tr>
<tr>
<td></td>
<td>• transport</td>
</tr>
<tr>
<td></td>
<td>• cost</td>
</tr>
<tr>
<td></td>
<td>• literacy</td>
</tr>
<tr>
<td></td>
<td>• language</td>
</tr>
<tr>
<td></td>
<td>• physical access (including timing for shift workers)</td>
</tr>
<tr>
<td></td>
<td>• physical and/or mental disability</td>
</tr>
</tbody>
</table>

**Resources:**


**Suggested Evidence**

Examples include copies of:

- client profiles/target groups area of coverage and strategies to increase access and equity
- policies and...
<table>
<thead>
<tr>
<th>Access and Equity Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• stigma (particularly those with significant health risks)</td>
<td>procedures</td>
</tr>
<tr>
<td></td>
<td>• working hours including shift work</td>
<td>• demographic reviews</td>
</tr>
<tr>
<td></td>
<td>• work location including off site</td>
<td>• brochures</td>
</tr>
</tbody>
</table>

These barriers are significant and can have a major impact on the programs that people will access. Providers need to identify barriers that are relevant to their specific programs and clients and work to identify strategies to encourage access by removing or reducing barriers. Culturally competent providers understand, accept and respect cultural and other diversities. Ensuring there is cultural respect when dealing with all clients from all backgrounds is paramount to achieving positive, sustainable program outcomes.

People from culturally diverse backgrounds, including those where English is not the primary language, those with low literacy levels, those with hearing or sight impairment or intellectual disability may need additional assistance to understand information presented in traditional written and spoken formats.

A focus on eliminating barriers to access a program:

- encourages and promotes inclusion and participation by all in a non-discriminatory or stigmatised manner
- encourages program participation by target groups
- complies with national and state policy requirements
- complies with anti-discrimination legislation
- builds diversity (multiculturalism).

**How:**

In keeping with the provider’s business scope and program requirements, consider also:

**General**

- Consult with employer representatives and individual clients to identify specific barriers and strategies for removing or reducing them.

**Provision of Information**

- Ensure program information meets the various cultural, linguistic and literacy needs of the clients / workplace
- Identify marketing and communication strategies tailored to specific workplace needs (see also 2.1)
- Source material (e.g. DVDs, websites, printed) that has been translated into relevant
<table>
<thead>
<tr>
<th>Access and Equity Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>languages. Work with local cultural groups to translate / target key messages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Where possible consider using staff who are bilingual and can use their linguistic and cultural skills to assist with enquiries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Use interpreter services where required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Consider non-written modes of communicating – for example pictures, audio, technology</td>
<td></td>
</tr>
<tr>
<td>Workforce</td>
<td>Ensure staff are trained to work with people in a culturally respectful way and know how to work with clients with special needs ([also see 5.2])</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>• Work with employer to determine cost sharing arrangements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Where costs to employees are involved provide a variety of payment options</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ensure fee information is provided to clients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Where relevant, assist with providing free/low cost equipment by partnering with suppliers and/or charitable organisations.</td>
<td></td>
</tr>
<tr>
<td>Cultural concerns:</td>
<td>• Conduct cultural competency reviews of your program. Target clients at high risk of preventable disease.</td>
<td></td>
</tr>
<tr>
<td>Physical facilities to support frail, obese, disabled, cultural requirements</td>
<td>• Consider flexible program delivery options</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Consider the need for separate male and female exercise classes</td>
<td></td>
</tr>
<tr>
<td>Workplace</td>
<td>• Target measures and communication methods to reach all employee groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Consider different delivery modes for interventions to cater for shift workers, off-site workers, casuals</td>
<td></td>
</tr>
<tr>
<td>Resources:</td>
<td>Links for consideration:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The Charter of Public Service in a Culturally Diverse Society, which has been endorsed by the Commonwealth, State and Territory Governments and by the Australian Local Government Association. The Charter is available from the Commonwealth Department of</td>
<td></td>
</tr>
<tr>
<td>Access and Equity Criteria</td>
<td>Why/How/Resources</td>
<td>Suggested Evidence</td>
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<tr>
<td>----------------------------</td>
<td>----------------------------------------------------------------------------------</td>
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</tbody>
</table>
  Cultural Competency Tools  
  Service Provider Resources for Cultural Diversity  
  Working with People with Intellectual Disabilities.  

<table>
<thead>
<tr>
<th>Access and Equity Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3 The provider works collaboratively with</td>
<td><strong>Why:</strong> A network where providers regularly communicate and understand what each organisation</td>
<td>Examples may include</td>
</tr>
<tr>
<td>Access and Equity Criteria</td>
<td>Why/How/Resources</td>
<td>Suggested Evidence</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| relevant professionals/groups/organisations. | provides is more able to cater to the many and varied needs of individuals within a workplace and to better influence a workplace based approach to improving healthy lifestyles. Environmental issues often require significant partnerships to rectify. Broad networks, collaboration and partnerships with other relevant stakeholders increases opportunities to refer a client to appropriate services, market and provide a comprehensive program that caters for the varied needs of clients **How:**  
Research and identify relevant groups. Link, partner or collaborate with other providers, academics, and researchers to supplement each others’ resources in order to provide a more comprehensive program  
Participate in industry events/conferences/networks and meetings  
Consider referral agreements / pathways as appropriate with:  
- dieticians/nutritionists  
- fitness professionals  
- exercise physiologists / sports scientists  
- general practitioners  
- physiotherapists  
- occupational therapists  
- indigenous health care services/workers  
- culturally and linguistically diverse services/workers  
- health promotion professionals  
- chronic care providers  
Produce feedback (with client consent) to relevant referring professionals/ groups/organisations of client acceptance/commencement for the referred program  
Consider also establishing links with service providers in other locations if particular specialties are not available locally. **Resources:**  
Information on relevant professionals/groups/organisations at the local, state and/or national level can be accessed via: internet, local directories, contact with national associations etc. | copies of:  
- audit of referral sources and numbers  
- meeting memberships/minutes  
- formalised partnerships relationships with relevant professionals.  
- policies / lists for referral contacts  
Any of the above |
### Effectiveness and Appropriateness

<table>
<thead>
<tr>
<th>Standard</th>
<th>Programs and interventions are consistent with national nutrition, physical activity, weight loss, alcohol and obesity prevention guidelines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>Effective programs are those that do what has been demonstrated to be successful and does that well. Appropriate programs are those that give due consideration to ensuring the right approach / program is provided to the right person, at the right time, in the right place. Effective and appropriate programs are more likely to succeed and to use program funds efficiently.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effectiveness and Appropriateness Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
</table>
| 3.1 The provider bases its program planning on: current frameworks; local, state and national plans; and assessed need. | **Why:** Program planning that is appropriate for the identified target group and need and uses available resources has the best chance of producing the desired change. Most providers will have limited planning expertise and capacity. Using current relevant plans will reduce workload. Plans that align with local, state and national plans and assessed needs:  
  • provide a logical connection between goals, objectives and strategies  
  • provide a tool for constructing and checking the basics of program design  
  • incorporate geographic, demographic, cultural and organisational characteristics  
  • indicate community assets and capacity  
  • identify opportunities for collaboration and extensions of successful programs  
  • identify resources and restraints  
  • allow for effectiveness to be included for program evaluation.  
**How:** Start by reviewing local, state, and national strategic directions, plans and frameworks that are relevant to your local area and business scope. Research any additional information specific to your workplace/geographic / demographic/occupational group health and wellness needs  
Develop a plan for your programs with key stakeholders including management and employees.  
Examples include:  
• Healthy Living Program descriptions  
• geographic, demographic, cultural and health needs characteristics of the population where the Healthy Living Program is delivered. |

(See also 6.1)
Effectiveness and Appropriateness Criteria | Why/How/Resources | Suggested Evidence
---|---|---
Circulate the plan to relevant stakeholders.  
**Resources**  
www.healthyworker.gov.au and relevant state or territory healthy worker web site for local data, programs and focus areas  
Physical activity in the workplace toolkit  
www.heartfoundation.org.au/walking  
A Sample Sit For 60, Move For 3 Policy www.welcoa.org  
www.1000steps.org.au  
35 page toolkit for setting up a successful bike fleet  
Access to cycling education and training www.austcycle.org.au  
www.measureup.gov.au  
www.gofor2and5.com.au  
www.swapit.gov.au  
www.13quit.org.au  
www.heartfoundation.org.au  
www.cancercouncil.com.au  
www.nutritionaustralia.org.au

**Effectiveness and Appropriateness Criteria** | Why/How/Resources | Suggested Evidence
---|---|---
3.2 Programs are provided according to relevant evidenced based approaches and/or best available evidence.  
**Why:**  
Up to date and reliable information (evidence based or best available evidence) on what does and does not work in a program increases effectiveness of interventions and decreases the risk of receiving interventions that are ineffective or even harmful.  
Applications for funding grants generally require planned programs to align with current evidence bases or use the best available industry endorsed evidence.  
Not all proven interventions, approaches or programs will work optimally in all workplaces. A critical review of the evidence is therefore needed to guide program delivery. Best or available  
**Examples include:**  
- a completed HWI Program Registration or evidence that the program used is a registered program on the...
<table>
<thead>
<tr>
<th>Effectiveness and Appropriateness Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>evidence combines:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• research evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• professional expertise</td>
<td></td>
<td></td>
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<tr>
<td>• an understanding of individuals and their preferences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• circumstances e.g. the similarity of the conditions and environment, the number of participants, their age, health, beliefs and practices, levels of engagement etc when compared to another individual or workplace setting</td>
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<tr>
<td>• workplace and cultural needs, priorities and resources.</td>
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<tr>
<td>Decisions on which programs to provide should be based on need and consider factors such as:</td>
<td></td>
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<tr>
<td>• values (What does the workplace need / want? What is the culture?)</td>
<td></td>
<td></td>
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<tr>
<td>• available evidence (What works?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• resources (budget, employee availability, physical resources).</td>
<td></td>
<td>HWI Portal</td>
</tr>
<tr>
<td>The linking of evidence based practice/guidelines into a provider’s programs and practice will assist to identify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. what is needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. what is known to work and how that is known</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. what could work in individual community settings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are different types of evidence (e.g. scientific, experimental, expert opinion, statistical, personal, physical evidence) and some are much better than others. High quality studies (e.g. qualitative or quantitative research) are best to use because these have considered the potential positive and negative effects of the program, the effect of other factors on the program and what has worked. However there will be times where there will be no strong evidence for the problem you are attempting to address, in your local context. Where this is the case you will need to identify those elements of other programs that are transferrable to your context and then consider evidence from other settings (for example specific cultural approaches) to build a program on the best available evidence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program delivery adhering to the requirements of a contract or license should be understood and</td>
<td></td>
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</tr>
</tbody>
</table>
### Effectiveness and Appropriateness Criteria

<table>
<thead>
<tr>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>followed</td>
<td></td>
</tr>
<tr>
<td>If you are delivering a program listed on the HWI Portal a Program Registration will already have been completed and will not be required</td>
<td></td>
</tr>
<tr>
<td>Where a program is not yet recognised on the HWI Portal, complete the Program Registration to review your chosen program</td>
<td></td>
</tr>
<tr>
<td>If you need to develop a program use the Program Registration as a guide</td>
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<tr>
<td>If you need to customise a program ensure that the evidence/reason is documented</td>
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<tr>
<td>In development of a program or changes to a program seek expert input to ensure your program is appropriate</td>
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<tr>
<td>Ensure the program is set up and structured to be delivered effectively.</td>
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</table>

**Resources:**

- HWI Program Registration

- Physical Activity Guidelines:

- Weight Guidelines

- Healthy eating Guidelines
<table>
<thead>
<tr>
<th>Effectiveness and Appropriateness Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
</table>
|                                            | 00406D6/SFile/fdeduc.pdf Australian Guide to Healthy Eating: Background Information for Nutrition Educators  

### 3.3 Programs promote behavioural change.

**Why:**
Short term interventions can have positive effects on health and wellbeing. However, for long term benefits to be achieved and sustained, behavioural change is required at individual, organisational and societal levels. Behaviour change can be difficult to achieve. Understanding readiness for change and the stages of change enables providers to tailor programs to change unhealthy behaviours, empower and motivate participants, prevent and manage relapses and promote sustainable change.

**How:**
Understand how behaviour change can be promoted (see resources below)
Tailor messages and approaches to the participant’s stage of behaviour change
Ensure messages are delivered in a way that does not create negative impacts – avoid blaming and stigmatisation
Manage and monitor program progress, activities and responses of the audience and other stakeholders.
Make adjustments to the program based on monitoring of results.
As a provider, role model and support desirable behaviours ([See also 6.2](#))
Respect the rights of individuals and groups.
Identify environmental factors that are inhibiting behaviour changes and communicate those to employers
Provide suggestions as to how to promote a more supportive workplace culture and environment.

**Resources:**
http://www.actbelongcommit.org.au/-Print-Adverts-.html Act, Belong, Commit

**Examples include**
- evidence of behaviour modification approaches in program design and delivery
- staff training on behavioural change
- staff and client feedback
- pre and post intervention behavioural measurement assessment tools and program outcomes
<table>
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<tbody>
<tr>
<td>3.4 Broader components of lifestyle modification and health awareness are promoted.</td>
<td><strong>Why:</strong> Health awareness (or literacy) is the degree to which an individual has capacity to obtain, process and understand basic health information and programs in order to make appropriate health decisions. Poor health awareness impacts negatively on health status and on accessing appropriate programs. Clients or groups may be accessing very specific programs from providers – for example understanding nutrition labels or a walking program. In order to achieve significant improvements in healthy lifestyles, providers need to consider how they can use the opportunity of interacting with their clients to help them make improvements to other parts of their lifestyles. In addition it is important workplaces understand how the environment and culture can impact on healthy lifestyle behaviours. <strong>How:</strong> When providing information to clients and groups, ensure explanations of terms are provided Encourage general discussions of health topics Consider partnering with other professionals to provide information sessions (see 2.3)</td>
<td>Examples include: • nationally endorsed healthy lifestyle information available / promoted e.g. promotional material lists • case examples/ studies • client feedback • staff feedback</td>
</tr>
<tr>
<td>Effectiveness and Appropriateness Criteria</td>
<td>Why/How/Resources</td>
<td>Suggested Evidence</td>
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</table>
## Client / participant Engagement

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<tr>
<th>Standard</th>
<th>The provider actively engages with its clients and employee groups to promote healthy lifestyles.</th>
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</thead>
</table>

**Rationale**

It is generally accepted that consumer involvement in planning, policy/program development and program provision ensures that programs are informed, relevant, appropriate and targeted.

There is emerging evidence from rigorous effectiveness studies that participant engagement can improve health outcomes, lead to more responsive programs, facilitate people’s involvement and improve quality and safety\(^{10}\).

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<table>
<thead>
<tr>
<th>Client / participant Engagement Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
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</thead>
</table>
| 4.1 The client/participant group is involved throughout the enrolment, program and feedback process. | **Why:** Client and participant involvement help to guide providers to provide acceptable, accessible, effective and high quality programs. Engaging with employees upon enrolment (e.g. initial discussions, commencement or introduction to the program) helps providers:  
- understand the needs of specific employees and groups  
- ensure participants are enrolling in appropriate programs that then can be customised to meet their needs  
- orientate the employee to the program.  
Mechanisms to review program effectiveness, monitor progress according to goals, program intent and client/group perceptions provide an avenue to ascertain if the program is effective and/or needs modification to meet client needs.  
**How:** Provide accessible and advertised mechanisms to encourage participation in all stages of program enrolment, delivery and feedback (see 2.1).  
**Program enrolment stage:**  
- Provide information to participants on the program including contact numbers, rights and | Evidence may include copies of:  
- client orientation checklists  
- client feedback and complaints process policies  
- program evaluation reports  
- Action Plans in response to Progress reports |

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<tr>
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<td></td>
<td>responsibilities and avenues for complaints</td>
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<td></td>
<td>• Provide participants with an orientation / induction to the program including instruction on how the program runs and use of equipment or tools</td>
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<td></td>
<td>• Ensure participants are familiar with other members of the group and the physical facilities</td>
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<td></td>
<td>• Seek feedback from participants to ensure appropriateness of program to this group /client</td>
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<td></td>
<td>• Consider the use of social media to engage regularly with participants and non-participants</td>
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<td></td>
<td><strong>Program Delivery stage:</strong></td>
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<td></td>
<td>• Periodically monitor participant progress and assess satisfaction throughout the program (informal or formal) e.g. questioning and observing participants and their level of engagement/participation</td>
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<td></td>
<td>• Ensure any issues are dealt with appropriately and promptly.</td>
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<td></td>
<td><strong>Feedback (evaluation) stage:</strong></td>
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<td></td>
<td>• Establish a feedback policy and process</td>
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<td></td>
<td>• Cater for the needs and preferences of different users and offer a variety of avenues for feedback. For example consider:</td>
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<td></td>
<td>▪ encouraging feedback on all aspects of the program (positive and negative)</td>
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<td>▪ providing an anonymous feedback option</td>
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<td></td>
<td>▪ advising participants how and where they may lodge complaints with the service and/or the relevant state body</td>
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<td></td>
<td>▪ having a suggestion box or log book</td>
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<td></td>
<td>▪ using client satisfaction surveys</td>
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<td></td>
<td>▪ Assess feedback and determine if any changes to program design or approach are warranted.</td>
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**Resources:**


A range of consumer engagement resources: [www.healthissuescentre.org.au](http://www.healthissuescentre.org.au)
### Client / participant Engagement Criteria

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<tr>
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### Employer Participant Engagement Criteria

| 4.2 The provider engages with the employers to promote healthy lifestyles. | Why: Engagement with the employer an opportunity for providers to promote and advocate healthy lifestyle changes and programs. Broad based approaches to healthy lifestyle improvement will achieve greater engagement and sustainable change. How: Collaborate with others (key stakeholders and contacts) to promote similar programs Organise/participate in promotional talks to community groups Contribute articles to local newspapers or relevant newsletters Contribute to local forums Advocate for positive change to reduce barriers to healthy lifestyles. Encourage adoption of Principles for Healthy Workplaces Resources: Community links are many and varied and likely to be specific to your own area and context. Local knowledge is the key! [http://www.facs.gov.au/sa/communities/progserv/Documents/cbpbuscse.pdf](http://www.facs.gov.au/sa/communities/progserv/Documents/cbpbuscse.pdf) Business Case for Community Involvement | Evidence may include copies of: marketing material program promotion plans meeting minutes newspaper or newsletter articles or photos of community displays consumer feedback. At least one above |

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### 4.3 Success is celebrated.

<table>
<thead>
<tr>
<th><strong>Consumer / Community Engagement Criteria</strong></th>
<th><strong>Why/How/Resources</strong></th>
<th><strong>Suggested Evidence</strong></th>
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</thead>
</table>
| **Why:** A key feature of health promotion practice is to observe and evaluate the effectiveness of efforts to improve population health. Sharing program outcomes and success stories can:  
- provide encouragement for participants, employers and program staff to increase morale and keep working towards their goals  
- be a vehicle for celebrating achievements, sharing challenges and communicating lessons learned  
- provide an avenue to move beyond statistics and translate successes into day to day scenarios  
- support long term behaviour change  
- broaden program access, awareness and motivation in organisations  
- influence connections between providers and increase the overall body of knowledge.  
**How:** Providers are in the best position to decide how to celebrate success relevant to individual settings. Providers should work in partnership with employers in this regard. Options include:  
- participation and achievement awards for service providers and participants  
- hosting, arranging or participating in appropriate healthy community celebrations  
- acknowledge achievements in newsletters, local newspapers or website articles  
- submissions to relevant organisation or program award competitions  
- financial support, scholarships or bursaries for outstanding individuals or groups contributing towards healthy community goals  
- contributing to peer reviewed literature, conferences or seminars.  
**Evidence may include copies of:**  
- award programs  
- various publication articles  
- newsletter, local newspaper or website articles  
- scholarships etc provided for healthy living community goals  
- prize giving selection criteria and ceremonies  
- competition entries.  

**At least one of the listed evidence**
## Provider Workforce

<table>
<thead>
<tr>
<th>Standard</th>
<th>The providers workforce is capable of delivering and supporting the programs being offered.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>The providers workforce (paid, unpaid and those under license) capability and capacity, support and development are essential for the delivery of high quality healthy living programs.</td>
</tr>
</tbody>
</table>

### Provider Workforce Criteria

<table>
<thead>
<tr>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
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<tbody>
<tr>
<td><strong>5.1 The workforce is selected and trained to ensure skills match the program requirements and client risk.</strong></td>
<td>Evidence may include copies of:</td>
</tr>
</tbody>
</table>

**Why:**
A capable workforce with the required skills will contribute to the delivery of high quality healthy living programs.

Providers must identify and then ensure that their staff hold the appropriate skills, attributes, attitudes, experience and where appropriate, qualifications or credentials to provide safe, targeted and high quality programs. These types of requirements will be relevant for large, medium and small organisations as well as sole providers.

**How:**
Define minimum skill requirements or core competencies for each program taking note of specific characteristics of the target group and identified risks of the program.

Where possible select staff based on position requirements.

Ensure employees, contractors, licensed providers and volunteers provide evidence of experience, skills, registration, credentials or qualifications.

Provide induction/orientation training to all employees including direction on the provider’s values, vision and approach.

Provide ongoing staff training and education on specific programs, positive communication skills, capacity building, coaching, health promotion, and risk management.

**Resources:**
Program descriptions detailing personnel requirements
National registration/credentialing bodies
Relevant National Training Packages
Local Registered Training Organisations and technical colleges will be able to provide advice on the appropriate training and how to access it

- training and education material/schedule/attendance
- orientation guide or outline for new staff and/or volunteers/induction training/orientation (N/A for sole providers)
- rosters demonstrating the appropriately skilled workers providing specific programs
- register of
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<tr>
<th>Provider Workforce Criteria</th>
<th>Why/How/Resources</th>
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</table>
| 5.2 The workforce operates within boundaries of designated roles/scope of practice.                                                                                                                                  | **Why:** The provision of safe, quality programs relies on the skills, experience and knowledge of the people delivering the program. There are risks involved in staff providing advice and programs for which they are not qualified to do so, for example in the provision of medical information or delivery of high intensity physical activity programs without appropriate qualifications.  
**How:** Provide staff with information on the scope of service, their role and job description  
Ensure staff are aware they are not to give medical information or provide specific individual advice unless they are qualified and employed to do so  
Monitor, review and observe staff delivery of programs  
Seek participant feedback and monitor complaints  
Ensure staff are aware of referral options for consumers with other needs  
Staff adhere to workplace codes of conduct and ethical practice.  
**Resources:** Program descriptions of the required skills/certificates to deliver programs  
Endorsed/legislated Codes of Conduct  
Discipline specific competency requirements and scope of practice                                                                                   | Evidence may include:  
• policy/process on workforce boundaries and processes of monitoring  
• orientation program  
• position descriptions  
• completed provider appraisal form  
• records of staff/volunteer feedback or supervision sessions |
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</table>
| **5.3** The workforce is actively engaged in program design and improvement. (Sole Providers are exempt from this criterion). | **Why:** Workforce satisfaction, development and retention can be significantly enhanced by encouraging staff to participate in the design and delivery of programs. Organisations benefit when those most familiar with the “end product” and target audience are allowed to identify areas for improvement and are supported meaningfully to implement these improvements. In this way the workforce develops a sense of responsibility and ownership for their work.  
**How:**  
• Regularly involve staff in planning, ongoing review and evaluation through staff meetings, consultation, planning days and specific projects  
• Undertake staff satisfaction surveys on an annual basis including assessing how ‘involved’ staff feel with the organisation.  
**Resources:**  
http://smallbusiness.yahoo.com.au/Article/Engage_staff How to Engage Your Staff  
http://www.bizjournals.com/sanfrancisco/stories/2002/04/08/smallb3.html Ask Simple Questions | Evidence may include:  
• evidence of workforce involvement in program design/improvement  
• staff satisfaction survey results  
• minutes of planning days  
• project outcomes |
| **5.4** Training, support and professional development opportunities are facilitated | **Why:** Workforce planning and development assists providers:  
• to identify existing staff skills and/or skill needs  
• to make sure they have the right number of people with the right skills and knowledge to do the job  
• to meet legislative training requirements e.g. workplace fire and safety training  
• to attract and keep a ‘good’ workforce by offering rewarding jobs  
• to have satisfied customers/consumers  
• to commence succession planning.  
Ongoing development of the workforce (paid and unpaid staff) is necessary to remain up to date and in line with best practice, current evidence and new trends. | Evidence may include:  
• workforce plan  
• staff Training records  
• training policy/plan  
• evidence of current professional registration/membership |
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<tr>
<td><strong>5.4 Continued</strong></td>
<td><strong>How</strong></td>
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<tbody>
<tr>
<td><strong>5.5 The workforce delivering programs are formally reviewed</strong></td>
<td><strong>Why:</strong></td>
<td>Evidence may include copies of:</td>
</tr>
</tbody>
</table>
| (See also 5.1, 5.2, 5.4 and 8.3) | A formal review or appraisal of the workforce delivering programs can assist to provide:  
  • clarity on existing knowledge levels and developmental needs  
  • information on the performance levels of the program delivery workforce and whether they align with the required skills, knowledge and standards  
  • empowerment to employees to perform to their highest potential  
  • insight into the workforce capabilities  
  • assistance to identify workforce planning needs, succession planning or promotion |  
  • complete performance appraisal reviews  
  • monitoring and record the currency of |
• locations of expertise in the workforce.

**How:**
1. A review of program delivery can be conducted through internal process or by engagement of external parties
2. Individual staff member review/appraisal:
   - to attain maximum effect, a review process needs to be perceived by workers as:
     - relevant and applicable to everyday work
     - acceptable and fair
   - a mutual collaboration between management and workers
   - a review appraisal system that meets these criteria is likely to have the greatest impact on workers’ satisfaction with the appraisal process and their motivation to improve performance

• ensure the workforce has awareness and understanding of expected knowledge and capabilities
  - for relevant job descriptions/programs e.g. circulation of competency standards, job descriptions etc
  - identify if formal program competency standards are available and if so use these as the key performance criteria. Where no such competency standards exist develop program review standards by:
    - identifying key performance criteria of the program
    - development of review measures
  - next steps include:
    - collection of performance information from different sources
    - conduct a review appraisal interview
    - evaluate the review process

**Resources:**
### Organisational Capacity

<table>
<thead>
<tr>
<th>Standard</th>
<th>The service is capable of delivering and supporting the programs being offered.</th>
</tr>
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<tbody>
<tr>
<td>Rationale</td>
<td>Long term healthy lifestyle choices are best supported by services capable of consistently and reliably delivering the interventions needed to facilitate the necessary changes. Organisations have a responsibility to their clients to deliver what they say they will and to do it in a sustainable way.</td>
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<tr>
<th>Organisational Capacity Criteria</th>
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</thead>
</table>
| 6.1 The service articulates its business/program scope | **Why:** A clear scope statement defines exactly what the service will provide and what it will not. Understanding an organisation scope:  
- means providers can be clear about what interventions/programs they deliver and clients and participants can have clear expectations about what is available  
- facilitates targeting of resources  
- clarifies staff and participant roles  
- enables funding bodies to have clarity on what they are getting for their money  
- identifies gaps in programs in the wider delivery network.  
**How:** Identifying business service scope involves understanding:  
- what the objective of the service is  
- who the target population is  
- what programs/facilities are to be offered  
- where the program will be provided  
- what resources are needed to provide the program (space, facilities, equipment, staffing, financing)  
- what is the funding source and what is the funding for  
- what the service does not provide (service exclusions)  
**Resources:** Documenting service scope in relevant documentation e.g. business plan, mission statement, handouts, etc. | Evidence may include copies of:  
- mission statement or similar  
- service goals  
- business plan  
- capability statement  
- program schedule |
### Organisational Capacity Criteria

#### Why/How/Resources

The following may be used as a guide:


### Organisational Capacity Criteria

#### 6.2 The service role models healthy living

**Why:**
Credibility is key to being successful in supporting organisations and participants to make healthier lifestyle choices. Health promotion organisations “walking the talk” are a good role model to those wanting to improve their lifestyle choices. In addition, providers have a social responsibility to implement approaches that role model their health promoting values.

**How:**
Consider the following examples and implement strategies that are relevant to your context:

- visibly behave the way the service advocates and support this behaviour consistently in all interactions with the clients/participants
- implement a staff wellness program
- provide low cost options for your workforce to participate in the services programs to support healthy lifestyles
- provide healthy food and drink options for participants e.g. fruit and/or cool water drink station, limit poor food choices
- provide staff facilities to support physical activity e.g. change rooms, showers, bike racks
- implement no smoking policies
- reduce non-healthy food options e.g. policies on types of food offered at catered events, avoiding fundraising with chocolates, healthy alternatives in vending machines.
- encourage workforce participation in local activities e.g. fun runs.

**Resources:**
- [http://insurance.suite101.com/article.cfm/workplace_wellness_on_a_budget](http://insurance.suite101.com/article.cfm/workplace_wellness_on_a_budget)

**Evidence:**

Evidence may include copies of:

- healthy food choices available for staff and participants
- no smoking policy
- an organisation Health, Safety and Wellness policy
- types of exercise or change facilities available for staff

At least one sample of any of the above along with actions for improvement
### Organisational Capacity Criteria

<table>
<thead>
<tr>
<th>6.3 The service has an articulated effective governance structure</th>
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</table>

#### Why:
- Governance refers to “The processes by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direction and control, exercised in the organisation”
- Effective governance ensures that decisions about the service are made clearly and transparently and that the contribution, role and responsibilities of each participant in the decision making process are clearly defined. Effective communication and information sharing support a good governance process.

#### How:
- Effective governance requires a focus on:
  - structure
  - process
  - monitoring.

#### Structure
- define the governance structure for the service e.g. board, advisory committee, Chief Executive Officer or other lead decision makers (program sponsor, individual, group)
- outline roles and responsibilities and decision making capacity
- identify decision making capacity of individuals in the structure and any accountability for decisions and outcomes.

#### Process
- develop policies and procedures to support the scope of business provided – consider the following as referenced in other performance criteria:
  - Health and Safety
  - Discrimination and Harassment
  - No smoking
  - Confidentiality and data management
  - Community engagement
  - Complaints and feedback
  - Risk assessment
  - Recruitment and dismissal of staff
  - Quality and monitoring
  - Education and training

#### Evidence
- Evidence may include copies of:
  - a documented organisational structure
  - definitions of role responsibilities and accountabilities
  - program performance reporting processes
  - defined pathways for decision making
  - defined roles, job descriptions or Terms of Reference for committees, groups and individuals
  - list of policies
  - sample policy and procedures
  - minutes of meetings that demonstrate monitoring
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</table>
| 6.4 Resource allocation is managed to achieve efficiency and effectiveness. | **Why:** Resource allocation is the scheduling of activities taking into account the time and resources available. Resources are obtained, distributed, operated and maneuvered under a management’s control. To maximise efficiency and effectiveness of resource allocation, management require information on the resources available to them and their effectiveness in achieving a program’s purpose. | Evidence of robust resource management may include:  
- resource plan  
- statement from |
Resources include: people, material, equipment, money and information. Effectiveness and efficiency can be influenced by an organisation’s investment in customers, suppliers, training, leadership, employees, processes, technology and innovation.

How:
Providers need to be financially and operationally viable to ensure effective delivery of programs. Financial and other resource management processes must ensure efficient and effective use of resources. Providers need to:
• identify, structure and prioritise the organisation goals and objectives
• identify existing resources
• prioritise the goals and objectives
• consider alternative approaches to current practice or low priority areas
• prioritise resources to areas of a business which are key to delivering the overall aims and objectives.
Providers need to have appropriate processes in place to:
• maintain solvency
• prioritise and manage resource allocation and budget
• manage funds appropriately
• monitor expenses and manage budget variance
• identify sources of funding for future programs / growth
• review expenditure to ensure maximum value for money
• ensure facilities and equipment are maintained.

Resources:
Community organisation financial management advice link:
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<th>Why/How/Resources</th>
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<tbody>
<tr>
<td>6.5 The service identifies approaches to achieve program/organisation sustainability.</td>
<td><strong>Why:</strong> Successful services are those that best adapt to change, anticipate future needs and aim for added value. Sustainability refers to the capacity of a service to constantly renew itself and to keep working effectively for its members or clients. Where the foundation of a service is embedded in and responsive to the economic, human and the environmental impact on operations, there is more likely to be long term program/organisation success. Continual evolvement is vital.</td>
<td>Evidence may include:</td>
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<td></td>
<td>Economic sustainability is a major issue for many community organisations and small businesses especially when employment of staff is needed. Many providers rely on government grants to provide programs. Whilst this may be an unavoidable fact of business life, providers need to consider issues of sustainability including:</td>
<td>Economic: a revenue plan, public liability insurance, a financial reserves policy, fee policy, sponsorship agreements, partnership memorandum of understanding.</td>
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<td>• alternative funding options including fee for service or partnership with other providers such as community and health providers, advocacy groups, educational professionals, private providers, academics, public health planners</td>
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<td>• awareness of relevant tax and GST obligations.</td>
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<td>Human sustainability involves capacity building, networking, cultural sustainability, sustaining boards and committees, as well as volunteers and staff. Capacity building is a key component of organisational sustainability and works to strengthen the ability of community organisations and programs to build their structures, systems, people and skills.</td>
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<td></td>
<td>Environmental sustainability has become a social priority especially with increased knowledge and awareness of global warming. A provider that focuses on decreasing carbon emissions, use of energy/renewable energy and waste along with wise use of water and active recycling will assist the well being of the community in which it operates.</td>
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<td></td>
<td><strong>How:</strong> (See also 2.3)</td>
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<td></td>
<td>• periodically review the service, including where it has come from, where it is going to and a review of the vision and goals</td>
<td>Environmental: environmentally friendly activities/processes the organisation has in place.</td>
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<td></td>
<td>• active commitment by leaders to ensure socially responsible leadership</td>
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<td></td>
<td>• actions to consider for economic sustainability include:</td>
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</tbody>
</table>
- development of a financial reserves policy (funds retained by an organisation to help meet future needs)
- risk assessment
- enrolment on government or private sector funding/tender websites
- innovative approaches to program delivery e.g. approach other providers or funders to establish mutually beneficial relationships considering development of Memoranda of Understanding, joint bids for funding, partnership agreements
- seek corporate sponsorship
- develop a fee/donation policy
- in kind support (equipment/volunteers)
- actions to consider for human resource sustainability include:
  - active retention and succession planning of the workforce (paid, unpaid and those under license) focusing on promoting continued program delivery
  - introduction of workforce wellness programs
  - staff development/education/training/mentoring
  - ensure appropriate staff numbers and mix
  - plan replacements for leave and absentees
  - planned approach to recruitment
  - keep up to date on environmental sustainability options and consider their application into the organisational/program environment.

**Resources:**

Australian Tax Office GST guidelines for the not for profit sector:


http://www.webpageblueprint.com/revenue-plan.php Webpage blueprint


www.business.gov.au
<table>
<thead>
<tr>
<th>Organisational Capacity Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.6</strong> The service declares funding sources and has explicit policies for donations, sponsorship and marketing.</td>
<td><strong>Why:</strong> Providers need to have a transparent approach to ensuring any sponsorship or funding is declared in regular financial reports, as well as making these sources known to participants through a variety of communication avenues (e.g. brochures, websites). This will assist in avoiding potential conflict of interest and allowing participants to make informed choices about their provider. Providers must not use an opportunistic approach to marketing its own products when providing government funded programs or without the explicit approval of the employer. Donations and grants must be acknowledged in financial statements documents and ideally advertised on program promotional information. Documentation outlining management of these funds must be kept current. <strong>How:</strong> Develop and implement robust and transparent management policy/procedures for: • funding sources • accountability of funds • marketing of commercial products and other services • donations, bequests and sponsorship. <strong>Resources:</strong> <a href="http://www.nonprofitsassistancefund.org/pages/Resources_PolicyGuidelines">http://www.nonprofitsassistancefund.org/pages/Resources_PolicyGuidelines</a> Financial Policy Guidelines <a href="http://www.nonprofitsassistancefund.org/pages/Resources_PolicyExample">http://www.nonprofitsassistancefund.org/pages/Resources_PolicyExample</a> Financial Policy Example <a href="http://www.ncoss.org.au/hot/compact/Working-Together-good-funding-jul06.pdf">http://www.ncoss.org.au/hot/compact/Working-Together-good-funding-jul06.pdf</a> Working Together for NSW: Good Funding Policy and Practice <a href="http://socialmedia.policytool.net/">http://socialmedia.policytool.net/</a> Social Media Policy Tool <a href="http://www.consumer.vic.gov.au/CA256902000FE154/Lookup/CAV_Publications_Reports_and_Guidelines/$file/social_marketing.pdf">http://www.consumer.vic.gov.au/CA256902000FE154/Lookup/CAV_Publications_Reports_and_Guidelines/$file/social_marketing.pdf</a> Consumer Affairs Victoria: Social Marketing and Consumer Policy</td>
<td>Evidence includes: • policy for donations, sponsorship and marketing • marketing policy in accordance with agreements or contracts signed with funders • display of funding sources on program promotional material</td>
</tr>
</tbody>
</table>
### Information Management

<table>
<thead>
<tr>
<th>Standard</th>
<th>Data and information are used effectively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>Effective and efficient programs require the appropriate use and interpretation of many forms of data. These range from user group demographic data, to program output and outcome monitoring data. Data and information must be managed robustly to protect the integrity of information and the privacy of participants and ensure the best effect is gained from their utilisation.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Information Management Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.2 The provider has documented protocols / policies for all data collections, use and disclosure.</td>
<td><strong>Why:</strong> Health and other personal information is sensitive information and requires robust management to satisfy legal requirements in relation to privacy as well as establish trust between consumers and program providers. All data collections, use and disclosure (related to information about clients and/or the workforce) must adhere to privacy legislation under the Privacy Act. Under the <em>Joint Statement of Commitment</em> no healthy living program data may become part of an employee record. <strong>How:</strong> Develop policy for all data collections, use and disclosure that adhere to the Privacy Act and Principles. Consider all modes of information exchange e.g. paper, email, fax, website, text etc Ensure program participants’ records are held in a secure place Ensure only authorised providers have access to participants’ records and information Ensure medical or health records are managed according to the requirements of the jurisdictions in which they are held. <strong>Resources:</strong> Link to Privacy Act, Privacy Principles, and Privacy Impact Assessment Guide: <a href="http://www.privacy.gov.au/">http://www.privacy.gov.au/</a> Australian Government Office of the Privacy Commission Home page <a href="http://www.rogerclarke.com/DV/PST.html#DC">http://www.rogerclarke.com/DV/PST.html#DC</a> Privacy Statement Template <a href="http://www.privacy.vic.gov.au/privacy/web.nsf/download/43D9676182EEFAD6CA25745C001C8C8C/SFILE/PAW_08_VPS_postcards.pdf">http://www.privacy.vic.gov.au/privacy/web.nsf/download/43D9676182EEFAD6CA25745C001C8C8C/SFILE/PAW_08_VPS_postcards.pdf</a> Information Privacy Principles for data collection and use <a href="http://www.efa.org.au/Issues/Privacy/privacy.html">http://www.efa.org.au/Issues/Privacy/privacy.html</a> Data Collection Laws</td>
<td>Evidence: • policy /protocols on data collection, privacy, use and disclosure of program user information • individual, secure access to users of ICT systems</td>
</tr>
<tr>
<td>Information Management Criteria</td>
<td>Why/How/Resources</td>
<td>Suggested Evidence</td>
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<tr>
<td>7.3 The workforce is trained to ensure there is consistency of data collections.</td>
<td><strong>Why:</strong>&lt;br&gt;In order for program evaluation to be meaningful, data must be collected in a consistent way across many settings. This allows the aggregation and comparison of data across different settings, safe in the knowledge that “like is compared with like”.&lt;br&gt;<strong>How:</strong>&lt;br&gt;All workers involved in the collection of agreed data e.g. minimum data sets must be trained to ensure they understand and are able to ensure consistent collection of data&lt;br&gt;Provide resources on data collection requirements&lt;br&gt;Providers should audit their data quality at least annually.&lt;br&gt;<strong>Resources:</strong>&lt;br&gt;Refer to the current/planned data collection requirements of your organisation and associated training package resources&lt;br&gt;<a href="http://www.aihw.gov.au/committees/simc/guidelines_statistical_purposes.doc">http://www.aihw.gov.au/committees/simc/guidelines_statistical_purposes.doc</a> Guidelines for the use and disclosure of health data for statistical purposes</td>
<td><strong>Examples of activities include:</strong>&lt;br&gt;- training and orientation program for MDS data collection (Sole providers must provide evidence of completed training on their organisation’s data system and data collection requirements)&lt;br&gt;- data collection quality assurance / audit processes&lt;br&gt;- communication with central data aggregation agencies.</td>
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## Continuous Improvement

<table>
<thead>
<tr>
<th>Standard</th>
<th>The provider fosters and encourages the use of continuous quality improvement.</th>
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<tbody>
<tr>
<td>Rationale</td>
<td>Continual review of information about program delivery and outcomes helps foster an environment where opportunities for improvement are routinely identified and acted on. Providers who set up ways to monitor the quality of the work they are doing and work to improve will continually develop into higher quality providers for their community.</td>
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<table>
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<tr>
<th>Continuous Improvement Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
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</thead>
</table>
| 8.1 Relevant reference material is readily available to clients/participants and staff. | **Why:** Information, material and resources should be readily available to the workforce in order for providers to access the most recent appropriate evidence.  
**How:** Provide and/or promote methods for staff and participants to access information related to/or about your program (e.g. current practice, trends, innovation, case studies). This may be achieved by:  
• providing access to computers with appropriately bookmarked websites for participants and staff  
• joining the local university / council / school library  
• subscribing to industry bodies and professional journals  
• developing local interest or provider networks and support groups.  
**Resources:** Examples of relevant information and links  
http://www.healthyactive.gov.au/ A Healthy and Active Australia home page  
http://www.nutritionaustralia.org/ Nutrition Australia home page | Evidence may include copies of:  
• computer bookmarks or favourites to reference material websites  
• evidence of subscriptions to industry body and professional journals  
• evidence of local networks / interest / support groups  
At least one of the evidence items listed and detail of how this evidence is made available to clients and staff |
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<tr>
<th>Continuous Improvement Criteria</th>
<th>Why/How/Resources</th>
<th>Suggested Evidence</th>
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<tbody>
<tr>
<td>8.2 Data are used to evaluate the effectiveness of programs.</td>
<td><strong>Why:</strong> All providers have a responsibility to ensure what they are doing is effective and matches what they set out to do. Evaluation allows providers to honestly answer the question “do we do what we set out to do and can it be better?” <strong>How:</strong> Monitoring of effectiveness includes collecting information about program effectiveness and outcomes. This information may be as simple as collection of participation rates, satisfaction levels and core outcome data. Evaluation does not have to be complex and requires at a minimum the review of defined measurements against the program’s stated objectives. Evaluation of processes and outcomes may include:  - formal program evaluation  - measurement of achievement against goals by participants set at the beginning of a program versus at the end of a program  - regular review of consumer satisfaction surveys  - staff satisfaction surveys  - cost effectiveness reviews To achieve this and develop capacity to evaluate themselves, providers may decide to partner with local university students, Local Government Area (LGA) staff, health or promotion staff to gain assistance in monitoring their effectiveness. <strong>Resources:</strong> Resource evaluation for community programmes <a href="http://www.health.vic.gov.au/healthpromotion/downloads/measuring_hp_impacts.pdf">http://www.health.vic.gov.au/healthpromotion/downloads/measuring_hp_impacts.pdf</a> Measuring health promotion impacts: a guide to impact evaluation in integrated health promotion <a href="http://www.health.vic.gov.au/healthpromotion/steps/evaluation.htm">http://www.health.vic.gov.au/healthpromotion/steps/evaluation.htm</a></td>
<td>Evidence may include copies of:  - evaluation plan  - evidence of analysis of data  - actions arising from this analysis <strong>Note:</strong> Providers that have not yet delivered their program and are seeking registration must supply an evaluation plan.</td>
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<tr>
<td>Continuous Improvement Criteria</td>
<td>Why/How/Resources</td>
<td>Suggested Evidence</td>
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| 8.3 Opportunities for improvement are identified and acted on. | **Why:** Providers who collect information about their activities, review their outcomes, learn from their reviews and act to improve are more likely to provide high quality, effective and efficient programs. Continuous quality improvement is the key to building the capacity of the sector and achieving greater outcomes.  
**How:** Improvement begins with supporting consumers, providers, funders and other stakeholders to ask questions and offer solutions about how a program can be improved. People must feel safe to do this and be provided with a variety of prompts and means to engage in improvement activities.  
Once opportunities for improvement are identified, providers should record them and demonstrate how they have been considered, prioritised and acted on.  
Continuous quality improvement include:  
• measuring processes and outcomes  
• reviewing these measurements by those who are able to change the program  
• identifying ways to improve  
• allocating resources dedicated to improving quality  
• providing opportunity for improvement changes to be tested, assessed and adopted  
The improvement process is a continual cycle that should take place as part of “usual business” and include program users, providers, managers and other stakeholders.  
Promote a culture of improvement by:  
• implementing mechanisms to gather information from the variety of program stakeholder’s, for example:  
  satisfaction surveys  
  suggestion boxes  
  strategy meetings  
  community consultation meetings.  
• sharing quality improvement project initiatives and outcomes of the program with key stakeholders, networks and other interested parties e.g. publications, newsletters’, conference presentations  
• establishing quality improvement resource files  
• gathering evidence of benchmarking against external standards with other providers.  
**Resources:** | Evidence may include:  
• program evaluation with identified improvement actions/outcomes (see also 8.2)  
• consumer/staff satisfaction survey distribution, collation, analysis, outcomes/monitoring  
• availability of a suggestion box including a workplace protocol on suggestion box advertisement and management  
• planning days, strategy meetings,  
• newsletter development and circulation. |
## Glossary

The following terms are used within this document.

<table>
<thead>
<tr>
<th>Term/Abbreviation</th>
<th>Meaning</th>
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</thead>
<tbody>
<tr>
<td>‘healthies’</td>
<td>The term used to collectively describe the three setting based approaches to preventive health: communities, workers and kids.</td>
</tr>
<tr>
<td>Clients</td>
<td>Those contracting to receive programs eg. Employer/organisation/workplace</td>
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<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
</tr>
<tr>
<td>Criteria</td>
<td>A subset of a standard describing an element of how the standard can be achieved</td>
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<tr>
<td>Employee</td>
<td>Potential participant – employee of healthy workplace organisation</td>
</tr>
<tr>
<td>ESSA</td>
<td>Exercise and Sports Scientists of Australia</td>
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<tr>
<td>Framework</td>
<td>The Quality Framework for the Healthy Workers Initiative comprising the three components: Healthy Lifestyle Program Provider Registration, Program Registration, and Guidelines for Healthy Workplaces</td>
</tr>
<tr>
<td>Group</td>
<td>People coming together with common needs for a program</td>
</tr>
<tr>
<td>HAPIA</td>
<td>Health and Productivity Institute of Australia</td>
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<tr>
<td>HCI</td>
<td>Healthy Communities Initiative</td>
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<tr>
<td>HWI</td>
<td>Healthy Workers Initiative</td>
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<tr>
<td>HWP</td>
<td>Healthy Workplace Program</td>
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<tr>
<td>HWQF</td>
<td>Healthy Worker Quality Framework</td>
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<tr>
<td>LGA</td>
<td>Local Government Area</td>
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<tr>
<td>NHS</td>
<td>National Health Survey</td>
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<tr>
<td>NPAPPH</td>
<td>National Partnership Agreement on Preventive Health</td>
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<tr>
<td>OH&amp;S</td>
<td>Occupational Health and Safety</td>
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<tr>
<td>Participants</td>
<td>People engaged in a program</td>
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<tr>
<td>Portal</td>
<td>The web based information site to be established to support the HWI and the Framework</td>
</tr>
<tr>
<td>Program</td>
<td>A formal approach or intervention/s to assist individuals, groups, employees achieve improvements in their healthy living</td>
</tr>
<tr>
<td>QMS</td>
<td>Quality Management Services – the organisation contracted to manage the HCI Quality Framework</td>
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<tr>
<td>Registration Body</td>
<td>The body, organisation, consortium to be appointed by the Department</td>
</tr>
<tr>
<td>Term/ Abbreviation</td>
<td>Meaning</td>
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</tr>
<tr>
<td>Service</td>
<td>Businesses, organisations, sole providers providing healthy living programs to individuals, groups and communities</td>
</tr>
<tr>
<td>Service Provider</td>
<td>As for service</td>
</tr>
<tr>
<td>Staff / workforce</td>
<td>Paid and unpaid workers assisting providers to implement Programs. Workforce includes those who are licensed to deliver a program through a ‘train the trainer’ or similar. It does not refer to employees in a clients organisation</td>
</tr>
<tr>
<td>Standard</td>
<td>An overarching statement of quality</td>
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<tr>
<td>The Department</td>
<td>The Australian Government Department of Health and Ageing</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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