

Appendix 2

Example Wellbeing Support Plan

Supporting Workplace Wellbeing

Privacy Statement: this document is confidential and will not be shared with any person without the express consent of the employee or as required by law at the point of signature. *(Note: HHSs may wish to alter this privacy statement as required).*

Within the workplace, it is important that all employees feel safe and that their wellbeing is supported. The preferred way to facilitate and support a person’s ongoing wellbeing is to have open and honest conversations where both the employee and their line manager/ supervisor each understand the issues and expectations.

Some employees find it helpful to develop a Wellbeing Support Plan to identify if, and when additional supports are required.

This plan assists in developing a positive approach to workplace wellbeing and will only be developed through discussion with the employee, the line manager/ supervisor and any other support people identified by the employee.

Developing a plan is voluntary and the details remain confidential between the employee, line manager/ supervisor and anyone else identified in the plan.

When working through this plan it is important to ensure the employee is comfortable providing this information.

Wellbeing Support Plan

Section 1. Contact information

Personal details:

Name	
Contact	

Personal Support

You have the option to involve a support person in the development of your Wellbeing Support Plan. This can be a carer, family member, friend or anyone else you wish to include.

Name	
Relationship	
Contact	

Professional Support:

In addition, you may also like a professional support contact.

Name	
Position	
Contact	

Section 2: Preferences

These are your preferences to support your wellbeing at work.

- 1. How might we be able to support you to maintain your health/wellbeing in the workplace?** E.g.,
Regular feedback and catch-ups, flexible working patterns,

- 2. Are there any signs that we might notice when you are starting to experience poor health/wellbeing?**
E.g., Changes in normal working patterns and noticeable increase in interaction with colleagues.

- 3. If we notice signs that you are experiencing poor mental health – what would you like us to do?** E.g.,
Talk to you discreetly about it or contact your personal support person.

- 4. What are your self-care strategies?** E.g., exercise, walking

Section 3: Contact information

When to contact

Category	Requested contact from	Response Type	Response time
1. Minor Others or I have noticed signs in the workplace that indicate my wellbeing is being impacted	Talk to me	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Personal support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Professional Support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
2. Moderate The impact to health/wellbeing is causing distress at work	Talk to me	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Personal support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Professional Support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
3. Serious The impact to the wellbeing of myself or others requires immediate support and intervention.	Talk to me	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Personal support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Professional Support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable

Section 4: Signature

The persons listed below agree to undertake the actions as outlined in sections 2 and 3 to support the employee in the workplace. At every opportunity, all parties are encouraged to initiate conversations and update the plan as the need arises. Alternatively, an opportunity to discuss the plan will arise naturally during the Performance Development Plan.

While all care is taken to provide a safe working environment, it is the employee's responsibility to be accountable for their own wellbeing.

This document is confidential and will not be shared with any person one without the express consent of the employee.

Employee:

Iagree to this Wellbeing Support Plan and agree to the plan being used to support me to maintain my health and wellbeing in the workplace.

Signature:

Date:

Line Manager/Supervisor:

Signature

Date: