

To: Dr Ramneek Ahluwalia

Programme Director for HEAIDS at Higher Education South Africa

From: Higher Education Health and Wellness Forum Steering Committee

Date: 17 September 2012

Re: Establishment of a Community of Practice amongst Health and Wellness Practitioners within the Higher Education Sector

Dear Dr Ahluwalia

This letter serves to notify you that we would like to pursue the establishment of a national community of practice (CoP) amongst health and wellness practitioners within the higher education sector of South Africa under the auspices of HEAIDS.

In 2010, during the University of the Free State's national conference on Wellness a need for establishing a national forum/CoP was identified by a number of attendees from the higher education sector. It was felt that there is a significant growth in the establishment of health and wellness programmes for both staff and students at higher education institutions and a national forum will provide a platform to collaborate, coordinate and support these initiatives and programmes.

The first national forum meeting was held at UNISA in October 2010 during which representatives from higher education institutions and other stakeholders including Department of Higher Education and Training, private and public sector as well as some consultancy service providers met to discuss the formation of a formal structure to support health and wellness practitioners in their endeavour to provide a professional service within the Higher Education system. Although only 13 representatives from the higher education attended this meeting, there were several apologies (8) due to the difficult time of year to attend such meetings.

A conceptual framework was developed during the forum (See Appendix A), based on strategic presentations done by similar institutions in the public and private sector, group discussions and consultation with the participants. The conceptual framework seeks to (1) provide a way of coordinating and facilitating an integrated health & wellness approach appropriate to the Higher Education Sector (2) mainstream health and wellness within Higher Education Institutions (3) facilitate the professionalization of health and wellness as a practice in Higher Education Institutions and (4) as part of the professionalization contribute to developing evidence-based research and practice and providing of benchmarks and standards for health and wellness within the sector. The aim of this forum is to establish a community of practice for health and wellness practitioners to provide them with support in the implementation, recording best practices and developing minimum standards in the management of such programmes within an integrated health and wellness approach at Higher Education Institutions.

Membership of the forum consists of representatives from health and wellness divisions at the 23 higher education institutions, a representative from The Department of Higher Education and

Training (DoHET), Programme Director of HEAIDS, 1/2 representatives from the private sector and prominent medical aids such as Discovery.

We would like to establish a community of practice amongst Higher Education health and wellness managers, practitioners, researchers and HESA representatives. We believe this community of practice, under the umbrella of HEAIDS, will enhance work engagement, capacity building and support throughout the higher education institutions and to work towards an integrated sector response to health and wellness in line with national and international practices. Furthermore it will also enhance our access to HESA and institutions through the HEAIDS Programme's well established footprint. We furthermore share the HEAIDS Programme vision of promoting health and wellness within the tertiary sector and think it prudent that resources are put together to further this purpose.

Our main actions to establish this CoP will include to:

- a) Send this letter of intent to establish a CoP amongst health and wellness practitioners.
- b) Send an update to members who have attended the previous national forum meeting.
- c) Finalise our conceptual framework for the CoP .
- d) Consult with all 23 higher education institutions to ensure buy-in and participation.
- e) Submit an abstract to the HEAIDS Conference in Cape Town.
- f) Circulate 2<sup>nd</sup> draft of conceptual framework to members for comments and inputs.
- g) Submit final conceptual framework to HEAIDS for presentation at the HESA Strategic Group Meeting in 2013.
- h) Facilitate one national colloquium on health and wellness as a follow-up of the national forum meeting.
- i) Prepare an action plan for 2013.

Should you have any further inquiries please do not hesitate to contact us.

Kind regards



Leon Rbets

Chairperson: HE Health and Wellness Forum

## **TERMS OF REFERENCE FOR THE INTEGRATED HEALTH & WELLNESS COMMUNITY OF PRACTICE**

### **1. BACKGROUND**

A national forum was established in 2010 to coordinate and facilitate a sector strategic framework for Health and Wellness Programmes at higher education institutions. During the first meeting in October 2010, at UNISA, which was attended by representatives of 13 HE institutions, of the Department of Higher Education and Training (DoHET), and some key speakers from other sectors on health and wellness programmes, it was proposed that such a national forum will provide a platform for networking, technical advice and mobilisation of national resources. A steering committee was elected to assist with the drafting of the national strategic framework for the forum and to lobby for further support from DoHET, HEAIDS, other government departments and sectors.

### **2. STATUS**

- 2.1 The Integrated Health & Wellness COP is aligned to the HEAIDS Programme under the auspices of Higher Education South Africa (hereinafter referred to as "HESA").
- 2.2 The Integrated Health & Wellness COP will determine its own functioning (modus operandi) and will manage its own affairs, in consultation with HEAIDS.
- 2.3 The Integrated Health & Wellness COP meets at least twice a year, under the auspices of HEAIDS.
- 2.4 The HEAIDS office assists the Integrated Health & Wellness COP with logistical support and covering of travel and accommodation costs of two meetings per annum.
- 2.5 The Chair of the Steering Committee will send reports to the Director of the HEAIDS Programme.

### **3. STEERING COMMITTEE**

- 3.1 The steering committee will comprise of \_ elected members of the HEI Health & Wellness practitioners including the Chairperson, The Director of HEAIDS, a DoHET representative and one external member.
- 3.2 The Steering Committee (SC) forms the management structure of the Integrated Health & Wellness CoP.

### **4. MEMBERSHIP**

- 4.1 Membership is open to all South African Higher Education Institutions (HEI) who have an Integrated Health & Wellness Programme or who wish to establish and Integrated Health & Wellness Programme.

### **4. TERMS OF OFFICE**

- 4.1 Membership is linked to institutional participation in the HIV and AIDS Education COP.

- 4.2 The Integrated Health & Wellness COP selects SC members and a Chairperson every two years at the Bi-annual conference.

## **5. MISSION AND OBJECTIVES**

5.1 In accordance with the principles guiding a community of practice, the Integrated Health & Wellness COP provides an opportunity for Health & Wellness Professionals/Practitioners working in Higher Education (HE) to collaborate, network, share knowledge and provide collective suggestions on issues related to Health & Wellness practice and programmes and evidence-based research.

5.2 The objectives of the HIV and AIDS Education COP are to:

- 5.2.1 Provide a way of coordinating and facilitating an integrated health & wellness approach appropriate to the Higher Education Sector
- 5.2.2 Mainstream health and wellness within Higher Education Institutions
- 5.2.3 Facilitate the professionalization of health and wellness as a practice in Higher Education Institutions and
- 5.2.4 As part of the professionalization contribute to developing evidence-based research and practice and providing of benchmarks and standards for health and wellness within the sector.
- 5.2.5 Provide mutual support to members providing health & wellness services and doing evidenced-based research in HEI.

## **6. SCOPE AND AUTHORITY**

The Integrated Health and Wellness COP is a voluntary forum that functions within the governance structure of HEAIDS under the auspices of HESA. The Integrated Health & Wellness COP is not a decision making body in relation to legislative matters, or matters relating to its own business. The Integrated Health & Wellness CoP, where necessary will play an advocacy role and will strive to promote the practice of Health & Wellness and the sharing of best practices in higher education.

### **Date of adoption**

# APPENDIX A: STRATEGIC FRAMEWORK FOR COP HEALTH AND WELLNESS

## Draft Strategic Framework

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*Last updated: January 2011*  
*Approved dd mmmm yyyy*  
*Next review due dd mmmm yyyy*

*Author: Steering Committee Members*  
*To be approved by:*

Overview

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This document contains a draft strategic framework and feedback report based on the 1<sup>st</sup> National Community of Practice meeting which took place on 4-5 October 2010 at the University of South Africa (UNISA), Pretoria.

**Background:**

Health and wellness of employees and the organisation have become a critical part of strategic management to ensure productivity and quality of work. It is seen as a return into social investment ensuring that employees are healthy and well to retain them as long as possible. It has also been argued that health and wellness in the workplace has become a legal requirement using various labour laws (see below Legal Framework).

Occupational accidents and diseases have also caused many workplaces to take seriously, the developing of proactive- and re-active strategies to manage the impact on production and quality of work. Legislation has been developed within the Occupational Health and Safety Act (No 85 of 1993) and other labour acts which stipulates that it is the responsibility of the management to ensure a healthy and safe working environment including a sense of well-being. The psychosocial stressors in the workplace have also put more pressure on management to deal with wellness and to manage the absenteeism rate of employees to stay both cost-effective and productive.

Higher education institutions are one of the most stressful workplaces in South Africa. The recent mergers between universities and the transformation agenda often place additional pressure on both employees and employers of these institutions. Student profiles and market needs have also changed within the last decade putting the higher education sector in the spotlight to ensure transformation of not only curricula but also all the spheres of higher education.

A national Community of Practice was established in 2010 to coordinate and facilitate a sector strategic framework for Health and Wellness Programmes at higher education institutions. During the first meeting in October 2010 which was attended by representatives of 13 HE institutions, of the Department of Higher Education and Training (DoHET), and some key speakers from other sectors on health and wellness programmes, it was proposed that such a national Community of Practice will provide a platform for networking, technical advice and mobilisation of national resources. A steering committee was elected to assist with the drafting of the national strategic framework for the Community of Practice and to lobby for further support from DoHET, other government departments and sectors.

Furthermore it was also noted that the Community of Practice should establish a strategic partnership with the Higher Education AIDS (HEAIDS) programme to ensure national and institutional support from structures like HESA (Higher Education Southern Africa).

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## Executive Summary

### Health and Wellness within the Higher Education Sector

Health and wellness is not one aspect of good corporate governance but a social investment to ensure productivity and quality work. It includes the main components of well-being according to the World health Organisation (WHO) which include physical, emotional, social, intellectual, career, environmental and spiritual wellness in all aspects of life, including the workplace. Taking care of the health and wellness of employees and employers should be mandated from the core business areas of any business or organisation and should be linked to strategic planning.

Health and wellness is an integral part of being human and to be fully functional at individual, family, community and society level. At the macro-level of society it has to do with the development of society and quality of life, while at a meso-level it must translate into community care and support. At an individual level it is about personal growth and socialisation that contributes to healthy lifestyles and well-being. The workplace has become a critical catalyst for health and wellness as it provides a legal, socio-economic and governance platform to mobilise the need to address the well-being of employees, employers and the organisation.

The Higher Education Sector has a critical role to play in addressing the health and well-being of the not only society but its own employees and employers. Higher education institutions as the learning and teaching institutions of society can mobilise healthier communities through its core business areas, namely, teaching and learning, research and knowledge generation and community engagement; to ensure quality of life for all and sustainable development. The sector must also ensure the health and wellness of its staff, students and visitors by developing and implementing integrated health and wellness programmes as part of corporate governance.

During the October 2010 meeting, participants did a SWOT-Analysis on the current status of Health and Wellness in the higher education sector:

<b>Strengths</b>	<b>Weaknesses</b>
<u>Some universities do have health and wellness programmes</u> <u>Existing Infrastructure for service delivery</u> <u>Research capacity</u> <u>Existing data on staff from medical aids and absenteeism reports</u> <u>HR Policies and procedures exist</u> <u>Existing HEAIDS Programme to use</u> <u>Stress is acknowledged</u>	<u>Lack of Integration</u> <u>Wellness is often low priority for Management</u> <u>Lack of basic skills on health and wellness management</u> <u>Insufficient capacity to implement</u> <u>Budgets are small/inadequate or do not exist</u> <u>No National Policy Framework</u> <u>Lack of communication between structures and management</u> <u>Lack of adequate resources</u> <u>Lack of staff buy-in and participation</u> <u>Vague reporting lines</u> <u>Often no formal qualifications for health and wellness practitioners</u>
<b>Opportunities</b>	<b>Challenges (Threats)</b>
<u>Knowledge sharing</u> <u>Benchmarking</u> <u>In-Service Training</u> <u>Collaborate with other sectors and consultancies</u> <u>Mobilisation of management support</u>	<u>Ignorance by staff</u> <u>Time allocations for health and wellness activities</u> <u>No national structure for support</u> <u>Fragmentation of structures (Silo Functioning)</u>



Stronger accountability

Lack of recognition of professionalism

Proper integration of other campuses

### **The Need for a National Health and Wellness Community of Practice**

The higher education sector is one of the sectors which are confronted with high levels of absenteeism and work related stress in South Africa. Many recent restructuring processes like the mergers have often created additional insecurity and emotional stress amongst employees and employers of higher education institutions causing an increase in staff resignations and turnover.

Although many institutions have participated in the HEAIDS programme, very few of them had workplace programmes to address issues like HIV and AIDS, health and wellness. Some higher education institutions have initiated fully-fledged Health and Wellness Programmes to manage and reduce the impact of health and wellness on their institutions but often struggle with recognition by top management or low staff buy-in participation or poor reporting lines.

A national Community of Practice of Health and Wellness for the Higher Education Sector (NFHWHES) will provide a national platform for capacity building, knowledge sharing, networking and promoting an integrated health and wellness approach at national, sector and institutional level. It will also further advocate and lobby the mobilisation of resources and support.

The Community of Practice can also provide a national platform to seek the recognition of professionalizing health and wellness in the sector and other sectors by collaborating with other health and social service professional bodies. It can also mobilise the necessary leadership and support at a national and institutional level to address the challenges faced by health and wellness committees/practitioners. Participatory institutions can use the Community of Practice to share experiences and learn from each other as well as mobilise inter-institutional collaboration within regions.

A national budget must be allocated to further train health and wellness committees and practitioners create opportunities for knowledge sharing, mobilising national and institutional support where appropriate, and to benchmark good practices through collaborative research, both nationally and internationally.

# Strategic Framework

## Over-arching goal

Mobilising a national, integrated health and wellness response within the higher education sector and its institutions to ensure healthy and well employees and institutions.

## Core Functions

1. Develop and implement a national policy framework to coordinate and facilitate an integrated sector health and wellness response.
2. Mainstreaming of health and wellness within the core business areas of higher education to ensure healthy and well employees and institutions.
3. Facilitate professionalisation of the health and wellness practice within the higher education sector and at institutional level.
4. Establish strategic evidence-based research to provide evidence-based decision-making and bench-marking practices.

## Strategic focal areas

- a) National Policy Framework
- b) Mainstreaming Strategy Development
- c) Professionalization of Health and Wellness Practice
- d) Strategic Research

## Strategic Focal Areas and Main Strategies

- a) *National Policy Framework*
  - (i) Coordinate and facilitate a national and institutional audit on health and wellness practices and programmes.
  - (ii) Establish a national Community of Practice with representatives from institutions, DoHET, HEAIDS, HESA external and internal service providers, and national and international expertise.
  - (iii) Facilitate a strategic policy development process through consultation sessions with relevant role-players and stakeholders.
  - (iv) Align policy framework with other legislation, policies and strategic frameworks.
  - (v) Popularise national population framework for national and institutional implementation.

### Immediate Actions:

- 1) Establish a national working team.
- 2) Develop a strategic policy development strategy and process plan.
- 3) Identify key informants and national consultation.
- 4) Lobby for buy-in and support at national and institutional level.

*b) Mainstreaming Strategy Development*

- (i) Align strategic areas for mainstreaming at a national and institutional level towards an integrated health and wellness sector response.
- (ii) Mobilise the necessary leadership and resources to mainstream at national and institutional level.
- (iii) Establish a national knowledge sharing platform on good practices and expertise.

Immediate Actions:

- 1) Establish a national database on health and wellness.
- 2) Develop national guidelines for implementation.
- 3) Publish standardised policies, procedures and protocols.
- 4) Develop an integrated communication and marketing strategy.

*c) Professionalisation of Health and Wellness Practice*

- (i) Develop a national framework for health and wellness practice and practitioners.
- (ii) Align key focal areas of health and wellness into an integrated national and institutional response
- (iii) Mobilise the necessary expertise and leadership.
- (iv) Facilitate in-service and professional development.
- (v) Advocate and lobby for support from other professional bodies.

Immediate Actions:

1. Establish a national working group.
2. Develop a professional framework for health and wellness practitioners.
3. Facilitate a process mapping on key components of the health and wellness framework at national and institutional level.
4. Mobilise institutional and national support.
5. Facilitate bi-annual conference on health and wellness.

*d) Strategic Research*

- (i) Identify strategic areas for collaborative research amongst institutional and other research/professional bodies at national and international level.
- (ii) Align research towards the outcomes and indicators of the National Policy Framework.
- (iii) Benchmark good and standard practices.
- (iv) Mobilise evidence based decision making for health and wellness practices.

Immediate Actions:

1. Conduct a systematic review on the definition, nature and types of health and wellness programmes.
2. Develop a monitoring and evaluation framework for the National Policy Framework.
3. Mobilise a national and institutional research budget.
4. Facilitate publishing.

### **Expected outcomes**

The expected outcomes are:

- All institutions to have health and wellness programmes.
- Fully functioning National Community of Practice
- Continuous knowledge sharing and reviews
- Acknowledgement and collaboration by HESA
- National Policy Framework

### **Alignment with other legislation, policy frameworks and strategic frameworks**

International Protocols for Health and Wellness:

- WHO Global Strategy on Occupational Health for All
- WHO Global Worker's Plan 2008-2017
- ILO Decent Work Agenda 2007-2015
- ILO Promotional Framework for Occupational Safety Convention 2006
- United Nations Convention on the Rights of People with Disabilities.
- Universal Declaration of Human Rights.
- Convention on the Elimination of All Forms of Discrimination against Women.
- The Beijing Declaration and its Platform for Action 1995 (+10)
- The United Nations Millennium Declaration and Development Goals (MDGs)
- The International Convention on Population Development 1994 (+10)
- World Summit on Sustainable Development, Johannesburg 2002
- World Economic Community of Practice-Workplace TB and HIV-Toolkit
- WHO Global Strategy on Prevention and Control of Non-Communicable Diseases (2008)
- Recommendations of the Commission on Social Determinants of Health (2008)
- African Charter of Human and People's Rights (1986).
- ILO Code of Practice on HIV/AIDS and the World of Work (2002)

South African Legal Framework:

- South African Constitution (108 of 1996)
- Disaster Management Act (57 of 2002) and National Disaster Management Framework
- Basic Conditions of Employment Act (75 of 1997)
- Occupational Health and Safety Act (85 of 1993)
- Employment Equity Act (66 of 1995)
- Promotion of Equality and Prevention of Unfair Discrimination Act (4 of 2000)
- Public Service Act (1994 and amended)
- Higher Education Act (1807 of 1997 and amended)
- The Medical Schemes Act (131 of 1998)
- Amended Health Care Act (13 of 2002)
- Labour Relations Act (66 of 1996)
- Mental Health Care Act (17 of 2002)
- The Compensation for Occupational Injuries and Disease Act (130 of 1993)
- Integrated National Disability Strategy 1995
- National Strategic Plan on STIs, HIV and AIDS 2007-2011
- National Strategic Framework on Stigma and Discrimination

- National TB Infection Control Guidelines of 2007
- National Occupational Health and Safety Policy of 2005
- Management of Drug Resistant TB in South Africa (2007)
- National Spatial Development Strategies.
- Integrated Development Plans
- Presidency: South African Policy Framework for Women Empowerment and Gender Equality (2000)
- HESA. Policy Framework on HIV and AIDS for Higher Education in South Africa (2008)
- DPSA. Employee Health and Wellness Strategic Framework for the Public Service.

### **Mainstreaming Strategy at National and Institutional Level**

A mainstreaming strategy will guide the alignment, harmonisation and mobilisation of an integrated health and wellness response for the sector. This will be done at both a national level (the National Policy Framework and National Community of Practice) and at institutional level (Institutional health and wellness committees and Inter-institutional collaboration).

### **Membership to National Community of Practice**

The proposed criteria for membership include:

- a) Representation from all 23 institutions – staff and students
- b) Representatives from different sectors
- c) Representatives from DoHET, HESA and HEAIDS
- d) Representatives from other relevant national bodies and structures
- e) Representatives from Civil Society

### **Communication Mechanisms**

The following strategic role-players will coordinate and facilitate the formal and non-formal communication of the National Community of Practice:

- National Steering Committee
- HESA and all Vice-Chancellors
- Institutional Representatives
- National Website

### **Roles and Responsibilities of Key Role Players**

<b>Role-Player</b>	<b>Key Responsibilities</b>
National Community of Practice	<ul style="list-style-type: none"> <li>• Advocacy and lobbying</li> <li>• Mobilising leadership and national resources</li> <li>• Promote community of practice</li> <li>• Facilitate knowledge sharing</li> <li>• On-going communication</li> <li>• Cultivate evidence based decision making through research</li> <li>• Provide strategic mentorship</li> <li>• Benchmark and quality assurance</li> <li>• Monitor and evaluate</li> </ul>

HEAIDS	<ul style="list-style-type: none"> <li>• Provide technical advice and support</li> <li>• Facilitate collaboration between National Community of Practice and HEAIDS Programmes</li> <li>• Assist with communication between relevant role-players and stakeholders</li> </ul>
DoHET	<ul style="list-style-type: none"> <li>• Provide leadership and support</li> <li>• Custodian of National Policy Framework</li> <li>• Facilitate strategic resource allocation at national and institutional level</li> <li>• Coordinate communication with HESA</li> </ul>
Other Sectors	<ul style="list-style-type: none"> <li>• Provide technical advice and support</li> <li>• Mobilise expertise</li> <li>• Participate in National Community of Practice activities</li> <li>• Mobilise resources to support</li> </ul>

### **Implementation Process**

The National Community of Practice will have the following main events:

- Bi-annual conference for the sector
- Two national meetings per year
- Joint advocacy and lobbying events
- Collaborative research projects
- Annual capacity development and mentoring plan

### **National Interim Steering Committee:**

The following members were elected as members of the interim steering committee:

- Leon Roets (UNISA)
- Annette Prins (UFS)
- Yvonne Matimba (WITS)
- Shelley-Anne Williams (UNW)
- Khosana Tladi (TUT)
- Matie van Niekerk (UNISA)
- Dicky Els (Consultant)
- Jason Gretchen (UWC)

The National Community of Practice will prepare the following:

- a) Constitution or Terms of Reference
- b) Structure Diagram
- c) Communication and Marketing Strategy

### **Budget scenarios**

The National Community of Practice will coordinate and facilitate the implementation of an annual operational plan and budget to implement programme activities.

Proposed budgets will be presented to HESA and DoHET for funding. On-going fundraising will also facilitate budget support towards implementation.

## Monitoring results

A national advisory group (NAG) will be established to coordinate and facilitate implementation monitoring and lobbying for strategic resource allocation at national and institutional level. The NAG will consist of representatives from the 23 institutions (2-3), HEAIDS (1), HESA (1), DoHET (1-2), and external stakeholders (2-3). Ad hoc expertise may be recruited based on specific needs or tasks.

NAG will meet on a quarterly basis to report back on progress on the implementation of Community of Practice programme activities and compile annual reports.

## Key Words and Acronyms

The following acronyms are used in this document.

Term	Definition/Description
Health	Includes physical and mental health within a medical context
Wellness	Joint Commitment for Development Is an ongoing lifestyle which requires taking responsibility for yourself and making healthy choices in all areas of life
Social wellness	Ability to interact successful in our global community and to live up to the expectations and demands of our personal roles
Occupational wellness	Involves preparing and making use of your gifts, skills, and talents that is meaningful and rewarding, in order to gain purpose, happiness and enrichment in your working lives
Intellectual wellness	The ability to make sound decisions and to think critically. It includes openness to new ideas, motivation to master new skills, sense of humour and creativity
Emotional wellness	Understanding your own feelings, and learning how to cope express and cope with your emotions
Physical wellness	A variety of healthy behaviours
Spiritual wellness	Includes possessing a set of guiding beliefs and values that help giving direction to one's life, in areas such as religion, music, art, nature and meditation
Financial wellness	Sound knowledge about financial planning and management, i.e. budgeting, debt management and retirement planning
Work adjustment	Psychological adjustment to work on intrapersonal and interpersonal levels
Intrapersonal adjustment	Using your cognitive and affective strengths and abilities to the full, and being sensitive to your own and others' emotions and needs
Interpersonal adjustment	Healthy acceptance of yourself and others, and dealing constructively with differences and conflicts