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Psychosocial Health and Safety Forum

Wednesday 15 May 2024, 10am – 12pm AEST



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Acknowledgement of Country

Acknowledgement of artist
Healing Hands – Cover artwork by Dion Devow of Darkies Designs





Housekeeping



The session is being recorded



Camera off



Microphone muted



Teams Chat

Turn off notifications:

- Click on the **three dots** '...' (more)
- Then **'settings'**
- Click on **'Mute notifications'**



MS Teams Polls

- The Live Polls will display on your screen as a prompt, or
- Use the banner on the top of your screen to access 'Polls'
- Having difficulties? Reply in the chat



Survey

Access the survey:

- QR Code
- Link
- Email



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Comcare welcome

Greg Vines

Chief Executive Officer, Comcare



Session overview

- **Comcare regulatory and resource update**
Justin Napier, Luka Campbell (Comcare)
- **Psychosocial risk assessment in the workplace**
Dayna Fawkes (Comcare), Anne Nguyen-Pham (APSC), Amy Zadow (University of Adelaide)
- **Organisational case study by Services Australia**
Vicki Bates (Services Australia)
- **Panel discussion**
Dayna Fawkes (Comcare), Anne Nguyen-Pham (APSC), Amy Zadow (University of Adelaide), Vicki Bates (Services Australia)



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Comcare Regulatory & Resource Update

Justin Napier

General Manager, National Regulatory Operations Group, Comcare

Luka Campbell

Director, National Regulatory Programs, Regulatory Operations Group, Comcare



Comcare's Jurisdiction

Our Purpose:

To promote and enable safe and healthy work

Work health and safety under the WHS Act

Australian Defence Force

Commonwealth public
authorities covered only
by the WHS Act

Australian Government
premium payers

Licensees

ACT Government
premium payers

Licensees covered only
by the SRC Act

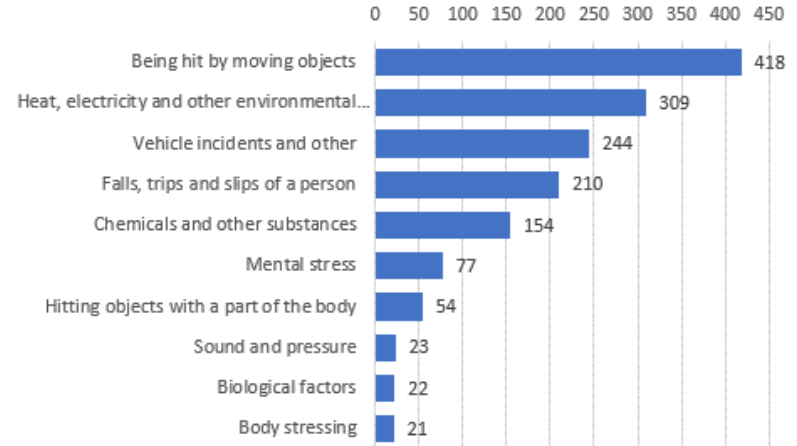
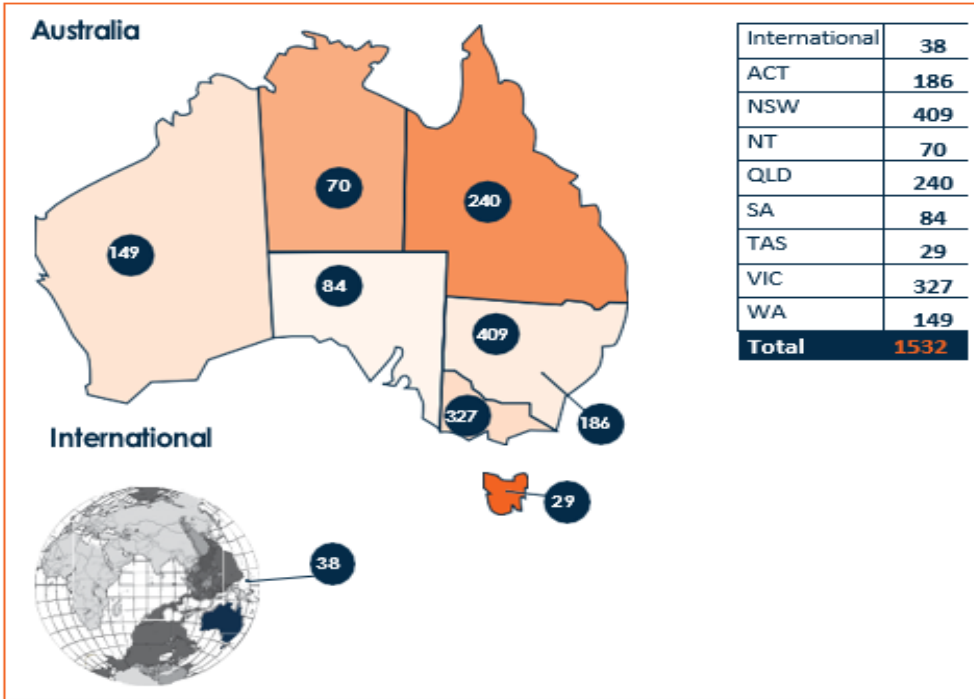
Workplace rehabilitation under the SRC Act

We are:

- The regulator for WHS in the Commonwealth jurisdiction
- The workers compensation authority for some Commonwealth entities, licensees and the ACT government.



2023 Notifiable Incident Data





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Recent WHS Law Reform

Fair Work Legislation Amendment (Closing Loopholes) Act 2023 (Cth)



Increases penalties for breaches of work health and safety laws and applies indexation.



Creates the offence of industrial manslaughter, taking effect 1 July 2024



Establishes a Family and Injured Workers Advisory Committee to inform the Minister and Comcare by end of 2024



New criminal responsibility provisions for bodies corporate and the Commonwealth.

[WHS laws are changing | Comcare](#)



Proactive Psychosocial Inspection Program



Understand

Understand psychosocial hazard and risk management in the Comcare jurisdiction.



Improve Compliance

Improve compliance by providing advice specific to the needs of each PCBU, and consistent with the Model Code of Practice.



Enable

Enable and assist duty holders to achieve evidence-based management of psychosocial hazards and risks including by aligning mental health programs with identified risks.



Support

Support and build the capability of the ROG inspectorate to regulate psychosocial risks across the jurisdiction.

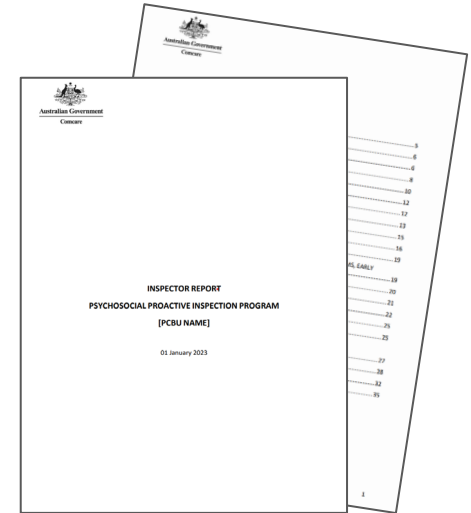
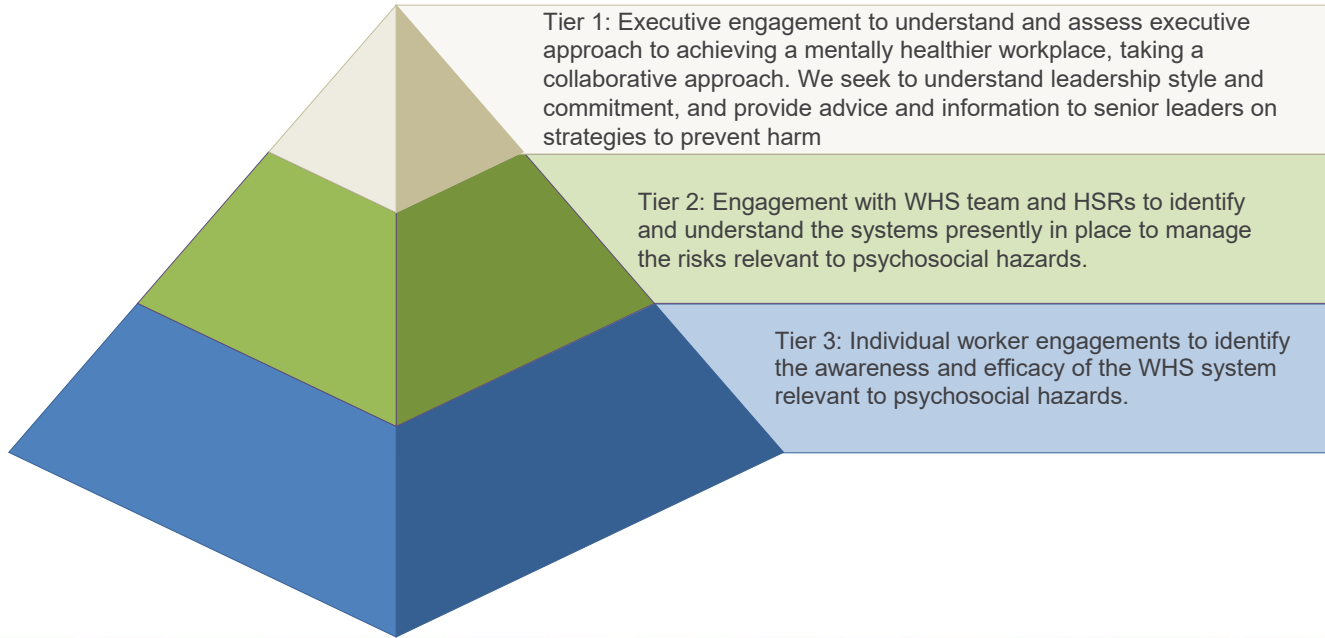


Develop

To develop an evidence base to inform priority areas for improvement, training and resources across the jurisdiction.

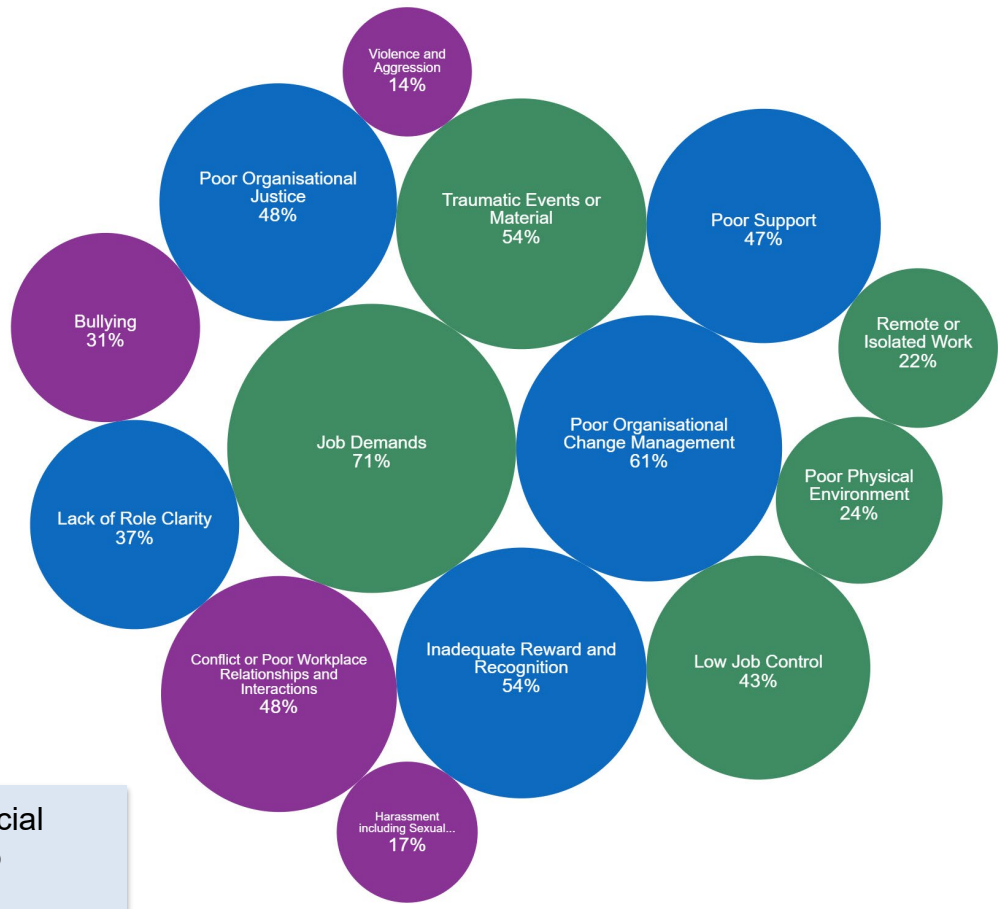


Three Tiers of Engagement



Preliminary Observations

- Hazards relating to **design or management of work** were relatively higher prevalence compared to workplace behaviours. In some workplaces, this may be an indicator of latent harm.
- Lower prevalence does not necessarily mean less harmful.
- **Job demands** is reported as a hazard of concern amongst a high proportion of workers.
- Important to take a holistic approach, and consider **how hazards may interact or combine**:
 - for e.g. concurrent exposure to both high job demands low job control



Guidance on the identification and management of psychosocial hazards is available in the **Model Code of Practice – How to Manage Psychosocial Risks**.



Independent Evaluation

- Evaluation of Pilot Proactive Psychosocial Inspection Program, conducted by the University of Queensland
- The pilot program met its objectives and was perceived positively by both PCBUs and inspectors.
- 18 recommendations for improvement, predominantly in the tools and resources, PCBU communication methods, and data collection processes.

92
%

Agreed that their knowledge of the range of psychosocial hazards improved.

85
%

Reported an increase in commitment to psychosocial health and safety.

70
%

Agreed the program assisted the organisation to comply.



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Thank you

Further Information: [Psychosocial hazards | Comcare](#)



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Psychosocial risk assessment in the workplace

Dayna Fawkes

Assistant Director, Research and Engagement, Comcare

Anne Nguyen-Pham,

Senior Clinical Psychologist, APS Mental Health and
Suicide Prevention Unit, APSC

Dr Amy Zadow,

Organisational Psychologist and Lecturer, University of
Adelaide

Psychosocial risk assessment in the workplace

Introduction

- Psychosocial hazards are aspects of work with potential to cause psychological or physical harm.
- Employers have responsibilities under WHS laws to identify and manage psychosocial hazards and risks in the workplace.
- A psychosocial risk assessment tool is one step in the process of managing hazards.
- Several tools are readily available to help understand psychosocial hazards in the workplace – the ones you choose will depend on the needs of your organisation.



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Psychosocial risk assessment tools

People AT WORK

A step-by-step tool to identify and manage psychosocial risks in the workplace.



A model for responding to psychosocial hazards in the workplace – *designed for use in the Australian Public Service*



Psychosocial Safety
Climate

A lead indicator question set to measure the organisational safety climate to prevent hazards from occurring.



Resource: Comparison table

[Psychosocial risk assessment tools | Comcare](#)

Tool	People at work®	ADDRESS	Psychosocial safety climate
When	To measure the risk profile of the whole organisation, with the results broken down by team, location, and work level.	When conducting a deep dive into a known risk to develop mitigating actions.	When you are implementing an organisation-wide leading indicator framework to drive improved workplace culture.
Methodology	10 to 15-minute survey via a dedicated platform	Self-assessment	2 to 3-minute questionnaire
More information	Comcare	Australian Public Service Commission	University of South Australia Centre for Workplace Excellence



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People at Work® Overview

- A **5-step psychosocial risk assessment** to identify and manage hazards to psychological health
- Launched in February 2021
- Supported by the *Heads of Workplace Safety Authorities*
- Contains an evidenced-based and validated survey, with Australian benchmarking
- Nationally available digital platform with built-in resources
- Comcare can support implementation, if required



Online resources and learning modules



Detailed reports and guidance on taking action



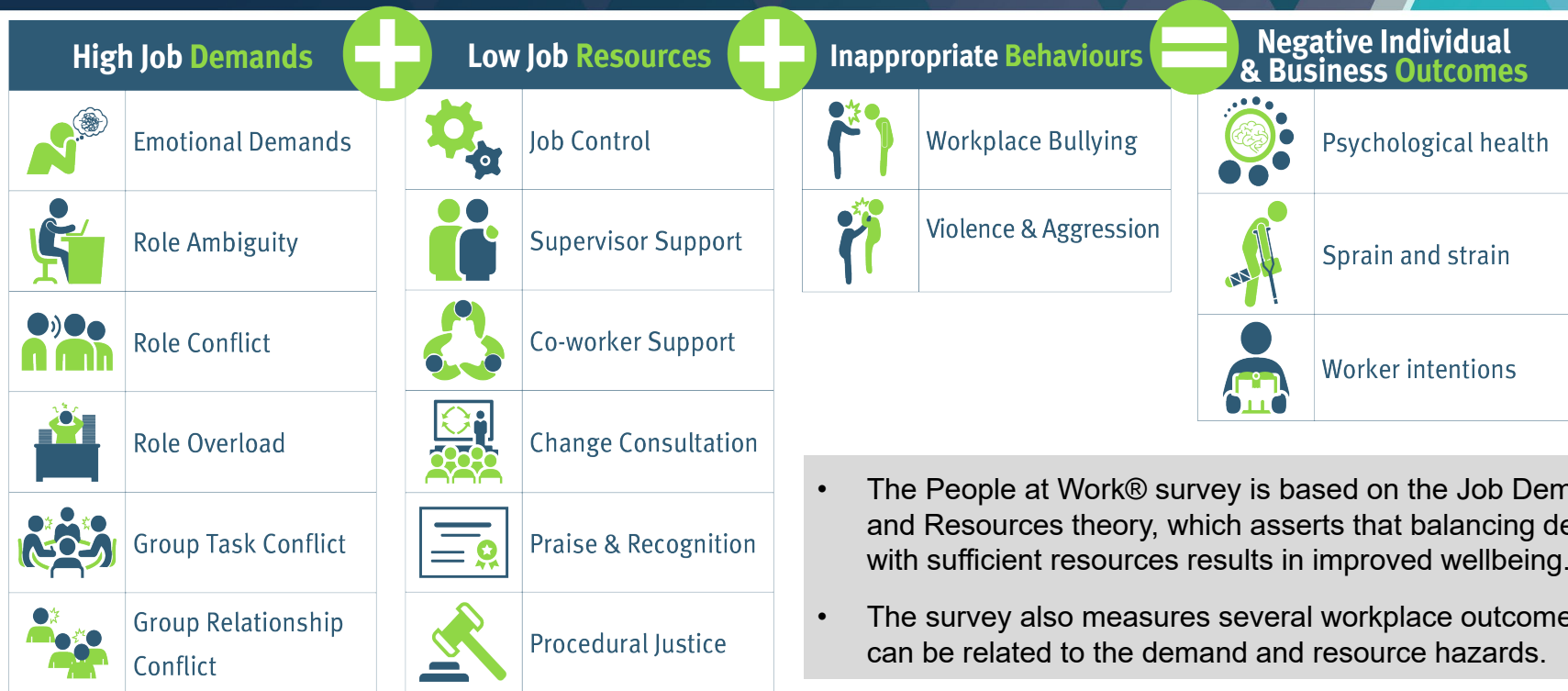
Industry benchmarking



Easy to set-up and administer psychosocial risk assessment survey



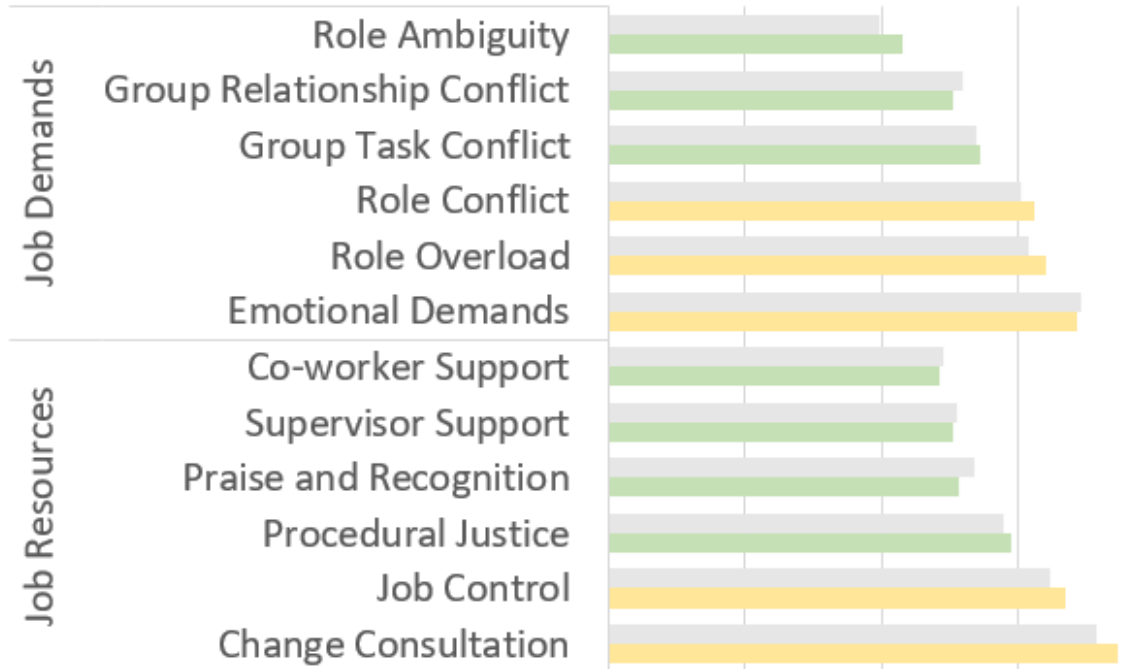
What does People at Work measure?



- The People at Work® survey is based on the Job Demands and Resources theory, which asserts that balancing demands with sufficient resources results in improved wellbeing.
- The survey also measures several workplace outcomes that can be related to the demand and resource hazards.



Risk level for different hazards?

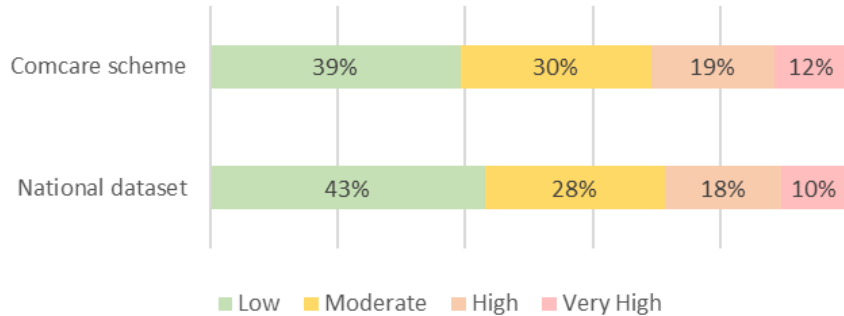


- Low to moderate risk across all hazards.
- Higher risk **demands** include **Emotional demand, role overload** and **role conflict**.
- Higher risk **resources** include **change consultation** and **job control**
- This chart reflects overall averages, which may mask the experience of specific groups of workers.

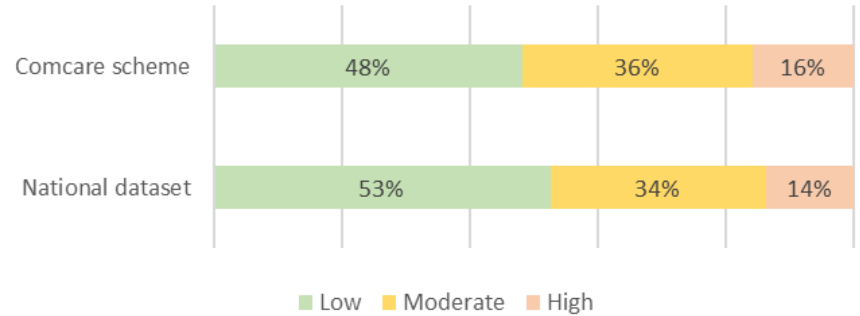


Indicators of distress and burnout

Psychological distress levels



Burnout levels



- Almost a third of workers are experiencing high to very high psychological distress – this means experiencing symptoms at a level that may need professional help.
- Around 1 in 6 workers are also at high risk of experiencing burnout.
- While work may not be causing this distress, there several hazards are strongly correlated with these outcomes.



Early Indicators

- Frequency of exposure to the hazards measured in People at Work is **low to moderate risk** – but the risk profile varies for different worker segments.
- Hazards related most strongly with **distress** are role ambiguity, emotional demand, role conflict, supervisor support and change consultation.
- There is **significant overlap in the experience of hazards** – and **Procedural justice** appears to be fundamentally important.





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Upcoming Events

- Mental Health Community of Practice: June/July 2024
- Supporting People at Work implementation
- Face to face: Melbourne and Canberra
- Email: mentalhealthprogram@comcare.gov.au



APS
INCLUSION

ADDRESS: An APS model for responding to psychosocial hazards

APS Mental Health and Suicide Prevention Unit

ADDRESS audience and context

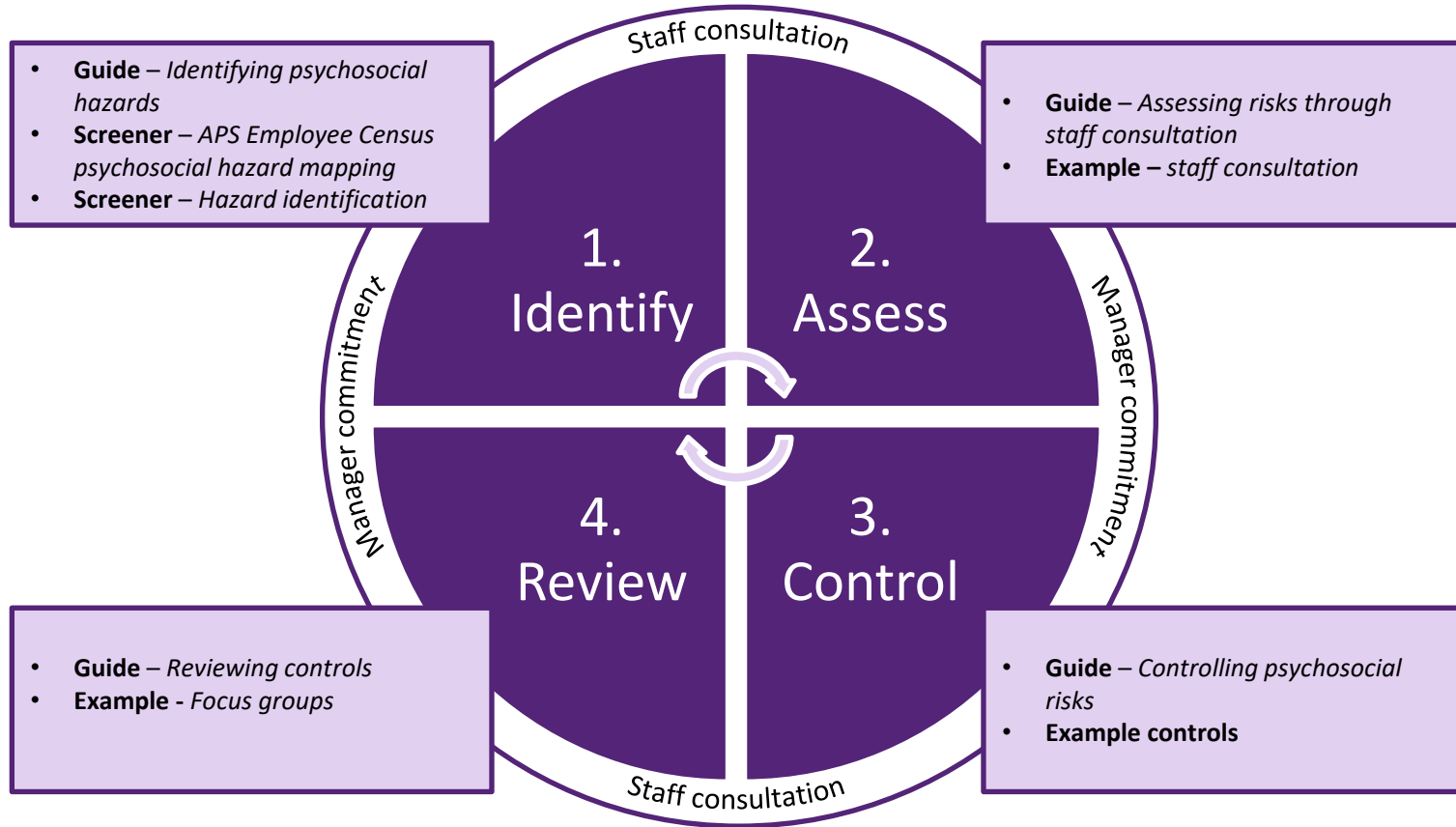
- Exclusively for the Australian Public Service context.
- Designed in response to the upcoming Commonwealth Code - Model Code of Practice: Managing psychosocial hazards at work.
- Proactive approach to identifying and implementing controls for psychosocial risks in the APS ahead of new legislation .
- Considered a core activity for the APS and therefore these tools are designed to help agencies with their duties to provide a psychosocially safe work environment.

Job Design



Job Design

ADDRESS: Psychosocial Hazard Suite



Disclaimer

This document has been developed by the Australian Public Service (APS) Mental Health and Suicide Prevention Unit (the Unit). The Unit promotes whole-of-service development of APS workforce literacy, capability and expertise in mental health and suicide prevention.

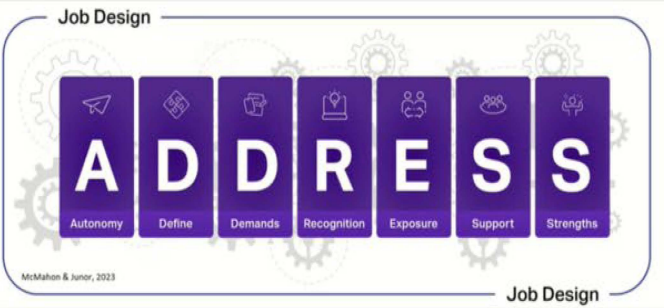
This document has been prepared by psychologists and human resource practitioners employed by the Unit to support agencies to align practice to the APS Mental Health Capability Framework (the framework).

APS agencies, APS employees and contractors engaged by the APS are responsible for compliance with work health and safety laws, employment laws and any common law duties applicable to them.

Agencies are responsible for taking steps to ensure the approach outlined in this material is appropriate for their workforce and to engage any additional clinical expertise or clinical review in relation to the content as indicated.

Please note, this document is to be used for guidance only and should not be considered legal advice. You may wish to obtain independent legal advice if your agency has any concerns about obligations under the law.

ADDRESS model



This document relates to **Step 1** of the risk management process and should be read in conjunction with broader *ADDRESS: An APS model for responding to psychosocial hazards* product suite.

Alternative screener in Step 1

When APS Employee Census data may not be suitable, such as:

- in work teams that are too small to have a heat map
- newly established taskforces, and
- branches where significant restructuring has occurred since the last census.

ADDRESS factor	Linked hazards from model code	Question	Are staff in these roles:	Response	Outcome
Autonomy	Low job control	1	Able to control their working conditions (things like, have flexible start/finish times, control over working location, an ability to work remotely, if desired)?	Yes	Further information required
		2	Able to control how they structure the flow and pace of their work?	No	Hazard identified
		3	Able to apply their own skills and judgement to tasks (that is, not restricted from doing so by highly prescriptive processes)?	Unsure	Hazard likely
Define	Lack of role clarity; poor organisational change management	4	Able to complete a variety of tasks and use problem solving skills?	Yes	Further information required
		5	Aware of their role requirements, with these clearly documented?	Yes	Further information required
		6	Receiving adequate feedback and instruction to perform their duties?	Yes	Further information required
		7	Able to clearly identify their manager (that is, reporting lines are unambiguous)	Yes	Further information required
		8	Able to understand how their role links to the broader organisation's purpose?	Yes	Further information required
		9	Consulted on organisational change, including team structural changes?	Yes	Further information required
Demands	Job demands; poor physical environment	10	Required to exert excessive mental or physical effort in their roles or face unrealistic time pressures?	Yes	Hazard identified
		11	Working normal (within bandwidth) hours and days of the week (such as, not subject to shift-work or weekend	Unsure	Hazard likely
		12	Consistently provided with an adequate workload (such as, not subject to role underload or excessive wait times for work to be provided)?	No	Hazard identified

Define

- Refers to role clarity, person-job-fit and processes

Let's discuss

- What did our census deep dive show
- What other challenges do we face
- How long and often do these occur
- What's the outcome or consequence
- How do we address these currently
- Is what we do currently enough

Psychosocial change management

Psychosocial hazards

OFFICIAL

	<p>include those with work environments that are controlled by external factors, such as an inability to undertake normal duties remotely due to security concerns.</p> <ul style="list-style-type: none"> • Our APS Employee Census data highlighted that we have some <i>Autonomy</i> related challenges in our workplace. Let's explore that a bit further • Agency note – <i>it is suggested you pull up the deep dive tab from the APS Employee Census psychosocial hazard mapping tool to share with the work area what census questions indicated this</i> • Let's work together to consider these findings in more depth • We'll go back to our collaborative noteboard and work through some key discussion points: <ul style="list-style-type: none"> ○ What other challenges do we face in relation to <i>Autonomy</i>? ○ How long and how often do these challenges occur? ○ What is the outcome or consequence of these challenges for our workers? ○ How do we address these challenges currently? ○ Is what we currently do enough? • Agency note – <i>discuss responses to each question as results are received and ensure you are recording the submissions, as this will inform your assessment.</i>
<p>Slide 11 Define</p>	<ul style="list-style-type: none"> • Define refers to the intentional and purposeful definition of roles and change within organisations, including how these are documented and shared with workers. This includes the extent to which there is role clarity (that is the worker knows what their role is and how this relates to the broader organisation's purpose) and whether there is ambiguity around responsibilities and expectations, including whether there is overlapping responsibilities across workers or ambiguous reporting lines • It also considers challenges of role conflict, such as the extent to which feedback and instruction are consistent within the role and whether workers are given the right and enough information to do the job and whether there is person-job-fit, including skills and personal capabilities have been considered • This factor also considers proactive and strategic definition of change management and outcomes of this for workers, including the level of change being undertaken (for example, changes to individual role requirements, through to

ADDRESS implementation overview

Leadership

Visible leadership commitment and modelling/reinforcement of psychological work health and safety (WHS), including modelling safe behaviours. Agencies can provide a demonstration to leaders on what this LOOKS like behaviourally.

Enabling corporate policy/procedure

Enabling policies/procedures such as alignment to the APS Mental Health Capability Framework, WHS and psychological WHS agenda, performance management, bullying and harassment, diversity and inclusion, and more.

Good work design practice and regular review

Embedding good work design practices provides the highest level of protection from psychosocial hazards. Good work design starts early, is reviewed often and considers all aspects of work.

Risk-specific controls and monitoring

Tactical interventions to control psychosocial risk, including their ongoing monitoring and review.

Implementation and continuous improvement

- Aligns with work being done in good work design space.
- Provides a framework to action the existing priorities of:
 - supporting staff wellbeing
 - adhering to new legislation, and
 - continuous improvement.
- Outcomes are for internal use, sharing as needed.



Photo by Kalen Emsley: <https://stocksnap.io/photo/guy-man-6HZ5F15M87>

Job Design



Job Design

Questions

Contact MHSP@apsc.gov.au

Visit our webpage



https://apslearn.apsacademy.gov.au/view_program/36
(External use only)


Your agency's EAP provider


Support for Aboriginal and Torres Strait Islanders (24/7)

13YARN - 13 92 76

Suicide Call Back Service

Anyone thinking about suicide


 suicidecallbackservice.org.au

 1300 659 467

Lifeline


Anyone having a personal crisis


 lifeline.org.au

 13 11 14

Beyond Blue

Anyone feeling anxious or depressed

 beyondblue.org.au

 1300 22 4636

Kids Helpline

Counselling for young people aged 5 to 25

 kidshelpline.com.au

 1800 55 1800

MensLine Australia


Men with emotional or relationship concerns

 mensline.org.au

 1300 78 99 78

Open Arms

Veterans and families counselling

 openarms.gov.au

 1800 011 046

Psychosocial Safety Climate

Psychosocial Health and Safety Forum Australian
Government Comcare

Dr Amy Zadow Organisational Psychologist (Prof Maureen Dollard, Dr Daniel Nesar, Dr
Ali Afsharian, Dr Rachel Potter, Dr May Loh)

What is PSC?

"The organisational climate for worker psychological health and safety"

Organisational values and systems for the protection of worker psychological health



PSC and Psychological Safety

PSC is conceptually and empirically distinct to psychological safety.

Psychological safety measures whether an individual or work team perceives that it is safe to engage in new interpersonal behaviours required for learning and performance (Edmonson, 1999; Frazier et al., 2017; Newman et al., 2017).

PSC measures the climate or perceived infrastructure to protect psychological health and safety with a strong focus on workplace systems to prevent work stress.

PSC reflects the safety system for psychological health.



The PSC 12 Measure

Management commitment

1. In my workplace senior management acts quickly to correct problems/issues that affect employees' psychological health
2. Senior management acts decisively when a concern of an employees' psychological status is raised
3. Senior management show support for stress prevention through involvement and commitment

Management Priority

4. Psychological well-being of staff is a priority for this organisation
5. Senior management clearly considers the psychological health of employees to be of great importance
6. Senior management considers employee psychological health to be as important as productivity

Organisational Communication

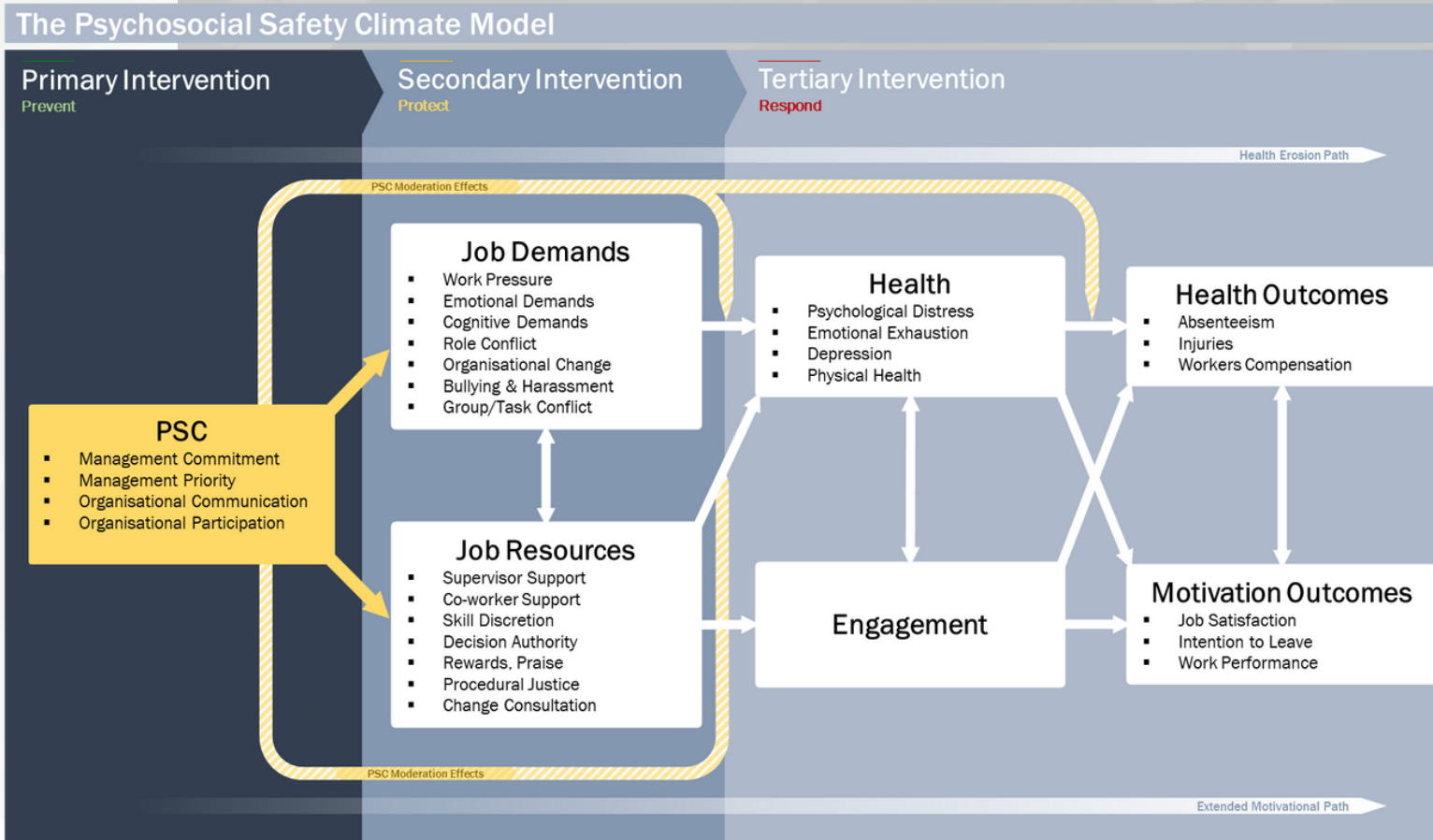
7. There is good communication here about psychological safety issues which affect me
8. Information about workplace psychological well-being is always brought to my attention by my manager/supervisor
9. My contributions to resolving occupational health and safety concerns in the organisation are listened to

Organisational Participation and Involvement

10. Participation and consultation in psychological health and safety occurs with employees' unions and health and safety representatives in my workplace
11. Employees are encouraged to become involved in psychological safety and health matters
12. In my organisation the prevention of stress involves all levels of the organisation



PSC: The Cause of the Causes



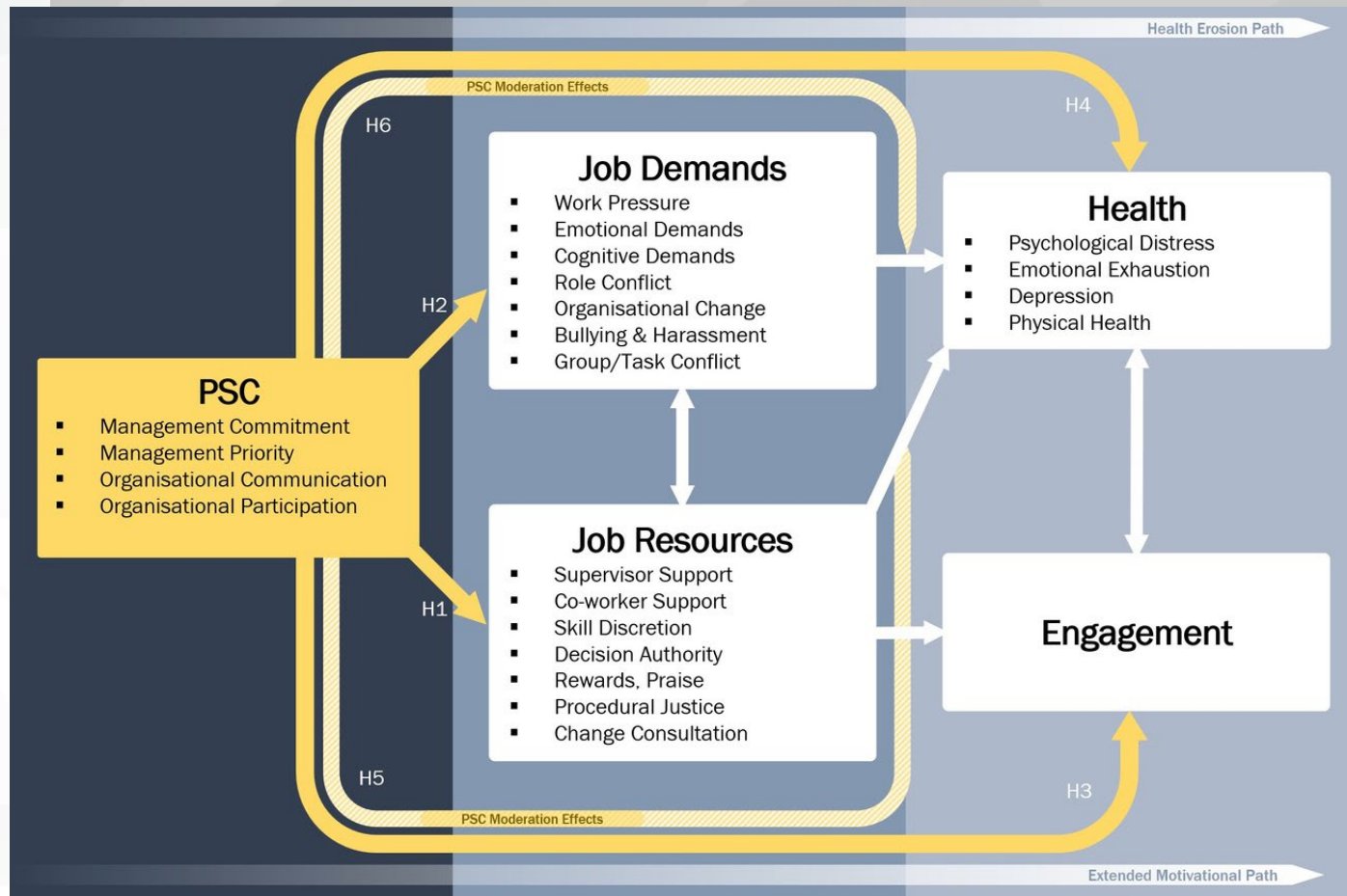
Meta-analysis: Multilevel PSC

Novel approach to assess the PSC Extended Job Demands-Resources model (Dollard & Bakker 2010).

Data from 16 countries/regions industries and occupational groups from 80 studies.

56 independent samples and 844 effect sizes (N = 348 471 individuals; 1420 groups).

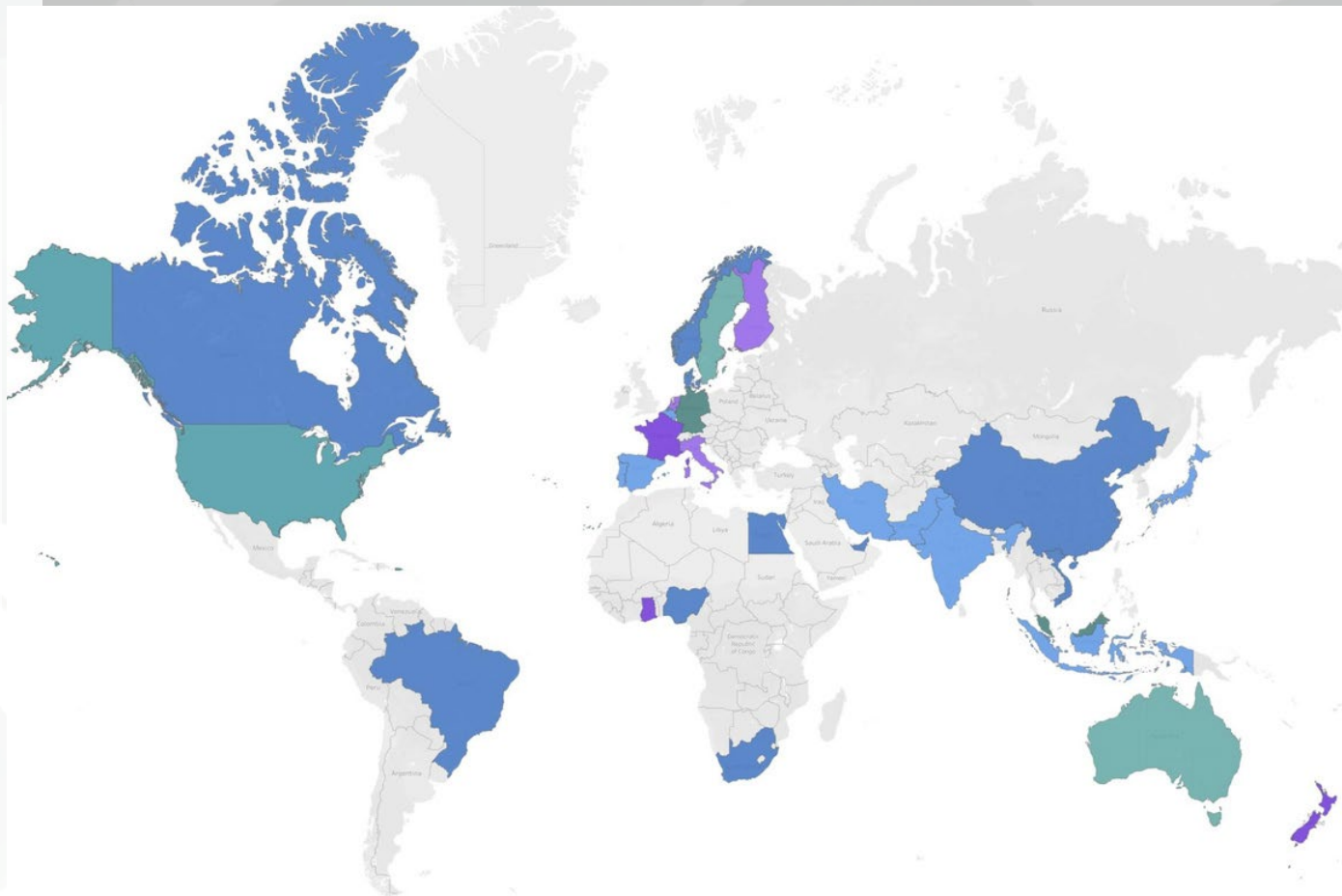
Zadow, Dollard, Tuckey & Idris (2024). Psychosocial Safety Climate Extended JD-R Theory: A Cross-Level Multilevel Meta-Analysis. In review.



PSC Research

Over 230 studies published on PSC worldwide on an organisation, industry or national basis

National data of PSC has been collected in many countries including Australia, New Zealand, Sweden and Germany



PSC Developments

- PSC is included in the US Quality of Worklife Survey
- Included in Karasek's Job Content Questionnaire 2 Survey
- In the Australian and NZ Workplace Barometers and the Victorian WorkWell Surveys
- Minimum data requirement in the Victorian Public Sector Commission
- Widely used around the world and recognised by leading organisational psychology journals
- Concept behind an Australian Research Council Laureate Fellowship
- Victoria is the leading jurisdiction for attention to PSC



PSC Benchmark Standards

Bailey TS, Dollard MF, & Richards PA.

A national standard for psychosocial safety climate (PSC): PSC 41 as the benchmark for low risk of job strain and depressive symptoms.

J Occup Health Psychol. 2015 Jan;20(1):15-26.
doi: 10.1037/a0038166.
Epub 2014 Oct 27. PMID: 25347684.

PSC SCORE /60	RISK LEVEL	PROGNOSIS
≥ 41	Low Risk	Performing well, but improvements in PSC levels might still be required.
< 41 > 37	Medium Risk	Improvements can be made in the implementation of PSC principles.
≤ 37 > 26	High Risk	High risk of job strain. Staff health and productivity compromised. Significant action required to improve PSC.
≤ 26	Very High Risk	Serious failures in organisational strategy. Urgent action needed to prevent worsening conditions and staff illness or injury.

PSC and New Major Depression Symptoms

Findings:

Low PSC leads to a 3x increase in risk for new major depression symptoms within a year.

High WE may increase long working hours and subsequent major depression symptoms.

Public health
Original research

Predicting new major depression symptoms from long working hours, psychosocial safety climate and work engagement: a population-based cohort study

 Amy Jane Zadow¹, Maureen F Dollard^{1, 2}, Christian Dormann³, Paul Landsbergis⁴

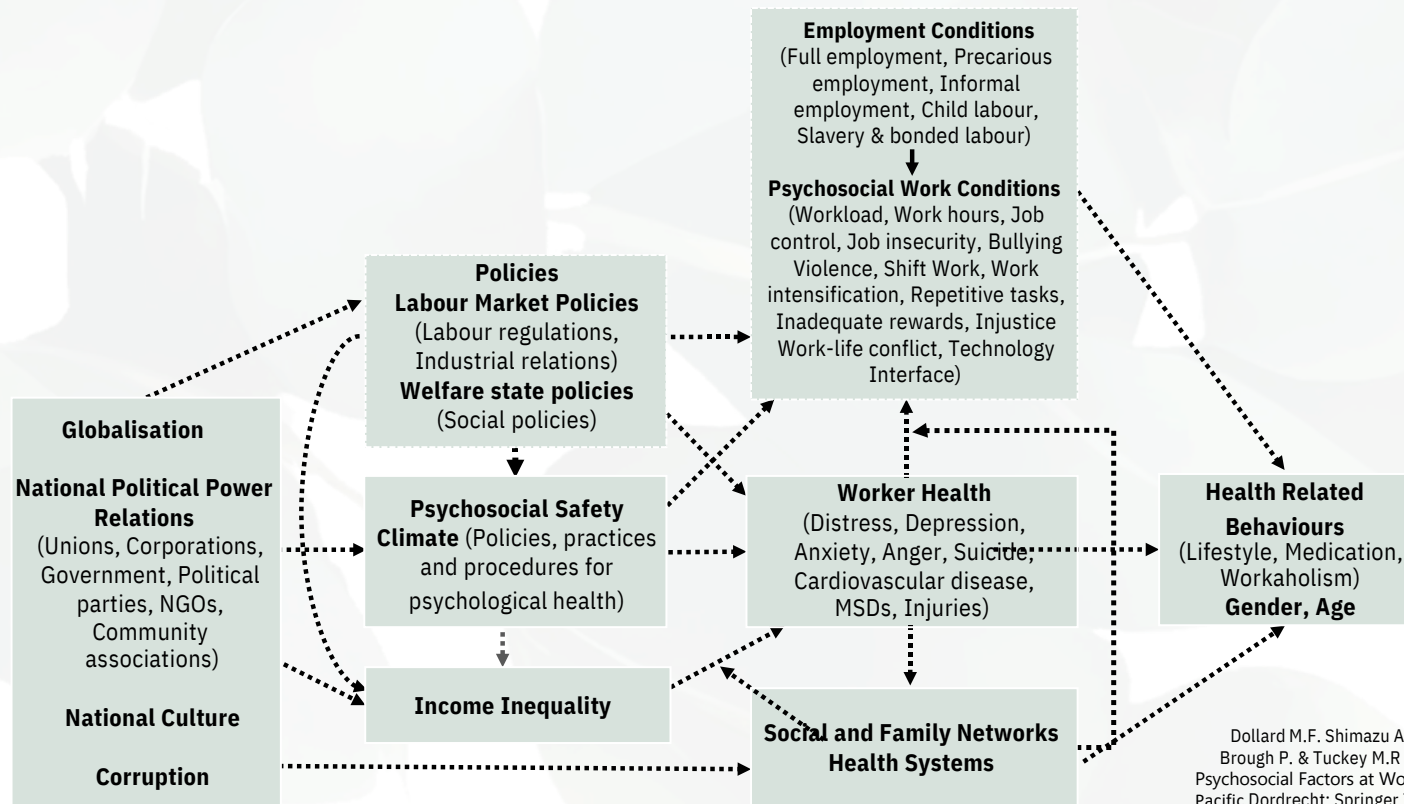
Correspondence to Dr Amy Jane Zadow; amy.zadow@unisa.edu.au

Abstract

Objectives This study sought to assess the association between long working hours, psychosocial safety climate (PSC), work engagement (WE) and new major depression symptoms emerging over the next 12 months. PSC is the work climate supporting workplace psychological health.



Multi-Level Framework of Worker Health

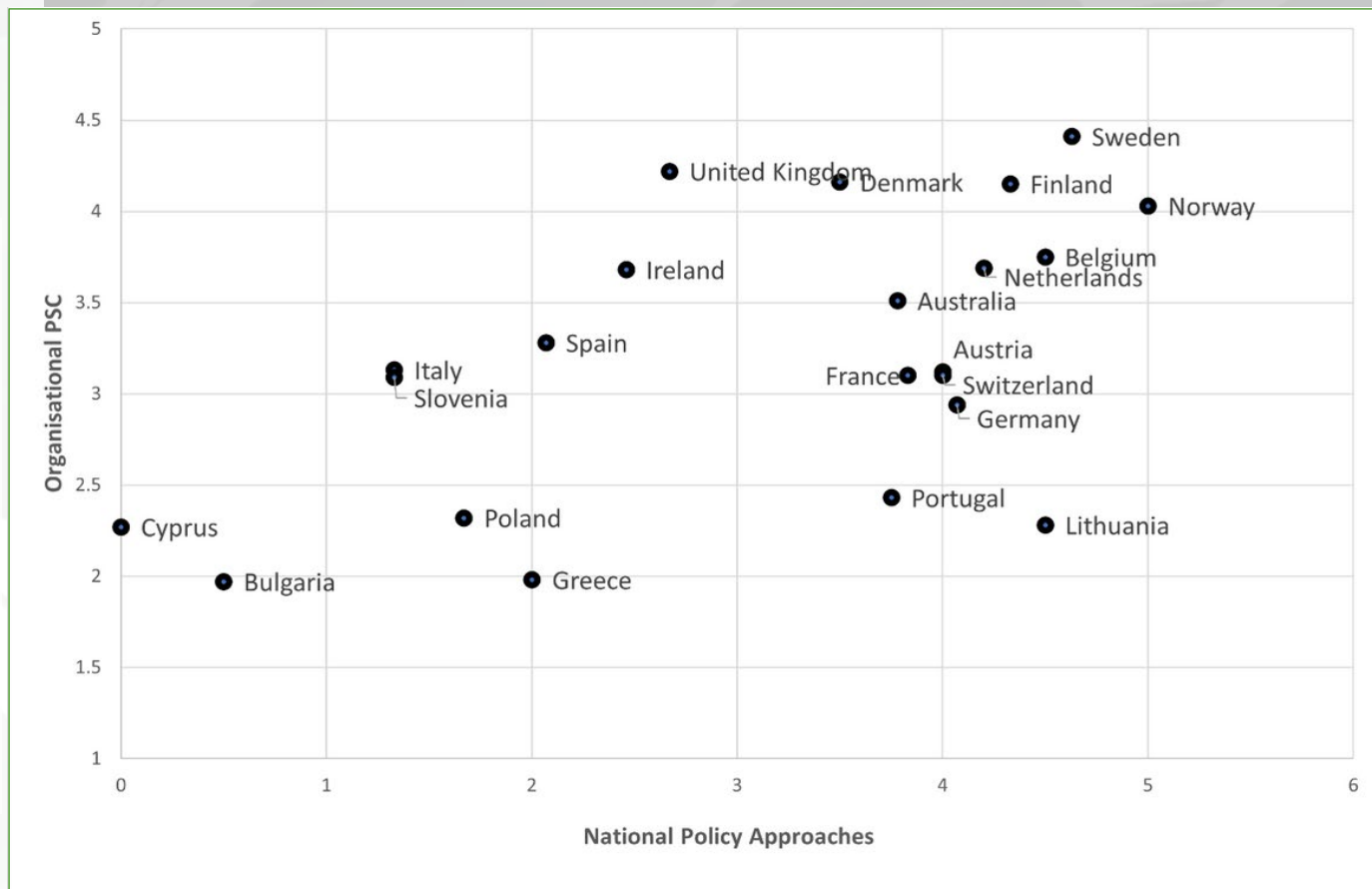


Dollard M.F. Shimazu A. Nordin R. Bin Brough P. & Tuckey M.R (Eds.) (2014). Psychosocial Factors at Work in the Asia Pacific Dordrecht; Springer International Publishing. 978-94-017-8974-5
Erratum pg 9.

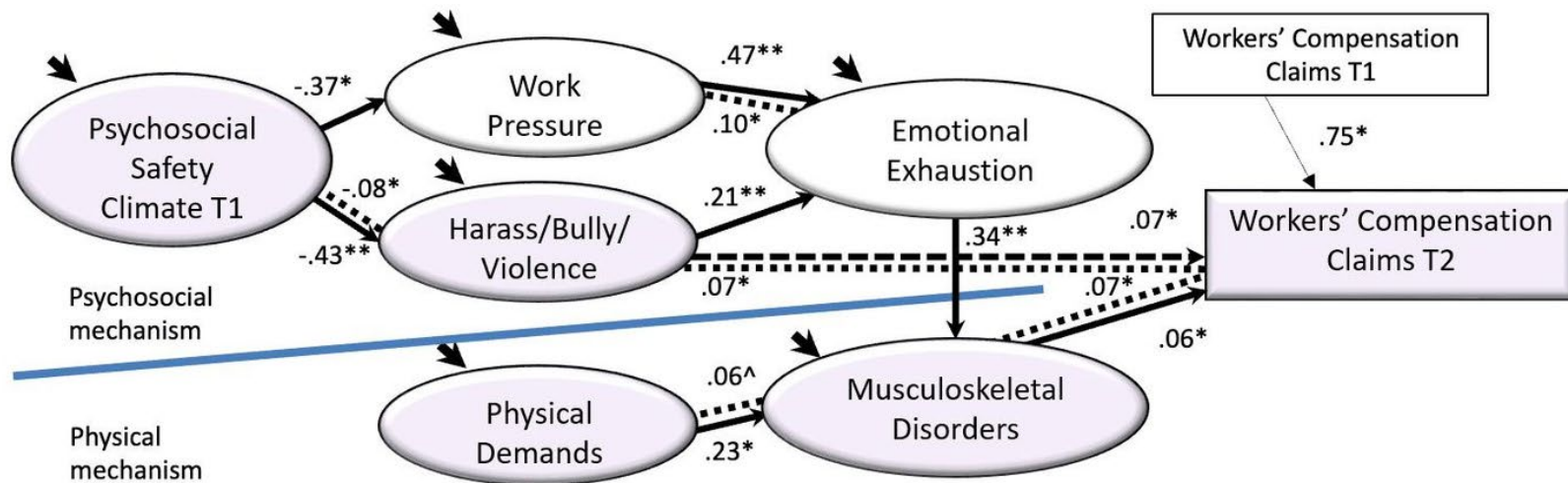
National Policies

Relationship between National Policy Approaches and Workplace PSC.

Potter, Dollard et al. 2024, Safety Science.



PSC Links to Workers Compensation Claims



Bailey T. S. Dollard M. F. McLinton S. S. & Richards P. A. M. (2015). Psychosocial safety climate and physical factors in the etiology of MSDs and workplace physical injury compensation claims. *Work & Stress*.

Using PSC to Estimate Productivity Loss

A Pro-Social Approach to Productivity using the Australian Workplace Barometer

Cost Breakdown of Low PSC

Sickness
Absence **\$2.4bn**

Presenteeism
\$3.6bn

Total Cost of Low PSC Annually

Total Cost to Employers
\$6bn

Worker PSC	Annual Sickness Absence (Hours)	Cost via Sickness Absence	Productivity Loss	Cost via Presenteeism
Low	60.3	\$2 109	5.5%	\$3 113
Medium	59.1	\$2 067	5.4%	\$3 042
High	42.3	\$1 479	3.2%	\$1 856

PSC and Sickness Absence Cost – Case Study

An Australian international company of around 5000 that's doing very well can save nearly \$1m by moving employees from low to high PSC (not including presenteeism and turnover costs).

Loh & Dollard 2022.

PSC Benchmark	Percentage of Employees per PSC Risk Level	Average Sick Leave Taken (Days)	Estimated Cost of Absenteeism Per Person Per Annum	Total Estimated Cost of Absenteeism Per Annum in the organisation
≥ 41	73.8	4.68	\$2 313.00	\$7 573 920.59
41 < and > 37	10.8	5.56	\$2 747.92	\$1 316 791.70
37 ≤ and ≥ 27	13.2	6.58	\$3 252.03	\$1 904 663.93
≤ 26	2.2	7.39	\$3 652.36	\$356 521.44
Total cost of absenteeism				\$11 151 897.66
Total of cost for lower than 41				\$3 577 977.07
Cost per person over 41				\$2 313.00
Number of people < 41				1 162
Cost of moving people to 41				\$2 688 835.19
Saved cost				\$889 141.88

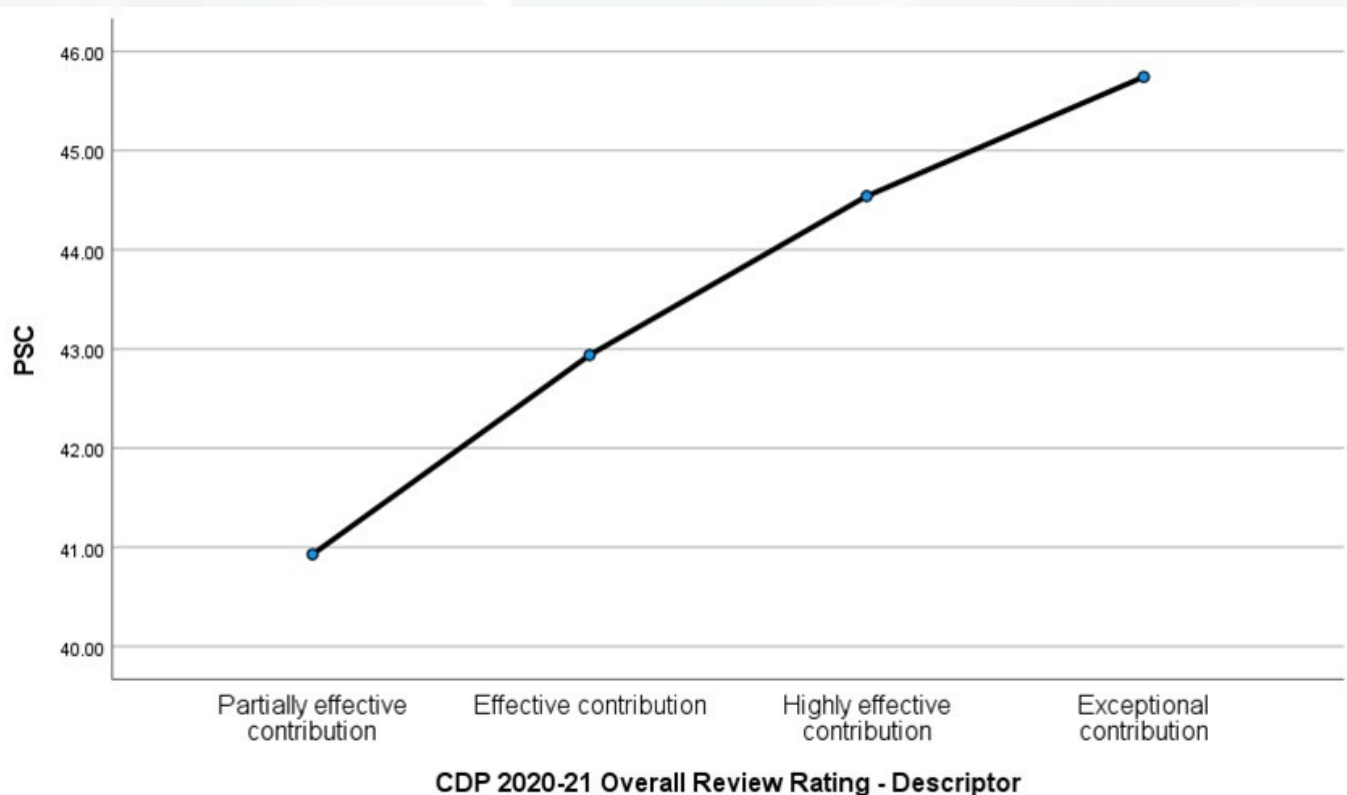
PSC and Turnover Cost – Case Study

The same company can still save \$4m by reducing turnover rate due to low PSC.

Loh & Dollard 2022.

PSC Benchmark	Percentage (a)	Attrition Rate (b)	Estimated Number of Employee Turnover Per Year (c = a/100*b*4437)	Total Estimated Cost of Absenteeism per Annum (c*\$42 405)
≥ 41	77.2	0.14	479.55	\$20 335 358.46
41 < and > 37	10.7	0.26	123.44	\$5 234 360.40
37 ≤ and ≥ 27	10.4	0.19	87.68	\$3 717 863.46
≤ 26	1.8	0.39	31.15	\$1 320 819.91
Total Cost for Lower than 41				\$10 273 043.78
Number of Person over 41				1011.636
Turnover Total < 41				141.63
Cost of Attrition (with 0.14 attrition)				\$6 005 779.44
Saved Cost				\$4 267 264.34

PSC Linked to Supervisor Rating of Performance



How Can We Build PSC?

Radical Organisational Change

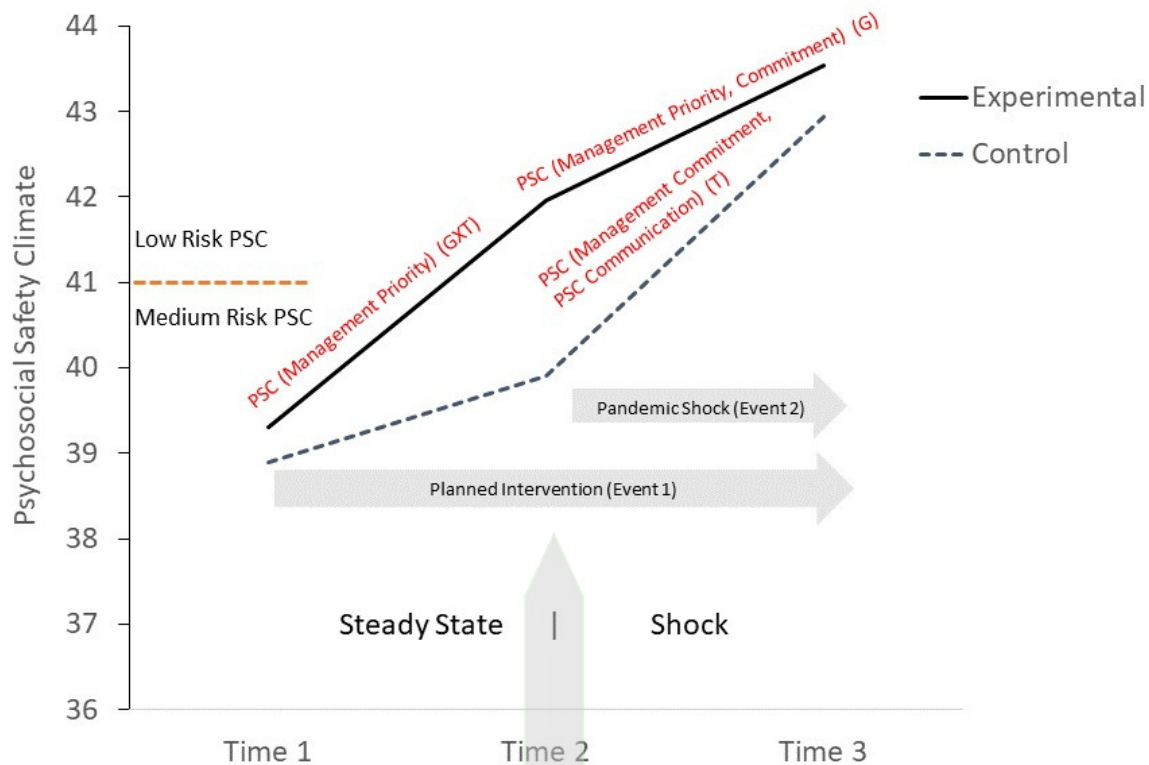
- 4-day working week (paid 5) NZ study (Haar) → PSC increased

Key Processes + PSC

- Capacity Building
- Assessment + Benchmarking
- Action Plans
- Mentoring and Coaching
- Shared experience - Community of Practice



Building PSC through intervention

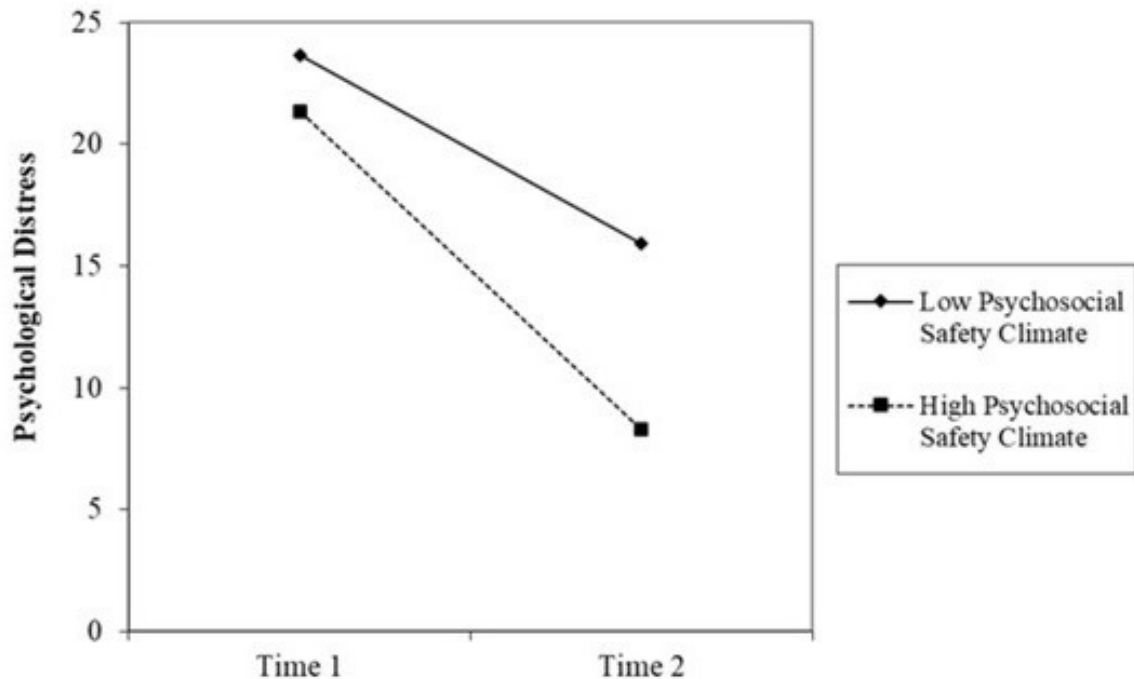


Dollard, M. F., & Bailey, T. (2021). Building psychosocial safety climate in turbulent times: The case of COVID-19. *Journal of Applied Psychology*, 106(7), 951.

PSC can change through intervention



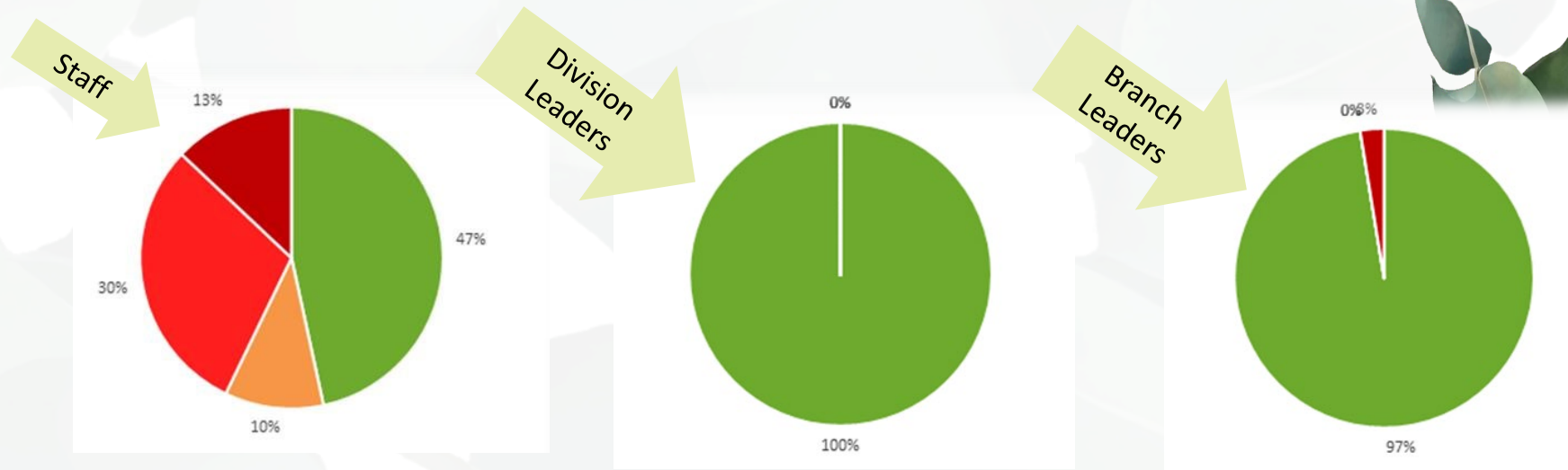
Efficacy of EAP Interventions



Multilevel analysis:

- A significant reduction in psychological distress due to the EAP (individual effect) → particularly at high levels of PSC (organisational effect).

How Leaders and Workers see PSC Differently



PSC Smiley Face Tool

Dashboard

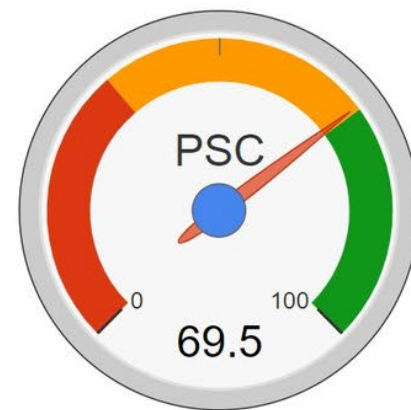
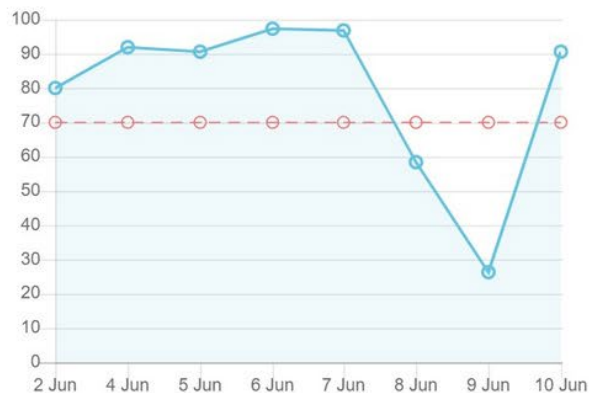
ADMIN TOOLS

Report By Date >

Team: ██████████

Psychosocial Safety Climate (PSC)

This Month So Far



Team
Psychosocial Safety
Climate (PSC)

Future Work Recommendations

- PSC assesses organisations systems for managing psychosocial risks.
- PSC could be regulated since it is an evidenced-based risk, predictive of future hazards and health effects
- PSC could be used as a KPI for organisations (one Victorian university looks set to implement this)
- PSC could be built into enterprise bargaining
- PSC can be used to evaluate implementation of new psychosocial regulations
- Build evidence to link PSC to physiological pathways
- Workers compensation—occupational physicians and GPs assess PSC for any presenting worker
- More research with EAPs to expand their repertoire
- Research on feedback mechanisms to improve PSC (Real-time PSC Smiley Face)
- Data Linkage—survey to WC data, Health data, PBS data
- Expanded tool to assess the hazards for risk assessment



Contact Us

PSC Global Observatory



Australian Government
Australian Research Council



University of
South Australia

Centre for
Workplace
Excellence



Psychosocial Safety Climate Global Observatory



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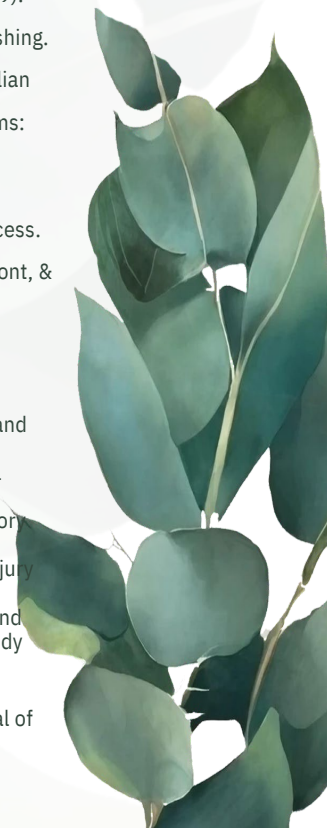
PSC Publications

Books/Book Chapters

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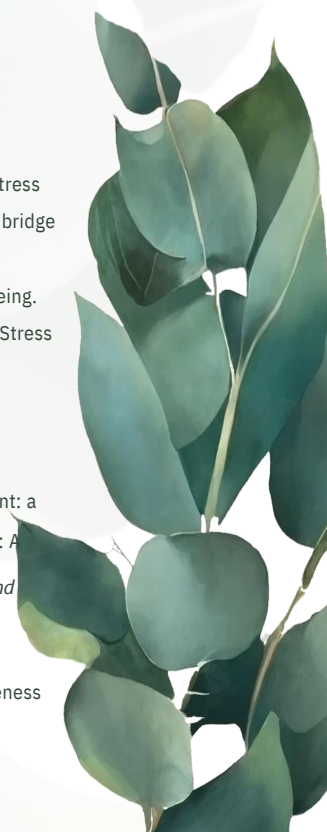
PSC Publications

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Reports

- Potter et al., 2017; An Evaluation of the WHS Policy Framework: Stakeholder perspectives of the achievements, challenges and needed future directions. Aimed to evaluate the effectiveness and implementation of the current WHS/OHS regulatory framework in relation to the management of psychosocial risks and psychological health. Stakeholders interviewed across Australia (WA, Vic, Qld, SA and NSW).





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Organisation Case Study by Services Australia

Vicki Bates

Director, Employee Wellbeing, Services Australia



Australian Government



Services
Australia

People At Work – Psychosocial risk assessment in Services Australia

Presented by Vicki Bates

Director, Employee Wellbeing, Services Australia

About Services Australia

Our purpose

Our purpose is to support Australians by efficiently delivering high-quality, accessible services and payments on behalf of the government.

Our programs

- Medicare
- Centrelink
- Child support

What the Australian public can expect from us

Respect

We will listen and work with you to understand your individual and cultural needs.

Quality information

We are committed to providing consistent and accurate information.

Honesty and integrity

We will be open and honest and follow through on our commitments.

Efficiency

We will simplify the way we deliver services to the community.

Assessing psychosocial safety in Services Australia

In 2022 Services Australia undertook a Psychological Wellbeing Survey pilot. The pilot was conducted within one HR Division, and one service delivery Branch. The pilot involved measuring 3 areas of psychological and psychosocial safety within 2 surveys:

Survey 1 - People At Work (PAW)

- identified early indications of poor psychological health and safety in the workplace
- provides a comprehensive report, which includes group breakdowns
- assists employers to meet requirements for employee consultation

Survey 2 - Psychosocial Safety Climate (PSC-12) and Maslach Burnout Inventory (MBI)

- investigated PSC-12 and its benchmarks within piloted teams
- identified risks and recommended areas for improvement from survey results
- reports on the level of emotional exhaustion and work engagement



Image credit: Comcare, People at Work learning modules

Employee Wellbeing Team Psychological Wellbeing Survey Pilot



Phase 1

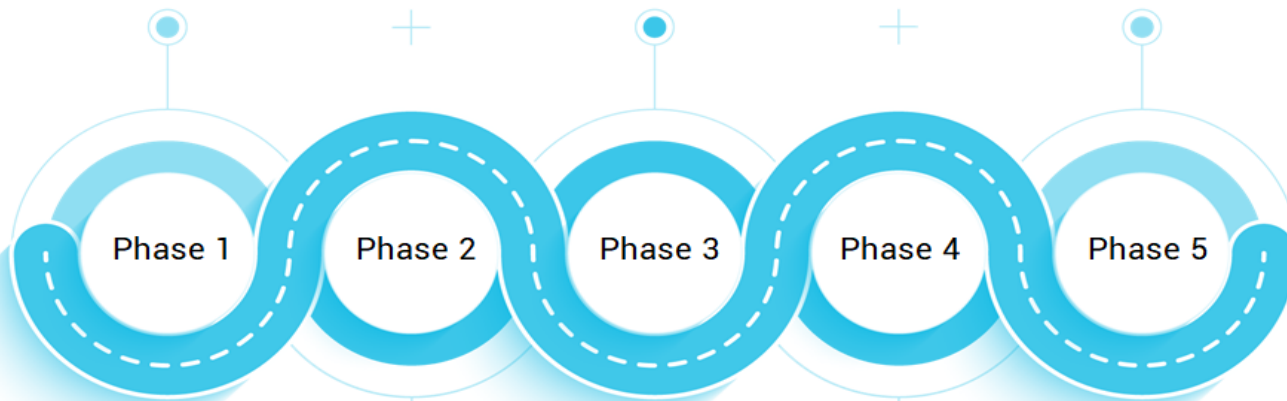
- Consultation with key stakeholders.
- Preparation of the People at Work survey to make it fit for purpose.
- Engagement of University of South Australia—PSC-12 and MBI.

Phase 3

- Reports generated from PAW and provided by University of South Australia.
- Reports analysed by our Safe Service Design Team with allied health professionals involved.

Phase 5

- Findings of the surveys and the Focus Groups consolidated in to reporting for executives.
- Verbal briefings were provided to the Executive.
- Decision made not to roll out further within the agency due to findings not revealing anything new in terms of staff wellbeing and the limitations with the PAW Survey Tool.



Phase 1

Phase 2

Phase 3

Phase 4

Phase 5

Phase 2

- Communications campaign to staff members.
- Roll out of Survey tools.
- Survey open for two weeks initially and then extended for a further week.
- Participation data provided regularly to relevant executive and stakeholders.

Phase 4

- Focus groups led by the Safe Service Design Team were held with staff members who nominated to participate.
- These groups gave the participants an opportunity to expand on their experiences and contribute to the findings of the surveys, and enriched the data set being established.



What did we learn from the surveys pilot?

Psychosocial / Psychological safety within our Agency

- Many of the key takeaways from the surveys were already known to the agency from previous data sets, such as census results, pulse polls.
- The focus groups were critical in allowing PAW/PSC survey results to be validated by staff.
- We have work to do to address concerns identified.

People At Work (PAW)

- PAW is simple to use and user friendly for setting up surveys.
- The reporting outputs from PAW require expertise around psychosocial safety to develop clear action items.
- PAW can only have one survey open at a time (per user).
- PAW has limitations, impacting the ability for our agency to consider a broader roll out. This includes being able to capture all our branches within their work group limit (20 work groups).
- Progressive reports were not available.
- PAW has limited customisation within the survey. This meant some terminology was inconsistent to what we use internally.
- The use of PAW alone would likely not be enough to help identify the specific risks impacting staff psychosocial safety, this was certainly the case for our agency.



Thank you for listening.



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Panel discussion on identifying psychosocial hazards & risk assessment

Andrew Crane, Comcare

Dayna Fawkes, Comcare

Anne Nguyen-Pham, APSC

Dr Amy Zadow, University of Adelaide

Vicki Bates, Services Australia



Comcare
National Conference

Early bird tickets
are now available!



Collaboration for prevention and change





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Feedback Survey

Thank you for attending the **Psychosocial Health and Safety Forum**
Please take a moment to complete our short survey



For general enquiries contact us on **1300 366 979** or WHS.help@comcare.gov.au



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