



COO Committee Project

Psychosocial Hazards Project

Playbook to identify and manage psychosocial hazards

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Introduction

Purpose of the playbook

This playbook has been designed to support Australia Public Service (APS) executive leaders to identify, manage, and mitigate- if elimination is not possible- psychosocial hazards in the workplace. It complements the [Work Health and Safety \(Managing Psychosocial Hazards at Work\) Code of Practice 2024](#) (the Psychosocial Code). Which reflects the legal baseline and needs to meet obligations under the *Work Health and Safety Act 2011* (Cth) (the WHS Act) and the *Work Health and Safety Regulations 2011* (Cth) (the Regulations).

However, compliance is just a starting point.

This playbook is a practical resource designed to support APS leaders in understanding psychosocial hazards, including both risk and protective factors, and taking meaningful action to manage them. It does not attempt to cover every hazard or prescribe every solution. Instead, it complements the Psychosocial Code by translating key obligations into practical, system-level approaches relevant to the APS.

Grounded in real-world agency contexts, it encourages proactive, consultative leadership- that places worker engagement as a priority for effective psychosocial risk management. With a focus on sustainable improvement, it supports leaders to strengthen the conditions that enable safe, fair and high-performing workplaces and cultures, now and into the future.

Drawing on current practice both nationally and internationally, the playbook brings together legal requirements and preventative design to help leaders build capability, foster trust, and drive cultural and operational change across their organisations.

Psychosocial factors at work

Psychosocial factors are the conditions, relationships, and organisational practices that shape how people experience their work. These factors arise from:

- how jobs are designed;
- how team's function;
- how leaders behave, and
- how systems operate.

Crucially, psychosocial factors are not inherently harmful—they can be either protective or hazardous depending on how they are experienced and managed.

Psychosocial factors such as supervisor support, recognition, autonomy, and role clarity can protect and support mental health, acting as buffers against harm and enhance wellbeing. When missing or poorly managed, the same factors become negative towards psychological health and can contribute to stress, fatigue, conflict, or disengagement, and are known as psychosocial hazards.

Understanding these factors is essential for effective prevention. Research and lived experience consistently show that:

- Risks can be cumulative and interact in complex ways, especially when multiple hazards (e.g. high demands and poor support) combine.
- Positive psychosocial factors can reduce the likelihood or severity of harm and promote healthier, more productive teams.
- Prevention is often more effective than control, particularly when interventions target root causes such as unclear roles or organisational culture issues rather than individual symptoms.

Common psychosocial factors include:

- Job demands and control – e.g. workload, time pressure, autonomy.
- Role clarity and change – e.g. unclear responsibilities, frequent restructures.

- Workplace relationships and leadership support – e.g. conflict, feedback, inclusion.
- Exposure to trauma or emotionally demanding work – e.g. critical incidents, distressing content, customer aggression.
- Recognition, inclusion, and organisational fairness – e.g. acknowledgement, equity in treatment and decision-making.

Many risks arise not just from one factor, but from combinations—such as poor role clarity in a team under pressure, or exposure to distressing content without recovery time or supervisory support. These combinations may lead to escalating impacts that are harder to control once entrenched.

To manage psychosocial hazards well, leaders should understand not just the risks—but also the protective conditions that help people thrive.

What are psychosocial hazards?

As defined by the Regulations, psychosocial hazards are hazards that arise from or relate to:

- the design or management of work;
- the working environment;
- plant at a workplace, or
- workplace interactions or behaviours; and may cause psychological and physical harm (whether or not it may also cause physical harm).

Therefore, psychosocial hazards are aspects of work which have the potential to cause psychological and physical harm by causing people to feel stress. Whereby, stress is the body's reaction when a worker perceives the demands of their work exceed their ability or resources to cope.

This perception, and the impact of psychosocial hazards, can vary significantly between individuals. What may be tolerable for one worker could be harmful for another. This variability underscores the need for a tailored, consultative, and preventative approach to managing psychosocial risks.

Understanding psychosocial hazards also involves recognising how they are shaped by broader workplace systems, culture and leadership. These hazards influence- and are influenced by- organisational climate, and they directly impact workers psychological health and safety.

In the APS context, common psychosocial hazards include high work demands, lack of role clarity, remote or isolated work, workplace violence and exposure to traumatic content. However, some hazards may be more unique to government work. These can include:

- Machinery of Government (MoG) changes that disrupt roles, responsibilities and structures.
- Surge workloads in response to budget cycles or urgent initiatives.
- Public or political scrutiny, especially in contentious or highly visible portfolios.
- Moral injury, when staff are required to carry out decisions that conflict with their personal or professional values.

Some hazards may cause serious harm on their own (e.g. sexual harassment), but combinations of hazards—especially when sustained or systemic— are even more likely to lead to serious harm. This can be described as intersecting hazards when two or more psychosocial hazards are present in the same role, task, or system or compounding hazards that occur when the presence of one hazard increases the likelihood or severity of another. This combined presence or compounding nature may elevate the overall risk level even if each individual hazard appears low.

Appendix A provides an outline of all psychosocial hazards identified in the Psychosocial Code, their definitions, examples and some resources targeting each hazard. **Appendix B** offers some examples of combined hazards, their co-occurrence context and potential amplification patterns.

Further insights are available through Comcare's [About psychosocial hazards](#) resource.

Potential impacts of psychosocial hazards

Psychosocial hazards affect far more than individual wellbeing – they shape how teams function, how leaders lead, and how organisations perform. When left unmanaged, these risks can result in wide-ranging impacts across:

- psychological and physical health;
- interpersonal dynamics;
- leadership effectiveness;
- organisational culture and integrity, and
- the successful delivery of work.

The impacts often emerge gradually and may go unnoticed until they escalate. Even before injury occurs, psychosocial hazards can reduce motivation, impair judgement, and erode the quality of workplace relationships and decision-making.

Psychosocial risks are not only legal and operational concerns, but they are also levers for leadership, performance and culture. When managed well, they create safer, healthier and more effective workplaces.

Managing psychosocial risks effectively can:

- Strengthen psychological safety and trust.
- Enable greater staff engagement, performance and retention.
- Foster more inclusive, collaborative and high-performing teams.
- Improve decision-making and innovation through clarity and connection.
- Increase leadership confidence and cultural capability.
- Enhance the credibility, resilience and integrity of public service delivery.

These outcomes are cumulative. As preventative and systemic approaches are embedded, the benefits compound- building stronger systems, healthier cultures and greater confidence at all levels. Below are some summarised examples of how psychosocial risks can manifest at different levels:

Impacts on workers

Impacts	Examples
Psychological harm	Burnout, anxiety, depression, emotional exhaustion, trauma, or psychological injury.
Physical health effects	Fatigue, sleep disturbances, cardiovascular strain, and musculoskeletal issues.
Cognitive effects	Reduced concentration, impaired memory, difficulty problem-solving, and decision fatigue.
Emotional effects	Feelings of helplessness, overwhelm, isolation, or loss of control.
Behavioural signs	Withdrawal, irritability, presenteeism, absenteeism, increased conflict.
Work outcomes	Reduced performance, reluctance to innovate, increased risk of errors, and greater intention to leave and staff resignations.

Impacts on teams

Impacts	Examples
Breakdown in communication	Increased misunderstandings, unclear expectations, or avoidance of conflict, leading to misaligned efforts and delivery delays.
Reduced collaboration	Poor knowledge sharing, disengagement, and friction between team members, reducing the team's ability to deliver complex or cross-functional projects.
Erosion of trust	Perceived unfairness, cliques, or an "us vs them" environment that undermines cohesion, inclusivity, and team resilience.
Low morale and energy	Fatigue and frustration reduce problem-solving capacity and amplify the effects of other hazards over time.
Imbalance of workload	Some team members absorbing extra burden due to others' disengagement or absence, increasing risk of burnout and task failure.
Increased conflict	Disagreements arising from unclear roles, lack of civility, or unresolved tensions can escalate and distract from core work.
Delivery impacts	Reduced team stability and psychological safety may delay decision-making and increase the risk of failure to meet performance targets or deliver strategic outcomes.

Impacts on leaders

Impacts	Examples
Leadership strain	Emotional fatigue from managing people in distress, conflict, or resistance to change.
Operational disruption	Increased time managing interpersonal issues, complaints, and team dysfunction.
Role overload	Taking on additional work due to absenteeism or team underperformance.
Reduced capacity	Diminished ability to coach, develop talent, or manage change which can impact team motivation, engagement and productivity.
Visibility challenges	Difficulty identifying early warning signs of distress, particularly in hybrid or remote settings.
Reputational risk	Loss of trust in leadership when issues are not acknowledged or addressed fairly.
Performance pressure	Leaders may feel pressure to maintain delivery outcomes despite rising engagement or morale issues, increasing stress and potential for burnout.

Impacts on the organisation

Impacts	Examples
Workforce disengagement	Lower levels of motivation, innovation and discretionary effort that undermine workforce capability and increase the likelihood of underperformance or delivery delays.
Reduced productivity and quality	Errors, rework, missed deadlines, and reduced ability to deliver outcomes to the expected standard.
Increased WHS incidents and injury	Higher rates of psychological injury, particularly where controls are absent or ineffective.
High turnover and absenteeism	Recruitment and training burdens rise, with flow-on impacts to continuity and cost.
Reputational and legal risk	Public scrutiny, regulator investigation, or legal proceedings under WHS laws.
Cultural decline	A culture where staff feel pressured to be constantly available, poor behaviour is tolerated and compliance is driven by fear rather than trust.
Strategic inertia	Resistance to change due to cynicism, fear, or lack of trust in leadership decisions.

The difference between psychosocial and psychological

The terms psychosocial and psychological are interrelated but distinct. Understanding this difference is key to managing psychosocial risks effectively and building a psychosocially safe workplace culture.

Together, these concepts form part of a cohesive system. A positive psychosocial safety climate enables effective risk management, which in turn creates the conditions for psychological safety where people can thrive.

Psychosocial:

Refers to the interaction between social factors (such as workplace culture, leadership, and relationships) and individual psychological responses and interpretation of social factors.

An extension of this concept is the **Psychosocial Safety Climate (PSC)**, which reflects the overall sense an organisation genuinely cares about workers' mental health, wellbeing, and work-life balance.

This is demonstrated through leadership actions such as genuine and inclusive consultation, prioritising the protection of mental health in operational decisions, and fostering a culture of care—even when balancing or challenging operational demands.

Psychosocial safety:

Psychosocial safety focuses on protecting people's mental health and well-being by addressing risks in the workplace environment. It involves identifying and managing hazards like exposure to traumatic events or objectionable material, bullying, excessive workloads, or poor job clarity—factors that can cause stress or lead to psychological injury or harm. Psychosocial safety is critical for effective consultation.

Psychological:

Refers specifically to the cognitive and emotional processes that influence an individual's thoughts, feelings, behaviours, and overall functioning. This includes how people respond to stress and interact with others.

Psychological Safety:

In a workplace setting, **psychological safety** describes the shared belief that it is safe to express ideas, admit mistakes and take interpersonal risks without fear of negative consequences such as punishment or humiliation. When psychological safety is present, individuals are more likely to speak-up, share concerns and contribute openly to a group setting without fear of repercussions.

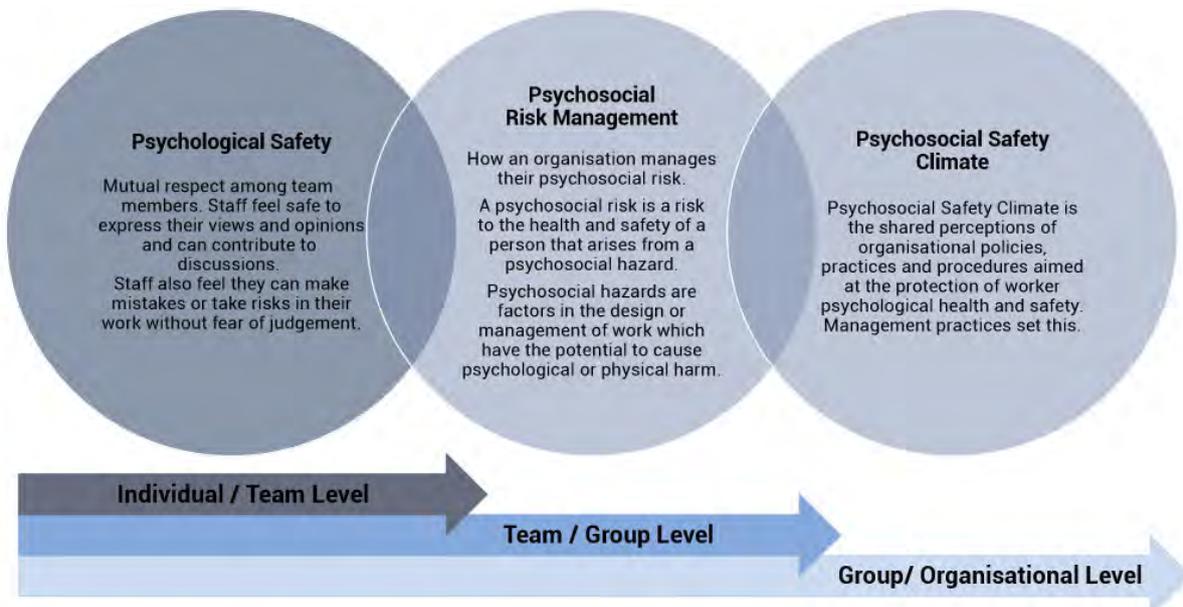
Psychological safety is a **critical enabler of effective psychosocial risk management**. It empowers workers to raise issues early, supports learning from failure, and strengthens team connection and integrity. To embed it meaningfully, it should be actively supported through organisational systems, leadership practices, and training—particularly for people managers. When integrated well, psychological safety underpins effective consultation, wellbeing, and performance at all levels.

Understanding these distinctions matters, because:

- **Psychosocial risks** are shaped not just by individual responses, but by the broader systems, relationships, and environments around people at work.
- **Psychological harm** can occur when these systems fail, particularly when hazards are ignored, poor practices persist, or workers feel unsafe or unsupported.

Interconnectedness of psychological safety, psychosocial risk management, and PSC

The diagram below, from Services Australia illustrates how psychological safety, psychosocial risk management, and psychosocial safety climate are distinct but interrelated concepts that operate at different levels within a workplace.



Psychological safety exists at the team or interpersonal level. Psychosocial risk management is the process through which organisations identify and control work-related factors that can harm psychological or physical health. This occurs at both the team and group level. Psychosocial safety climate, meanwhile, reflects the broader organisational culture and the shared perception that leadership is committed to protecting psychological health and wellbeing through policies, communication, and actions.

Together, these three concepts form a cohesive system: a positive safety climate enables effective risk management, which in turn creates the conditions for psychological safety to thrive.

Framework for managing psychosocial risks

Risk management process

Effectively identifying and managing psychosocial risks is more complex than managing typical physical hazards. Physical hazards are often visible and objective—such as an exposed electrical cord that poses the same risk to anyone—psychosocial hazards are typically less visible, more subjective, and shaped by workers' experiences, environments, and perceptions.

This means that understanding how a worker perceives a hazard, and what control measures may help, requires a deeper and more collaborative approach.

Psychosocial hazards can vary in their impact depending on the individual, team, organisational culture, and leadership context. They are often cumulative in nature and may affect workers differently based on personal circumstances, work relationships, and previous exposure. This variability underscores the need for a structured, inclusive, and consultative process for effective risk management.

Engaging staff is not only good practice—it is essential. Meaningful consultation helps to uncover how hazards are experienced, builds trust, and enables more tailored and effective control strategies. When workers feel psychologically safe to share their concerns, raise risks, and contribute to solutions, and speak without fear of judgement, organisations are better equipped to address risks effectively and create safer workplaces.

Meaningful consultation is more than a compliance obligation- it's a critical enabler of psychological safety.

When staff feel heard, respected, safe to speak and contribute honestly, organisations gain more accurate insights, build trust, and develop stronger, more effective controls. Consultation should be ongoing, inclusive, and embedded into every stage of psychosocial risk management.

Psychosocial risk management occurs on a continuum. Organisations may be at different levels of maturity—from meeting baseline compliance requirements, to implementing preventative and proactive controls. Ultimately, building cultures that protect psychological health and wellbeing as standard business practice.



The continuum illustrates the maturity progression of managing psychosocial risks, from compliance to proactive, wellbeing -focused leadership.

Appendix C offers hazard specific examples showing the progression in organisational response, leadership mindset and system capability to further understand what psychosocial risk management may look like at different maturity stages.

While legal compliance sets the minimum standard, the greater value lies in prevention. Agencies that integrate psychosocial risk management into leadership practice, workplace systems, and team dynamics not only reduce harm – they foster trusted, engaged, and high-performing workforces.

Progress along this continuum also supports key leadership outcomes often reflected in enterprise metrics – such as workforce engagement, capability, and confidence in senior leadership. These results, captured in whole-of-service indicators like the APS Census, inform agency reputation, strategic performance, and senior executive accountability.

By prioritising prevention, APS leaders can strengthen culture, deliver sustainable outcomes for government, and demonstrate visible stewardship in the face of evolving workforce expectations.

Creating a safe and respectful workplace isn't a checkbox activity- it reflects a leader's commitment to prioritise and nurture psychosocial safety through every conversation, decision and adjustment- building strong, resilient teams one step at a time.

The four-step process



While the Psychosocial Code outlines a four-step process (identify, assess, control, and review), best practice goes further by embedding a systems lens, proactive planning, psychological safety, meaningful consultation, leadership accountability, and a focus on wellbeing—not just risk reduction.

The [Psychosocial Code](#) refers to the risk management process which includes four key steps.

Step 1: Identify hazards

Identifying psychosocial hazards involves more than listing risks – it's about understanding how work is experienced and how that experience may create harm. This requires looking beyond obvious indicators to consider the work environment, systems, culture, leadership, and relationships.

Meaningful consultation with workers is central to this process. Their insights help uncover underlying issues that data alone can miss. Psychosocial hazards can be harder to detect, especially in environments where workers operate with high levels of autonomy, manage complex stakeholder relationships, or engage in sensitive decision-making. Senior leaders must remain attuned to shifts in workplace dynamics, engagement patterns, and team climate to ensure early identification and effective management.

Engaging workers early fosters shared understanding, strengthens psychological safety, and creates space for preventative action. It also enables agencies to prioritise the right issues and respond in ways that reflect lived experience. This step lays the foundation for a well-informed, proactive approach – one that is more likely to reduce risk and improve workplace culture over time.

Proactive and ongoing identification processes can include:

- **Worker consultation:** Health and Safety Representatives (HSRs) feedback, surveys, focus groups, toolbox talks, regular team check-ins.
- **Organisational data:** APS Census results, absenteeism and turnover, EAP usage, WHS incident reports, complaints, near-misses, and exit interviews.
- **Workplace observation:** fatigue signs, relational dynamics, isolation risks, workload imbalance.
- **Validated tools and assessments** such as:
 - [People at Work: a free evidence-based psychosocial risk assessment tool for workplaces](#)
 - [ADDRESS: APS Psychosocial Hazard Suite | Australian Public Service Academy](#)

Hazard identification processes should be built into regular work routines, not handled as one-off events. Combining multiple data sources and lived experience ensures risks are identified early, understood holistically, and prioritised appropriately enhancing accuracy, worker trust, and leadership decision-making.

Step 2: Assess Risks

Once psychosocial hazards have been identified, agencies should assess the level of risk of each hazard present. This means considering how likely the hazard is to cause harm and how severe the harm could be. It also involves thinking about how often and how long workers are exposed, how hazards may interact, and whether current controls are effective.

A risk is higher where exposure is frequent, long-lasting or highly harmful. The ISO 45003: 2021 recommends using these evaluations to inform prioritisation and planning.

Risk Factor	Description
Frequency	How often a worker is exposed to the hazard or risk. Frequent exposure increases the likelihood of harm.
Duration	How long each episode of exposure lasts. Prolonged exposure can erode coping capacity.
Severity	The seriousness of potential or actual harm. Exposure to some hazards or risks may lead to acute or lasting psychological and physical injury.

What does this mean in practice?

A risk assessment helps determine which hazards need the most urgent attention and what kind of controls are needed. It ensures that agencies do not rely on assumptions and instead act based on evidence, lived experience, and organisational context. This process should:

- Involve affected workers and relevant experts
- Be tailored to different work groups and settings
- Consider both individual and combined (compounding) effects of hazards
- Reflect levels of exposure, duration, and severity

Risk assessment does not always mean a large survey. It may involve structured team discussions, short pulse surveys, targeted feedback following a workplace change or incident, or a combination of tools (**Appendix D**).

Choosing the right approach and tools matters.

Psychosocial risk assessment methods should reflect the specific hazards being explored, the nature of the roles involved, and the agency's operating environment. A mix of qualitative and quantitative data, drawn from multiple sources, is often most effective.

For example, team debriefs, or guided discussions may be more appropriate in smaller or high-trust teams, whereas larger or dispersed workforces may benefit from periodic structured surveys or enterprise-level data analytics.

Tools should help leaders:

- Prioritise risks with the highest likelihood and severity

- Understand the impact of cumulative exposure
- Tailor controls based on risk patterns across different work areas
- Inform both immediate actions and longer-term planning

No single tool will suit all situations. Agencies are encouraged to build flexible assessment strategies that evolve alongside workforce needs, regulatory expectations, and insights from consultation.

Recognising hazard exposure across diverse APS roles

Levels of psychosocial hazard exposures vary across roles within the APS and can be influenced by job design, work environment, public interaction, and operational context. While all APS roles carry some level of psychosocial risk, common patterns can emerge based on role type. Understanding these patterns across roles can help leaders prioritise preventative action, allocate resources appropriately, and ensure tailored risk management.

The examples below illustrate how psychosocial risks may present in different APS roles. They are not exhaustive or prescriptive, each agency will have its own combination of functions, structures, and workforce characteristics. These profiles are designed to prompt consideration of likely exposures and support more targeted assessment and planning.

Role type	Description	Common psychosocial hazards	Risk assessment focus
Policy and Program	Often involve cognitively demanding work in fast-paced environments, with responsibilities that may be strategic, politically sensitive, or time-critical.	<ul style="list-style-type: none"> • High job demands and competing priorities • Role ambiguity and limited job control • Time pressure and deadline-driven cycles • Moral stress related to policy implementation constraints or political tensions 	Risk assessments may benefit from exploring the balance of demand and control, ethical load, and impacts on work-life boundaries.
Service Delivery	These client-facing roles often involve direct interaction with members of the public, including those experiencing distress or complex needs.	<ul style="list-style-type: none"> • Emotional labour and vicarious trauma • Exposure to challenging behaviours or aggression • Low autonomy and limited recovery time • Feelings of low recognition or inadequate support 	Assessments may consider interpersonal safety, recovery systems, and emotional fatigue.
Regulation and Compliance	These roles are responsible for interpreting and enforcing rules, often in high-stakes or adversarial environments.	<ul style="list-style-type: none"> • Client aggression or adversarial interaction • Moral conflict in discretionary enforcement • Role tension and ambiguity • Remote or isolated working conditions 	Assessment priorities may include fairness, clarity, support structures, and cohesion.
Administrative and Support	While not typically public facing, these roles may carry distinct psychosocial challenges.	<ul style="list-style-type: none"> • Repetitive tasks and low variety • Limited career pathways or recognition • Unclear communication and change-related uncertainty • Perceived exclusion from decision-making 	Risks may relate to workload structure, engagement, and inclusion.
Non-Traditional APS Roles (e.g. Defence, Border Operations, Emergency Response)	These mission-critical environments are often highly structured, with heightened exposure to trauma and systemic pressures.	<ul style="list-style-type: none"> • Trauma exposure and critical incidents • Operational fatigue and sleep disruption • Rigid hierarchies and low decision latitude • Mental health stigma or cultural reluctance to seek help 	Risk assessments might explore leadership behaviours, recovery pathways, and psychological safety norms.

Tailoring psychosocial risk assessments to role types can support more effective prevention and control. These examples offer a starting point for understanding role-related risk patterns, but every agency will have a unique profile shaped by its operating environment. Leaders are encouraged to combine this knowledge with consultation and data to ensure assessments reflect lived experience and support practical, targeted interventions.

Step 3: Control Risks

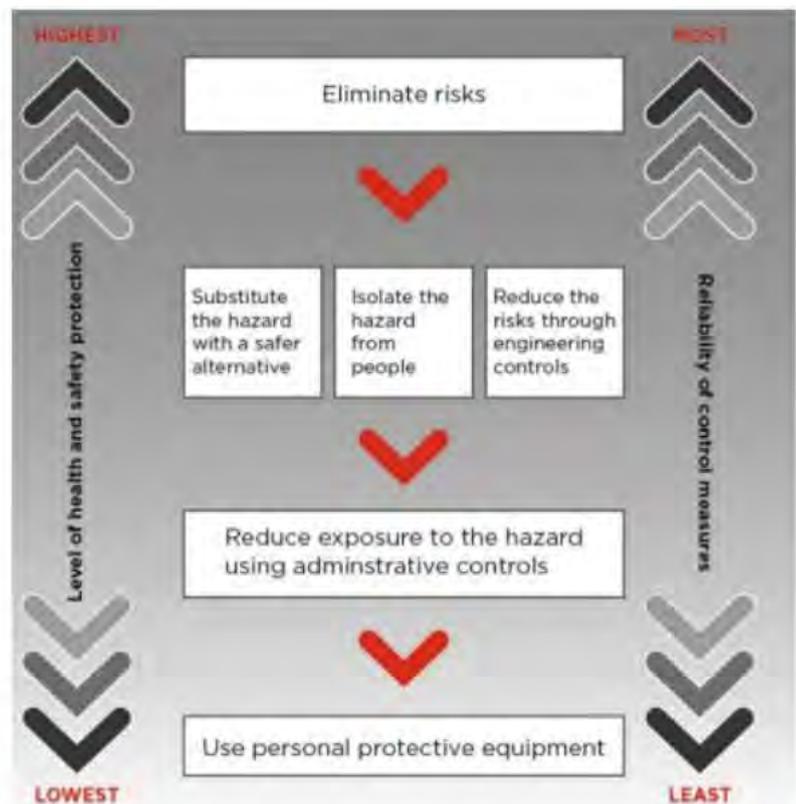
The Regulations 55C–55D require PCBUs to manage psychosocial risks in line with Part 3.1, including applying the hierarchy of control measures. The Psychosocial Code outlines how to apply this hierarchy in practice.

Controlling psychosocial risks means implementing measures to eliminate risks, or if that is not reasonably practicable, minimise them so far as is reasonably practicable. **Eliminating the risk** is the most effective approach and must always be considered first. For psychosocial hazards, elimination often involves addressing the source of harm through good work design, appropriate resourcing, and effective systems of work.

The hierarchy ranks control measures from most to least effective, prioritising higher-order, preventative actions that remove or reduce hazards at the source. Lower-order measures, such as administrative controls or individual-level strategies, are less effective and should not be relied on alone.

Order of effectiveness from highest to lowest:

1. **Eliminate the risk** – Remove the hazardous work process or practice entirely.
2. **Substitute** – Replace the hazard with a safer alternative.
3. **Isolate** – Separate people from the hazard.
4. **Engineering controls** – Redesign work systems or environments to reduce exposure.
5. **Administrative controls** – Introduce policies, procedures, training, and monitoring.
6. **Personal protective equipment (PPE)** – Least effective; generally not applicable to psychosocial hazards.



When selecting and implementing a combination of control measures it's important that you consider whether any new risks might be introduced as a result.

The Australian Public Service Commission-[ADDRESS: APS Psychosocial Hazard Suite](#) has sample controls.

Control Types: A Layered Approach

Psychosocial risks often arise from complex systems and work environments—meaning that effective control measures must operate across multiple levels. A layered approach to prevention helps ensure that risks are not only addressed where they emerge but also mitigated through systemic change and workplace design.

Controls should ideally be proactive, sustainable, and integrated into daily operations and leadership practice. Using a layered prevention approach to ensure that controls operate at multiple levels of the system plays a role in reducing risk exposure, supporting early intervention, and promoting psychological safety and wellbeing, as shown by the table below.

Control Layer	Description	Examples
Organisational Controls	Systemic, structural, or policy-level changes that reduce hazards or their likelihood of occurring.	<ul style="list-style-type: none"> • Designing roles with manageable workloads and clear responsibilities • Setting realistic deadlines and resourcing for projects • Improving staff-to-supervisor ratios • Reviewing performance systems for fairness and psychological impact • Investing in secure work arrangements and job clarity during change
↑ ABOVE THE LINE CONTROLS - FOCUS ON CHANGE TO THE WORK ↑		
Team and Environment Controls	Actions that shape local culture, relationships, communication, and ways of working.	<ul style="list-style-type: none"> • Establishing team norms that support respectful interactions and inclusion • Creating regular check-ins that encourage psychological safety • Clarifying team goals, expectations, and feedback channels • Reviewing meeting loads, reporting demands, and digital communication norms • Supporting managers to lead with empathy and role model healthy boundaries
↓ BELOW THE LINE CONTROLS- FOCUS ON CHANGE TO THE WORKER ↓		
Individual and Recovery Supports	Responsive measures that assist individuals in managing the impact of hazards or accessing early support.	<ul style="list-style-type: none"> • Access to EAP, peer support, or cultural advisors • Providing debriefing or supervision after high-stress events • Supporting adjustments to work after illness or exposure to traumatic content • Clear escalation pathways when concerns arise

Consultation and Customisation

Consulting with staff on control options is both a legal requirement and a practical necessity. It helps ensure that measures are tailored, effective, and trusted. Employees can often identify low-cost, high-impact changes that improve their working environment. Controls should be monitored for effectiveness and adjusted over time in partnership with the workforce.

Step 4: Review Controls

Psychosocial risk management does not end with control implementation. APS organisations and their leaders must ensure controls remain effective, relevant, and proportionate over time – particularly as workplace conditions evolve, new risks emerge, or feedback suggests existing measures are no longer working. Review is a critical part of both continual improvement (ISO 45003:2021) and consultation duties under the Code.

Control reviews should occur:

- As part of regular WHS reviews or workforce planning cycles.
- In response to workplace changes (e.g. restructures, policy shifts).
- Following incidents, complaints, or hazard reports.
- When feedback or consultation reveals controls are ineffective or unmet needs persist.

Effective review should consider whether controls are:

- Addressing the root cause of a hazard
- Creating unintended consequences or new risks
- Still relevant and appropriate to current work arrangements
- Well understood and consistently applied by workers and leaders

Leadership insight: Preventative control measures not only reduce risk—they also strengthen organisational performance, engagement, and trust. Controls that address systemic contributors to harm often have positive flow-on effects across productivity, workforce stability, and APS Census outcomes.

What does a good psychosocial risk management approach include?

A strong psychosocial risk management approach supports both compliance and culture. It goes beyond box-ticking to embed proactive, preventative practices that are responsive to workplace realities and shaped in partnership with the workforce. Key elements include:

Key element	Description
Risk identification and assessment	<p>Identify psychosocial “hot spots” using multiple data sources—e.g. surveys, focus groups, WHS reports, grievances, absenteeism, and turnover trends—ensuring active consultation with workers and their representatives (including HSRs).</p> <p>Effective systems bring together insights from multiple areas (HR, WHS, EAP, etc.) to build a clear picture of risk patterns across different role types and work environments. Prioritise methods that engage workers and uncover patterns not visible in data alone.</p>
Clear policies, responsibilities and accountability	<p>Establish clear internal policies and procedures outlining who is responsible for identifying, managing, and reviewing psychosocial risks at each level of the organisation. Define escalation pathways, ensure teams know how to respond to risks, and integrate responsibilities into performance and operational plans.</p>
Action plans linked to the hierarchy of controls	<p>Prioritise control measures that address the design and management of work—not just individual behaviour or coping. Controls should reflect the hierarchy of controls, with emphasis on eliminating or minimising risks through structural and preventative strategies (e.g. job redesign, workload balancing, team norms).</p> <p>Leaders must ensure that controls are tailored, practical, and consistently reviewed. Align control strategies with legal duties to do what is ‘reasonably practicable’ (See Appendix E for what this might look like).</p>
Supportive systems and recovery pathways	<p>Support systems should be accessible and responsive, including peer support, EAP, cultural advisors, trauma recovery pathways, and early intervention mechanisms. These must be trusted, well-communicated, and used—not just written into policy.</p> <p>Psychological safety and support should be embedded into existing wellbeing frameworks and WHS systems.</p>
Monitoring, evaluation and continuous improvement	<p>Effective systems embed regular feedback loops, WHS reviews, and leadership evaluation mechanisms. Triangulating insights from multiple sources (e.g. Census results, consultation feedback, HR metrics) helps identify whether risks are being reduced and whether controls are effective. Ongoing review ensures controls remain fit for purpose as work and workforce needs evolve.</p>
Workforce capability and leadership commitment	<p>Sustainable systems invest in capability building at all levels—frontline, supervisory, and executive. This includes awareness training, psychosocial risk literacy, and building psychologically safe cultures where staff can raise concerns and participate in improvements.</p> <p>Leaders must demonstrate visible commitment through decisions, resourcing, and behaviours.</p>
Governance and systems-level oversight	<p>Ensure psychosocial risks are embedded into WHS and enterprise risk systems, with visibility at the executive and governance levels.</p> <p>This includes board reporting, tracking progress through strategic metrics, and ensuring psychosocial risks are integrated alongside other operational and organisational risks.</p>

For a practical view of how these principles translate into organisational capability, see **Appendix F & G**. The matrices outline what maturity looks like across eight key domains and some actions that could be taken to uplift maturity capability- from leadership and consultation to controls and continuous improvement- helping agencies assess current practice and plan meaningful progression beyond compliance.

Roles and responsibilities

Effectively managing psychosocial hazards requires a whole-of-organisation approach. While legal duties apply at every level, each group within an organisation plays a different role in creating and sustaining a safe, respectful, and mentally healthy workplace.

This section outlines common responsibilities for key workforce groups. Examples are illustrative, not exhaustive. Agencies should consult with staff and tailor roles to their own structures and WHS governance.

Executive Leadership

Executive leaders play a critical role in setting the tone, direction, and accountability for psychosocial risk management. They should model respectful behaviour, respect work-life boundaries, and provide visible support for mental health initiatives.

A senior leader may have a duty as an 'officer' under WHS Act, if they make or influence the significant financial or operational decisions of the organisation. Officers under the WHS Act must exercise due diligence to ensure the organisation meets its duties to protect workers and other persons from harm to health and safety. Due diligence includes taking reasonable steps such as:

- Understanding the organisation's work and psychosocial hazards and risks that can arise – this can be done by consulting workers and their representatives.
- Allocating resources to conduct a psychosocial risk mitigation process such as workload reviews, job redesign, and implementing the outcomes of those reviews.
- Requiring regular reporting of psychosocial risk trends (e.g. EAP use, turnover, WHS incidents).
- Ensuring psychosocial hazards are integrated into enterprise risk plans, change management processes, and strategic planning processes.
- Ensuring the organisation has the right processes to receive and respond to reports of incidents, hazards or other WHS issues, and processes to comply with any other WHS duties
- Ensuring they are discussing identified issues with managers or supervisors and providing support by taking action to eliminate or minimise psychological hazards and risks.
- Remaining up to date on psychosocial work health and safety regulatory requirements, including participating in training
- Knowing the psychosocial hazards and risks involved in the work being undertaken that they oversee
- Ensuring systems are in place to manage risks and oversee their effectiveness
- Prioritising time and resources to ensure psychosocial safety, including conducting a psychosocial risk mitigation process such as workload reviews, job redesign.

Failure to give effect to due diligence obligations can result in officers being held personally liable of WHS breaches.

Managers & Supervisors

Managers and supervisors are essential to translating organisational intent into day-to-day practice. They have direct influence over how work is allocated, support is provided, and issues are identified and escalated. Their role may include implementing controls for psychosocial hazards, consulting with team members, and modelling respectful, supportive behaviours. Managers are often the first to observe early warning signs of stress or conflict and play a key role in responding appropriately.

Effective managers balance operational delivery with care for team wellbeing – adjusting workloads, clarifying expectations, and creating psychologically safe team environments where staff feel heard and valued.

Responsibilities in action can include:

- Understanding the hazards and risks involved in the work being undertaken by staff they oversee
- Considering safety in planning and management of staff and work
- Monitoring of staff wellbeing, including working hours, absences, flex balances, excess leave and other indicators of risk
- Regularly checking in with staff about wellbeing
- Adjusting work schedules or redistributing tasks when team members are under pressure.

- Running team check-ins to talk openly about workload, support needs, and wellbeing.
- Responding promptly to reports of interpersonal conflict or unreasonable demands.
- Using hazard checklists or risk assessment tools during team planning sessions.
- Escalating emerging risks (e.g. burnout, exposure to traumatic material) to HR or leadership early.

Workers

All workers, including leaders, managers and supervisors, have a duty under the WHS Act to take reasonable care for their own health and safety, and that of others. While not all psychosocial responsibilities are legal duties, many are essential to maintaining a healthy workplace culture.

In practice, workers contribute to psychosocial safety by:

- Understanding their role in contributing to psychosocial safety and risk management
- Following safe work practices by adhering to instructions, procedures and guidelines, and participating in training and other agreed initiatives to manage risks
- Actively participating in risk assessments and consultation processes.
- Reporting workload, conduct, or wellbeing concerns to managers or WHS representatives.
- Supporting inclusive and respectful team behaviours.
- Taking reasonable steps to safeguard personal health, safety and wellbeing and setting personal boundaries (e.g. taking breaks, disconnecting after hours).
- Cooperate with the agency on resolution of concerns and access to support, including wellbeing programs, EAP, peer networks, or wellbeing tools.

While the primary duty to manage risks sits with the PCBU, fostering a culture where workers feel empowered to speak up and seek support is critical to early intervention and sustainable risk management.

Consultation and Co-Design

Under the WHS Act, PCBUs must consult workers and their Health and Safety Representatives (HSRs) on matters that affect health and safety. This includes identifying and managing psychosocial hazards.

Good practice includes:

- Consulting early with HSRs and workers on planned changes, risk assessments, and control measures.
- Ensuring workers understand their rights to be informed, consulted, and represented.
- Engaging union or staff consultative forums where appropriate.
- Co-designing tools, strategies, or support systems with those most affected by psychosocial risks.

Roles and responsibilities will differ depending on agency size, structure, and risk profile. However, the most effective approaches are those that involve everyone—ensuring legal obligations are met, risks are reduced, and a positive psychosocial culture is built over time

Appendix A: Psychosocial Hazards

Hazard	Description	Examples	Resources	Reflection Questions
Bullying	Repeated unreasonable behaviour directed towards a worker or group of workers that creates a risk to health and safety. This includes bullying by workers, clients, patients, visitors, or others.	Repeated incidents of practical jokes or initiation Spreading misinformation or malicious rumours, Belittling or humiliating comments, Being verbally denigrated or threatened.	Bullying Safe Work Australia Harmful behaviours Safe Work Australia Bullying Comcare	Have I set a clear zero-tolerance tone for bullying and intimidation? Do staff feel safe reporting inappropriate behaviour?
Conflict or poor workplace relationships and interactions	Poor workplace relationships or interpersonal conflict between colleagues or from other businesses, clients, or customers. Frequent disagreements, disparaging or rude comments, either from one person or multiple people, such as from clients or customers. A worker can be both the subject and the source of this behaviour. Discrimination or other unreasonable behaviours by co-workers, supervisors or clients. Inappropriately excluding a worker from work-related activities.	Unresolved and excessive conflict regarding work tasks, processes, customers, interpersonal issues Treating some workers less favourably than others because of their background or personal characteristics.	Conflict or poor workplace relationships or interactions Comcare	Am I addressing conflict early and fairly? Do I foster respectful, inclusive team dynamics?
Fatigue	A state of physical or mental exhaustion, or both, which reduces a person's ability to perform work safely and effectively	Jobs where there are high cognitive demands (such as sustained concentration or extended work hours) Lack of recovery periods between shifts Roster cycle or shift length (e.g. long shifts and not enough time to recover between shifts) Environmental stressors at work (e.g. light, noise, climate, vibration)	Fatigue Comcare	Are workloads, rosters, or expectations contributing to staff fatigue or disrupted sleep? Do I monitor for signs of physical or mental exhaustion and allow adequate recovery time? Have I considered the impact of extended hours, shift patterns, or high

Hazard	Description	Examples	Resources	Reflection Questions
		<p>Design, quality, and management practices for accommodation facilities that compromise the amount and quality of sleep and rest.</p>		<p>cognitive demand on team fatigue?</p>
<p>Harassment (including sexual harassment)</p>	<p>Harassment due to personal characteristics such as age, disability, race, nationality, religion, political affiliation, sex, relationship status, family or carer responsibilities, sexual orientation, gender identity or intersex status.</p> <p>Sexual harassment - any unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature, in circumstances where a reasonable person, having regard to all the circumstances, would anticipate the possibility that the person harassed would be offended, humiliated or intimidated.</p> <p>Harmful behaviour that does not amount to bullying (such as single instances) but creates a risk to health or safety.</p> <p>Workplace technology-facilitated sexual harassment can happen by phone, email, camera or online (such as through social media platforms), or by misusing shared workplace technology (such as shared calendars)."</p>	<p>Telling insulting jokes about particular racial groups</p> <p>Making derogatory comments or taunts about someone's disability</p> <p>Asking intrusive questions about a person's body</p> <p>Staring, leering or unwelcome touching</p> <p>Sexual or suggestive comments, jokes or innuendo</p> <p>Unnecessary familiarity, such as deliberately brushing up against a person."</p>	<p>Sexual and gender-based harassment - Overview Safe Work Australia</p> <p>Harassment including sexual harassment Comcare</p>	<p>Am I aware of what constitutes harassment and how to respond?</p> <p>Do staff know how to report issues safely and confidentially?</p> <p>Am I promoting a culture of respect and psychological safety?</p>
<p>Inadequate reward and recognition</p>	<p>Jobs with low positive feedback or imbalances between effort and recognition.</p> <p>High level of unconstructive negative feedback from managers or customers.</p> <p>Low skills development opportunity or underused skills.</p>	<p>Not being recognised for extra effort or commitment</p> <p>No reasonable opportunities for career development.</p>	<p>Inadequate reward and recognition Comcare</p>	<p>Do I acknowledge good work, effort, and achievements?</p>

Hazard	Description	Examples	Resources	Reflection Questions
<p>Intrusive surveillance</p>	<p>Excessive surveillance methods/tools to monitor and collect information about workers at work.</p>	<p>Unreasonable level of supervision Tracking of when and how much a worker is working Tracking calls made and movements made by the workers (using CCTV and trackable devices) The use of keyboard activity trackers Technology that allows the PCBU remote access, and take screenshots of a workers' computer GPS monitoring of workers' movement in company vehicles for the purpose of work performance monitoring, as opposed to other reasons such as safety considerations.</p>	<p>Intrusive surveillance Comcare</p>	<p>Are staff aware of what is monitored (e.g. software tracking, keystrokes, cameras) and why?</p> <p>Do I ensure monitoring practices are proportionate, transparent, and respect privacy?</p> <p>Have I consulted with staff about how surveillance systems affect trust, autonomy, or psychological safety?</p>
<p>Job Demands</p>	<p>Intense or sustained high mental, physical or emotional effort required to do the job. Unreasonable or excessive time pressures or role overload. High individual reputational, legal, career, safety or financial risk if mistakes occur. High vigilance required, limited margin of error and inadequate systems to prevent individual error. Shifts/work hours that do not allow adequate time for sleep and recovery, causing fatigue. Performing emotional labour or providing emotional support causing fatigue. Sustained low levels of physical, mental or emotional effort is required to do the job.</p>	<p>Time pressure Role overload Unachievable deadlines High vigilance Challenging work hours or shift work Unrealistic expectations to be responsive outside work hours.</p>	<p>Job demands Comcare</p>	<p>Are workloads and deadlines realistic and manageable?</p> <p>Have I checked for signs of burnout or excessive pressure?</p>

Hazard	Description	Examples	Resources	Reflection Questions
	<p>Long idle periods while high workloads are present, for example where workers need to wait for equipment or other workers.</p>			
Job insecurity	<p>Employment where workers lack the assurance that their jobs will remain stable from day to day, week to week, or year to year.</p> <p>Workers are engaged in insecure, precarious, and contingent work arrangements such as fixed-term contracts, seasonal, casual, freelance and gig work.</p>	<p>Jobs where there is little or no job security</p> <p>Little or no entitlements or benefits (e.g. sick leave, pay rates)</p> <p>Low levels of control or need to work multiple jobs.</p>	<p>Job insecurity Comcare</p>	<p>Do I provide clear, regular updates about job roles, contract changes, or organisational restructures?</p> <p>Have I acknowledged or addressed staff concerns about job stability or future employment prospects?</p>
Lack of role clarity	<p>Uncertainty, frequent changes, conflicting roles or ambiguous responsibilities and expectations.</p>	<p>Nil or poor job description</p> <p>A worker being told one task is a priority, but another manager disagrees</p> <p>A worker being given multiple priority tasks from different managers</p> <p>A worker being given conflicting</p>	<p>Lack of role clarity Safe Work Australia</p> <p>Lack of role clarity Comcare</p>	<p>Are roles and responsibilities clearly defined and understood?</p>
Low job control	<p>Workers have little control over aspects of the work including how or when the job is done.</p> <p>Workers have limited ability to adapt the way they work to changing or new situations.</p> <p>Workers have limited ability to adopt efficiencies in their work. Tightly scripted or machine/computer paced work.</p> <p>Prescriptive processes which do not allow workers to apply their skills and judgement.</p> <p>Levels of autonomy not matched to workers' abilities.</p>	<p>Having little say over break times or when to switch tasks</p> <p>Needing permission for routine or low risk task</p> <p>Strict processes that can't be changed to fit the situation</p> <p>Worker's level of autonomy doesn't match their role or abilities (supervisors not having enough authority to do their jobs)</p>	<p>Low job control Safe Work Australia</p> <p>Low job control Comcare</p>	<p>Do staff have some autonomy over how they do their work?</p> <p>Can they contribute to decisions that affect their role?</p>

Hazard	Description	Examples	Resources	Reflection Questions
Poor organisational change management	<p>Insufficient consultation, consideration of new hazards or performance impacts when planning for, and implementing, change.</p> <p>Insufficient support, information or training during change.</p> <p>Not communicating key information to workers during periods of change.</p>	<p>Not consulting workers on changes in the workplace that affect them (e.g., not communicating with workers about the change or genuinely considering their views)</p> <p>Lack of practical support for workers during implementation of workplace changes."</p>	<p>Poor organisational change management Safe Work Australia</p> <p>Poor organisational change management Comcare</p>	<p>Do I keep staff informed and involved during changes?</p> <p>Have I explained why changes are happening and what they mean?</p>
Poor organisational justice	<p>Inconsistent, unfair, discriminatory or inequitable management decisions and application of policies, including poor procedural justice.</p>	<p>Inconsistent, unfair, discriminatory or inequitable decisions and application of policies or procedures.</p>	<p>Poor organisational justice Safe Work Australia</p> <p>Poor organisational justice Comcare</p>	<p>Are decisions about workloads, performance, and promotions made fairly and consistently?</p> <p>Do I provide transparent reasoning and communication for management decisions that affect staff?</p>
Poor physical environment	<p>Workers are exposed to unpleasant, poor quality or hazardous working environments or conditions.</p>	<p>Work environments that involve poor air quality, high or nuisance noise levels, extreme temperatures, or uncontrolled biological hazards (e.g., blood or bodily fluids or infectious pathogens).</p> <p>Plant or equipment to emit loud noises, dust, and vibrations.</p>	<p>Poor physical environment Safe Work Australia</p> <p>Poor physical environment Comcare</p>	<p>Is the workspace comfortable, accessible, and safe?</p> <p>Are noise, lighting, and temperature regularly assessed?</p>
Poor support	<p>Tasks or jobs where workers have inadequate support including practical assistance and emotional support from managers and colleagues, or inadequate training, tools and resources for a task.</p>	<p>Poorly maintained or inadequate access to equipment/tools or supervisory support</p> <p>Lack of functional or adequate IT systems</p> <p>Limited opportunities to engage with co-workers during the work shift</p> <p>No constructive feedback</p> <p>Inadequate response to issues raised</p>	<p>Poor support Comcare</p>	<p>Do I provide regular feedback and guidance?</p> <p>Do team members know where to access wellbeing or HR support?</p>

Hazard	Description	Examples	Resources	Reflection Questions
Remote or isolated work	Working in locations with long travel times, or where access to help, resources or communications is difficult or limited.	Night-shift workers. Workers who spend a lot of time travelling with limited opportunities for socialising. Working alone from home or away from home over protracted periods of time.	Remote and isolated work Safe Work Australia Remote or isolated work Comcare	Do I check in regularly with remote or isolated team members? Are there systems to support their safety and connection?
Traumatic events or material	Experiencing fear or extreme risks to the health or safety of themselves or others. Exposure to natural disasters, or seriously injured or deceased persons. Reading, hearing or seeing accounts of traumatic events, abuse or neglect. Supporting victims or investigating traumatic events, abuse or neglect.	Witnessing or investigating fatalities, serious injuries, abuse, neglect or serious incidents (e.g. investigating child protection cases). Being exposed to extreme effects of natural disasters or seriously injured people	Traumatic events or materials Safe Work Australia Traumatic events or materials Comcare	Are staff exposed to emotionally impactful content/situations or objectionable material? Do we have appropriate support systems in place to support staff exposed to such events or material?
Violence and aggression	Violence, or threats of violence from other workers (including workers of other businesses), customers, patients or clients (including assault). Aggressive behaviour such as yelling or physical intimidation.	Punching, biting, spitting, or kicking Throwing objects Using or threatening to use a weapon Verbal abuse and threats Aggressive behaviour, such as yelling, or physical intimidation.	Workplace violence and aggression Safe Work Australia Violence and aggression Comcare	Do I have clear procedures for managing aggressive behaviour from clients or others? Have staff received relevant occupational violence/de-escalation training?

Appendix B: Combined psychosocial hazard and impact examples

Hazard Cluster	Common Co-occurrence Context	Amplification Pattern
Role Clarity Job Demands Low Job Control	High-pressure environments with shifting priorities and limited autonomy (e.g. budget cycles, crisis response units)	Ambiguity and high demand without control accelerates cognitive fatigue, emotional distress, and reduced performance sustainability
Traumatic Content Remote/Isolated Work Low Supervisor Support	Field or international roles with exposure to harm and limited real-time supervision (e.g. peacekeeping, emergency services, consular roles)	Isolation heightens the psychological impact of trauma; lack of immediate support increases cumulative stress and delayed help-seeking
Job Insecurity Poor Change Management Organisational Justice	Restructures, MOG changes, or contract uncertainty with weak consultative processes	Perceptions of unfair treatment and instability heighten distrust, disengagement, and presenteeism
Inadequate Reward Bullying Poor Workplace Relationships	Workplaces with competitive or hierarchical cultures that overlook recognition and tolerate poor behaviour	Lack of positive reinforcement and interpersonal safety magnifies relational harm and entrenches toxic team dynamics
Fatigue High Job Demands Low Recognition	Long-hour cultures where overwork is normalised and not acknowledged (e.g. policy/program delivery, senior executive levels)	Physical and mental exhaustion becomes a badge of honour, delaying intervention and reinforcing burnout patterns
Gendered Violence Discrimination Poor Organisational Justice	Environments lacking inclusive leadership or robust response systems (e.g. some enforcement, security, or command-style structures)	Harm is silenced or downplayed; workers lose trust and psychologically withdraw from systems intended to protect them
Intrusive Surveillance Low Job Control Role Clarity	Workplaces with performance monitoring tools but without transparency or autonomy (e.g. call centres, virtual monitoring)	Over-monitoring without clear role expectations can foster hypervigilance, distress, and a sense of powerlessness
Remote Work Poor Relationships Inadequate Recognition	Hybrid teams with weak interpersonal infrastructure and little feedback or praise	Disconnection and invisibility compound, contributing to loneliness, disengagement, and lack of role purpose
Poor Change Management Role Clarity Job Insecurity	Policy/program areas experiencing constant reprioritisation or funding uncertainty	Lack of stability and clarity undermines motivation and trust, fostering disengagement and emotional exhaustion
Bullying Organisational Justice Poor Relationships	Command-and-control cultures where leadership tolerates poor behaviour	Staff are less likely to report harm, fear retaliation, and view reporting processes as futile, reinforcing silence and harm

Hazard Cluster	Common Co-occurrence Context	Amplification Pattern
High Job Demands Low Job Control Poor Supervisor Support	Delivery-focused teams with tight KPIs and limited input into workflows	The lack of support and autonomy erodes coping capacity, leading to sustained stress and reduced innovation
Discrimination Remote/Isolated Work Poor Change Management	Regional staff or equity groups left out of consultations or planning	Disconnection amplifies perceptions of exclusion and unfairness, leading to morale and retention risks
Fatigue Intrusive Surveillance Inadequate Reward	Digital environments with passive monitoring and high output expectations	Workers internalise pressure to over-perform while feeling undervalued, increasing chronic stress and burnout
Customer Aggression Low Job Control Poor Workplace Relationships	Client-facing services with rigid protocols and under-resourced teams	Staff feel stuck between rules and client needs, resulting in moral distress and internal conflict
Gendered Violence Inadequate Reward Poor Organisational Justice	Workplaces lacking gender equity focus or performance-based recognition	Victims may feel silenced and unsupported; lack of fairness reinforces power imbalances and systemic harm

Appendix C: Hazard specific examples of maturity across continuum

Hazard	Context	Non-compliant <i>(Unmanaged risks, high likelihood of harm, legal exposure)</i>	Reactive- Compliant <i>(Hazards addressed only after incidents or complaints)</i>	Preventative <i>(Risk assessments conducted, controls proactively implemented)</i>	Integrated <i>(Psychosocial risk embedded in systems and daily practice)</i>	Proactive & Enabling <i>(Whole-of-organisation commitment to psychological safety and wellbeing)</i>
Bullying	Negative behaviours go unchecked, leading to fear, withdrawal, and psychological harm.	Bullying is denied or minimised. Complaints are dismissed or punished. No safe reporting channels exist.	Incidents are addressed when formal complaints arise, often focusing on individuals rather than systems. Managers are unsure how to act. Leader capability is varied.	Policies are in place and supported with mandatory training exist. Reporting systems are active but underused. Leaders respond, but impacts are rarely monitored post-resolution.	Prevention is embedded in leadership development, performance frameworks, WHS governance and team culture. Bystander education and early intervention are common.	Respectful behaviours are actively modelled and reinforced forming part of workplace identity. Leader's role model safe culture and encourage open dialogue. Real-time data informs proactive interventions, and co-designed strategies promote safety, belonging and inclusion.
Conflict or poor workplace relationships and interactions	Interpersonal tensions or unresolved conflict contribute to mistrust, reduced collaboration, and emotional strain.	Conflict is ignored or normalised. Managers avoid involvement, and toxic behaviours go unchecked. Staff lack confidence in raising issues and team morale deteriorates.	Interventions occur only after issues escalate. Some staff are referred to mediation, but there's little follow-up. Leadership responses vary, and relationship damage may persist.	Managers are trained in early conflict resolution and encouraged to act on tension proactively. Clear behavioural expectations are in place. HR monitors emerging hotspots.	Conflict prevention is built into team norms, leadership practices, and feedback systems. Regular check-ins allow tensions to be aired safely. Cultural data informs continuous improvements.	Teams are equipped with the skills to navigate disagreement constructively. Psychological safety enables early resolution. Leaders model empathy and reinforce respectful engagement as part of performance expectations.
Fatigue	Excessive workload, cognitive demands, extended hours, or inadequate recovery time lead to mental and physical fatigue.	Long hours and exhaustion are normalised and even rewarded. No controls are in place to monitor or manage fatigue. Staff who raise concerns are seen as not coping.	Fatigue is acknowledged after incidents or complaints. Individual supports (e.g. EAP, leave) are offered, but underlying causes remain unaddressed.	Workload planning includes break scheduling and limits on back-to-back meetings. Some roles have fatigue monitoring and recovery time is factored into rosters.	Fatigue is treated as a systemic risk. Data on hours worked, leave usage, and flex arrangements is analysed. Managers receive training on cognitive load, energy management, and recovery planning.	Fatigue prevention is embedded into work design, staffing models, and team health strategies. Culture values energy management and pacing. Recovery is seen as integral to performance and innovation.
Harassment (including sexual harassment)	Workers are exposed to inappropriate, hostile, or discriminatory behaviours, including unwelcome conduct of a sexual nature.	Harassment is denied, minimised, or seen as a personal issue. Reports are ignored or dismissed. There are no safe or trusted reporting channels.	Reports of harassment are managed case by case, often defensively. Processes exist but are inconsistently followed. Leaders may lack training or avoid involvement.	Policies on harassment are in place and communicated. Workers are trained to recognise and report misconduct. There is a designated reporting pathway, and breaches are addressed.	Harassment prevention is part of organisational culture. Leader's role model respectful behaviour, apply fair process, and receive specific training. Data on reports and trends informs action.	Psychological safety is deeply embedded. Bystander culture is strong. Systems empower early intervention and peer accountability. Diverse and inclusive environments actively reduce risk of harm.
Inadequate reward and recognition	Workers feel their effort, skills, or contribution are not acknowledged or valued—financially, socially, or emotionally.	Contributions are routinely overlooked. Praise, feedback, and fair remuneration are absent or inconsistent. Disengagement is normalised.	Recognition occurs sporadically or in response to complaints or poor morale. Managers offer individual praise but lack systemic supports.	Formal and informal reward systems exist. Staff receive regular feedback, and performance is linked to fair recognition. Team successes are acknowledged.	Recognition is embedded into daily operations. Leaders celebrate achievements, foster strengths-based cultures, and link recognition to organisational values.	Reward and recognition systems are co-designed with workers. Equity in recognition is tracked across groups. Staff feel valued, trusted, and intrinsically motivated to contribute.
Intrusive surveillance	Excessive or opaque monitoring erodes trust, creates anxiety, and undermines psychological safety.	Monitoring occurs without explanation or boundaries. Workers feel watched, not trusted. No safeguards or escalation paths exist.	Concerns are only addressed after complaints. Monitoring is removed or adjusted case by case. Leaders rely on legal advice rather than culture repair.	Monitoring tools are reviewed with WHS and staff. Clear boundaries and transparency practices are adopted.	Surveillance practices are governed by policy and consulted on. Digital wellbeing and trust are part of leadership KPIs.	Transparent digital practices and trusted environments enable innovation and autonomy. Monitoring supports wellbeing and learning.
Job Demands	Worker's experience sustained or excessive workload, tight deadlines, role complexity, or emotional labour that exceeds capacity and resources.	High workloads are normalised and seen as a sign of performance. Unrealistic deadlines are set without consultation. Burnout is common but unsupported.	Workload concerns are addressed when raised by individuals. Adjustments are made case-by-case, often too late. Stress is viewed as part of the role.	Workload is actively monitored, and adjustments made to redistribute tasks or clarify priorities. Job design considers mental and emotional demands.	Leaders model balanced workload practices. Teams plan proactively to avoid overload during known peak periods. Emotional demands are acknowledged and built into support systems.	High job demands are managed through system-wide resourcing, preventative workload planning, and role clarity. Staff are empowered to raise concerns early. Wellbeing is protected through agile practices and strategic foresight.

Hazard	Context	Non-compliant <i>(Unmanaged risks, high likelihood of harm, legal exposure)</i>	Reactive- Compliant <i>(Hazards addressed only after incidents or complaints)</i>	Preventative <i>(Risk assessments conducted, controls proactively implemented)</i>	Integrated <i>(Psychosocial risk embedded in systems and daily practice)</i>	Proactive & Enabling <i>(Whole-of-organisation commitment to psychological safety and wellbeing)</i>
Job insecurity	Uncertainty about job continuity, restructures, or unclear contracts creates stress and disengagement.	Insecure contracts are widespread. Change processes lack transparency. Workers avoid speaking up for fear of being seen as 'at risk'.	Communications occur during formal restructures but lack continuity. Psychological impacts are acknowledged but not addressed.	Job security risks are flagged early in planning. Communication is proactive. Career pathways and stability initiatives are explored.	Job security and mobility are embedded in workforce design. Leaders engage early on reform. Support is built into transitions.	Security, transparency, and progression are seen as rights. Career development is integrated into engagement strategies.
Lack of role clarity	Ambiguity in responsibilities or expectations contributes to confusion, frustration, and underperformance.	Roles are undefined. Workers must guess responsibilities. Disputes over task ownership are common. Managers do not intervene.	Managers respond when confusion causes errors or tension. Job descriptions are updated sporadically.	Role clarity is improved through onboarding, training, and team planning. Expectations are co-designed.	Clarity is part of strategic workforce planning. Leadership accountability for confusion is established. Clarity supports innovation.	Roles evolve with workforce needs but maintain clear expectations. Clarity underpins trust, inclusion, and collaboration.
Low job control	Workers have little autonomy over how, when, or what work they do. Lack of control contributes to stress, disengagement, and reduced performance.	Tasks are rigidly prescribed. Workers have no input into priorities, pacing, or methods. High workloads are imposed without consultation.	Managers occasionally allow flexibility but only in response to raised concerns. Autonomy is viewed as optional or performance based.	Roles are reviewed to increase decision latitude. Teams have some control over how work is approached. Flexibility is encouraged within operational parameters.	Job design actively incorporates worker input. Policies support flexibility, autonomy, and task variation. Supervisors are trained to support job control.	High-trust environments empower staff to shape their work. Control is seen as a lever for innovation, inclusion, and wellbeing. Role structures evolve based on team feedback.
Poor organisational change management	Organisational changes (e.g. restructures, policy shifts, new systems) are introduced without adequate planning, communication, or support, leading to confusion, stress, and disengagement.	Change is implemented with little notice or justification. Workers are excluded from planning, and communication is minimal or last-minute. Uncertainty and resistance are high.	Leadership provides updates after changes have begun. Support mechanisms are promoted but not embedded. Change is explained as a business need, but consultation is minimal.	Change process include structured consultation, and manager guidance. Risk assessments include psychosocial impacts. Staff are engaged in planning and informed early.	Change management integrates consultation, co-design, and tailored supports. Leaders are trained in inclusive practice. Feedback loops shape implementation and response.	Organisational agility is grounded in psychological safety. Continuous improvement and transparent decision-making underpin all changes. Change is seen as a shared process that strengthens trust and capability.
Poor organisational justice	Perceived unfairness in decisions, treatment, or processes reduces morale and trust in leadership.	Decisions appear arbitrary or biased. Complaints are dismissed. Leaders lack awareness of justice principles.	Individual complaints are handled formally but defensively. Some training exists but isn't embedded.	Processes are aligned with fairness principles. Data is reviewed for equity impacts. Awareness training is routine.	Justice is part of leadership frameworks. Systems detect unfair trends. Staff feel confident to speak up and be heard.	Justice is a cultural norm. Leaders model fair behaviour. Worker input shapes decisions. Equity is continuously monitored.
Poor physical environment	Work environments are physically uncomfortable, unsafe, or not fit-for-purpose, contributing to stress, distraction, or health risks.	Workspaces are overcrowded, noisy, poorly ventilated, or inadequately lit. Issues go unreported or ignored. No adjustments are made for individual needs.	Complaints prompt short-term fixes (e.g. fans, desk swaps), but no systemic review occurs. Accessibility and comfort are inconsistently considered.	Workstation assessments and environment reviews are regularly conducted. Basic WHS standards are met. Some flexibility exists (e.g. quiet zones, ergonomic options).	Environmental factors (noise, temperature, air quality, lighting) are proactively monitored. Office design supports different work functions and sensory needs. Adjustments are co-designed.	Environmental comfort and psychological wellbeing are prioritised in all work settings. Inclusive, safe, and adaptable environments are seen as enabling performance. Staff co-create fit-for-purpose spaces aligned with team needs.
Poor support	Lack of timely feedback, guidance, or access to help leads to isolation and reduced confidence.	Supervisors are absent or avoidant. Help-seeking is seen as weakness. No feedback systems are in place.	Support is offered when distress is visible. EAP is promoted reactively. Feedback focuses on underperformance.	Managers are trained in feedback, wellbeing checks, and peer support. Check-ins are part of team routines.	Support is built into roles, onboarding, and leadership practice. Peer models are used. Psychological safety is prioritised.	Supportive cultures are co-created. Wellbeing is owned by teams and leaders. Support is tailored and empowering.
Remote or isolated work	Workers operate alone, in geographically distant settings, or disconnected from their teams, increasing risks of social isolation, delayed support, and communication breakdowns.	Little or no consideration is given to isolation risks. Remote workers are out of sight and out of mind. Emergency support protocols are missing or poorly understood.	Managers check in if a problem arises. Some ad hoc tools are available (e.g. contact lists or wellbeing resources), but uptake is low, and responsibilities are unclear.	Remote work is supported through structured check-ins, clear communication protocols, and risk-based planning. Staff are trained to recognise signs of isolation or distress.	Technology and team practices enable connection, collaboration, and mutual support. Workers are regularly consulted about needs, and supervisors are trained in remote leadership.	The organisation prioritises connection, inclusion, and proactive care for remote staff. Risks are routinely assessed. Remote workers have equitable access to opportunities, recognition, and psychosocial support.

Hazard	Context	Non-compliant <i>(Unmanaged risks, high likelihood of harm, legal exposure)</i>	Reactive- Compliant <i>(Hazards addressed only after incidents or complaints)</i>	Preventative <i>(Risk assessments conducted, controls proactively implemented)</i>	Integrated <i>(Psychosocial risk embedded in systems and daily practice)</i>	Proactive & Enabling <i>(Whole-of-organisation commitment to psychological safety and wellbeing)</i>
Traumatic events or material	Workers are exposed to distressing material, critical incidents, or traumatic events due to the nature of their role (e.g. emergency services, regulatory bodies, or casework involving violence, abuse, or death).	There is no recognition of trauma exposure as a psychosocial hazard. Workers routinely engage with distressing material without support. Symptoms of vicarious trauma are dismissed or misunderstood.	Support is provided after critical incidents, often informally or inconsistently. Responses depend on manager awareness or individual worker self-advocacy.	Exposure is acknowledged in risk assessments. Basic training, debrief protocols, and psychological support pathways exist. Risks are considered for specific roles.	Teams anticipate exposure and build protective systems (e.g. content rotation, peer support, reflective practice). Managers are trained to recognise cumulative trauma and respond supportively.	Trauma-informed practice is embedded across policy, supervision, and work design. Workers feel safe disclosing impacts. Organisational culture promotes recovery, resilience, and long-term wellbeing.
Violence and aggression	Workers are at risk of physical or verbal abuse from clients, customers, the public, or even colleagues. This includes threats, intimidation, or actual harm.	Aggressive incidents are normalised or ignored. No incident reporting or response protocols exist. Staff feel unsafe but believe nothing will change.	Responses to violence are ad hoc. Managers act only after serious incidents. Some reporting occurs, but trends aren't tracked or addressed.	There are policies and procedures for managing violence, including incident reporting, physical safety measures, and basic training in managing conflict.	Risk assessments identify high-risk roles and locations. Data is monitored and used to improve prevention strategies. Worker's co-design interventions with WHS and HR.	Organisational culture prioritises psychological and physical safety. Systems actively reduce exposure through environmental design, service reform, and supportive leadership. Violence is never accepted as part of the job.

Appendix D: Common tools

Effectively managing psychosocial hazards requires access to reliable tools that support evidence-based decision-making. There is a range of Australian and Internationally developed, and validated tools that can be used to assess, monitor, and manage psychosocial risks. These tools vary in design, focus, and application — from short diagnostic surveys to comprehensive toolkits. This section outlines the three main categories of tools commonly used by agencies and explains their purpose and role in psychosocial risk management.

Surveys

Surveys are used to capture the perceptions and experiences of workers in relation to psychosocial hazards. They help agencies understand where risks may exist by highlighting trends, workplace “hot spots,” and areas of concern across teams or locations. Many surveys provide benchmarked results or align with specific hazard categories from the Psychosocial Code. They are most effective when used to inform further investigation, planning, and engagement efforts. Below are some of the most used examples:

People at Work (PAW)

People at Work is a free, validated Australian survey tool that supports organisations to identify and manage psychosocial risks. It measures 14 workplace factors linked to psychological health, assesses their potential to cause harm, and gathers data on key worker outcomes such as stress, burnout, and intentions to leave. The tool includes a [5-step risk management process](#) and provides benchmarked reporting to guide actions at the team or organisational level.

Psychosocial Safety Climate (PSC-12)

PSC-12 is a short Australian-developed survey that measures how employees perceive their organisation’s commitment to psychological health. It focuses on four domains: management commitment, management priority, organisational communication, and participation. While it does not assess specific hazards, it acts as an early warning indicator and helps gauge the strength of the organisational climate for psychological safety.

Thrive at Work Survey

Thrive at Work is a validated Australian survey developed by Curtin University that assesses employee wellbeing and perceptions of organisational support for mental health. Based on the [Thrive at Work framework](#), it measures how well an organisation mitigates illness, prevents harm, and promotes positive work experiences. The survey is supported by free tools and resources, with optional consultancy available for agencies seeking tailored support.

These are other Australian/International surveys

- [Opus Centre Psychosocial Risk Climate \(PRC-16\)](#)
- [The PERMAH Tool](#) Workplace Survey
- [Copenhagen Psychosocial Questionnaire \(COPSOQ\)](#)
- [Guarding Minds at Work \(GM@W\)](#) Survey and Organisational Review
- [HSE Management Standards and Indicator Tool](#)
- [IWH Organizational Performance Metric \(IWH-OPM\)](#)

Risk Assessment Tools

Risk assessment tools support agencies in identifying, assessing, and prioritising psychosocial risks in a structured and legally compliant way. These tools go beyond perceptions to examine the likelihood and severity of harm, the adequacy of existing controls, and where new interventions may be needed. They align closely with WHS requirements and support informed decision-making about prevention and control measures.

Below is the most used example:

ADDRESS Framework

The ADDRESS APS Psychosocial Hazard Suite provides APS agencies with a practical, scalable model to respond to psychosocial hazards in their workplace. It supports agencies to utilise their existing data (for example, APS Employee Census results), and incorporates resources and tools that enable assessment and intervention of risks at both an organisational level and a team or branch level. ADDRESS is aligned with the risk management process set out in the [Work Health and Safety \(Managing Psychosocial Hazards at Work\) Code of Practice 2024](#).

The ADDRESS model is an end-to-end product made up of guides and supporting resources which step agencies through the Identify, Assess, Control and Review processes. Each step has a tailored ADDRESS guide that agencies can utilise to complement their existing WHS/HSR practices. The resources include screeners, facilitator guides, talking points and slide decks to support the staff consultations process, as well as example evidence-based controls that agencies can consider for their workplace. ADDRESS is freely available at no cost to APS agencies on APS Learn.

These are other Australian/International surveys

- [A Participative Hazard Identification and Risk Management' \(APHIRM\) toolkit](#)
- [Workplace Health and Safety Queensland Psychosocial Risk Assessment Tool](#)
- [FlourishDX Risk Assessment Tool](#)
- [MAPIEN Psychosocial Assessment Tool \(MPAT\)](#)

Toolkits

Toolkits provide practical guidance, templates, and frameworks to support implementation. Often designed to complement surveys or risk assessments, toolkits help translate findings into action by offering step-by-step resources for managing hazards, engaging staff, and evaluating impact. Some are targeted toward specific sectors or roles, while others support whole-of-organisation approaches to psychosocial safety.

- [Psychosocial hazard work re-design tool \(PHReD-T\)](#)
- [WorkWell Toolkit](#)
- [Wellbeing SA Healthy Workplace Toolkit](#)
- [PRIMA-EF model](#)– While also a toolkit, it is fundamentally a framework for excellence in psychosocial risk management

Appendix E: Reasonably practicable

What is “reasonably practicable” when managing psychosocial hazards involves proactive, systematic, and contextualised action that reflects an employer’s duty under the WHS Act 2011. It means doing what is reasonably able to be done to ensure health and safety—considering the psychosocial risks faced, the available control options, and the organisation’s capacity to implement them.

Consideration	What reasonably practicable may look like
Likelihood of harm	<ul style="list-style-type: none"> Acknowledging that psychosocial hazards (e.g. bullying, overwork, job insecurity) can lead to serious mental or physical harm—sometimes cumulatively or over time. Action is expected even where harm is not immediate.
Degree of harm	<ul style="list-style-type: none"> Recognising the significant potential impacts of psychosocial hazards, including psychological injury, burnout, and long-term illness. Controls must reflect this seriousness (not treated as minor issues).
What is known	<ul style="list-style-type: none"> Applying established guidance from the Psychosocial Code, Comcare, Safe Work Australia. Ignorance is not a defence. Risk factors and controls are well documented and should be known by duty holders.
Ways to eliminate or minimise risk	<ul style="list-style-type: none"> Implementing control measures such as: <ul style="list-style-type: none"> - workload monitoring - role clarity tools - respectful behaviour policies - manager training - safe reporting systems - job redesign or improved staffing for high-risk roles.
Availability and suitability of controls	<ul style="list-style-type: none"> Choosing controls that are practical and relevant to the work environment, which can be identified through assessment and consultation. For example, rostering practices to prevent fatigue, or conflict resolution mechanisms for interpersonal stress.
Cost	<ul style="list-style-type: none"> Cost is only relevant after considering the above. If a control is effective and available, cost must be proportionate to the risk. It is not reasonably practicable to avoid controls just because they require resources—especially when the risk of harm is significant.

Duty holders are expected to:

- Integrate psychosocial risks into broader WHS risk management systems—ensuring they are not treated separately or in isolation.
- Consult with workers to inform hazard identification, control selection, and review processes. Consultation must be genuine and ongoing.
- Assess risk using frequency, duration, and severity as core factors, consistent with the Psychosocial Code guidance.
- Tailor controls to reflect the risk context—such as role type, work location, or team function.
- Document your reasoning, including why particular controls were selected and how they are proportionate to the risk.
- Prioritise prevention by addressing root causes of harm through systems and work design—not just relying on reactive or individual-level responses.
- Ensure capability by supporting workers and leaders to implement and maintain controls through clear guidance and training.
- Monitor and review psychosocial risk controls regularly to ensure they remain effective, relevant, and embedded in daily practice.
- Respond quickly to early warning signs—such as trends in complaints, high turnover or leave, and negative survey results.

Appendix F: Psychosocial Safety Management Readiness Tool – Maturity Matrix

This matrix reflects maturity levels across 8 domains that align with the features of psychosocial risk management, as outlined on page 14. These domains map to key pillars: identification, accountability, controls, consultation, support, training, review and oversight. Each level reflects increasing alignment with WHS duties and a foundation for 'reasonably practicable' actions under the WHS Act.

Domain	Non-compliant <i>(Unmanaged risks, high likelihood of harm, legal exposure)</i>	Reactive- Compliant <i>(Hazards addressed only after incidents or complaints)</i>	Preventative <i>(Risk assessments conducted, controls proactively implemented)</i>	Integrated <i>(Psychosocial risk embedded in systems and daily practice)</i>	Proactive & Enabling <i>(Whole-of-organisation commitment to psychological safety and wellbeing)</i>
1. Leadership commitment and visible accountability	Leaders are disengaged from psychosocial safety. They do not acknowledge psychosocial hazards as part of their role, nor do they view these issues as WHS matters. There is no visible leadership commitment, and psychosocial health is absent from strategic planning or WHS discussions. No accountability is assigned, and psychosocial issues are treated as isolated HR or individual concerns.	Leaders acknowledge psychosocial risks only when prompted by incidents or complaints, but responses are inconsistent, individualised, or ad hoc. Strategic documents may mention psychosocial safety, but without ownership or follow-through. Leaders vary in their confidence or capability to address risks and often lack a coordinated approach across the agency.	Leaders include psychosocial health in planning processes and actively support WHS initiatives. Accountability for psychosocial risk is assigned and visible in business operations. While systems and expectations are emerging, consistency and proactive leadership engagement are not yet fully embedded.	Psychosocial safety is embedded in leadership behaviours, communications, and priorities. Senior leaders are accountable for culture and wellbeing, and metrics are regularly tracked at the executive level. Leadership expectations and behaviours are aligned, with psychosocial risk management supported by governance structures and systems.	Leaders consistently model and champion psychosocial wellbeing, positioning the agency as a sector leader. Their approach goes beyond harm prevention to promote trust, fairness, inclusion, and performance. Leaders drive systemic improvement through vulnerability, transparency, and values-based leadership, setting the tone for psychologically safe work cultures.
2. Understanding and fulfilling WHS duties	Leaders and managers are unaware of their duties under section 27 of the WHS Act. Psychosocial hazards are not seen as WHS issues and are instead treated as HR or individual matters. No training is provided, and there is no process to clarify role responsibilities or due diligence expectations.	WHS duties are acknowledged at a basic level, but understanding of psychosocial risks is limited. Training is compliance-focused and not routinely applied in practice. Psychosocial risk is addressed only after problems arise, and engagement with WHS duties remains passive or disconnected from operational decision-making.	Leaders and managers are trained in WHS roles and understand that psychosocial hazards fall within their legal obligations. Managers apply WHS principles to risk identification and response and take steps to meet their duties. Psychosocial risks are regularly discussed in planning and operational forums, although consistency in application varies.	WHS responsibilities are embedded in leadership performance and development processes. Managers lead risk assessments and model safe, respectful behaviours. Expectations are documented and reinforced through performance systems. Psychosocial risks are recognised as core WHS responsibilities, not just compliance requirements.	WHS duties are expanded to include enabling culture, systems leadership, and values-based decision-making. Officers are empowered to innovate while fulfilling their responsibilities. Organisation-wide literacy on psychosocial WHS duties is actively promoted, with leaders sharing examples and strategies that exceed compliance.
3. Psychosocial hazard identification and assessment	There is no process in place to identify psychosocial hazards. These risks are not included in WHS assessments, and no validated tools are used. Risks are undocumented or assumed, and identification is left to informal or reactive mechanisms.	Hazards are identified only after incidents, complaints, or negative feedback. Tools such as surveys or checklists may be used inconsistently and lack validity. Risk identification is treated as a one-off task and may be disconnected from broader WHS planning or strategic priorities.	Psychosocial hazards are identified using validated tools such as ADDRESS, PSC-12, PAW, surveys, or injury data. Hazards are linked to risk factors, roles, or work types, and are documented. Processes are in place for data collection and some level of assessment, though coverage and consistency may still vary.	Hazard identification is integrated into enterprise processes and triangulated across multiple data sources (e.g. HR, WHS, change planning). Workers are actively involved in identifying risks relevant to their context. Results are used to inform controls, and patterns are monitored over time.	The agency anticipates and monitors emerging psychosocial risks using predictive data, external research, and staff insights. Worker's co-design assessment approaches. Results are used for system learning, with data-driven improvements and early intervention as standard practice.
4. Control planning and integration (linked to hierarchy of controls)	There are no controls in place for psychosocial risks, or EAP is relied on as a default response. The hierarchy of controls is not applied to non-physical hazards, and no effort is made to align controls with known psychosocial risks.	Controls are introduced in response to incidents or complaints (e.g. bullying), often generically and without tailoring to the hazard or work context. The effectiveness of controls is rarely reviewed, and application is typically reactive or ad hoc.	Controls are selected based on known hazards and structured around the hierarchy of controls. Risk assessments and leader consultation inform their design, but they may not yet be fully integrated into business systems or reviewed regularly for impact.	Controls are embedded into core systems and operating models (e.g. workload planning, induction). They are reviewed, adapted, and evaluated through regular consultation and WHS oversight. Leaders are accountable for their implementation and effectiveness.	Controls are co-designed with teams to address risks and promote broader goals such as inclusion, fairness, and performance. Workers help shape interventions that go beyond harm reduction to support thriving. Innovation in control design is supported and shared across the agency.
5. Worker consultation, participation and co-design	There is no active consultation on psychosocial risks. Workers, HSRs, and WHS committees are inactive, underutilised, or unaware of their roles. Worker voice is absent, and concerns are discouraged or ignored.	Consultation occurs sporadically, often after incidents or during major change. Feedback may be collected from workers but is not routinely acted on. HSRs are sometimes involved, but not consistently or proactively.	Consultation is scheduled around known risks or planned change and draws from multiple worker voices (e.g. surveys, HSRs, forums). Worker input influences control development, but not all groups are engaged or empowered equally.	Consultation is structured, inclusive, and frequent. HSRs, committees, and networks contribute to risk planning, design of controls, and evaluation. Leadership values worker voice and ensures it shapes WHS strategies and culture.	Workers co-lead WHS activities and participate in culturally safe, inclusive consultation mechanisms. Feedback is embedded into system design, and worker insights are viewed as essential to agency learning and continuous improvement.
6. Response pathways for incidents and early intervention	Psychosocial incidents (e.g. bullying, burnout, stress) are not recognised as WHS issues. Reports are ignored or poorly handled, with no clear pathways for early support or escalation.	Responses occur inconsistently, usually only after complaints or injury. EAP or HR contacts may be provided, but the process lacks transparency, and actions vary in timeliness or quality. Data is rarely collected or used to inform change.	There is a documented pathway for psychosocial risk response. Workers understand what to do and who to approach. Early support options are available, but coordination across services may be limited. Feedback is used to adjust approaches.	Responses are timely, fair, and trusted. Pathways are embedded into WHS systems and regularly reviewed. Staff feel safe to report concerns, and psychosocial trends are monitored across the organisation to ensure early intervention.	The agency designs systems that detect and prevent harm before incidents escalate. Workers are supported to speak up and access recovery services early. Data insights drive improvement and learning. Safe reporting culture is actively nurtured.
7. Training, awareness and capability development	No training is provided on psychosocial hazards or safety. Staff and managers are unaware of their WHS obligations, controls, or the importance of psychosocial risks in the workplace. Induction programs omit this entirely.	Basic training is provided, usually focused on general WHS or in response to an incident. Psychosocial hazards may be mentioned but are not tailored to roles or risk levels. Induction covers general expectations but lacks practical application or ongoing capability building.	Training is offered regularly and tailored to specific roles, covering reporting, consultation, and key control strategies. Induction includes core psychosocial risk information. Leaders and HSRs are trained to identify appropriate hazards and apply risk-informed decisions.	Psychosocial risk training is embedded into learning systems (e.g. LMS, HR development plans), linked to leadership and business outcomes. It includes psychological safety, consultation, and leadership responsibilities. Resources are accessible and reinforced through cultural change initiatives.	Training is future-oriented and supports capability building across all levels. Leaders mentor others and model inclusive, psychologically safe leadership. Peer learning, scenario-based upskilling, and cultural enablers are valued. APS-wide lessons are shared, and training is applied at scale.
8. Monitoring, evaluation and continuous improvement	Psychosocial risks are not monitored or reviewed. There are no structured systems for evaluating controls, linking incidents or absenteeism to hazards, or informing prevention planning. Data is ignored or siloed.	Monitoring is reactive and triggered by incidents or complaints. Some data (e.g. surveys or injuries) is collected but not used to guide decisions or resourcing. Reviews are infrequent and disconnected from planning.	Psychosocial risk control reviews are structured and informed by relevant data. HR, WHS, and planning systems are linked. Risks are tracked, analysed, and monitored, but trends may not yet be visible to staff.	Monitoring is embedded in multiple systems. Data sources are triangulated and linked to performance and culture measures. Trends are shared transparently with staff and used to guide ongoing adaptation of controls.	Continuous improvement is dynamic and visible. Insights from APS-wide trends, agency metrics, and experience feedback shape future work design and wellbeing strategy. Monitoring fosters a learning organisation and supports innovation.

Appendix G: Examples of capability uplift actions aligned to Readiness Matrix

This table provides examples of targeted actions to help APS agencies progressively mature their psychosocial safety management across the eight key domains. Each row corresponds to a domain in the APS Psychosocial Safety Management Readiness Matrix (Appendix F), with actions mapped to the five maturity levels—non-compliant through to Proactive-Enabling. The actions are designed to support agencies in moving to the next level of maturity by offering practical, scalable initiatives that embed system-wide accountability, leadership visibility, and continuous improvement in psychosocial risk management.

Domain	Non-compliant <i>(Unmanaged risks, high likelihood of harm, legal exposure)</i>	Reactive- Compliant <i>(Hazards addressed only after incidents or complaints)</i>	Preventative <i>(Risk assessments conducted, controls proactively implemented)</i>	Integrated <i>(Psychosocial risk embedded in systems and daily practice)</i>	Proactive & Enabling <i>(Whole-of-organisation commitment to psychological safety and wellbeing)</i>
1. Leadership commitment and visible accountability	<ul style="list-style-type: none"> •Brief SES and ELs on their duties under the WHS Act, including psychosocial risks. •Include psychosocial safety in executive team agendas or annual WHS reporting. •Share examples of leadership impact on psychosocial risk (e.g. tone, workload decisions). •Identify a senior executive champion to promote early awareness and visibility. •Introduce psychosocial risk literacy into onboarding for executives. 	<ul style="list-style-type: none"> •Include psychosocial risk outcomes (e.g. census results, bullying reports) in board or exec meetings. •Require EL1/EL2 managers to identify psychosocial risks during project planning or reviews. •Ask SES leaders to visibly support wellbeing initiatives and hazard controls beyond EAP promotion. •Build leadership performance agreements to reflect basic WHS accountability. •Facilitate peer-learning sessions where leaders share experiences managing psychosocial risks. 	<ul style="list-style-type: none"> •Align executive messaging with psychosocial risk management frameworks. •Include psychosocial safety commitments in agency strategy and workforce plans. •Deliver tailored briefings or workshops for SES and EL leaders on their unique influence and obligations. •Require each business area to report on psychosocial risk priorities and actions annually. •Use storytelling from worker feedback and case studies to humanise psychosocial risk impacts. 	<ul style="list-style-type: none"> •Embed psychosocial safety outcomes into strategic reporting, capability planning, and risk registers. •Incorporate psychosocial safety into leadership KPIs, performance reviews, and learning plans. •Include evidence of leadership practice in psychosocial risk reviews and staff feedback loops. •Create peer leadership forums to share learnings, challenges, and innovations in psychosocial •Link executive dashboards to WHS trends and workforce engagement indicators. 	<ul style="list-style-type: none"> •Publicly champion psychosocial safety as a strategic priority (e.g. speeches, internal articles, interviews). •Mentor other SES on values-driven, inclusive leadership and psychosocial risk responses. •Fund innovation and staff-led initiatives to improve culture, fairness, and engagement. •Use staff stories and lived experience to shape leadership development and model accountability. •Contribute to APS-wide learning forums by sharing psychosocial leadership case studies.
2. Understanding and fulfilling WHS duties	<ul style="list-style-type: none"> •Provide introductory briefings on section 27 of WHS Act duties, with examples relevant to APS roles. •Include psychosocial risk in agency-wide WHS policy documents and onboarding. •Conduct a gap analysis of current due diligence practices related to psychosocial risks. •Review leadership job descriptions and ensure WHS responsibilities are clearly defined. 	<ul style="list-style-type: none"> •Deliver workshops for SES and EL2s focused on due diligence and the six due diligence elements. •Circulate WHS incident case studies that include psychosocial causes and impacts. •Develop a checklist for ELs and managers to assess their compliance and responsibilities. •Establish governance mechanisms to ensure managers are kept up to date on regulatory changes. 	<ul style="list-style-type: none"> •Build WHS duty expectations into SES induction and annual capability plans. •Include psychosocial risk management in project and change risk assessments. •Set up manager discussion groups or learning sessions around practical duty implementation. •Embed understanding of WHS duties into leadership succession and development pathways. 	<ul style="list-style-type: none"> •Conduct regular SES/EL reflective reviews of how WHS duties are enacted, especially for psychosocial risks. •Link psychosocial risk practices to broader due diligence metrics and agency compliance frameworks. •Integrate WHS duty check-ins into leadership performance reviews. •Use dashboards or governance reports to demonstrate WHS due diligence across psychosocial domains. 	<ul style="list-style-type: none"> •Contribute to APS-level psychosocial WHS working groups, forums, or regulator consultations. •Mentor new leaders in understanding and meeting WHS responsibilities. •Share internal practices and frameworks with other agencies. •Include WHS duty leadership in agency capability reviews and strategic WHS maturity planning.
3. Psychosocial hazard identification and assessment	<ul style="list-style-type: none"> •Add psychosocial hazards to the WHS risk register or hazard identification forms. •Include a standing agenda item in WHS Committee meetings to identify common psychosocial concerns. •Conduct informal conversations with staff to gather baseline insights (e.g. workload, change stress). •Introduce ADDRESS, PAW, PSC-12 or another free, validated tool in WHS resources and raise awareness of what it assesses. 	<ul style="list-style-type: none"> •Review recent APS Census data and internal complaints or absence trends to identify likely psychosocial hazards. •Facilitate basic hazard mapping exercises with frontline teams following an incident or survey. •Train WHS and HR staff to include psychosocial considerations in post-incident reviews. •Add psychosocial questions to existing safety walk-throughs or staff check-ins. 	<ul style="list-style-type: none"> •Embed a psychosocial risk assessment process into annual WHS planning. •Run team-based assessments to differentiate hazard types by role or function (e.g. field, policy, call centre). •Create hazard summaries to differentiate common organisational exposures (e.g. fatigue in surge roles, low control in compliance roles). •Use staff interviews or feedback to validate tool findings. •Encourage HR and WHS collaboration in linking hazards to job design or resourcing. 	<ul style="list-style-type: none"> •Develop a combined WHS/HR/Organisational Development dashboard showing trends in turnover, stress, PSC, and WHS risk data. •Involve HSRs and staff networks in interpreting results and co-developing insights. •Establish a regular review cycle (e.g. quarterly) that consolidates psychosocial data and trends. •Use psychosocial risk findings to shape priorities in leadership development, capability investment, and workforce planning. •Integrate psychosocial risk identification into change impact assessment, project planning, and service delivery design. 	<ul style="list-style-type: none"> •Partner with internal research, innovation, or academic teams to explore emerging risks. •Use workforce scenario planning to test psychosocial vulnerabilities in future models (e.g. remote expansion, role hybridisation). •Trial and refine new identification methods (e.g. lived experience panels, anonymous heatmaps, design sprints). •Integrate predictive risk analytics by linking indicators such as PSC, absenteeism, turnover, workers injury and exit data. •Train internal reviewers to lead participatory methods of hazard identification (e.g. story circles, design sprints).
4. Control planning and integration (linked to hierarchy of controls)	<ul style="list-style-type: none"> •Identify one or two high-risk hazards (e.g. high workload, workplace violence) and map out a basic control strategy. •Stop relying solely on EAP as a control; communicate its limits. •Use existing WHS control templates and adapt them for psychosocial risks. •Train WHS and People & Culture staff on what control types look like for non-physical hazards. •Include psychosocial risks in business unit risk discussions as an awareness-raising step. 	<ul style="list-style-type: none"> •Conduct a control effectiveness review for any psychosocial-related complaint or injury in the past 12 months. •Ensure hazard-specific responses are in place (e.g. workload management plan for high demand; conflict mediation for bullying). •Develop response guides for team leaders to apply interim controls post-incident. •Begin using the hierarchy of controls to compare options beyond admin and training. •Map existing controls across roles or teams to identify inconsistencies. 	<ul style="list-style-type: none"> •Create a catalogue of hazard-specific controls (e.g. for change fatigue, customer aggression, job insecurity) and distribute it to managers. •Introduce pre-control risk assessments to ensure that selected controls match hazard causes. •Pilot multi-layered controls in high-risk teams and use feedback to refine. •Use manager training to build skills in applying administrative and organisational-level controls. •Introduce control effectiveness checks using feedback loops (e.g. team pulse or PSC items). 	<ul style="list-style-type: none"> •Embed hazard controls into business-as-usual systems (e.g. team planning, flexible work policy, digital systems). •Establish shared accountability between People & Culture, WHS, and Divisions for ongoing review and refinement. •Integrate psychosocial controls into KPI frameworks, performance planning tools and accountability systems. •Ensure all new policies are assessed for psychosocial impacts and include embedded control mechanisms. •WHS, HR, and service delivery teams co-design control strategies based on risk exposure. 	<ul style="list-style-type: none"> •Engage workers in control design through participatory workshops, co-design panels, or lived experience input. •Shift focus from “minimum safe” to “optimal experience” (e.g. autonomy, inclusion, dignity) in control planning. •Create internal case studies of successful psychosocial interventions and share across teams. •Experiment with flexible or adaptive control models (e.g. choose-your-own-flex approaches, workload pacing tech). •Innovation in control design is shared APS-wide (e.g. via inter-agency learning hubs or awards). •Agencies adapt controls rapidly in response to internal or external shocks (e.g. change fatigue, crisis events).

Domain	Non-compliant <i>(Unmanaged risks, high likelihood of harm, legal exposure)</i>	Reactive- Compliant <i>(Hazards addressed only after incidents or complaints)</i>	Preventative <i>(Risk assessments conducted, controls proactively implemented)</i>	Integrated <i>(Psychosocial risk embedded in systems and daily practice)</i>	Proactive & Enabling <i>(Whole-of-organisation commitment to psychological safety and wellbeing)</i>
5. Worker consultation, participation and co-design	<ul style="list-style-type: none"> Identify gaps in current consultation mechanisms (e.g. WHS committees, staff networks, change processes). Reactivate or establish a functional WHS Committee with clear authority to discuss psychosocial issues. Train managers and HSRs in safe and inclusive ways to invite feedback on work design, wellbeing, and risk. Provide anonymous channels (e.g. digital forms, drop-boxes) for workers to raise psychosocial concerns. Brief WHS Committees and HSRs on psychosocial risk duties and expectations. 	<ul style="list-style-type: none"> Build psychosocial risks into standard WHS consultation procedures and change management protocols. Involve HSRs in reviewing survey results or trends related to workload, culture, or job clarity. Share outcomes of consultations with staff to close the loop (“you said, we heard, we’re doing”). Offer short ‘pulse’ feedback tools following team stressors (e.g. tight deadlines, role changes). Establish regular channels for collecting anonymous feedback on psychosocial hazards (e.g. digital drop-boxes, kiosk check-ins). 	<ul style="list-style-type: none"> Schedule regular staff discussions on key psychosocial topics (e.g. work design, job demands, support). Use staff networks, peer mentors, and union reps to amplify underrepresented voices. Facilitate co-analysis sessions where workers interpret data trends and suggest solutions. Include consultation practices in manager KPIs or team culture measures. Use pulse surveys or team check-ins to test perceived effectiveness of recent risk control changes. 	<ul style="list-style-type: none"> Formalise consultation into all WHS and people strategies, change impact assessments, and project planning. Provide co-design training for leaders and facilitators to ensure high-quality engagement. Include staff feedback in executive reporting and priority-setting. Use worker insights to evaluate and adapt consultation frameworks. Use consultation insights to inform risk assessments and policy development. 	<ul style="list-style-type: none"> Establish worker-led psychosocial safety advisory groups or panels. Build capacity in participatory approaches across business units (e.g. human-centred design, appreciative inquiry). Offer structured roles for workers in shaping prevention strategies and monitoring systems. Celebrate staff contributions to psychosocial improvements through recognition programs or APS case studies.
6. Response pathways for incidents and early intervention	<ul style="list-style-type: none"> Develop clear psychosocial incident response procedures and make them accessible to staff and leaders. Clarify expectations around what constitutes a psychosocial incident and how to respond. Create or promote confidential early help channels (e.g. internal support officers, mental health contact points). Audit current incident reports for missing psychosocial factors. Communicate minimum expectations for how staff and managers should respond to early warning signs or distress. 	<ul style="list-style-type: none"> Standardise the psychosocial incident response process across business areas. Provide manager cheat sheets or decision trees for responding to different psychosocial scenarios. Integrate early intervention into HR case management (e.g. stress-related absences, interpersonal conflict). Review past psychosocial incidents to identify improvement opportunities in timeliness and support. Include EAP contact guidance in all incident response protocols. 	<ul style="list-style-type: none"> Train managers and team leads in early identification of distress and supportive conversations. Promote a “no wrong door” approach to encourage help-seeking. Monitor common stressors or conflict types and intervene early with targeted supports. Include recovery options (e.g. adjusted duties, supported return to work) in the standard response toolkit. Use real examples to build response decision trees tailored to specific APS contexts (e.g. aggressive clients, burnout). 	<ul style="list-style-type: none"> Develop shared accountability between WHS, HR, and ELs for psychosocial incident review and follow-up. Hold reflective practice sessions with managers and staff involved in complex cases. Use de-identified case reviews to enhance team readiness and build a learning culture. Integrate psychosocial incidents into enterprise risk and culture monitoring frameworks. Create a shared incident learning log (de-identified) to identify patterns and systemic opportunities. 	<ul style="list-style-type: none"> Embed trauma-informed and recovery-oriented principles into incident response policies. Create safe storytelling or peer-led debriefing spaces to build team resilience. Track time-to-support and return-to-health indicators alongside WHS metrics. Share learnings from incidents in leadership forums to reduce stigma and model transparency. Involve lived experience representatives in policy reviews for incident response.
7. Training, awareness and capability development	<ul style="list-style-type: none"> Map current training offerings and identify gaps related to psychosocial hazards, WHS duties, and psychological safety. Develop basic awareness training for staff and managers covering psychosocial risks and WHS obligations. Update induction and onboarding programs to include psychosocial hazard awareness. Distribute plain language guidance materials on identifying and responding to psychosocial risks. Audit gaps in mandatory WHS training modules to identify where psychosocial risk is omitted. 	<ul style="list-style-type: none"> Provide targeted training following risk incidents, team tensions, or survey findings. Supplement general WHS training with psychosocial hazard examples relevant to the APS context. Deliver just-in-time training modules (e.g. managing stress during peak periods or major changes). Evaluate the reach and relevance of resilience programs and refocus them toward risk control where needed. Integrate psychosocial content into regular WHS training calendar to reduce reliance on one-off responses. 	<ul style="list-style-type: none"> Establish core psychosocial training modules by role (e.g. team member, manager, SES officer). Include scenario-based learning (e.g. responding to vicarious trauma, managing job demands) in supervisor training. Align psychosocial content with organisational development (OD), WHS, and diversity training. Include psychosocial safety in leadership development and performance expectations. Use manager readiness tools to assess comfort with psychosocial conversations before delivering new training. 	<ul style="list-style-type: none"> Embed psychosocial risk modules into mandatory training programs and the agency’s LMS. Ensure training is accessible and inclusive (e.g. different learning styles, language options). Use real APS case examples and data to enhance relevance. Incorporate training completion and capability uplift into workforce strategy and capability frameworks. Include cultural safety and trauma-informed content as core elements of psychosocial leadership training. 	<ul style="list-style-type: none"> Develop learning communities or peer-led training on topics like psychological safety or trauma-informed practice. Fund or partner with external expertise (e.g. ISO 45003, specialist providers) for leadership development. Co-design future-focused training with workers (e.g. managing AI-related change, digital overload). Recognise and promote champions who demonstrate excellence in psychosocial safety leadership. Establish cross-agency leadership learning networks to share insights on psychological safety practice.
8. Monitoring, evaluation and continuous improvement	<ul style="list-style-type: none"> Identify existing datasets (e.g. HR, WHS, complaints) that may indicate psychosocial risk. Conduct a baseline review of known issues or patterns in sick leave or complaints. Add basic psychosocial indicators (e.g. “feeling overwhelmed”) to pulse checks or feedback surveys. Schedule regular WHS Committee reviews of available psychosocial data. Include psychosocial risk review as a standing item in WHS governance forums. 	<ul style="list-style-type: none"> Establish quarterly or biannual psychosocial safety review points, even if minimal. Compare survey trends to incident reports and escalate where needed. Review controls or interventions after a complaint or cluster of concerns. Assign ownership to review outcomes and ensure follow-up is tracked. Introduce a minimum standard for reporting psychosocial incident trends to leadership. 	<ul style="list-style-type: none"> Develop a psychosocial monitoring dashboard using existing APS and internal data. Regularly review census data, EAP usage, WHS reports, and informal feedback together. Include psychosocial monitoring in risk management and performance frameworks. Assign accountability to key leaders or teams for acting on emerging trends. Use combined metrics (e.g. absence + survey + grievance) to validate hotspot identification. 	<ul style="list-style-type: none"> Hold cross-functional review forums with HR, WHS, and business leaders to interpret psychosocial data. Publish summary dashboards or “you said, we did” reports on psychosocial themes. Conduct after-action reviews of major changes or high-risk periods (e.g. peak workloads). Use maturity assessments to guide long-term improvement. Conduct maturity reviews of psychosocial safety strategy using readiness matrix self-assessments. 	<ul style="list-style-type: none"> Share lessons learned and innovations through APS networks or Communities of Practice. Use forecasting or scenario planning to predict emerging psychosocial risks. Introduce systems to capture qualitative feedback (e.g. worker stories, reflective practice). Recognise teams that use data and learning to lead proactive cultural improvements. Incentivise staff and teams that contribute to improved psychosocial metrics through recognition or resourcing.

Appendix H: Training and other resources

Building workforce capability is essential for effective psychosocial risk management. Training plays a critical role in equipping leaders, managers, and workers with the knowledge, skills, and confidence to identify, respond to, and manage psychosocial hazards in the workplace. This section outlines the types of training and resources available to APS agencies.

Types of Training

Note: Some of the list of training programmes may incur fees, particularly those delivered by external providers. Agencies are encouraged to check current pricing, licencing arrangements, and delivery formats before enrolling. Where possible, consider internal training options, fee free government programmes or cross agency partnerships taught effective capability building.

APSC and Comcare resources

Comcare and the APS C have developed a range of practical resources to support APS organisations in managing psychosocial hazards.

- [APS Leadership Edge | Australian Public Service Academy](#)
- [Compassionate Foundations: Suicide prevention capability suite | Australian Public Service Academy](#)
- [Connections: Core capabilities for workplace peer supporters | Australian Public Service Academy](#)
- [Program: APS Mental Health Capability Hub | Australian Public Service Academy](#)
- [Psychological Safety for Staff | Australian Public Service Academy](#)
- [Psychological Safety for Team Leaders | Australian Public Service Academy](#)
- [SES Integrity Masterclass | Australian Public Service Academy](#)
- [SES Unconscious Bias - Workshops | Australian Public Service Academy](#)
- [The 6R Relational Leadership Self-Reflection Tool](#)
- [Training and learning | Comcare](#)
 - Managers guide to mental health
 - eLearn - Beyond Blue modules
 - eLearn -Officer due diligence
 - eLearn and Microlearn – Workplace sexual harassment modules
 - Good Work Design Microlearn Suite
 - Suite of learning products – Psychosocial risk management

Awareness and literacy

These programs focus on building baseline understanding of mental health-related topics, psychological safety, and psychosocial hazards.

- [Domestic and Family Violence Training- Lifeline](#)
- [Mental Health and Wellbeing - Lifeline](#)
- [Mental Health is Everybody's Business - Black Dog Institute | Better Mental Health](#)
- [Online Programs for Stress, Anxiety, and Depression | THIS WAY UP](#)
- [Resilience First Aid \(RFA\) Instructor Course - Driven](#)
- [Head4Work](#)

Leadership and Culture

These programs target senior leaders, SES, and managers to foster psychologically safe leadership, organisational trust, and value-aligned behaviour.

- [Leadership in Psychosocial Risk Management | Bond University | Gold Coast, Queensland, Australia](#)
- [Engaging Leaders - Mental Health First Aid Australia](#)
- [Mentally Healthy Work Development Programme | Government Health and Safety Lead](#)
- [Mental Health Essentials for Leaders](#)
- [Workplace Mental Health Essentials Workshop - Superfriend](#)
In development: 6R Leadership Capability Skills lab (August 2026)

Compliance and WHS Risk

Designed to build understanding of legal obligations under WHS legislation and develop practical skills for identifying, assessing, and controlling psychosocial hazards.

- [Managing Psychosocial Hazards and Risks in the Workplace - GPEX](#)
- [Managing Psychosocial Risks at Work- UNSW: AGSM Navigator](#)
- [Psychosocial Hazards Training Online - For Leaders & Executives](#)
- [Psychosocial Risk Management - Griffith Short Courses](#)
- [Psychosocial Safety Training | The Opus Centre](#)

Capability Building and Skills

These courses develop practical, interpersonal, and role-specific competencies for frontline staff, managers, and WHS practitioners.

- [Accidental Counsellor- Lifeline](#)
- [Building Trauma-friendly Workplaces- Phoenix Australia](#)
- [Emotional Agility Learning Journeys by Susan David, Ph.D. \(Wellbeing and Microskills\)](#)
- [Managing Challenging Interactions- Lifeline](#)
- [Managing for Team Wellbeing - Black Dog Institute | Better Mental Health](#)
- [Managing for Team Wellbeing: Navigating Conversations - Black Dog Institute | Better Mental Health](#)
- [Protecting and Promoting Mental Health at Work - Black Dog Institute | Better Mental Health](#)
- [Psychological First Aid- Phoenix Australia](#)
- [Stress and Trauma in the Workplace- Phoenix Australia](#)
- [Trauma-sensitive Communication- Phoenix Australia](#)
- [Vicarious Trauma- Phoenix Australia](#)
- [Workplaces - Mental Health First Aid Australia](#)
- [Workplace Mental Health for Leaders - Black Dog Institute | Better Mental Health](#)
- In development: psychosocial training package that DEWR are working on for HSRs and agencies, including a train the trainer model

Appendix I: Case Studies

Strengthening Psychosocial Risk Governance Across an APS Agency

Context: An Australian Government agency recognised the need to take a more structured and system-wide approach to identifying and managing psychosocial hazards. Staff consultation and internal WHS reviews highlighted the importance of clarity, consistency, and accountability in addressing known psychosocial risks.

Step 1: The agency's WHS Advisers undertook an enterprise-wide risk assessment involving consultation with worker representatives and the Health and Safety Committee. The assessment reviewed 2 years of historical psychosocial reports from staff, to identify the prevalent psychosocial hazards impacting the organisation.

The risk assessment outlined the key psychosocial hazards and recommended risk controls, including hyperlinks to additional resources for easy access.

The completed risk assessment was published to the Risk Management Library, accessible to all staff.

Step 2: A formal psychosocial risk framework was developed to articulate the systemic approach to managing psychosocial risks in the organisation. From prevention initiatives, early intervention and rehabilitation through tailored health and wellbeing support, the framework links together the organisation's responsibilities.

The enterprise risk assessment and psychosocial risk framework provided the foundation for the business areas to determine appropriate actions to control relevant psychosocial hazards known to their work.

Step 3: SES leaders developed local Psychosocial action plans in consultation with staff, with support from HR business partners. These plans enabled:

- targeted control measures adapted to operational contexts.
- visibility of planned actions across business areas.
- clarity regarding WHS responsibilities and accountabilities for SES, managers and staff.
- Psychosocial action plan.

Concurrently the agency reviewed and updated WHS policies, mandatory training and WHS guidance material. new initiatives included:

- SES masterclasses on WHS Due Diligence including psychosocial obligations.
- Toolkits for people managers, HR business partners and SES.
- Implementation of ongoing enterprise wide and specific messaging for business areas.
- Enhanced education and promotion to staff about the psychosocial hazard reporting.

Step 4: To ensure controls were embedded and sustainable, the agency:

- monitors a wide range of psychosocial metrics including staff and organisational reports, Census data and pulse surveys.
- shares data insights with business areas to inform SES and assist them in meeting their Due Diligence obligations.
- monitors for changes in the legislative and regulatory environment such as incorporating the new WHS Codes of Practice.

Ongoing improvements: work has commenced to integrate learning products from Comcare's training suite into the agency's learning management system (LMS). This integration aimed to embed psychosocial learning modules directly into risk control toolkits, strengthening learning-in-action and staff uptake.

Key Takeaways:

- Psychosocial action plans operationalise the enterprise-wide risk assessment and psychosocial risk framework and they provide the mechanism for staff consultation and practical outcomes.
- SES, managers and HR teams play a vital role in driving preventative action and safety culture.
- Updating capability, policies, and tools ensures practical application of WHS obligations.
- Embedding learning within risk systems promotes long-term behaviour change.

Building Psychosocial Safety in an APS Agency

Context: An Australian public sector agency with over 1,000 employees faced mounting concerns about staff wellbeing and job-related stress. While the agency had a history of WHS compliance, staff feedback pointed to gaps in how psychological hazards were being addressed, particularly in relation to organisational culture, management support, and workload pressures.

Challenge: Results from internal wellbeing surveys and the APS Census highlighted increasing psychosocial risks, including job strain, perceived injustice, and a lack of psychological safety. Leaders recognised that while individual resilience training had been delivered, structural issues around leadership behaviour, communication practices, and system-level support remained unaddressed.

Action: The agency partnered with university researchers to measure and improve its Psychosocial Safety Climate (PSC). This involved using the PSC-12 tool to assess staff perceptions of the agency's commitment to psychological health. Results were discussed in senior leadership forums and embedded into strategic planning processes.

In response, the agency co-designed a multi-year wellbeing strategy that integrated:

- Executive KPIs linked to psychological safety and consultation,
- Leadership development focused on relational capability,
- Clearer processes for identifying and addressing job design risks, and
- Consultation protocols that embedded frontline staff voice into WHS and HR decision-making.

Outcomes: Within 12 months

- PSC scores improved agency-wide, moving from low to moderate risk,
- Manager and employee survey results showed significant improvements in perceptions of fairness, communication, and role clarity,
- Teams involved in co-design reported higher trust in leadership and were more likely to raise concerns early.

Leadership insight: Senior leaders in this agency acknowledged that meaningful change required embedding psychological health into business systems, not just promoting individual wellbeing. They highlighted the value of objective measurement tools (like PSC-12) to guide planning, alongside relational leadership capability to foster trust and openness.

Link: [Translating psychosocial safety climate \(PSC\) into real-world practice: two PSC intervention case studies - PubMed](#)

Thrive at Work Framework: Embedding Positive Work Design Practices

Context: A large Federal Government agency wanted to embed positive work design practices into their workforce planning and decision-making activities. They sought to review their existing work design and mental health processes and obtain guidance on ways in which to improve work design practices within the agency.

Phase One: Thrive at Work Framework: Having already implemented an extensive mental health strategy, the agency wanted a way to evaluate the effectiveness of the strategies they had in place. Future of Work Institute (FOWI) used a multimodal data capture process which involved:

- Facilitated focus groups
- One-on-one interviews
- An extensive document review
- Analysis of historic employee experience survey data

This information was collated and assessed against the Thrive at Work framework, looking at the availability of resources and processes in addition to the maturity of their implementation.

Phase Two: SMART Work Webinars: The agency also wanted to upskill their line managers and HR professionals in how to better embed positive work design practices in their day-to-day roles. Working in close

consultation with the agency, FOWI identified the unique needs of each training group. With the SMART work framework as a basis, our psychologists delivered two tailored webinars.

Phase Three: Work Redesign in a Call Centre: To put into practice the learnings gained in phases 1 and 2 of the projects, the agency launched a redesign pilot project in one of their call centres. The process began with a full briefing from the director, followed by interviews with team leaders. FOWI conducted a survey to all staff asking them about the core work design components of their job. Focus groups were then conducted, upskilling participants in work design concepts. Data from the interviews, surveys (current and historic) and focus groups were analysed and compiled into a report with recommendations.

Outcomes

- The Thrive at Work framework allowed the agency to assess their existing mental health strategy on a holistic level.
- The maturity tracking inbuilt in the Thrive at Work Framework enabled the agency to effectively evaluate their existing initiatives.

Link: [Australian Public Service - Thrive at work](#)

People at Work- Integrating psychosocial risk into strategy

Context: In response to the amendments to the *Work Health and Safety Regulations 2011* (Cth) regarding psychosocial hazards, a Commonwealth agency sought to embed psychosocial risk considerations into their first mental health strategy. This coincided with support from the APS Mental Health Unit and presented a timely opportunity to elevate prevention efforts.

Challenge: The agency faced several constraints, including:

- A small HR team responsible for a wide breadth of functions
- Difficulties in driving participation across a distributed workforce
- The complexity of mitigating entrenched psychosocial hazards
- Uncertainty about the scope and currency of the People at Work survey in covering all 17 hazards from the amended Code of Practice

Approach: To address these challenges and enhance workforce wellbeing, the agency adopted the People at Work survey. Their approach focused on:

- **Strong consultation culture:** ensuring staff feedback shaped measurement efforts
- **Strategic timing:** ensuring staff are not overwhelmed with surveys
- **Survey design:** selecting People at Work for its benchmarked reporting, tailored hazard items, and clarity of purpose
- **Communication:** maintaining clear messaging to build awareness and trust

Implementation:

- Delivered a manager masterclass on psychosocial hazards to build capability
- Required all managers to deliver post-survey presentations to their teams
- Shared executive summaries and full reports with both senior leadership and workers
- Integrated psychosocial risk data into the annual WHS risk assessment cycle
- Developed a Psychosocial Risk Action Plan based on the survey findings and worker feedback

Outcomes:

- Psychosocial risk factors were explicitly included in the organisation's mental health strategy for the first time
- Increased workforce understanding of psychological safety and work design risks
- Improved leadership engagement with psychosocial WHS obligations
- Ongoing action planning supported by data and consultation

Combining PSC and PAW for Psychosocial Risk Management

Context and Motivation

In 2024, a small agency undertook an initiative to measure and manage psychosocial risks within its organisational structure. This focus was prompted by a combination of regulatory drivers, internal priorities, and workforce concerns regarding employee well-being and the prevention of psychosocial hazards. The goal was to mature the internal Work Health and Safety Management System for psychosocial risk.

Tool Selection

The Agency selected two pivotal surveys for their Psychosocial Capability Uplift program: the Psychosocial Safety Climate (PSC) survey and the People at Work (PAW) survey.

These two surveys were selected to:

- Provide a baseline measure of psychosocial risk, at the enterprise and organisational group level.
- Provide lead and lag information about psychosocial risk, hazards and employee psychological distress.
- Ascertain whether the Agency's organisational climate is likely to enable and sustain activities to eliminate or mitigate psychosocial risk.
- Identify the risk for core psychosocial hazards outlined in the Safe Work Australia Model Code of Practice: Managing psychosocial hazards at work.
- Highlight strengths and areas for improvement, inform areas for priority and design initiatives matched to needs.
- Establish a foundation for conversations and collaboration between the Corporate WHS team, HSRs, employees and managers to develop risk management plans (enterprise and organisational group level) and undertake role reviews for tailoring controls.

Implementation Process

The Agency's Work Health and Safety team within the Corporate Group conducted two comprehensive surveys across all staff. These surveys aimed to establish baseline measures of psychosocial risk, identifying key areas of strength and opportunities for improvement.

The rollout was agency-wide, ensuring robust data collection and analysis. Preparation and engagement of staff included detailed communications, training sessions, and regular updates to ensure all employees understood the importance and benefits of participating in the surveys.

PAW will initially occur annually for two years before switching to a biennial cycle. This approach helps create a reliable psychosocial hazard register and provides time to assess the effectiveness of controls, as psychosocial hazards change slowly and do not require frequent testing.

Key Findings or Insights

The results indicated that the Agency's level of psychosocial risk was generally low. However, variances were noted across different work demands, resources, organisational groups, and populations. These discrepancies underscored the need for tailored solutions for high-risk roles and specific hazards.

Unexpected insights included significant differences in psychosocial risk perception between departments and a higher-than-anticipated concern for mental health support among employees. The tools provided comprehensive data, which was crucial for targeted interventions but required considerable effort in data interpretation and action planning.

Reflections and Advice

It is recommended to use these two surveys together – combined findings of these tools provide a strong basis for psychosocial hazard identification and risk management initiatives.

These tools have strong research and evidence base and provide benchmarks for the results. The surveys theoretical foundation is the jobs demands resource model, an accepted, highly researched occupational stress model applicable to psychosocial safety, organisational health and productivity.

Appendix J: Further information

This section brings together a curated list of practical resources to support agency leaders and WHS teams in effectively managing psychosocial risks. The links below provide guidance, tools, and reference material from trusted Australian and international sources. Each collection is organised by provider, with a brief explanation of what the reader can expect to find and how the content may support their psychosocial risk management efforts.

APSC

These links provide public service specific resources to support leaders in creating mentally healthy workplaces, building leadership capability and improving system wide understanding of psychosocial safety.

- [APS Academy | Australian Public Service Commission](#)
- [Psychological safety in the APS](#)
- [Research, analysis and publications | Australian Public Service Commission](#)

Comcare

These resources offer practical guidance on implementing psychosocial risk controls, strengthening leadership capability, and improving work design. They include toolkits, guides for managers, case studies, and principles to support good work practises and WHS compliance.

- [About good work design | Comcare](#)
- [Addressing work demands | Comcare](#)
- [Building trust in your team | Comcare](#)
- [Codes of Practice under the WHS Act | Comcare](#)
- [Effective communication | Comcare](#)
- [Enhancing performance | Comcare](#)
- [How managers can support worker mental health | Comcare](#)
- [Knowing your team | Comcare](#)
- [Managing absence | Comcare](#)
- [Managing change at work | Comcare](#)
- [Office Safety tool | Office Safety tool](#)
- [Principles and Evidence for Good Work through Effective Design report](#)
- [Principles of good work design | Comcare](#)
- [Providing flexible work | Comcare](#)
- [Psychosocial hazard case studies | Comcare](#)
- [Psychosocial hazards | Comcare](#)
- [Psychosocial Inspection Program - Guide for PCBUs](#)
- [Reducing the psychosocial risks of workplace change](#)
- [Regulatory guides | Comcare](#)
- [Supporting return to work | Comcare](#)
- [Supporting your team | Comcare](#)

Safe Work Australia

These links provide national guidance and frameworks for understanding and managing psychosocial hazards. They include the national WHS strategy, Model Codes of practice, and hazard-specific resources tailored to support compliance a good practice.

- [Australian Work Health and Safety Strategy 2023–2033 | Safe Work Australia](#)
- [Case study: Good work through effective design | Safe Work Australia](#)
- [Consultation | Safe Work Australia](#)
- [Good work design | Safe Work Australia](#)
- [Harmful behaviours | Safe Work Australia](#)
- [Identify, assess and control hazards - Managing risks | Safe Work Australia](#)
- [Identify, assess and control hazards | Safe Work Australia](#)
- [Inadequate reward and recognition | Safe Work Australia](#)
- [Leadership and culture | Safe Work Australia](#)
- [Model Code of Practice: Sexual and gender-based harassment | Safe Work Australia](#)
- [Our Data. Your Stories. | dataswa](#)
- [Principles of Good Work Design | Safe Work Australia](#)
- [Psychosocial hazards | Safe Work Australia](#)
- [Public administration and safety | Safe Work Australia](#)
- [Safe design | Safe Work Australia](#)
- [Working from home | Safe Work Australia](#)

International

these resources provide global insights, research, and practical frameworks from leading safety and health organisations. They can support benchmarking, inform leadership strategies, and guide the implementation of psychosocial risk controls in line with international best practice. They may also assist in translating complex psychosocial concepts into practical leadership actions.

- [AICD- Governing WHS Psychosocial Risks- A primer for directors](#)
- [Approaches to mentally healthy work | Government Health and Safety Lead](#)
- [CCOHS: Mental Health - Psychosocial Risk Factors in the Workplace](#)
- [CCOHS: Psychological Health and Safety Program - Assessing Psychosocial Hazards](#)
- [CCOHS: Psychological Health and Safety Program - Controlling Psychosocial Hazards](#)
- [CCOHS: Psychological Health and Safety Program - Evaluation and Continuous Improvement](#)
- [CEO Guide Mental Health & Wellbeing » Business Leaders Health & Safety Forum](#)
- [Critical control ownership framework | Government Health and Safety Lead](#)
- [Data sources and dashboard for psychological health and safety | Government Health and Safety Lead](#)
- [Good governance for psychological health and safety | Government Health and Safety Lead](#)
- [Guide for Employees: Wellness Action Plans](#)
- [Guide for line managers: Wellness Action Plans](#)
- [Harvard University- Tip Sheet on survey question wording](#)
- [Hierarchy of controls for psychological health and safety | Government Health and Safety Lead](#)
- [Job Design: A Practitioner's Guide \[2025 Edition\] - AIHR](#)
- [Leading psychological safety » Business Leaders Health & Safety Forum](#)
- [Manager-driven intervention for improved psychosocial safety climate and psychosocial work environment](#)
- [Managing psychosocial risks at work | WorkSafe](#)
- [Managing psychosocial risks: Drivers and barriers - OSHwiki | European Agency for Safety and Health at Work](#)
- [Measuring mental wellbeing » Business Leaders Health & Safety Forum](#)
- [Mental health when working from home: for PCBU's | WorkSafe](#)
- [Mentally Healthy Work Hub | Government Health and Safety Lead](#)

- [Mentally Healthy Work in Aotearoa New Zealand: Short essays on important topics – Psychosocial factors: Pathways to harm and wellbeing](#)
- [National Standard - Mental Health Commission of Canada](#)
- [People Managers guide to Mental Health](#)
- [Positive duty to prevent workplace sexual harassment A director's guide](#)
- [Protecting mental wellbeing at work » Business Leaders Health & Safety Forum](#)
- [Psychosocial factors | WorkSafe](#)
- [Psychosocial hazards in work environments and effective approaches for managing them | WorkSafe](#)
- [Psychosocial Risks in the Changing World of Work: Moving from the Risk Assessment Culture to the Management of Opportunities - PMC](#)
- [Redesigning work » Business Leaders Health & Safety Forum](#)
- [References to Work-related stress | Knowledge for policy](#)
- [Stress Prevention at Work Checkpoints. Practical improvements for stress prevention in the workplace | International Labour Organization](#)
- [Stress Talking Toolkits - HSE](#)
- [The Psychosocial Hierarchy of Controls: Effectively Reducing Psychosocial Hazards at Work - PMC](#)
- [Who owns mentally healthy work? | Government Health and Safety Lead](#)
- [Work-related stress | WorkSafe](#)
- [Work-related stress and how to manage it - HSE](#)

Appendix K: Diversity, Equity and Inclusion Considerations

As part of an inclusive approach to psychosocial risk management, it is important to consider how different worker identities and circumstances may influence the way hazards are experienced and addressed. In addition to cultural background, factors such as gender identity, sexual orientation, family or carer responsibilities, and workforce participation patterns (e.g. part-time or flexible work) can shape exposure to risk and the effectiveness of control measures.

Incorporating equity and inclusion considerations into how psychosocial hazards are managed is essential for creating an inclusive and supportive workplace. Here are some examples of how these workers can be affected.

First Nations Workers

- **Cultural Load:** First Nations workers often experience a cultural load, which includes the stress of balancing cultural responsibilities with workplace demands.
- **Discrimination and Racism:** They may face discrimination and racism, leading to feelings of isolation and decreased mental well-being.
- **Role Clarity:** Lack of role clarity and recognition can exacerbate stress and impact job satisfaction.

CALD Workers

- **Language Barriers:** Language barriers can lead to misunderstandings, miscommunication, and increased stress.
- **Cultural Differences:** Differences in cultural norms and practices can result in feelings of exclusion and difficulty integrating into the workplace.
- **Bullying and Harassment:** CALD workers may be more vulnerable to bullying and harassment, impacting their mental health and job performance.

Workers with Disabilities

- **Accessibility Issues:** Physical and environmental barriers can create additional stress and hinder job performance.
- **Stigma and Discrimination:** Workers with disabilities may face stigma and discrimination, leading to feelings of isolation and decreased self-esteem.
- **Job Insecurity:** Concerns about job security and career progression can exacerbate stress and impact mental health.

Aged Workers

- **Health Concerns:** Older workers may experience health-related stress, including chronic illnesses and physical limitations.
- **Job Strain:** High job demands, and low control can lead to increased stress and risk of cardiovascular diseases.
- **Isolation:** Older workers may feel isolated, especially if they perceive a lack of social support or opportunities for engagement.

LGBTQIA+ Workers

- **Inclusion and Safety:** LGBTQIA+ workers may experience exclusion, misgendering, or a lack of psychological safety in teams or leadership environments.
- **Harassment and Stigma:** They may face homophobia, transphobia, or other forms of harassment, which can negatively impact mental health and wellbeing.
- **Visibility and Support:** A lack of visible support or representation in leadership can contribute to feelings of isolation or tokenism.

Carers and Parents

- **Work-Life Conflict:** Workers with caring responsibilities may struggle to manage workload expectations alongside family or dependent care duties.
- **Inflexible Practices:** Inflexible schedules or performance measures that don't accommodate carers can contribute to stress or disengagement.
- **Career Penalties:** Parents and carers may be excluded from career development or leadership opportunities due to part-time or flexible work arrangements.

Addressing these hazards requires tailored strategies that consider the unique needs and challenges of each group. Engage with representatives to understand their unique needs and perspectives and work collaboratively with to co-design policies and interventions that are culturally appropriate and respectful.

servicesaustralia.gov.au



COO Committee Project

Psychosocial Hazards Project

Recommendations and forward work plan

July 2025

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Introduction

The Psychosocial Hazards project was commissioned by the Chief Operating Officers (COO) Committee to develop a strategic, system-wide approach to identifying, managing and mitigating psychosocial hazards across the Australian Public Service (APS). The project recognises that while APS agencies have a legislated duty to manage psychosocial hazards under *the Work Health and Safety Act 2011* (Cth.) (the Act) and the [Work Health and Safety \(Managing Psychosocial Hazards at Work\) Code of Practice 2024](#) (the Psychosocial Code), operationalising this duty at scale presents unique challenges – particularly in balancing safe systems of work with continued delivery for government.

The project has focused on three core deliverables:

1. A comprehensive evaluation of psychosocial hazard management maturity across APS agencies
2. A practical, plain-English playbook to support Senior Executive (SES) understanding and action
3. A forward work plan of tangible, system-level recommendations to support coordinated uplift across the APS

What the evaluation revealed

The evaluation found that:

- Most agencies are aware of psychosocial hazards and are taking steps to meet WHS obligations, but maturity levels and implementation consistency vary significantly.
- Existing policies and procedures focus largely on reactive or incident-driven responses, with less visibility into proactive or systemic controls.
- Data systems and tools are fragmented, and current assessments do not always account for severity, frequency, and duration – limiting insight into exposure risks.
- There is a need for stronger capability among HR, WHS, and leadership teams in analysing complex or overlapping psychosocial risks.
- Training, consultation, and control design are inconsistent and often disconnected from agency-level strategy or planning.

Agencies also noted shared risk conditions such as high workload, remote or isolated work, workplace aggression and violence, low job control, and exposure to traumatic events or distressing content – further reinforcing the need for a collective, strategic response.

Why the Playbook was developed

The Playbook was created to address this gap by translating WHS obligations and best practice guidance into a practical resource for SES leaders. Rather than prescribe every control, the Playbook encourages leaders to:

- Recognise psychosocial hazards as both legal risks and cultural issues
- Understand how work design, leadership behaviours, and organisational systems influence risk
- Build psychologically safe, consultative, and preventative systems that go beyond compliance

It aims to shift the APS from reactive hazard response to proactive, systemic risk management grounded in prevention, consultation, and cultural maturity.

Why recommendations are now needed

These recommendations represent the next step in strengthening psychosocial safety across the APS. They are designed to:

- Embed consistent, actionable responses to psychosocial hazards across agencies
- Improve system-level capability and accountability
- Support the development of preventative, consultative, and psychosocially safe workplaces

Each recommendation is aligned to a timeframe and designated lead and is intended to be both reasonably practicable and achievable within existing APS structures.

About the recommendations

The recommendations in this report are designed to support a system-wide uplift in how psychosocial hazards are identified, assessed, and managed across the APS. They reflect both the legal obligations under the Psychosocial Code and the broader cultural expectations for psychologically safe work.

To ensure they are actionable, the recommendations are:

- Designed with defined timeframes and recommended leads to guide implementation over an 18-month period
- Tailored to existing APS structures and responsibilities, leveraging established governance and capability pathways
- Framed around prevention, cultural maturity, and system-wide leadership, not just compliance with WHS legislation

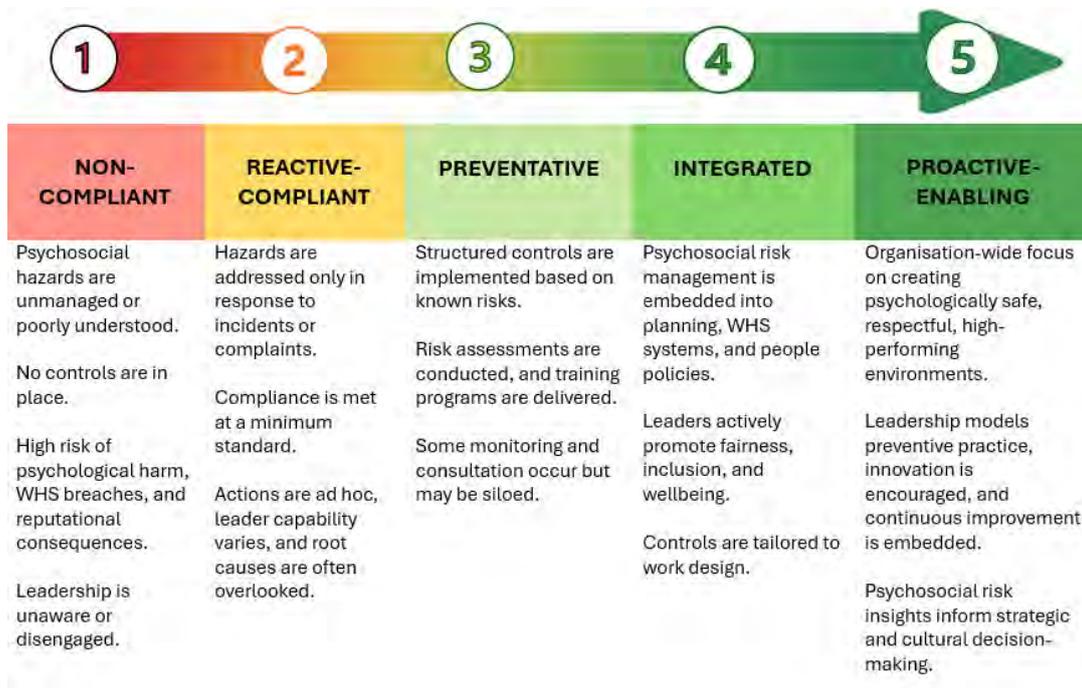
The recommendations are intended to support agencies across varying levels of readiness and maturity, and align with the Psychosocial Risk Management Continuum, which describes a shift from reactive responses to proactive, integrated approaches that embed psychological safety as a core cultural value.

Grounded in Psychosocial Factors

The recommendations are anchored in the understanding that psychosocial hazards are shaped not just by individual incidents or isolated events, but by broader organisational factors. These include how:

- Work is designed and led
- Teams function and are communicate with
- Change is planned and managed
- Workers are consulted, recognised, and supported

The recommendations support a shift from incident-driven hazard response to proactive, system-wide prevention, as demonstrated in the Psychosocial Risk Management Continuum.



Recommendation 1:

Disseminate the Psychosocial Hazards Playbook via COO Committee Secretariat

It is recommended that the Psychosocial Hazards Playbook be formally disseminated to all APS agencies via the COO Committee Secretariat, ensuring consistent and visible endorsement of the Playbook as a key leadership and risk management resource.

This dissemination approach positions the Playbook as a system-wide tool to support agency compliance with WHS duties under the Psychosocial Code and to guide effective, preventative approaches to psychosocial risk management. Coordination through the COO Committee Secretariat reinforces its status as a shared, legitimate and authoritative reference for agency leaders, WHS professionals, and HR partners.

The Playbook provides practical guidance to support stronger risk controls, cultural maturity, and leadership accountability—particularly in areas of work design, consultation, and preventative system building.

Key actions:

- Disseminate the Psychosocial Hazards Playbook via a formal communication from the COO Committee Secretariat to agency heads and senior executives.
- Include accompanying messaging that:
 - Clarifies the Playbook's purpose and intended use across WHS, HR, and leadership function
 - Reinforces its alignment with the Act and Psychosocial Code
 - Encourages agency leaders to engage with the Playbook as part of their risk management responsibilities

Led by:	COO Committee Secretariat
Timing	<ul style="list-style-type: none"> • 0-2 months: Dissemination to all APS agencies via formal COO Committee communication

Recommendation 2:

Establish an SES-Level Community of Practice (CoP) via the APS HR Professional Advisory Group

Establish a SES-level CoP, through the APS HR Professional Advisory Group, for Work Health and Safety (WHS) matters, with a strategic focus on psychosocial safety initially. The CoP would be accountable to the Advisory Group reporting back to the COO Committee.

Key actions:

- APS HRPS Advisory Group endorses the establishment of an SES-level WHS CoP
- Define the CoP's scope, membership, objectives, and meeting cadence (e.g. bi-monthly, quarterly)
- Commence regular CoP meetings focused on shared learning, leadership challenges, and emerging WHS issues

Led by:	APS HR Professional Advisory Group
Timing	<ul style="list-style-type: none"> • 0-3 months: Establish the SES-Level CoP and determine meeting cadence and Terms of Reference

Recommendation 3:

Centralise Psychosocial Safety resources

Australian Public Service Commission (APSC) to store Playbook and resources on APS Learn, and link to the COO Hub

Key actions:

- Establish and maintain a centralised psychosocial safety resource hub on APS Learn
- Include the Psychosocial Hazards Playbook and any related resources
- Link the APS Learn psychosocial safety hub to the COO Hub for broader visibility and access

Managed by:	APSC- hosting the resource hub and publishing updates Services Australia- coordination and maintenance of the Playbook
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Timing:	<ul style="list-style-type: none"> • 0-3 months: <ol style="list-style-type: none"> 1. Develop host site for Psychosocial safety resource hub on APS Learn 2. Publish Playbook and ensure linkage to COO Resource Hub
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Recommendation 4:

Maintain Playbook as a collaborative, living resource

Services Australia will review and maintain the Psychosocial Hazards Playbook in consultation with APS organisations every two years.

To support collaboration and shared ownership, it is recommended that all APS agencies nominate a contact person or role, responsible for participating and providing, as well as receiving notification of updates to the Playbook. These contacts will serve as conduits for contributing emerging practice examples and resources.

Key actions:

- Coordinate the Playbook as a living document on behalf of the APS
- Accept ongoing submissions and issue a biannual call for contributions
- Prepare and circulate proposed changes ahead of each update
- Submit finalised updates and summary of changes to APSC for publication

Managed by:	APSC- hosting the resource hub and publishing updates Services Australia- coordination and maintenance of the Playbook
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Timing:	<ul style="list-style-type: none"> • 18 months: Confirm agency contacts, develop submission and updating process • 18-24 months: commence biannual Playbook update cycle
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Recommendation 5:

Embed psychosocial safety into SES and leadership development pathways

The APSC consider embedding psychosocial safety capability into existing SES and broader leadership development pathways, using existing APS Learn products or other external existing training products, such as those offered by Comcare or other organisations.

Key competencies should reflect both individual behaviours and systemic leadership duties relating to psychosocial risk management. For example, existing training can be enhanced by integrating capabilities such as:

- Understanding what psychosocial hazards are.
- Risk identification and mitigation in the context of psychosocial risks.
- Good work design principles.
- Ethical and values-based leadership.

Key actions:

- APSC to review existing SES and APS leadership development programs to identify opportunities to integrate psychosocial safety-related competencies appropriate to the level of system accountability.
- Where gaps are identified, incorporate available training content.

Led by: APSC in partnership with L&D leads, SES CoP and agency SES sponsors

Timing:

- **0-9 months:** Conduct review of current SES and leadership training programs
- **12-18 months:** Propose and trial content enhancements or inclusions into relevant leadership development offerings
- **18+ months:** Finalise changes and embed as part of training schedule delivery and review processes.

Recommendation 6:

All agencies operationalise the Psychosocial Hazards Playbook

All APS agencies to operationalise the Psychosocial Hazards Playbook by embedding its guidance, tools, and risk management approach into their internal systems and practices. This includes aligning agency-level WHS, HR, and leadership processes with the Playbook to ensure consistent and practical application of psychosocial risk management.

Operationalising the Playbook supports agencies to meet their duties under the WHS Act and Psychosocial Code, while also building a system-wide foundation for safer, more consultative, and higher-performing workplaces.

Key Actions:

- Apply the Playbook's risk management approach across relevant agency systems (e.g. risk registers, capability frameworks, internal controls).
- Integrate Playbook content into WHS, HR, and leadership policies, procedures, and training.
- Monitor and review implementation progress and share insights or adaptations through interagency channels where appropriate.

Led by: All APS agencies

Timing:

- **0-12 months:** Initiate internal implementation planning and integration.



COO Committee Project

Psychosocial Hazards Project

Project Closure Report

July 2025

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Executive Summary

The Psychosocial Hazards Project was established to support the Australian Public Service (APS) in managing psychosocial risks more effectively, in response to increased WHS regulatory focus and the evolving expectations of the COO Committee.

Through stakeholder engagement, targeted assessments, and the development of a playbook, the project has delivered practical and system-relevant guidance to improve psychosocial safety maturity across the APS.

Key outcomes include:

1. A sector-informed Psychosocial Hazards Playbook to support senior leaders
2. A Current State Evaluation Report based on an APS-wide survey, highlighting priority risks and capability gaps
3. A staged Forward Work Plan and recommendations to guide next steps

The project was delivered through an agile, collaborative approach, informed by a cross-agency working group and SES-level Tiger Team with expertise in WHS, HR, and diversity functions.

Key themes underpinning the project's deliverables include:

- Clarifying roles and responsibilities for psychosocial risk management
- Promoting early risk identification and prevention-focused workplace cultures
- Strengthening leadership capability and system-level coordination

While the project is now complete, implementation efforts are expected to continue. Ongoing monitoring, resource sharing, and capability uplift will be critical to embedding psychosocial safety as standard practice across APS organisations.

Background and Context

Psychosocial hazards have gained significant attention across the APS, driven by changes in WHS legislation, increased public scrutiny, and a deeper understanding of how work-related psychological harm affects individuals, teams, and organisations.

In 2024, Chief Operating Officers (COOs) identified psychosocial risk as a strategic priority during a cross-agency strategy session. The group recognised the need for a more consistent and coordinated approach to managing psychosocial hazards, in response to the introduction of the [Work Health and Safety \(Managing Psychosocial Hazards at Work\) Code of Practice 2024](#) (the Psychosocial Code) and increased accountability expected following the findings of several Royal Commissions.

While agencies have a legislated obligation to manage psychosocial hazards, the diversity of agency sizes, operating environments, and risk maturity levels has made sector-wide alignment challenging. Definitions, responsibilities, and practices vary widely, contributing to confusion about what constitutes a psychosocial hazard, how it should be assessed, and what constitutes a 'reasonably practicable' control.

This project was commissioned to:

- Support a whole-of-APS approach to psychosocial risk management
- Clarify what good practice looks like across different organisational contexts
- Equip leaders with practical tools that support compliance and prevention
- Provide a shared foundation for improving psychosocial safety over time

The project aimed to deliver system-relevant resources that reflect the complexity of government work, while building a stronger bridge between regulatory obligations, cultural change, and practical implementation. The focus was on enabling agencies to meet their duties in ways that are achievable, consistent, and supportive of positive workplace outcomes.

Project Objectives and Scope

The project was designed to enable a whole-of-government approach to managing psychosocial hazards, regardless of agency size, structure, or mandate. It recognised that while agencies operate in very different environments, all are responsible for managing psychosocial risks under the WHS Act.

Specifically, the project has:

- Evaluated the current state of psychosocial hazards and identified the top hazards for the APS
- Created a common language and set of practices that can be adopted across different APS organisations
- Identified some 'quick win' controls already being used in the APS that can be shared
- Developed a forward work plan for the implementation to increase APS-wide capability to manage psychosocial hazard across teams, organisations and the APS that are 'reasonably practicable'

The scope did not include agency-level implementation planning, formal policy review, or the development of technical assessment tools. Instead, the project focused on developing a shared, system-wide foundation that agencies could adapt to their own contexts.

Governance and Delivery Oversight

Project Sponsorship and Leadership

The project was sponsored by the COO of Services Australia and supported by staff from the Health and Safety Branch of the Wellbeing and HR Division, ensuring strong alignment with system-wide WHS priorities and reinforcing psychosocial risk as a strategic and operational imperative.

Governance Structure

A two-tiered model provided strategic direction and practical oversight:

1. SES-level Governance Group (Tiger Team):

Comprised of senior leaders from diverse APS agencies (**Appendix A**). The Tiger Team:

- Shaped the direction and scope of the project.
- Ensured alignment with the Psychosocial Code and COO Committee expectations.
- Reviewed key deliverables, validated recommendations, and addressed implementation barriers.

2. EL-level Working Group (Working Group)

The Working Group included EL1–2 representatives across 13 APS agencies (**Appendix A**), with WHS, HR, and Inclusion expertise. It was the primary design and validation body. Members:

- Fortnightly working group meetings
- Three interactive workshops to explore hazard language, risk maturity, roles and responsibilities, and control examples
- Written and verbal feedback on all key deliverables
- Supported peer learning and shared system insights
- Contributed practical examples, scenario testing, and iterative feedback.

Project Team Approach

The project was led and delivered by members of Services Australia's Health and Safety Branch. The Project Delivery team (**Appendix A**) worked in close partnership with WHS, HR, and Inclusion stakeholders from the Working Group to ensure deliverables were strategically aligned, practical, and grounded in real-world experience.

Project delivery was supported by an agile methodology (**Figure 1**), with delivery activities structured into sprints and aligned to key governance milestones. Throughout the project, the team:

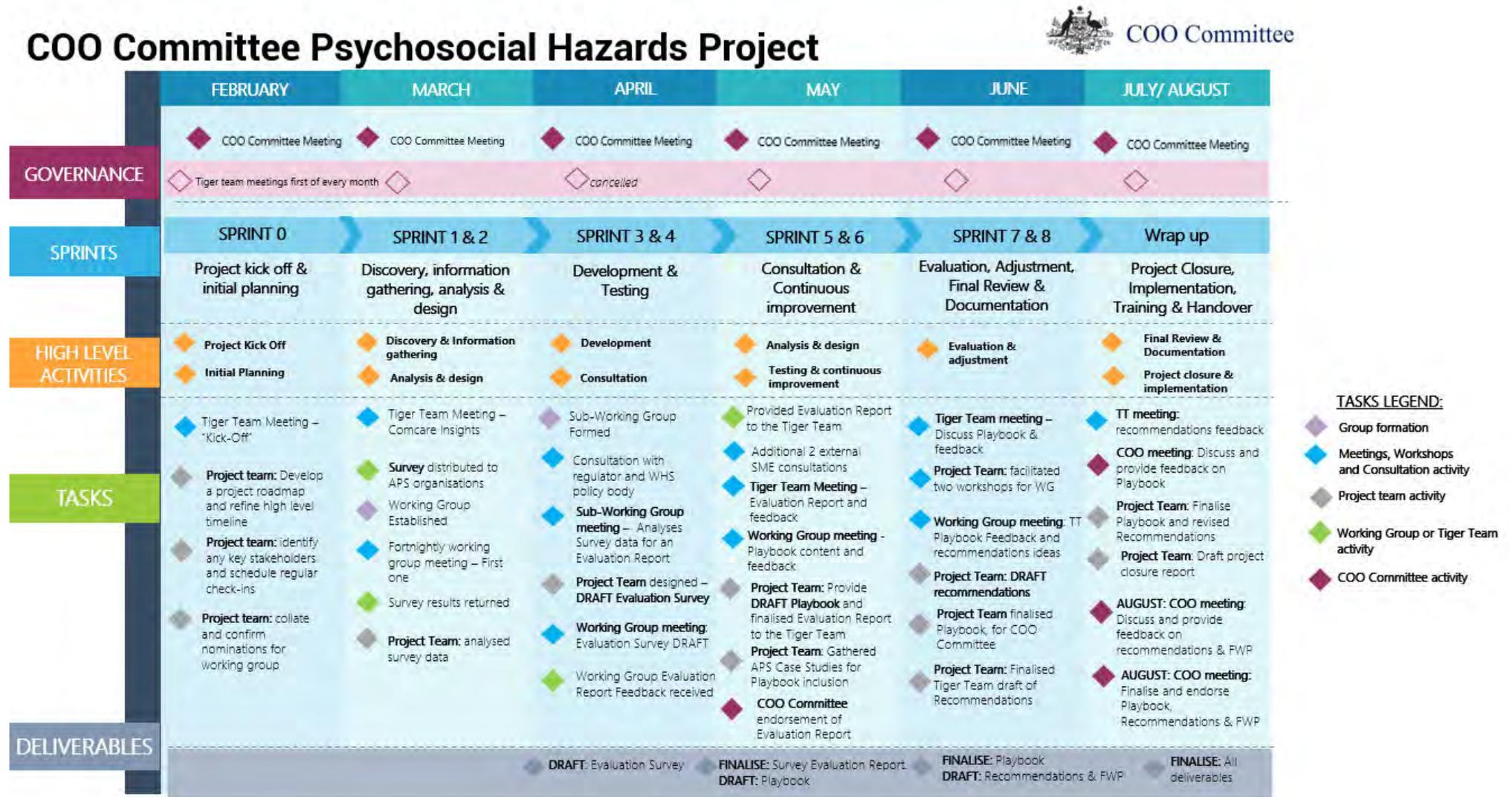
- Coordinated sprint-based development cycles across planning, consultation, testing, and delivery phases.
- Facilitated co-design workshops, and interactive feedback sessions with stakeholders.
- Supported the formation of governance and working groups and maintained engagement across cohorts.
- Drafted and incorporated risk language, controls, maturity descriptors, and leadership responsibilities.
- Refined the structure, visuals, and framing of the playbook and recommendations through consultation.
- Integrated feedback from agencies, regulator, experts, and working group members.
- Aligned deliverables with broader APS reform priorities and system capability needs.
- Maintained ongoing communication with SES sponsors and Tiger Team representatives.

Subject matter experts were consulted throughout the project, including specialists in WHS regulation, organisational psychology, psychosocial risk assessment, and diversity and inclusion. Their advice strengthened the technical accuracy and adaptability of the deliverables.

This model of delivery ensured that the project remained agile, collaborative, and anchored in the real-world needs of APS agencies – balancing regulatory compliance with practical feasibility.

Figure 1: Project Delivery Timeline – Agile Sprint Model

This visual outlines the project’s delivery cadence across eight sprint cycles. Each sprint aligned with key governance milestones and engagement activities, supporting rapid development, iterative validation, and continuous alignment with the priorities of the COO Committee and participating agencies.



Project Deliverables

Current State Survey Evaluation Report

The Psychosocial Hazards Current State Survey was designed to capture a snapshot of how APS agencies are currently managing psychosocial hazards under the *Work Health and Safety Act 2011* (Cth) (the Act), including their level of maturity, capability gaps, and shared challenges. The survey was distributed to all APS agencies via the COO Committee, with 27 agencies responding (**Appendix A**). These responses formed the evidence base for several core project outputs.

The survey focused on:

- Organisational readiness and maturity in managing psychosocial risks.
- Priority psychosocial hazards across different agency sizes.
- Common barriers to effective control and implementation.
- Opportunities for uplift and cross-sector resource sharing.

Key Findings

The survey identified four consistent top hazards:

- Violence and aggression
- Job demands
- Low job control
- Traumatic events or materials

The survey also highlighted:

- A strong awareness of psychosocial hazards across agencies.
- Low levels of maturity in implementing proactive controls.
- A tendency to respond to incidents rather than prevent them.
- Evidence that psychosocial risk is included in some mandatory training but often delivered as general awareness content rather than competency-based learning.

Use and Impact

The survey findings directly informed:

- The design and content of the Psychosocial Hazards Playbook, particularly in shaping resources and examples provided.
- The Forward Work Plan, by surfacing capability gaps and identifying focus areas for uplift.
- The prioritisation of hazard-specific controls and maturity descriptors.

Psychosocial Hazards Playbook

The playbook has been designed to support Australia Public Service (APS) executive leaders to identify, manage, and mitigate- if elimination is not possible- psychosocial hazards in the workplace.

It is a practical resource designed to support APS leaders in understanding psychosocial hazards, including both risk and protective factors, and taking meaningful action to manage them.

Key Features

- Plain language framing of psychosocial hazards, controls, and legal obligations.
- Translates WHS duties and best practice into actionable guidance.
- Supports a shift from reactive responses to proactive prevention.
- A four-step psychosocial risk management framework consistent with the Psychosocial Code.
- Appendices that include tools, case examples, lead indicators, and equity considerations.

The playbook translates WHS duties and complex regulatory concepts into clear, accessible actions that can be adapted across different levels of maturity and agency size. It is not a compliance manual but a resource to guide prevention, improve capability, and support cultural change.

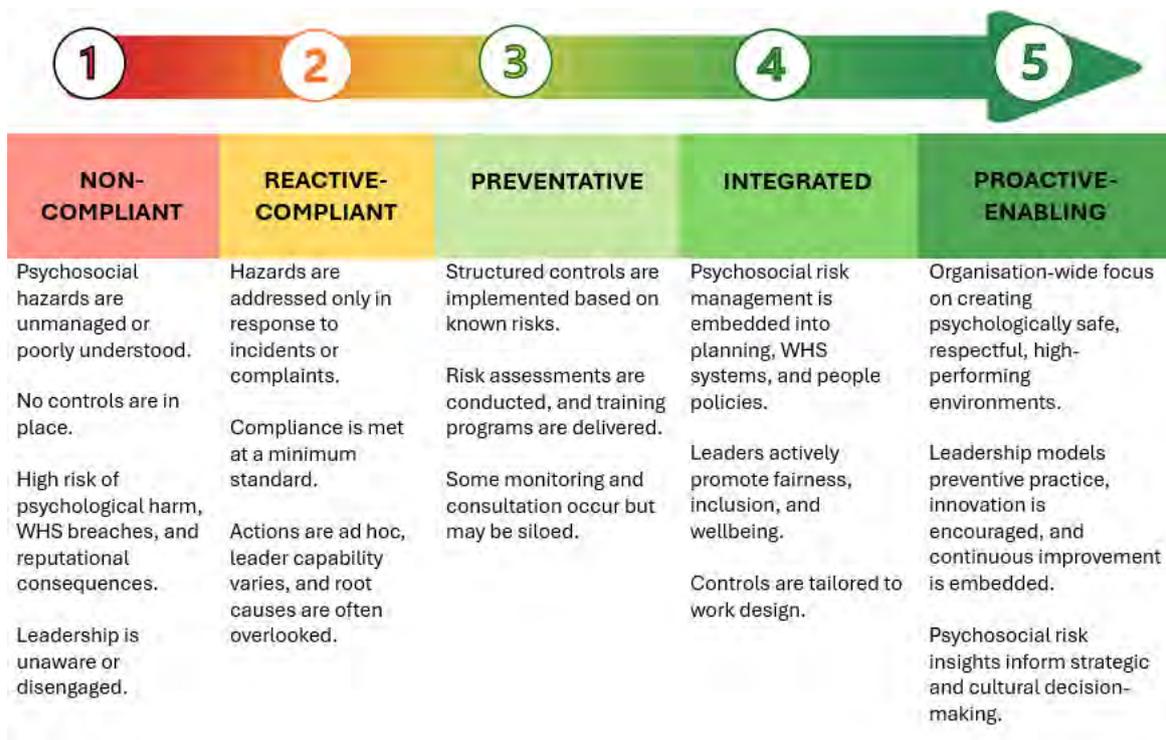
Hazard Maturity Continuum

A central feature of the playbook is the Psychosocial Risk Maturity Continuum (**Figure 2**), which describes five levels of maturity from non-compliance through to proactive-enabling environments. This model allows agencies to:

- Self-assess their current state.
- Understand what better practice looks like.
- Tailor their improvement strategies in realistic, staged ways.
- Guide leadership conversations and planning.

The continuum is supported by narrative examples for each of the 17 psychosocial hazards listed in the Psychosocial Code, helping agencies translate abstract concepts into real-world actions.

Figure 2: Psychosocial Risk Maturity Continuum



Impact and Application

The playbook was reviewed and shaped by APS agencies of varying size and maturity, ensuring flexibility of use. It has been designed to:

- Guide agency leaders in fulfilling their WHS obligations.
- Support consistency across the APS in understanding psychosocial risk.
- Encourage preventative and systems-based approaches to hazard management.
- Integrate with existing WHS and HR processes.

The playbook is accompanied by supporting resources and is designed to evolve as new insights, tools, and sector maturity progress.

Recommendations and Forward Work Plan

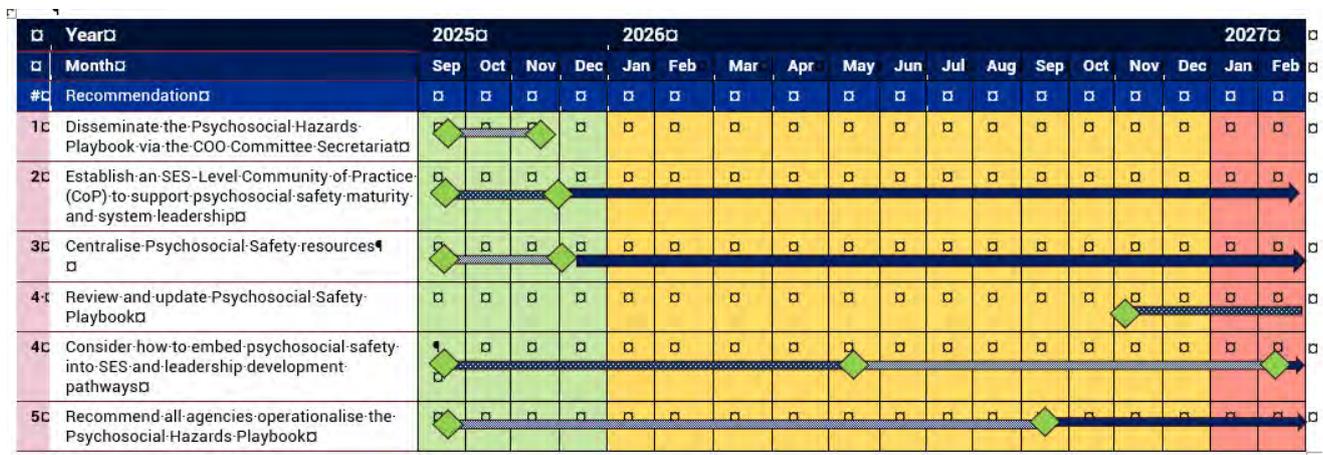
The Psychosocial Hazards Project produced five interrelated recommendations focused on improving how psychosocial risks are identified, managed, and embedded into APS systems and leadership practice. These recommendations span central dissemination, cross-agency collaboration, leadership development, and local implementation – forming a cohesive uplift pathway.

Together, they aim to:

- Strengthen accountability and leadership capability across the system.
- Centralise access to tools, learning, and shared resources.
- Embed psychosocial safety into agency systems, policies, and development pathways.
- Enable all agencies to operationalise the Playbook consistently and effectively.

The accompanying Forward Work Plan (**Figure 3**) sequences delivery over an 18-month period and provides a clear structure for coordinated action across the APS. It supports both central and agency-led activity, allowing implementation to be tailored based on each agency’s maturity, context, and role.

Figure 3: Forward Work Plan Roadmap



Intended Use

The work plan is designed to:

- Guide the COO Committee and partner agencies in prioritising next steps.
- Support central agencies to coordinate uplift activities and remove barriers.
- Enable practical, scalable adoption of the Playbook across the APS.

Endorsed by the Tiger Team, the work plan complements the playbook and evaluation insights and provides a clear roadmap for system-wide progress.

Reflections and Lessons Learned

This section brings together stakeholder reflections and project team insights. It highlights what worked well, what could be improved, and what should be considered in future APS-wide psychosocial safety initiatives.

Reflections	Description	Stakeholder feedback
Timeframes limited deeper synthesis and collaboration	While the agile delivery model supported momentum, a longer timeframe may have allowed more time to review, refine, and consult on key deliverables – especially given the complexity of psychosocial hazards and the breadth of perspectives involved.	<i>“Overall timeframes were too tight and likely reduced the amount of effective collaboration, as well as your team’s ability to deeply consider and synthesise information.”</i>
Psychosocial hazards require stronger system understanding	The project reinforced that psychosocial risks are often misunderstood. Raising awareness and capability—especially around system-level causes, interactions between hazards, and leadership responsibilities—is essential for sustainable progress.	<i>“Our perception is that the complexity of the whole subject was significantly underrated from the start – contributing to the tight timeframes – and noting that stakeholders at all levels tend not to be aware of or appreciate the complexity surrounding psychosocial hazards.”</i>
Stakeholder engagement was inclusive and effective	The co-design approach supported strong engagement across diverse roles and agencies. Workshop formats also enabled rich dialogue, though participants noted appetite for more sessions in future initiatives to support ongoing co-design.	<i>“Your team did an excellent job of engaging with stakeholders, gathering and sifting through a large variety of input and really taking it on board.”</i> <i>“The workshops were very valuable and enabled more co-design and teasing out of issues, as well as some robust discussion. Even more could be included in a future process.”</i>
Early alignment improves clarity and efficiency	Future projects would benefit from clearer upfront alignment on objectives and shared terminology to streamline drafting, reduce rework, and build consensus earlier.	<i>“Front-ending discussion of key deliverables (particularly the Playbook) before starting to draft... would have meant that the working group could have workshopped and agreed on the purpose and objectives at the start of the process.”</i>
Clarifying ownership is essential to drive implementation	While the recommendations were well received, identifying agencies with the mandate, capability, and infrastructure to lead their implementation has proven challenging. Varying levels of readiness, competing priorities, and resource constraints have contributed to uncertainty around leadership. To maintain momentum, it will be important to work with nominated agencies to clarify roles, establish shared accountability, and build delivery capability. A phased or co-ownership model may help bridge gaps and support system wide engagement.	
Better practice perspectives increase effectiveness	Drawing from evidence-based frameworks and lived experience helped improve the quality of outputs. These perspectives supported more strategic, future-oriented thinking and strengthened practical relevance. Future work should continue integrating emerging research, regulatory expectations, and lessons from high-maturity teams.	<i>“In the absence of better practice perspectives, there is a real risk that selected activities won’t be efficient or effective in driving desired outcomes.”</i>
Agile delivery improved pace, but required adaptive planning	Working in sprints supported momentum and quick-turnaround engagement but also meant that some pieces were developed in parallel with consultation. This placed pressure on sequencing and required flexibility from all parties.	<i>“Extending the project timeframe – I think achieving all 3 deliverables in the 6-month timeframe felt a bit rushed and extending the project timeframe would have allowed the working group additional time to review drafts of the deliverables and ensure that they are fit-for-purpose.”</i>
Peer collaboration and shared learning were highly valued	Participants valued the opportunity to collaborate across agencies. A centralised hub for psychosocial safety work, along with mechanisms for peer review and resource sharing, may help embed change and strengthen APS-wide capability.	<i>“From my perspective these types of initiatives are extremely useful in connecting the various departments, sharing learning, and working together on important matters impacting us all.”</i>

Conclusion and Summary

The Psychosocial Hazards Project was initiated in response to the growing need for a coordinated, system-wide approach to psychosocial risk management across the APS. In just six months, the project delivered three foundational products: the Current State Evaluation Report, the Psychosocial Hazards Playbook, and the Forward Work Plan and Recommendations.

These deliverables were developed through agile, co-designed delivery with strong engagement from stakeholders at both SES and EL levels. They provide a practical foundation to help agencies meet their WHS obligations, build capability, and move beyond compliance toward safer, more respectful workplaces.

The project demonstrated the value of clear sponsorship, cross-functional engagement, and iterative design in supporting whole-of-government uplift. Through this process, the APS has advanced its shared understanding of psychosocial hazards, identified key challenges and opportunities, and created a pathway for sustained improvement over time.

Appendix A – Additional information

Tiger Team

Member agencies included:

- Australian Bureau of Statistics
- Australian Institute of Family Studies
- Australian Public Services Commission (APSC)
- Comcare
- Department of Defence
- Department of Education
- Department of Foreign Affairs and Trade
- Department of Home Affairs/Australian Border Force
- Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts
- Department of Parliamentary Services
- Department of Social Services
- Department of Veterans' Affairs
- Services Australia

Working Group

Member agencies included:

- Australian Bureau of Statistics
- Australian Institute of Family Studies
- Australian Public Services Commission (APSC)
- Comcare
- Department of Climate Change, Energy, the Environment and Water
- Department of Education
- Department of Employment and Workplace Relations
- Department of Foreign Affairs and Trade
- Department of Home Affairs/Australian Border Force
- Department of Parliamentary Services
- Department of Social Services
- Department of Veterans' Affairs
- Services Australia

Project Delivery Team- Services Australia

Details	
Project Title	Psychosocial Hazards
Executive Sponsor	Randall Brugeaud Chief Operating Officer
Project SRO	Patrick Geary National Manager Health and Safety Branch
Project Manager	s 47F(1) Director WHS Risk and Assurance
Project Support	s 47F(1) and s 47F(1)
Duration	6 months: February 2025 to July 2025
Budget	Nil; 1 x EL2 and 2 x APS6
Completion	31 July 2025

Evaluation survey respondents

Small organisations

1. Australian Institute of Family Studies
2. Australian Research Council
3. Bundanon Trust (non-APS)
4. Department of the House of Representatives
5. Department of the Senate
6. Tertiary Education Quality and Standards Agency (TEQSA)

Medium organisations

1. Australian Public Service Commission
2. Comcare
3. National Gallery of Australia
4. Office of the Fair Work Ombudsman

Large organisations

1. Attorney-General's Department
2. Australia Bureau of Statistics
3. Department of Agriculture, Fisheries and Forestry
4. Department of Climate Change, Energy, the Environment and Water
5. Department of Education
6. Department of Foreign Affairs and Trade
7. Department of Health and Aged Care
8. Department of Industry, Science and Resources
9. Department of Infrastructure, Transport, Regional Development, Communications and the Arts
10. Department of Parliamentary Services
11. Department of the Prime Minister and Cabinet
12. Department of the Treasury
13. National Indigenous Australians Agency

Extra-large organisations

1. Australian Tax Office
2. Department of Defence
3. Department of Home Affairs (including Australian Border Force)
4. Services Australia

servicesaustralia.gov.au