LEAD INDICATOR MENTORING PROGRAM
Key findings and recommendations

Australian Government
Comcare

Lead indicators can predict future trends in workplace health and safety (WHS) and wellbeing, assisting workplaces to implement preventative strategies and influence health and safety outcomes.

In 2019-20, Comcare partnered with the Centre of Workplace Excellence (CWeX) from the University of South Australia, to trial the use of a lead indicator tool – the Psychosocial Safety Climate (PSC) was selected.

The program included an employer mentoring component to build and develop the capability of employers and leaders to reduce the risk of WHS harm, and involved the implementation of a PSC Framework.

Program overview

Eight employers within the Comcare scheme participated in the program, forming 11 Experimental and 11 Control groups. Participants in the Experimental groups took part in the following activities throughout the course of the program (Figure 1):

- One-day workshop to educate key employer representatives about the application of workplace psychology theories, the PSC Framework, and to develop Action Plans.
- Three-month participant mentoring support from CWeX consultants.
- Monthly employer networking sessions to discuss Action Plan progress including facilitators and barriers, and to share resources.
- PSC-12 Survey (i.e., 12-item survey measuring PSC) data collection across three time points, to assess changes in PSC.
- Process Evaluation Survey data collection across two time points, to assess self-reported progress on Action Plans and program effectiveness.
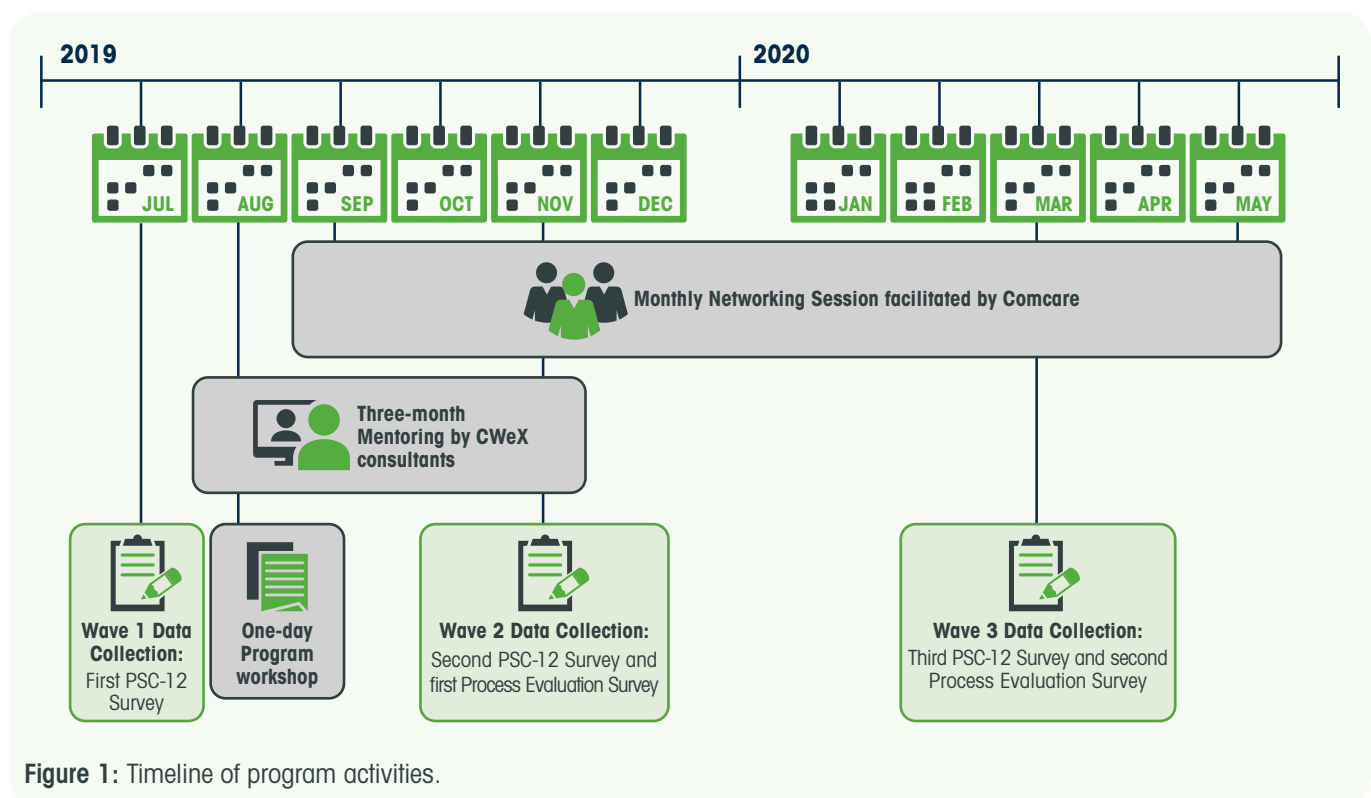

**Figure 1:** Timeline of program activities.

Key findings

- The program activities were successful in building the capacity of employers and leaders in using the PSC lead indicator tool for strategic psychosocial risk reduction.
- The three-month mentoring by CWeX consultants was highly beneficial during the implementation of participant Action Plans and the PSC Framework, which is reflected in final PSC scores.

PSC-12 Survey results

Overall PSC Survey results revealed positive outcomes for Experimental groups, including:

- A significant increase in PSC, representing reduced psychosocial risk for the Experimental groups compared to the Control groups (Figure 2).
- 88% of Experimental groups significantly increased PSC by the end of the program.
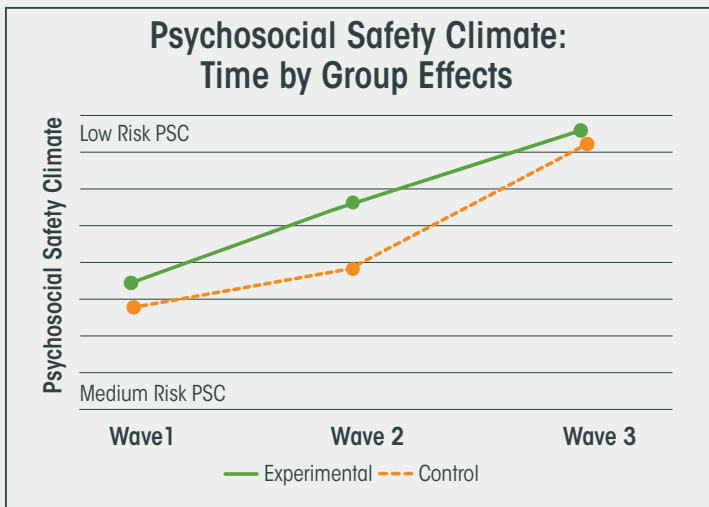
Please note: Wave 3 data was collected in March 2020, coinciding with the emergence of COVID-19. This unprecedented event may have attributed to the highly varied results for PSC at Wave 3 for the Control groups. PSC levels continued to improve over time for the Experimental Groups at Wave 3.

Figure 2: Trends in PSC for Experimental and Control group across the program.

Action Plan themes that contributed to reduced risk

For the Experimental groups that increased their PSC (reduced their risk), the most frequently implemented strategies included:

- Communication about policy and practice.
- Leadership actively demonstrating support.
- Identifying psychosocial risks as they arise.

Process Evaluation results

A process evaluation survey was conducted which demonstrated:

90% of respondents found the mentoring and networking sessions useful for implementing their Action Plans.

90% of respondents agreed that the program was useful for building WHS capacity to manage psychosocial risks.

70% of respondents reported the program was helpful in building their capacity to manage psychosocial factors in their workplace which arose due to COVID-19.

Feedback from participants

"Although I would never have chosen a pandemic as a way to stress test what we have learned, I would like to assure you that our unit has been amazing in the way we have individually and collectively coped and adapted to the challenges of COVID-19. Awareness of PSC has helped reinforce that."

"[The program] highlighted the existing deficiencies in how our organisation views and understands psycho-social [factors] and given me the tools to help highlight and attempt to address these [factors]."

Recommendations

In the context of WHS prevention, it is important that:

- There is a shared understanding about organisational psychosocial factors and their impact on employee WHS outcomes.
- Workplaces consider the promotion and utilisation of lead indicators as an evidence-based approach to support WHS prevention and risk management activities.
- Workplaces consider how lead indicators may be incorporated into WHS systems. Examples include the provision of psychoeducation about lead indicators and mentoring assistance in their utilisation.

Contact us

To hear more about the Lead Indicator Mentoring Program, please contact Mentalhealthprogram@comcare.gov.au