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INSPECTOR REPORT

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| COMCARE REFERENCE NUMBER | MC00038109 |
| PCBU DETAILS | Name: Commonwealth Scientific and Industrial Research Organisation ABN: 41687119230 |
| REPORT ISSUED TO | Name: s47F Position: HSE Director |
| BACKGROUND | |
| <ol style="list-style-type: none"> On 1 April 2025, Comcare received information containing allegations about the Commonwealth Scientific and Industrial Research Organisation (CSIRO) and its management of Enterprise Service (ES) reform that was underway at the time. ES reform is a strategic initiative by CSIRO to streamline operations, reduce duplication, and improve efficiency within ES, aiming for a 25% cost reduction in labour and operating expenses. The received information alleged that psychosocial and other risks arising from ES reform process were not being managed effectively and as such presented significant risks to health and safety of impacted workers. Comcare commenced an inspection in relation to this matter on 9 April 2025, to monitor and enforce compliance with the <i>Work Health and Safety Act 2011</i> (Cth) (WHS Act) and the <i>Work Health and Safety Regulations 2011</i> (Cth) (WHS Regulations). The scope of the inspection was to inspect an alleged WHS issue relating to ES reform and to determine whether the controls that CSIRO had in place regarding the proposed organisational changes are adequate to ensure that adverse impacts on workers are managed effectively, as far as is reasonably practicable. The risk to health and safety identified during the inspection was potential for adverse impacts of the organisational change on the psychological health of impacted workers. | |
| OUTCOMES | |
| <ol style="list-style-type: none"> Based on the information reviewed during the inspection, I did not identify any non-compliance with the WHS Act/WHS Regulations within the scope of the inspection. | |
| Recommendations | |
| <ol style="list-style-type: none"> While I have not identified any non-compliance in relation to the recent organisational changes implemented by the CSIRO, I acknowledge the concerns that were raised with Comcare regarding the perceived fairness as well as adequacy and transparency of the consultation process, particularly in relation to psychological safety. To support continuous | |



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improvement and promote best practice in managing organisational change, I make the following recommendations for CSIRO to consider:

- a) Re-examine the existing consultation framework and present it in an easy-to-understand way that clearly outlines:
 - I. the stages of consultation,
 - II. methods for collecting and considering feedback,
 - III. how decisions are made and communicated.

This will assist in building trust and ensuring that all stakeholders understand how their input is valued and incorporated.

- b) CSIRO should ensure that future organisational changes are preceded by ES unit-specific risk assessments that include the identification and management of psychosocial hazards. This includes evaluating potential impacts on worker mental health, stress levels, and wellbeing. Such assessments should be documented and shared with relevant stakeholders during the consultation process.
- c) With respect to utilisation of Donesafe platform, CSIRO should consider increasing worker training on how to use the platform effectively in order to access relevant risk assessments.
- d) To enhance impartiality and stakeholder confidence, CSIRO should consider engaging independent facilitators or third-party experts to support consultation processes, particularly in complex or sensitive change initiatives.
- e) For significant organisational changes, CSIRO should consider preparing and sharing a 'Change Impact Statement' that outlines:
 - I. the nature and scope of the change,
 - II. anticipated impacts on workers,
 - III. measures to mitigate risks, including those related to psychological health.

This proactive approach would support transparency and demonstrate CSIRO's commitment to worker wellbeing.

- f) CSIRO is encouraged to establish formal protocols for engaging with worker representatives and Community and Public Sector Union (CPSU) during change processes. This may include scheduled briefings, shared access to relevant documentation, and agreed mechanisms for resolving concerns. Such protocols can help foster collaborative relationships and reduce the potential for disputes or delays during consultation.



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- g) Following the implementation of significant changes, CSIRO should consider conducting post-change evaluations to assess the actual impacts on workers, including any unintended consequences. These evaluations should include feedback from affected workers and be used to inform future change initiatives.
- h) In line with best practice, CSIRO should provide targeted training for managers and change leaders on identifying, assessing, and managing psychosocial risks during organisational change. This will help build internal capability and ensure that psychological safety is considered alongside physical health and safety.

Information and advice

7. CSIRO must ensure risks to health and safety are eliminated so far as is reasonably practicable, or if not reasonably practicable to do so, are minimised so far as reasonably practicable: s 17 of the WHS Act. PCBU's should have regard to Part 3.1 of the WHS Regulations and the Code of Practice: How to Manage Work Health and Safety Risks when managing risks to health and safety. The PCBU must monitor and maintain control measures, particularly any interim controls, to ensure that they remain in use and effective.
8. The inspection is now closed however should a WHS concern of a similar nature occur anywhere within the organisation in the future, Comcare will seek to confirm that CSIRO has ensured the control measures are effective and are maintained so that they remain effective.
9. Comcare draws the PCBU's attention to their duties to consult, so far as is reasonably practicable, with workers and HSRs on work health and safety matters. Comcare encourages PCBU's to share inspector reports, or to provide access to relevant content or information regarding hazards and associated risks, with their workers, including HSRs. PCBU's must, so far as is reasonably practicable, 'consult with workers who carry out work for the business or undertaking who are, or are likely to be, directly affected by a matter relating to work health or safety' (s 47).
10. Compliance with this duty may be assisted by sharing health and safety information from inspector reports with relevant workers and/or their representatives. PCBU's should also note that HSRs are empowered to receive information relevant to their work groups, and that as a function of their role, may request access to inspector reports, or relevant information within them. Comcare encourages PCBU's to have regard to their consultation duties, and to their obligations to HSRs under the WHS Act when responding to such requests (see ss 49, 70(1)(a), 70(1)(c), 71 and 79(3)).



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COMPLIANCE ASSESSMENT

11. I determined a site visit was not necessary to examine the allegation raised by the complainant and sufficient information was able to be obtained through the use of statutory powers.
12. Based on the information reviewed, control measures implemented by CSIRO in relation to the risk included, but were not limited to:
 - a. HSE Risk Management Procedure
 - b. Enterprise-Level Risk Assessment
 - c. Donesafe
 - d. Redeployment and Redundancy Procedure
 - e. Redundancy Information Booklet
 - f. Consultation Information Pack
 - g. Guidance material related to psychosocial hazards and risk management
 - h. Training and guidance materials for managers
 - i. Employee Assistance Program
 - j. CSIRO Enterprise Agreement 2023-2026.
13. At the commencement of the inspection, I issued three Section 155 notice requests to CSIRO. These requests sought information and documentation relating to:
 - I. the ES reform process,
 - II. staff consultation activities associated with the reform, and
 - III. the organisation's risk management framework, with particular focus on psychosocial risk management.
14. The information provided by CSIRO indicated that the ES reform progressed through three distinct waves of staff consultation:
 - I. Wave 1 – Realignment of ES units under a newly established executive team structure.



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- II. Wave 2 – Consultation on the future design and service delivery of ES Units, including team transitions.
- III. Wave 3 – Final consultation aimed at simplifying operations and enhancing support for Research Units.

15. CSIRO adopted a phased change management approach, grouping ES units to facilitate gradual implementation with the aim to mitigate psychosocial risks. The reform was delivered through the following stages:

- I. Early Engagement – gathering staff feedback on proposed changes
- II. Proposal Development – integrating feedback into a draft reform proposal
- III. Consultation – conducting formal discussions with staff and the CSIRO Staff Association
- IV. Review of Feedback – preparing a response report based on consultation outcomes
- V. Final Decision – communicating the approved changes to staff and union representatives
- VI. Implementation – executing the finalised reform plan.

16. To support transparency and staff engagement, CSIRO established a dedicated ES Reform Information Hub to provide ongoing updates throughout the process.

17. During the inspection, I engaged with Health and Safety Representatives (HSRs) from various work groups affected by the ES reform. Their perspectives on the reform's implementation were mixed. While some felt the process was executed appropriately, others expressed concerns about a lack of fairness and transparency in decision-making. However, one consistent view shared by all was that the process was excessively prolonged, which contributed to heightened anxiety among the workers impacted by the reform.

18. I also engaged in discussions with members of the CSIRO leadership team responsible for implementing the ES reform, as well as representatives from the CSIRO Staff Association and the CPSU. They raised concerns regarding the adequacy of CSIRO's risk management practices in addressing psychosocial risks associated with the ES reform. They also highlighted issues they had around transparency in the reform process and expressed apprehension about potential health and safety impact on workers resulting from the reduction of various roles and positions within the organisation.



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19. The CSIRO leadership team refuted these claims by highlighting the time and care invested in the consultation process, during which employee feedback was actively sought and acknowledged. They emphasized that several proposed position cuts outlined in the initial ES reform were reconsidered and ultimately abandoned in response to staff input, with alternative solutions identified as a result.
20. With respect to psychosocial risk management in the context of ES reform process, the CSIRO leadership team referred to the 'Enterprise-Level Risk Assessment' document as evidence of implemented control measures to reduce associated risks for all staff during ES reform. In addition to this assessment, CSIRO has referred me to few other individual ES Unit psychosocial risk assessments accessible through the Donesafe platform.
21. After reviewing the aforementioned risk assessments, I found them to be somewhat generic and lacking in sufficient detail. Additionally, through discussions with workers, it became evident that there is a limited understanding of the Donesafe and how to use it effectively.
22. As a result of the information gathered and the discussions held, I have identified several areas that may benefit from improvement should any future structural reform take place at CSIRO. These recommendations are detailed in paragraph 6 of this report.
23. Based on this assessment, I have formed a reasonable belief that CSIRO did not contravene the WHS Act/Regulations in relation to scope of this inspection. Accordingly, the inspection is now considered closed.

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|-------------------------|---------------------|-----|
| REPORT ISSUED BY | Inspector | s22 |
| | Inspector ID number | s22 |
| | Email | s22 |
| | Phone | s22 |
| | Date | s22 |
| | Signature | s22 |



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Comcare does not accept liability for any errors or omissions or for any loss or damage suffered by you or any person which arises from your reliance on this report or for any breach by you of your obligations under the WHS Act. Where a Comcare inspector has inspected a particular workplace, it is not a representation by Comcare that the particular workplace is in any way free of hazards.

IF YOU DO NOT AGREE WITH A DECISION

If you disagree with the outcome of this inspection, you may seek an internal reconsideration of the inspector's decision. A request for a review should be sent to statutory.oversight@comcare.gov.au including any additional information or evidence you have to support your request. Comcare will review your request and advise of the outcome in writing within 20 business days.

If you would like to clarify any aspect of this report, you can contact the inspector directly.

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- a court or tribunal
- state or territory work health and safety regulatory agencies
- personnel engaged by Comcare to conduct research related activities
- enforcement agencies or bodies
- state and territory Coroners
- Commonwealth, state or territory industry regulators
- any other person assisting Comcare in the performance of its functions or exercise of its powers, including contractors and consultants
- any other person where there is an obligation under law to do so (for example but not limited to, responding to the direction of a court to produce documentation).

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