Australian Government

Comcare

Psychosocial Inspection Program

Guide for PCBUs

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Introduction

A 'person conducting a business or undertaking' (PCBU), who is usually the PCBU, has the primary duty of care under the *Work Health and Safety Act 2011* (WHS Act) to ensure the health and safety of workers and others at the workplace, so far as is reasonably practicable.

Under WHS Act and *Work Health and Safety Regulations 2011* (WHS Regulations), PCBUs must manage risks to health and safety arising from psychosocial hazards. Comcare's Psychosocial Inspection Program supports PCBUs to maintain psychosocially safe and healthy workplaces.

Psychosocial hazards

Psychosocial hazards are aspects of work that have the potential to cause psychological harm. They may also cause physical harm. Specifically, 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 harm (whether or not they may also cause physical harm).

Compared to physical injuries, work-related psychological injuries and illnesses typically result in longer recovery times and higher costs. They usually also require more time away from work. Managing psychosocial hazards according to legislative obligations protects workers, reduces staff turnover and absenteeism, and may enhance overall organisational performance and productivity.

PCBU obligations

PCBUs must manage risks to health and safety arising from psychosocial hazards in accordance with Part 3.1 of the WHS Regulations. This involves eliminating or (if elimination is not reasonably practicable) minimising these risks by applying the hierarchy of control measures as required in regulation 36 of the WHS Regulations.

The Commonwealth *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024* provides practical guidance on how to achieve the standards of work health and safety required under the WHS legislation, and to manage psychosocial health and safety risks at work. The Code of Practice is admissible in court proceedings and may be used:

- as evidence of what is known about a psychosocial hazard, risk, risk assessment or risk control
- to determine what is reasonably practicable in the circumstances to which the Code of Practice relates.

The Code of Practice identifies 17 psychosocial hazards. It notes that psychosocial hazards and the appropriate risk control measures may vary between workplaces and between groups of workers, depending on the work environment, organisational context and the nature of work. Workers are likely to be exposed to a combination of psychosocial hazards. Some hazards may always be present, while others may be present only occasionally.

Psychosocial Inspection Program

The purpose of Comcare's Psychosocial Inspection Program (the program) is to support and enable psychologically safe and healthy workplaces. Its objectives are to:

- **assess PCBU compliance** with the legal work health and safety obligations, particularly those regarding psychosocial risk and hazard management
- **facilitate and strengthen leadership commitment** to psychological injury and illness prevention at work
- **uplift the capability** of the Commonwealth jurisdiction to identify and manage psychosocial hazards through the provision of information and advice
- **gain insights into current and emerging issues and trends** regarding psychosocial safety from across the Commonwealth jurisdiction
- **facilitate collaboration** and coordinate the sharing of information and good practice examples to promote continuous improvement of psychosocial hazard and risk management.

The program is based on a successful pilot. An independent evaluation found the pilot improved PCBUs' knowledge of psychosocial hazards, increased their commitment to psychologically healthy workplaces, and facilitated compliance with WHS legislation.

Inspector role

As part of the program, Comcare inspectors conduct an organisational-level compliance inspection to assess the PCBU's workplace health and safety management system (WHSMS) as it relates to psychosocial health and safety. A WHSMS is a set of policies, procedures, records of activities and plans that systematically manage health and safety at work and can help to minimise the risk of injury and illness from the PCBU's conduct or undertaking of work.

Inspectors will:

- review the PCBU's WHSMS for managing psychosocial hazards and risks
- assess compliance with work health and safety obligations
- provide information and advice about PCBU's strengths
- identify opportunities for improvement
- where non-compliance is identified, agree on the improvements needed to achieve compliance.

Selection, participation and cost

Comcare can require any PCBU in the Commonwealth jurisdiction to participate in the program. Participation is mandatory. PCBUs are selected based on several factors, such as their assessed risk profile.

Participation in the initial inspection is at no additional cost to the PCBU. However, if further inspections are required, Comcare may recover the costs of these activities through WHS variable charges. Read more about Comcare's approach to cost recovery at Recovering our costs.

Inspector powers and regulatory tools

Comcare's Compliance and Enforcement policy, sets out the various regulatory tools that Comcare applies in different circumstances. For this program, the primary activity streams include providing information and advice and monitoring the extent of compliance in our jurisdiction regarding the management of psychosocial hazards.

Comcare is trialling a simple 3-level maturity model to assess how well organisations manage psychosocial risks. This model is based on well-established research about safety and organisational culture and is consistent with Safe Work Australia guidance on how organisations should manage risks, with a focus on leadership, systems and continuous improvement. Inspectors use this model to form a view of an organisation's level of maturity – whether its approach is mostly reactive, partly developed, or well-established, proactive and improving over time, including how effectively its systems and processes are implemented in practice.

The maturity assessment is not a formal compliance determination. Instead, it is used to highlight areas where further development may be needed and to support organisations in understanding potential gaps in their approach.

Inspectors will generally avoid prescribing specific risk controls, as PCBUs need to identify and implement controls that are suitable for their workplace in consultation with workers and health and safety representatives (HSRs). However, inspectors may support organisations by discussing options and relevant risk management processes.

The assessment focuses on what is happening in practice, including whether:

- leaders understand current risks
- appropriate resources are provided
- workers are consulted
- risk controls are in place and working effectively.

Where gaps are identified, Comcare will conduct a follow-up Verification Inspection approximately 6 months after the inspector report is issued. This follow-up is conducted as a standard inspection in line with Comcare's Compliance and Enforcement Policy, with a focus on assessing compliance with the WHS Act. Where non-compliance is identified, appropriate enforcement action may be taken and improvement notices may be issued.

In the event that a risk to health and safety is high, exposure to a risk is imminent or immediate, or where a contravention of the WHS Act is serious, inspectors may escalate the matter for further investigation. Inspectors may also refer matters that fall outside the scope of the Psychosocial Inspection Program to another inspector for independent inquiries.

Privacy

Any personal information collected by Comcare throughout the Program will be handled in accordance with the *Privacy Act 1988* (Cth) and Comcare's Privacy Policy. Comcare will provide individuals with a collection notice before collecting any personal information.

Participating in an inspection

The standard inspection process has 6 stages (**Figure 1**). Once we have notified a PCBU that they have been selected, participation is mandatory.

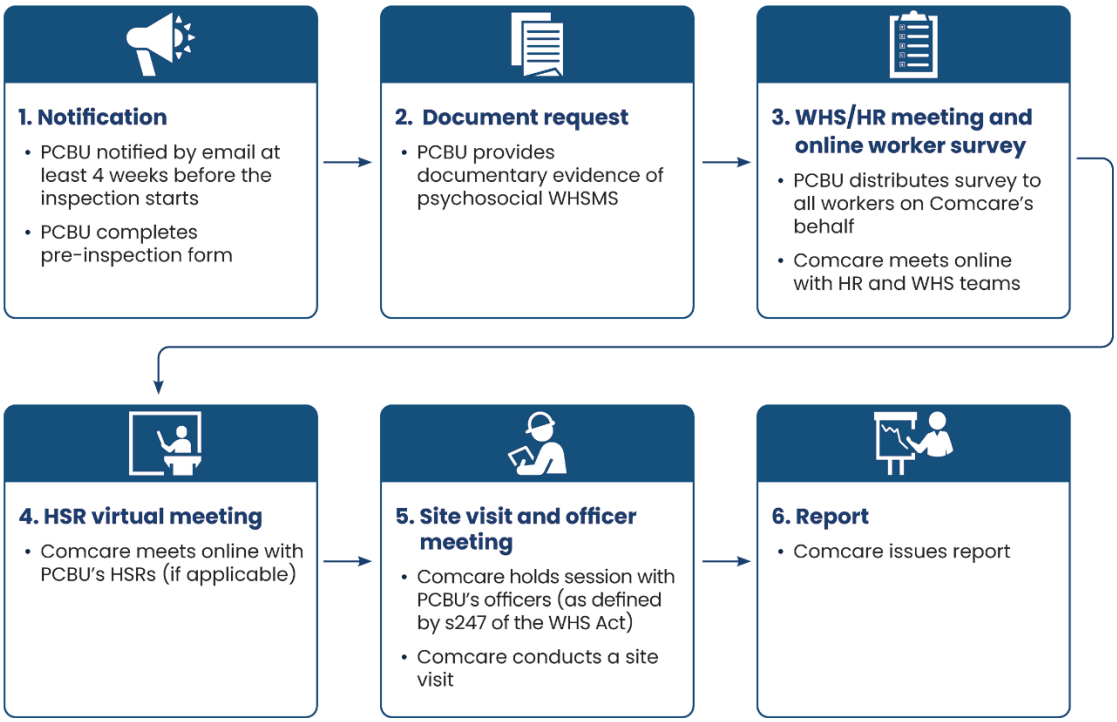


Figure 1. The inspection process

The inspection and takes an average of 3 months to complete. **Figure 2** shows the approximate timeline for a standard inspection.

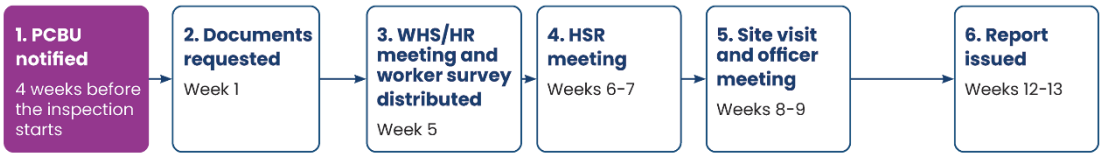


Figure 2. Timeline for a standard psychosocial inspection

1. Notification

PCBUs are notified of their selection with an email, which contains the contact details of the lead and supporting inspector. We will provide as much notice of the inspection as possible (at least 4 weeks). PCBUs are asked to complete an online pre-inspection form, providing information such as:

- a point of contact to coordinate activities during the inspection
- a copy of the organisational structure
- details of the organisation's Employee Assistance Program

- available dates for a HR/WHS meeting
- a list of officers of the organisation (as defined under section 247 of the WHS Act)
- a list of Health and Safety Representatives (HSRs) (if applicable)
- staff numbers and locations.

2. Document request

Comcare will issue a notice under section 155 of the WHS Act requiring the provision of documents relevant to the PCBU's psychosocial WHSMS. Section 155 of the Act empowers Comcare to compel the production of information and documents from a person, including a PCBU. The notice will specify the exact information and documents that must be provided. This is likely to include policies, procedures and strategic documents related to psychosocial risk and hazard management. PCBU's will generally have **2 weeks** to provide the requested documentation.

3. WHS/HR meeting and worker survey

Inspectors will facilitate a 1.5 hour meeting with representatives from the PCBU's work health and safety (WHS) team and human resources (HR) function (employee relations) to gather information and insights about how the PCBU's psychosocial WHSMS operates in practice.

On our behalf, the PCBU will distribute an online survey to all workers. We will provide all necessary resources for distribution, including email templates. The survey seeks feedback on the management of psychosocial hazards, including the effectiveness of controls, consultation, communication and training. An accessible option will be provided for workers who are unable to complete the survey online due to accessibility needs. Individual survey results will be kept confidential and will be reported in de-identified, aggregate form in the final inspection report.

4. HSR meeting

We will facilitate a 90-minute online, semi-structured meeting with HSRs, if the PCBU has them. The meeting will seek HSR feedback about the experiences of workers within the work groups they represent, relating to their organisation's psychosocial WHSMS and how it works in practice.

5. Site visit and officer meeting

During site visits, we will conduct:

- **officer meeting –** a 2-hour, semi-structured meeting with the organisation's officers (as defined under section 247 of the WHS Act) to discuss officer duties, psychosocial risk and hazard management in practice and leadership commitment to psychosocial injury prevention. For information on officers and their duties, see Who is an officer? | Safe Work Australia and Regulatory guide – Duties of officers | Comcare.
- **site inspection –** a walk around the workplace to observe the work environment. We will also request that a worker (usually an HSR) meets with us so we can view content relevant to psychosocial safety published on the PCBU's intranet

We will consult with PCBUs and negotiate a suitable time for our site visit and officer meeting. We will travel to a location where the most officers are present.

6. Report

After the inspection, we will send the PCBU an inspector report detailing the maturity assessment.

Where gaps have been identified, inspectors will discuss this with the PCBU before formally issuing the report. Comcare will generally conduct a follow-up Verification Inspection around 6 months after the inspector report is issued to monitor compliance with the WHS Act.

Any serious non-compliance will be raised with the PCBU and appropriate action taken.

7. Program evaluation

Between nine and twelve months after an inspection, we may invite workers who participated in the program to provide feedback on their experiences. This helps us evaluate how effectively we implemented the program and monitor changes to workers' perceptions of psychosocial hazards after the inspection. We may give the PCBU a high-level summary of relevant evaluation findings.

Compliance assessment

The program's compliance assessment has two parts. The first part, an assessment of the PCBU's psychosocial WHSMS, is included in every inspection. The second part, a discretionary assessment of a specific psychosocial risk, is conducted only if an inspector deems it necessary.

Psychosocial WHS management system assessment

Every inspection includes an assessment of the PCBU's psychosocial WHSMS. There are five assessment criteria:

1. Organisational environment and psychosocial safety context
2. WHS duties
3. Psychosocial risk management process
4. Consultation and communication
5. Responding to psychosocial hazard reports, complaints and incidents.

Comcare developed these assessment criteria in line with:

- WHS Act
- WHS Regulations
- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*
- *Work Health and Safety (Sexual and Gender Based Harassment) Code of Practice 2025*
- *Work Health and Safety (How to Manage Work Health and Safety Risks) Code of Practice 2015*
- *Work Health and Safety (Work Health and Safety Consultation, Co-operation and Co-ordination) Code of Practice 2015*
- Australian standard, AS/NZS ISO 45001:2018 (Occupational health and safety management systems – Requirements with guidance for use)
- Australian standard, AS/NZS ISO 45003:2021 (Occupational health and safety management systems – Psychological health and safety at work – Guidelines for managing psychosocial risk

Criterion 1: Organisational environment psychosocial safety context

Psychosocial risk management should be embedded within the PCBUs overarching work health and safety system and framework. Having targets and objectives, assists organisations to implement a risk management approach. Effective management of psychosocial risks within the workplace requires a strategic approach and strong leadership commitment. This includes:

- identifying and documenting measurable health and safety objectives and targets in relation to any relevant psychosocial hazards and the associated risks
- monitoring work health and safety performance and progress against objectives.

Genuine commitment by the PCBU, officers, and other organisational leaders is essential. These leaders, through their governance arrangements and resourcing decisions, actively shape the organisation and the way work is undertaken. These decisions will, directly and indirectly, impact how effectively psychosocial risks are controlled. If workers know their leaders place high importance on WHS, it becomes part of everyday work.

Inspectors will examine how psychosocial safety is embedded within the PCBU's broader organisational environment and seek evidence of the PCBU and its leadership's commitment to psychosocial safety.

Evidence we use

As a part of this assessment criterion, inspectors will seek evidence including:

- key strategic documents relevant to the PCBU's psychosocial WHSMS, such as WHS policies; WHS strategy plans or organisational corporate plans applicable to assessing any set objectives; performance indicators and targets relevant to psychosocial hazard management
- information about how the PCBU informs workers of the PCBUs objectives, commitment and performance relating to psychological health and safety in the workplace
- Information about how the PCBU's senior leadership drive and support the organisation's commitment to psychosocial safety
- information from officers and workers about their understanding of the organisational work health and safety environment and safety culture

Relevant Act, regulation and codes of practice

- WHS Act section 19 – Primary duty of care
- WHS Regulations 3.1 – Managing Risks to Health and Safety
- WHS Regulations Part 3.2, Division 11 – Psychosocial risks
- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Criterion 2: WHS duties

The PCBU must ensure, so far as is reasonably practicable, the psychological and physical health and safety of workers while they are at work in the business or undertaking. Additionally, the PCBU must ensure that the psychological and physical health and safety of other persons are not put at risk by work carried out as part of the business or undertaking.

Officers, such as departmental secretaries or company directors, have a duty to exercise due diligence to ensure the PCBU complies with its duties under the WHS Act and WHS Regulations. See s 27 and s 247 of the WHS Act for more information.

Workers must take reasonable care for their own psychological and physical health and safety, as well as comply and cooperate with reasonable health and safety instructions and relevant policies or procedures of the PCBU that they have been notified of.

Inspectors will seek evidence to assess the extent to which the workforce understands their WHS duties. In doing this, inspectors will focus particularly on how senior leaders understand the PCBU's legal obligations concerning psychosocial hazards and risks, and the actions they must take to ensure the PCBU complies with these obligations.

Evidence we use

As a part of this assessment criterion, inspectors will seek evidence including:

- relevant health and safety procedures that clearly outline roles, responsibilities and accountabilities regarding duties of officers and workers
- information demonstrating:
    - the composition of the organisation, including who the PCBU identifies as an 'officer'
    - how officers exercise due diligence, in accordance with s 27 of the WHS Act, including by taking reasonable steps to ensure that the PCBU complies with its primary duty to workers in respect of psychological health and safety.
    - how officers take reasonable steps to acquire and keep up-to-date knowledge of work health and safety matters and gain an understanding of the psychosocial hazards and risks associated with the PCBU's operations
    - whether and how relevant health and safety procedures define roles, responsibilities and accountabilities regarding the duties of the PCBU, its officers and workers.
    - whether and how officers and workers are provided with necessary information, training, instruction and supervision about their respective duties regarding psychological healthy and safety.

Relevant Act, regulation and codes of practice

- WHS Act section 19 – Primary duty of care
- WHS Act section 27 – Duty of officers
- WHS Act section 28 – Duties of workers
- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Criterion 3: Psychosocial risk management process

An PCBU must, in managing risks to health and safety, eliminate risks, including psychological and psychosocial risks, in the workplace, so far as is reasonably practicable. If elimination is not reasonably practicable, they must minimise the risks so far as is reasonably practicable following the hierarchy of controls.

Risk management requires planning and is an ongoing process. However, assessing risks early prevents costly changes later and allows for more effective control measures to be used, resulting in less harm to workers.

A PCBU should record their risk management process and outcomes, including consultation with workers. This may include the outcomes of consultation, the hazards identified, the risks assessed, the control measures implemented, and the training provided.

Inspectors will seek evidence to assess the extent to which the PCBU is compliant with psychosocial risk management obligations.

Evidence we use

As a part of this assessment criterion, inspectors will seek evidence of a range of factors regarding

psychosocial risk management arrangements including:

- psychosocial risk management documentation, including relevant policies and procedures, templates and instructions to assess their alignment to required psychosocial risk management processes
- information demonstrating:
    - how psychosocial risk management operates in practice, including hazard identification, risk assessment and implementation of appropriate risk control measures – this may include reviewing the PCBU's enterprise risk assessments, relevant hazard, risk registers and worker consultation records as they relate to psychosocial hazards
    - the hierarchy of controls has been applied to manage risks from psychosocial hazards
    - how the PCBU collects and uses its own data to inform monitoring and evaluation of implemented risk management controls
    - how the actions taken to monitor the health or workers and the conditions at the workplace to prevent illness or injury
    - what necessary information, instruction and training on psychosocial risk management process is provided to those who are responsible.

Relevant Act, regulation and codes of practice

- WHS Act section 17 – Management of risks
- WHS Act section 19 – Primary duty of care
- WHS Regulations Part 3.1 – Managing risks to health and safety
- WHS Regulations Part 3.2, Division 11 – Psychosocial risks
- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*
- *Work Health and Safety (How to Manage Work Health and Safety Risks) Code of Practice 2015*

Criterion 4: Consultation and Communication

Consultation with workers is a legal requirement and an essential part of managing health and safety risks. PCBUs have a duty to consult with workers who are, or are likely to be, directly affected by a matter relating to work health or safety. This includes matters that may rise to psychological harm or injury.

A healthy and safe workplace is more easily achieved when everyone involved in the work communicates with each other to identify both physical and psychosocial hazards and risks, talks about health and safety concerns and works together to find solutions.

Inspectors will examine the consultation and communication arrangements in place relating to psychosocial hazards and risks, to ensure compliance with relevant duties.

Evidence we use

As a part of this assessment criterion, inspectors will seek evidence of consultation arrangements including:

- work health and safety consultation and communication procedures such as the PCBU's consultation policies, procedures and/or other similar resources
- the mechanisms in which consultation with workers relating to psychological health and safety occurs, including how they are informed of outcome of consultation
- how workers are given a reasonable opportunity to contribute to decision-making process relating to the psychological health and safety, including how their views are considered
- how information sharing and consultation arrangements with worker representatives, such as HSRs and the Health and Safety Committee (if applicable) operate in practice
- how relevant information with workers and their representatives (if applicable) is shared about matters that affect may affect psychosocial safety
- what necessary information, instruction and training is provided regarding consultation and communication requirements to those responsible (e.g. management, WHS team and officers).

Relevant Act, regulation and Codes of Practice

- WHS Act section 46 – Duty to consult with other duty holders
- WHS Act section 47 – Duty to consult workers
- WHS Act section 48 – Nature of consultation
- WHS Act section 49 – When consultation is required
- WHS Act – Part 5 – Division 3 (sections 50 to 74 – Health and Safety Representatives)
- WHS Act – Part 5 – Division 4 (sections 75 to 79 – Health and Safety Committees)
- *Work Health and Safety (Work Health and Safety Consultation, Co-operation and Co-ordination) Code of Practice 2015*
- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Criterion 5: Responding to Psychosocial hazard reports, complaints and incidents

Encouraging workers to raise concerns regarding psychosocial hazards, and in turn effectively responding to those concerns, can help PCBUs to not only identify hazards, but also review whether control measures are working.

Any WHS investigations by the PCBU into reports of incidents involving psychosocial hazards should primarily aim to identify hazards or new or improved control measures. Investigations must maintain appropriate privacy and confidentiality of all workers involved to the extent permitted by law.

The process for investigating or responding to reports, complaints or incidents involving psychosocial hazards should be proactive, fair, objective, conducted in a timely and impartial manner, applied consistently to all workers, and ensure procedural fairness for all parties involved.

Inspectors will examine what systems a PCBU has in place to respond to psychosocial hazard reports, complaints and incidents.

Evidence we use

As part of this assessment criterion, inspectors will seek evidence of the arrangements in place for responding to WHS incidents including:

- policies and procedures for psychosocial matters, such as issue resolution policy, incident management guidelines, investigations manual and operating procedures on how to lodge a report or similar
- information demonstrating:
    - how the system enables workers to identify, report and raise concerns or incidents relating to psychosocial risks and hazards
    - the extent to which handling practices align to the principles of responding to reports, complaints and incidents as outlined in the *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*
    - the PCBU's understanding of incident notification requirements and how these relate to psychosocial matters
    - how necessary information and instruction is provided to workers regarding the reporting of psychosocial hazards and risks
    - how necessary information, instruction, training and supervision is provided to managers who have a role in addressing health and safety issues raised by workers
    - how necessary information, instruction, training and supervision is provided to WHS unit and HR teams responsible for handling psychosocial reports, complaints, incidents and conducting investigations
    - how the WHS unit and HR teams collaborate effectively to respond to and manage matters with overlapping responsibilities

Relevant Act, regulation and codes of practice

- WHS Regulations Part 2.2 – Issue resolution
- WHS Regulations – Part 3.2, Division 11 – Psychosocial risks
- WHS Regulation 39 – Provision of information, training and instruction.
- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Specific psychosocial hazard assessment

If deemed necessary by an inspector, we will also conduct an additional and discretionary assessment of a specific psychosocial risk or hazard.

This typically occurs when, during the inspection process, an inspector identifies that a psychosocial risk or hazard may not be adequately managed. Inspectors may make further enquiries about how a risk arising from a specific psychosocial hazard is being managed within the organisation or a specific work area. This may include (but is not limited to) enquiries about any of the 17 psychosocial hazards outlined in the Commonwealth Managing Psychosocial Hazards at Work Code of Practice 2024.

At any time during the inspection, a Comcare inspector may enquire into how an PCBU is managing a specific psychosocial hazard, if deemed necessary.

Below is a list of common examples of psychosocial hazards that PCBUs should consider when identifying psychosocial hazards. The list and the examples in the descriptions are not exhaustive. Workers are likely to be exposed to a combination of psychosocial hazards: some risks may be constantly present, while others arise sporadically. For examples of control measures for psychosocial hazards, please refer to the *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*.

Job demands

Job demands refers to sustained or intense high levels of physical, mental or emotional effort which are unreasonable or chronically exceed workers' skills; or sustained low levels of physical, mental or emotional effort. A job can include periods of high and low job demands. A job can also involve a combination of low or high mental, emotional and physical demands.

Examples

- time pressure
- role overload
- unachievable deadlines
- high vigilance
- challenging work hours or shift work
- unrealistic expectations to be responsive outside work hours

Guidance

- Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024
- Good Work Design: Addressing job demands
- Practical guidance for PCBUs: Work demands set the standard (PDF, 4.5 MB)
- Practical guidance for Managers and Supervisors: Work demands set the standard (PDF, 3.5 MB)
- Managing work demands checklist (PDF, 279.7 KB)

Fatigue

Fatigue is a state of physical or mental exhaustion, or both, which reduces the ability to perform work safely and effectively. Fatigue can eventuate in situations where workers work long hours, often with high physical, mental or emotional demands. If fatigue results from psychosocial hazards eventuating, it can cause further physical or psychosocial harm.

Examples

- jobs with 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)

- design, quality, and management practices for accommodation facilities that compromise the amount and quality of sleep and rest.

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*
- Guide for managing the risk of fatigue at work

Low job control

Low job control occurs when workers have:

- little control or say over the work or aspects of their work, including how or when the job is done
- limited ability to adapt the way they work to changing or new situations
- limited ability to adopt efficiencies in their work
- tightly scripted or machine or computer paced work
- levels of autonomy not matched to workers' abilities.

Examples

- requiring permission before progressing routine tasks
- excessive monitoring of work tasks or breaks
- unpredictable working hours
- little or no involvement or input into decisions that affect workers
- insecure or precarious work, or work that involves uncertainty over the length of the job such as casual, labour hire or rolling fixed-term contract work

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*
- Good Work Design

Job insecurity

Job insecurity occurs in employment where workers lack the assurance that their jobs will remain stable from day to day, week to week, or year to year. Workers are engaged in insecure, precarious, and contingent work arrangements such as fixed-term contracts, seasonal, casual, freelance and gig work.

Examples

- jobs where there is little or no job security
- little or no entitlements or benefits (e.g. sick leave, pay rates)
- low levels of control
- need to work multiple jobs

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Poor support

Poor support occurs when workers have inadequate support including practical assistance and emotional support from managers and colleagues, or inadequate training, tools and resources for a task.

Examples

- poorly maintained or inadequate access to equipment, tools or supervisory support
- lack of functional or adequate IT systems
- limited opportunities to engage with co-workers during the work shift
- no constructive feedback
- inadequate response to issues raised

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*
- Good Work Design: Supporting your team

Lack of role clarity

Lack of role clarity refers to uncertainty; unclear, inconsistent, or frequently changing roles; ambiguous responsibilities or expectations; or a lack of important job-related information.

Examples

- no or poor job description
- a worker being told one task is a priority, but another manager disagrees
- a worker being given multiple priority tasks from different managers

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Poor organisational change management

Poor organisational change management refers to organisational change that is poorly planned, communicated, supported or managed, or where workers receive insufficient support, information or training during change.

Examples

- not consulting workers on changes in the workplace that affect them (e.g. not communicating with workers about the change or not genuinely considering their views)
- lack of practical support for workers during implementation of workplace changes

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*
- Reducing the psychosocial risks of workplace change (PDF, 169.2 KB) – Comcare
- Good Work Design: Managing change at work – Comcare

Inadequate recognition and reward

Inadequate recognition and rewards occurs in jobs where there is an imbalance between workers' effort and recognition or rewards, both formal and informal.

Examples

- not being recognised for extra effort or commitment
- no reasonable opportunities for career development

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Poor organisational justice

Poor organisational justice refers to a lack of procedural justice (fair processes to reach decisions), informational fairness (keeping people informed), or interpersonal fairness (treating people with dignity and respect).

Examples

- inconsistent, unfair, discriminatory or inequitable decisions and application of policies or procedures

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*
- Poor organisational justice - Safe Work Australia

Traumatic events or material

Witnessing, investigation or being exposed to traumatic events or material is more likely to be experienced as traumatic when it is unexpected, is perceived as uncontrollable or is the result of intentional cruelty. This includes vicarious exposure and cumulative trauma.

Examples

- 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

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Remote or isolated work

Working in locations with long travel times, or where access to help, resources or communications is difficult or limited.

Examples

- night shift operators
- workers who spend a lot of time travelling (e.g. driving)
- work with limited opportunities for socialisation or problem sharing
- workers working alone from home or socially isolated away from home over protracted periods of time

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Intrusive surveillance

Intrusive surveillance refers to excessive surveillance methods or tools used to monitor and collect information about workers at work for the purpose of work performance monitoring.

Examples

- unreasonable level of supervision
- tracking of when and how much a worker is working
- tracking workers calls and movements (using CCTV and trackable devices)
- using keyboard activity trackers
- using technology that allows the PCBU to 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

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Poor physical environments

Workers may be exposed to unpleasant, poor quality or hazardous working environments and conditions.

Examples

- poor air quality
- high or nuisance noise levels
- extreme temperatures
- uncontrolled biological hazards (e.g. blood or bodily fluids or infectious pathogens)

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Violence and aggression

Violence and aggression includes violence or threats of violence from other workers (including workers of other businesses), customers, patients or clients (including assault), as well as aggressive behaviour such as yelling or physical intimidation.

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*
- Work-related violence – Safe Work Australia

Bullying

Bullying is 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.

Examples

- repeated incidents of practical jokes or initiation
- spreading misinformation or malicious rumours
- belittling or humiliating comments
- being verbally denigrated or threatened

Guidance

- Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024
- Guide for preventing and responding to workplace bullying | Safe Work Australia
- Framework for Developing a Bullying Policy checklist for PCBUs (PDF, 228.0 KB)

Harassment including sexual harassment

Harassment is harmful behaviour that does not amount to bullying (such as single instances) but creates a risk to health or safety. Harassment can be based on 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.

Sexual harassment is 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.

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*
- *Work Health and Safety (Sexual and Gender-based Harassment) Code of Practice 2025*

Conflict or poor relationships and interactions

Poor workplace relationships or interpersonal conflict can occur between colleagues or with other businesses, clients or customers. It can include frequent disagreements and 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. Workers can also experience discrimination or other unreasonable behaviour by co-workers, supervisors or clients. They may be inappropriately excluded from work-related activities.

Guidance

- *Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024*

Resources

- Psychosocial Inspection Program | Comcare
- *Work Health and Safety (Sexual and Gender-based Harassment) Code of Practice 2025*
- *Commonwealth Code of Practice: Managing Psychosocial Hazards at Work Code of Practice 2024*
- *Commonwealth Code of Practice: How to Manage Work Health and Safety Risks Code of Practice 2015*
- *Commonwealth Code of Practice: Work Health and Safety Consultation, Co-operation and Co-ordination Code of Practice 2015*
- Workplace health and safety management system | Comcare
- Psychosocial risk assessment tools | Comcare
- Workplace sexual harassment | Comcare
- Your mental health responsibilities at work | Comcare
- Psychosocial hazards | Comcare
- Good work design | Comcare
- Principles of Good Work Design | Safe Work Australia
- Guide for preventing and responding to workplace bullying | Safe Work Australia
- Who is an officer? | Safe Work Australia