Draft NCC Recommendation Implementation Report: Psychosocial Hazard Survey

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Report Summary: February 2025

Background: NCC completed the WHS psychosocial hazard survey between September and October 2025. 268 workers across Operations and the Enabling Teams participated in this process. This represents 66% participation rate of the branch's 517 FTE headcount. The Survey examined 17 hazards through a total 171 questions and collected more than 47,000 different data points.

Survey Results: The 2025 Psychosocial Risk Assessment Survey evaluated 17 hazards and grouped them by risk level: ten were moderate and seven were low. The highest priority hazards were job demands, fatigue, traumatic events and material, objectionable behaviour, poor organisational change management, lack of role clarity and lack of support. Medium risks were low job control and poor workplace relationships, bullying, discrimination and harassment. Lower risks included issues like insecure employment, inadequate reward and recognition, poor organisational justice, poor physical environments, and remote work. Targeted interventions, such as expanding the Embedded Wellbeing Support Program, are proposed to address key risks.

Key Areas of focus: NCC's highest 7 priority psychosocial hazards: **1. Job Demands, 2. Traumatic Events or Material, 3. Fatigue and 4. Objectionable Behaviour 5. Organisational Change Management. 6. Lack of Role Clarity. 7. Lack of Support. 8. Poor workplace behaviours, bullying and harassment.**

The **Traffic Light Report** highlights short-term **Opportunities to Consider** from the NCC's 2025 WHS Psychosocial Risk Assessment Survey responses report. The controls and treatments in the Appendix highlight the **Agency and Branch** level controls and treatments.

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Key Indicators:

Table 1 Key Indicators and Status

Traffic Light Status	
	Red – Urgent Attention
	Amber – Action Required
	Green – On Track
	Blue – Completed
	Grey – Not Started
	Black - Cannot be implemented

Status - Comparisons and Trends	
LW	Status – Last Month
TW	Status – This Month
T	Trend
↑	Improving
→	No Change
↓	Progress Decline

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Fatigue

Work factors that may lead to fatigue include:

- Performing emotional labour or providing emotional support
- High cognitive demands, such as sustained concentration and extended work hours
- Environmental Stressors such as light, noise or physical office environment

Table 2 Fatigue

Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
1.1	Consider expanding the Embedded Wellbeing Support program to incorporate initiatives to reduce the risk of fatigue and utilise the Start of week (SoW) messaging to introduce fatigue associated risks and mitigations.							

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Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
1.2	Consider utilsing the Start of week (SoW) messaging to introduce fatigue associated risks and mitigations.							
1.3	Consider developing embedded topics for APP and Line Manager 1 to 1 Meetings and incorporating Fatigue as a topic.							
1.4	Maintaining HR hygiene practices to avoid the accrual of excessive leave balances and overtime rates.							
1.5	Consider liaising with Organisation Development Unit to include in the Candidate Packs the relevant psychosocial risks associated with the roles within NCC							

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Job demands

- Workload overload and excessive expectations
- Workers that rely on assistive technology feel that this slows them down and makes it hard for them to maintain the expected workload
- The constant changes to procedures, processes and rules prevent workers from becoming proficient in the role and leaving them feeling overwhelmed.

Table 3 Job Demands

Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
2.1	Consider assessing the viability of capability mapping of skills to enhance the Branch's skill movement and agility when spikes in workload occur.							
2.2	Consider liaising with Organisation Development Unit to include in the Candidate Packs the relevant psychosocial risks associated with the roles within NCC.							

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Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
2.3	Consider liaising with Organisation Development Unit to review current role descriptions and functions to ensure they meet current operational needs.							
2.4	Consider developing embedded topics for APP and Line Manager 1 to 1 Meetings by incorporating job demands as part of this process							
2.5	Branch recruitment project to assess critical thinking capabilities to improve recruitment outcomes.							

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Traumatic Events or Material

Traumatic events or materials can involve:

- Vicarious exposure, where an individual is indirectly affected by another person's trauma.
- It can become cumulative when exposure occurs repeatedly overtime.

Table 4 Traumatic events or material

Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
3.1	The Protective Security Team are currently developing a whole-of Agency approach to managing objectionable material.							
3.2	Consider liaising with Organisation Development Unit Candidate Packs to identify relevant psychosocial risks associated with the roles within NCC.							

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Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
3.3	Consider developing embedded topics for APP and Line Manager 1 to 1 Meetings and incorporating Traumatic Materials and Events as a topic.							
3.3	Consider providing SME to support the NDIA Working Group reviewing the Managing Unreasonable Behaviour policy.							
3.4	Refresh awareness of Agency Controls and Branch Controls/Treatments							
3.5	Consider using the Embedded Workplace Support (EWS) Clinician to facilitate a short seminar on Vicarious Trauma and Compassion Fatigue. Consider liaising with Learning & Development to identify supplementary training for workers manning the PCI line							

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Objectionable behaviour

Objectionable behaviour emerged as one of the most frequently reported issues in the survey, which aligns with the whole-of-Agency response led by the Physical Security Team marked by 54% of total survey responses reporting they had experienced objectionable behaviour in the last 12 months.

Table 5 Objectionable behaviour

Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
4.1	Consider providing SME to support the NDIA Working Group reviewing the Managing Unreasonable Behaviour policy							
4.2	Encourage all workers who experience objectionable behaviour to report it through the SpeakUp program and incorporate this within the SoW communications.							
4.3	Consider liaising with Organisation Development Unit to include in the Candidate Packs the relevant psychosocial risks associated with the roles within NCC.							

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Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
4.4	Encouraging workers to attend Site Risk Register sessions to identify site specific issues.							
4.5	Consider developing embedded topics for APP and Line Manager 1 to 1 Meetings and incorporating this as a topic.							
4.6	Supplementary mitigations to manage Provider poor behaviour with Protective Security are currently being developed.							
4.7	Refresh awareness of Agency Controls and Branch Controls/Treatments							
4.8	Consider the suitability of engaging with the Protective Security team and using the Vic-Tas State Ops correspondence sent to Providers, Plan Nominees and Support Coordinators when they initiate objectionable behaviour towards Agency workers.							

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Poor organisational change management

- Insufficient consultation
- Insufficient consideration of new hazards or performance impacts when planning for and implementing change
- Insufficient support, information, or training during change
- Overlapping change management initiatives

Table 6 Poor organisational change management

Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
5.1	Assess the suitability of: • developing integrated change management programs; and • avoid competing change management initiatives.							
5.2	Assess the suitability of engaging with the Census Working Group to identify potential opportunities to reduce competing change management initiatives and change management fatigue.							

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Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
5.3	Liaise with the Mental Health & Wellbeing Team and arrange the delivery of the Change Support Package by Telus Health that consists of the following three-part webinars: • Leading through change • Navigating change • Resetting after change.							

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Poor Role Clarity

- Roles are frequently subject to change and staff struggle to keep on top of the changing expectations of their role
- Knowledge Articles essential to the role are out of date or provide conflicting information
- The changing nature of the policies, procedures and roles make role clarity difficult for workers with understanding the expectations and scope of their role.

Table 7 Poor role clarity

Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
6.1	Consider developing embedded topics for APP and Line Manager 1 to 1 Meetings and incorporating poor role clarity as a topic.							
6.2	Consider the suitability of skills and capability mapping to improve role clarity and function.							
6.3	Consider including this topic in the Embedded Wellbeing Service program.							

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Poor Support

- Team leaders regularly miss 1-2-1 and 1 on 1 conversations because of insufficient coverage.
- Insufficient tools, resources and supports to be able to complete core tasks.
- Inadequate training and information in Knowledge Articles to support them to carry out their duties.

Table 8 Poor support

Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
7.1	Consider including this topic in APP sessions and Line Manager 1 on 1 meetings to ensure line manage and structural support (processes, policies, and resources) are available to complete tasks							
7.2	Consider the suitability of skills and capability mapping to improve role clarity and function							

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Focus Area	Opportunities to Consider	Start	Due	Status	Owners	Comments/Updates
				L W T W T		
7.3	Consider suitability of reviewing the number of workers who report to each team leader or manager, and if managers have enough time to provide adequate support to each employee.					
7.4	Consider the suitability of reviewing all KARs to ensure they currently reflect Branch functions.					
7.5	Consider utilising the EWS program to provide training to people leaders covering interpersonal skills and emotional intelligence; self-awareness and management styles – cultural awareness; managing team dynamics – providing emotional and practical support to team members; workload and resource management					

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Poor workplace behaviours, bullying and harassment

- Instances of poor behaviours (NCC-wide), namely a cohort of team leaders engaging in belittling behaviour towards their team members
- Poor interactions between floor walkers and workers,
- Poor interactions between a cohort of EL1 and EL2 with their team members (both within the Enabling and Operations teams)

Table 8 Poor workplace behaviours, bullying and harassment

Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
8.1	By end of Q3 all Branch workers to re-complete the Safe and Respectful LEAP Module, as well organize for TELUS Health to provide a session on psychosocial safety. Upon completion the HRBP or SRT to provide a presentation at the next Branch meeting							

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Focus Area	Opportunities to Consider	Start	Due	Status			Owners	Comments/Updates
				L W	T W	T		
8.2	Liaise with the Wellbeing, Innovation, Strategy and Engagement Unit (previously known as the Mental Health and Wellbeing Team) to determine the suitability and accessibility of the Healthy Minds and Health Workplaces program (subject to current review).							
8.3	Re-establish a safe reporting culture by encouraging workers to report any poor workplace behaviours, bullying and harassment or objectionable behaviour experienced or witnessed							
8.4	Consider including this topic in APP sessions and Line Manager 1 on 1 meetings							
8.5	Consider including this topic in any SoW messaging							

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Appendix 1 – Summary of priority hazards and corresponding Agency Controls and Branch Controls/Treatments

Table 9 Agency and Branch Controls and Treatments

Psychosocial Hazard	Agency Controls	Branch Controls/Treatments
Fatigue	• Flexible Working Arrangements • WHS Psychosocial Hazard Guidelines • WHS Leap Module for Workers • WHS Modules and Tools • WHS Leap Module for People Leaders • WHS SES Due Diligence Module • Well+ Seminars • WHS Leap Module for Workers • Peer Support Contact Officers and Wellbeing Officers	• Annual Branch workflow and job design. • Branch Communication, consultation, and change management mechanisms • Branch Embedded Wellbeing Supports. • Overtime selection and flexible rostering

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Psychosocial Hazard	Agency Controls	Branch Controls/Treatments
Job demands	• APSC Work Level Standards • Shift Work Policy • Flexible Working Arrangements • Workload Review Policy • 6 monthly worker-initiated workload review (2024-2027 Enterprise Agreement provision) and Review of Workload Guideline (2025) • WHS Speak Up reporting mechanism • Well+ offerings – Stress management, managing workloads, psychologically safe teams • Health and Safety Representatives, Peer Support Contact Officers and Wellbeing Officers • SES WHS Due Diligence Module • TELUS Health EAP • PACE-based Knowledge Artifacts • TELUS Health Line Manager Hotline • Leading with Inclusion Program • Workload adjustments as Workplace Adjustments Policy and supports accessible through Workplace Supports Team	• Individual roles/ work negotiated between TL and staff • Project to assess critical thinking capabilities to improve recruitment outcomes • Branch recruitment policies and requirements standards • Graded system for new starters • Coaching and development for workers • Annual Branch resource review and planning • Job demands included in the Line Manager's 1-on-1/ technical leads. • Aligning work demands with APS Work Level Standards • Enquiries Specialisation • Quality listening and procedure adherence • Enabling Team standards • Communication cadence and information flow.

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Psychosocial Hazard	Agency Controls	Branch Controls/Treatments
Traumatic Events and Material	• Managing Unreasonable Behaviour Guidelines • WHS Speak Up reporting process • WHS Psychosocial Hazard Guidelines • PACE-based Content Alerts • Flexible work arrangements • Well+ Seminar relating to Vicarious Trauma and Compassion Fatigue • Health and Safety Representatives, Peer Support Contact Officers, Wellbeing Officers • SES WHS Due Diligence Module • Worker WHS LEP Module	• Embedded Workplace Support (EWS) and consider accessing Group Supervision through TELUS Health which will provide a space to manage the effects of cumulative exposure to confronting events and traumatic material. • Communication cadence and information flow. • Informal debriefing with Team Leader and Manager • Census Action Plan

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Psychosocial Hazard	Agency Controls	Branch Controls/Treatments
Objectionable behaviour	• Fixated Threat Policy • Managing Unreasonable Behaviour Guidelines • Managing Unreasonable Behaviour LEAP Module • Safety and Support Measures • Physical Safety Framework • Participant Critical Incident Team • Restricted Service Guidelines • Security Awareness LEAP Module • Speak Up Reporting Mechanism • WHS SES Due Diligence Module • LEAP Module for People Leaders • WHS LEAP Module for Workers	• Recruitment project • Aggression Response Project • Team leader escalation policy • Branch Knowledge articles • Branch matrix managing when to terminate calls. • Embedded Workplace Support (EWS) • Recruitment process • Debrief service with Director, AD and Team Leaders • Informal Debrief service support • Census Action Plan • Physical Safety Framework • Participant Critical Incident Team • Restricted Service Guidelines • Zero-tolerance messaging contained within the IVR

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Psychosocial Hazard	Agency Controls	Branch Controls/Treatments
Poor organisational change management	• Change Impact Assessments available through the Strategic Change Branch • Pre-action consultation of change management consultation arrangements contained within the 2024-2027 Enterprise Agreement • WHS Psychosocial Hazard Guidelines • WHS Leap Module for workers • WHS Leap Module for people leaders • WHS Communication Procedure • WHS Consultation Arrangements (including NHSC, LSaCC and ACN). • Thriving through Change LEAP Module • Health and Safety Representatives, Peer Support Contact Officers and Wellbeing Officers • TELUS Health Line Manager Hotline • WHS Consultation Arrangements	• Leadership support • Branch Communication Folder and Bulletin • Branch planning • Business implementation Team (Change Meeting) • Embedded Workplace Support (EWS) • Charge Up training sessions • Coaching and development including tech leads and team leaders • Line Manager 1 on 1 • Census Action Plan

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Psychosocial Hazard	Agency Controls	Branch Controls/Treatments
Poor role clarity	• APSC Work Level Standards • Workplace psychosocial guidelines. • Speak Up reporting mechanism. • WHS Leap Module for Line Managers • WHS Leap Module for workers. • TELUS Health Line Manager Hotline	• Embedded Workplace Support (EWS) • Branch Planning • Role design • Census Action Plan
Lack of Support	• Annual Branch workflow and job design • Speak Up reporting mechanism • SES WHS due diligence training • Learning to Lead Program	• Branch Planning • Role design • Census Action Plan • Embedded Wellbeing Support • 1 on 1 sessions with Team Leaders • Branch Knowledge Artefacts • Opportunity to back fall • Internal recruitment and promotion opportunities

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Psychosocial Hazard	Agency Controls	Branch Controls/Treatments
Poor workplace behaviours, bullying and harassment	• APS Code of Conduct. • Agency values • Safe and Respectful Framework • Safe and Respectful Workplace Leap Module • Health and Safety Representatives • Peer Support Contact Officers • TELUS Health EAP • Learning to Lead Program	• Embedded Workplace Support (EWS) • Census Action Plan/Initiatives • People leader's role-model appropriate workplace behaviour

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2025 NCC Branch WHS Psychosocial Hazard Survey Results

Assistant Director s47F - personal privacy

WHS Advisors: s47F - personal privacy

Work Health and Safety Unit

February 2026

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Acknowledgement of Country

Before we begin, we would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past present and emerging.

We would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today.

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WHS Psychosocial Hazard Survey Methodology

- **Explored 17 hazards** incorporated within the Work Health and Safety Regulations Cth (2011) together with 2 Model Codes Practice (Safework Australia and Comcare).
- The 17 psychosocial hazards have been broken down into **23 categories** in order to allow a deeper dive into stakeholder aggression, poor organisational change management and low job control.
- **268 workers across the three Teams have completed the survey** – representing 55% of NCC's total workforce.
- The survey data collected **47,000 data points.** Acknowledging Data Limitations do flow from anonymous survey responses – **This is a very solid data set.**
- Our Risk Matrix uses **Likelihood** and **Consequence** in addition to these risk elements; **Duration** now needs to be considered as advised through the Commonwealth Code of Practice.
- Priority rating is based upon four factors 1) Broader Agency risk profile 2) Impact to Branch 3) Branch response rate 4) maturity of existing controls and treatment currently in place.

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Branch Results

Of the 17 hazards, 10 hazards are considered moderate risk, while 7 are considered low.

The highest priority of WHS psychosocial hazards are

- Job demands.
- Fatigue.
- Exposure to traumatic events and material.
- Objectionable behaviour by Participants, Family Members and Informal Supports as well as Support Coordinators.
- Poor organisational change management (for both Agency and Branch-based initiatives)
- Poor role clarity.
- Lack of support

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Branch Results

The medium priority of WHS Psychosocial Hazards are

- Objectionable behaviour by NCC workers, poor workplace behaviours, bullying and harassment including sexual harassment.
- Low control job (both Agency and Branched based factors)

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Branch Results

The Lowest priority of WHS Psychosocial Hazards are:

- Poor organisational justice.
- Inadequate recognition and reward.
- Insecure employment.
- Intrusive surveillance.
- Objectionable behaviour by State/Territory Government workers, Plan Nominees and NDIA workers.
- Physical office environment.
- Working remotely/ working from home and in isolation.

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Whys – Job Demands

- Workload overload and excessive expectations (responding to a set number of emails per hour, keeping after-call work down). Some enquiries/ emails require a more complex response, which places undue pressure on staff to maintain their workload.

- Workers that rely on assistive technology feel that this slows them down and makes it hard for them to maintain the expected workload. Workers are making the time up in their own time.

- Constant changes to procedures, processes and rules prevent workers from becoming proficient and leaving them feeling overwhelmed. Workers report that by the time they upskill in one change, another process changes and they struggle to keep up.

- Workers are receiving limited training yet are undertaking tasks or offer advice in areas in which they insufficient understanding or exposure.

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Proposed Mitigations – Job Demands

- Role and process mapping review
- Review span of control for team leaders.
- Capabilities review to assist with managing peak periods.
- Embedding job demands in 1 on 1's and APP process.
- Branch recruitment project to assess critical thinking capabilities to improve recruitment outcomes.
- Expand NCC's Embedded Wellbeing Support (EWS) program to incorporate managing job demands.

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Whys - Fatigue

- Ruminating thinking leading to disrupted sleep patterns.
- Prolonged high workloads along with cross-competing commitments contributing to workers experiencing cognitive overload and fatigue.
- Emotional and change management fatigue from the nature of the work and change fatigue from trying to keep up with constantly changing processes and policies as their biggest source of fatigue.
- Triggering content and frequent exposure to long and emotional calls create fatigue by the end of the day.
- Maintaining HR hygiene practices (including reducing excessive leave balances)

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Proposed Mitigations – Fatigue

- Incorporate managing fatigue associated risks in SoW messaging.
- Expand NCC's Embedded Wellbeing Support (EWS) program to incorporate managing fatigue associated risks.
- Embedding managing fatigue within 1 on 1's and APP process.

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Whys – Traumatic Events & Material

- Workers experiencing constant exposure to PCI calls, but particularly those involving participants threatening suicide or self-harm have a lasting traumatic impact for staff.
- Triggering, traumatic and graphic content is often expressed in phone calls or emails.
- Exposure to material around family/ domestic violence and child abuse can be triggering for workers.
- Support from Team Leaders and Floor Walkers is frequently delayed when workers are experiencing a traumatic event.

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Proposed Mitigations – Traumatic Events & Material

- Reminding workers to utilise PACE alerts as required.
- Consider liaising with the Organisational Development Team to incorporate Traumatic Events & Material in position descriptions.
- Utilise EWS program to incorporate managing the exposure to traumatic events and material.
- Consider liaising with Learning & Development to identify supplementary training for workers manning the PCI line.

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Whys – Objectionable Behaviour (Participants, Family Members, Informal Supports & Support Coordinators)

- PCI calls can be particularly confronting and are increasingly common.
- Workers experience repeated swearing, yelling, threats to come to an office and cause physical violence together with threats of legal action.
- Experiencing personal attacks and being sworn at by Providers frustrated over funding decisions and unpaid invoices.
- Aggressive and belittling statements, as well as being spoken to in a passive-aggressive tone.

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Proposed Mitigations – Managing Unreasonable Behaviour

- Utilise the MUB Community of Practice to identify opportunities to provide bespoke supports
- Refresh MUB training as required.
- Incorporate the expectation of workers reporting of unreasonable behaviour in SoW messaging, 1 on 1 and APP processes.
- Utilise EWS program to incorporate managing unreasonable behaviour.

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Whys – Poor Organisational Change Management

- Frequent leadership changes, and policy and procedural changes causing instability and change fatigue. Staff reported that trying to keep up with the changes was stressful and overwhelming.
- Change management fatigue stemming from implementing multiple initiatives
- Poor communication of changes has increased confusion and stress. Changes either not being directly communicated or communicated only after the change had taken place.
- Lack of consultation regarding restructurings, roster changes and team changes is leading to frustration and increased workplace stress.

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Proposed Mitigations – Poor Organisational Change Management

- Assess the suitability of developing integrated change management programs; and avoid competing change management initiatives.
- Utilise the Census working Group to identify potential opportunities to reduce competing change management initiatives and change management fatigue.
- Liaise with the Mental Health & Wellbeing Team to access Telus' three-part change management webinar series.
- Incorporate Poor Change Management in the 1 on 1 and APP process.

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Whys – Lack of Role Clarity

- Roles are frequently subject to change and staff struggle to keep on top of the changing expectations of their role.
- Knowledge Articles essential to the role are out of date or provide conflicting information.
- The changing nature of the policies, procedures and roles make role clarity difficult for workers with understanding the expectations and scope of their role

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Proposed Mitigations – Lack of Role Clarity

- Consider the suitability of skills and capability mapping to improve role clarity and function.
- Process mapping review
- Consider including this topic in the Embedded Wellbeing Service program.
- Incorporate Lack of Role Clarity in the 1 on 1 and APP process.

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Whys – Lack of Support

- Team leaders regularly miss 1-2-1 and 1 on 1 conversations because of insufficient coverage.
- Insufficient tools, resources and supports to be able to complete core tasks.
- Inadequate training and information in Knowledge Articles to support them to carry out their duties.

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Proposed Mitigations – Lack of Support

- Renew 1 on 1 and APP cadence, as well as incorporating this hazard as a discussion topic.
- Process mapping review to ensure workers have access to current task cards, policies and procedures.
- Consider reviewing people leaders' span of control.
- Consider utilising the EWS program to provide training to people leaders covering interpersonal skills and emotional intelligence; self-awareness and management styles – cultural awareness; managing team dynamics.

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Whys – Objectionable behaviour by NCC workers, poor workplace behaviours, bullying and harassment including sexual harassment

- Sexual and gender discrimination within the NCC.
- Sexual harassment, bullying and racism within the Branch and 'zero tolerance' policies not being adhered to.
- Being touched in an unwelcome manner.
- A cohort of team leaders engaging in belittling behaviour towards their team members.
- Poor interactions between floor walkers and workers.
- Poor interactions between a cohort of EL1 and EL2 with their team members (both within the Enabling and Operations teams).

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Proposed Mitigations – Poor Workplace Behaviours

- NCC workers to refresh their awareness of the Safe and Respectful Framework via the LEAP module.
- TELUS Health to provide a session on psychosocially safe teams.
- HR BP to present to NCC on the Safe and Respectful Framework.
- Re-establish a safe reporting culture by encouraging workers to report any poor workplace behaviours, bullying and harassment or objectionable behaviour experienced or witnessed.
- Consider including this topic in APP sessions and Line Manager 1 on 1 meetings

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Next Steps

Proposed Hazard Mitigation Plan

- 8 WHS psychosocial risk factors drawn from the high and medium priorities will be further explored through consultations with the Branch leadership group and the Census Working Group
- Focus Group sessions, if desired by Branch Leadership, can proceed in 2025-2026.
- Supplemental support for various business units requiring them can be managed as part of the broader program of mitigating psychosocial hazards within the Branch.

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Questions

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Summary of the 2025 NCC WHS Psychosocial Hazard Survey Results

1. Background

1.1 The WHS psychosocial hazard survey is based upon two regulatory frameworks, namely the Safe Work Australia (2022) and Comcare's (2024) Managing Psychosocial Hazards at Work Codes of Practice and requires the Agency to manage 17 psychosocial hazards

1.2 NCC has completed the WHS psychosocial hazard survey between September and October 2025. 268 workers across 14 business units participated in this process. This represents 55% participation rate of the branch's 517 FTE headcount. The survey examined 17 hazards through a total 174 questions and collected approximately 47,000 different data points.

1.3. The survey assessed the following components:

- Likelihood, duration (persistence) and consequence of their exposure to each hazard.
- Workers' personal experiences of each hazard.
- Workers' awareness of existing treatments currently in place.
- Assessed Branch results based upon the 2025 Branch Census results.
- A detailed risk profile for each of the 14 business units, mapped against each respective hazard.
- A preliminary mitigation plan.

2. Survey Results

2.1 Recognising that psychosocial hazards often co-occur and exert mutual influence, the preliminary risk profile has accounted for these interdependencies. For example, the impact of poor organisational change management directly escalates the risk of traumatic events and material.

2.2 Accordingly, the 17 psychosocial hazards have been broken down into 23 categories in order to allow a deeper dive into stakeholder aggression, poor organisational change management and low job control. These categories have been triaged based on the preliminary assessed risk levels into the following categories:

- 11 categories considered moderate risk.
- 12 categories considered low risks.

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2.4 The highest priority of WHS psychosocial hazards:

- Job demands.
- Fatigue.
- Exposure to traumatic events and material.
- Objectionable behaviour by Participants, Family members and Informal Supports as well as Support Coordinators and Providers.
- Poor organisational change management (for both Agency and Branch-based initiatives)
- Poor role clarity.
- Lack of support

2.5 The medium priority of WHS Psychosocial Hazards:

- Objectionable behaviour by NCC workers. poor workplace behaviours, bullying and harassment including sexual harassment.
- Low control job (both Agency and Branched based factors)

2.6 The Lowest priority of WHS Psychosocial hazards.

- Poor organisational justice.
- Inadequate recognition and reward.
- Insecure employment.
- Intrusive surveillance.
- Objectionable behaviour by State/Territory Government workers, Plan Nominees and NDIA workers.
- Physical office environment.
- Working remotely/ working from home and in isolation.

2.7 Targeted interventions have been identified for three specific hazards across several business units, enabling more focused risk management efforts. They are the Enabling teams for low job control, Operations Leadership for vicarious trauma and objectionable behaviour and the Richmond staff for objectionable behaviour by Support Coordinators.

2.8 It is further recommended that the existing Embedded Wellbeing Support Program should be expanded to specifically address and contribute to a reduced risk associated with worker fatigue.

2.9 Other interventions include raising workers awareness of Security and WHS treatments as well as the Property Service Desk.

3. Next Steps

3.1 The leadership group is asked to consider the report and liaise with the Safety and Wellbeing Team to determine if conducting sessions with focus groups is necessary.

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Safety, Wellbeing and Security Strategy

Discovery - Executive Summary

Background

The Safety, Wellbeing and Security Strategy (SWSS) is a commitment under the Agency Action Plan (PDF 303KB) and directly supports the **Chief Operating Officer Priority 3: keeping staff and visitors safe and well**.

The SWSS will complement the Agency's Security Improvement Program, developed following the 2024 Safety and Security Review conducted by s47F - personal privacy. The strategy will integrate psychosocial safety, wellbeing and physical security into one agency-wide, coherent framework. It will align and amplify key initiatives that strengthen the Agency's total safety, wellbeing and security

Discovery Overview

The NDIA has completed Phases 1 and 2 of a comprehensive discovery process to inform the development of the inaugural SWSS. The discovery process engaged a broad cross section of the workforce, incorporated independent clinician validated insights, and mapped staff experiences against Safe Work Australia's 17 Psychosocial Hazards (external).

Phase 3, schedule for early 2026.

The discovery process combines three distinct but complementary approaches:

Phase 1 - SME Focus Groups | Complete

1. Capture practical, cohort specific insights into psychosocial risks, control effectiveness, and system pressures.

- Validate the phase two discovery approach against real-world operational experience.

Phase 2 - Broad Workforce Discovery | Complete

- Capture agency-wide perspectives at scale, reflecting diverse roles, levels, locations, and work types.
- Validate SME insights and surfaced broader patterns, including protective factors and cultural strengths not evident in specialist groups.

Phase 3 –Explore & Understand, and Enterprise Psychosocial Risk Assessment | Early 2026

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- **Phase 3 will extend discovery through targeted deep dives** into priority psychosocial risks to understand root causes, validate patterns, and test assumptions in high risk areas.

Phase three will include:

- Explore & Understand sessions with high risk areas
- Senior Executive Service (SES) interviews
- An enterprise wide psychosocial risk assessment

Insight and Data Collection Approach

Discovery insights were derived through a rigorous, independently assured approach designed to provide confidence in findings, support WHS compliance, and withstand regulatory and audit scrutiny.

- Applied a robust, defensible discovery methodology designed to maximise psychological safety, data integrity, and executive level assurance.
- Aligned all insights to the Safe Work Australia Psychosocial Hazards Framework, mapping staff feedback against the 17 nationally recognised hazards to support WHS compliance and a consistent, enterprise wide view of risk.
- Strengthened independence and analytical rigour through external, trauma-informed coding of all qualitative data by TELUS Health, reducing bias and meeting audit and regulatory expectations.
- Enabled open and candid staff input through independent facilitation, with an external organisational psychologist from Grow Together Now providing a neutral, psychologically safe environment that lifted insight quality and credibility.

Phase 1 Focus Groups with SMEs – Summary

18 targeted Focus Group sessions were conducted across key stakeholder groups, engaging 212 participants. The cohorts primarily operationalise safety, wellbeing, and security functions across the Agency, which means the findings are naturally skewed toward those perspectives., which thereby reinforced the need for broader, agency-wide Discovery Workshops designed to capture the full spectrum of roles and risks.

Primary hazards identified:

- Poor/Lack of support
- High job demands
- Poor organisational justice
- Lack of role clarity
- Poor organisational change management

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- Fatigue
- Exposure to confronting information / events

Phase 2 Discovery Workshops – Summary

A total of 46 Discovery Workshops were delivered virtually and face to face, engaging 1,341 registrations (representing approximately 10–11% of the NDIA workforce) and 760 participants (7–8%). Dedicated sessions were delivered for 'All staff', all employee diversity groups and rural/remote and metro staff.

Note: The findings draw on two distinct data sources.

- **Coded:** derived from qualitative statements made during workshops. Through clinical coding, underlying patterns are identified even when participants do not directly reference a specific hazard, ensuring a deeper understanding of the concerns impacting staff wellbeing.
- **Voted:** results are based on staff selecting their top three psychosocial hazards using MS Forms. This method captures observed priorities from a large sample, providing a clear indication of which hazards staff believe most impact their roles.

CODED: Primary hazards identified (no diversity Groups).

- Poor/Lack of support
- High job demands
- Poor organisational justice
- Poor organisational change management
- Conflict or poor workplace behaviours
- Fatigue
- Bullying
- Lack of role clarity
- Violence and aggression
- Exposure to confronting information or events

CODED Primary hazards identified across Diversity groups, Rural/Remote and Metro coding.

Poor/Lack of support and Poor organisational justice have been colour coded below to show consistency across all groups.

Network or Location	#1 Psychosocial Hazards	#2 Psychosocial Hazards	#3 Psychosocial Hazards

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Employee Disability Network	Poor/Lack of Support (37)	Poor organisational justice (31)	Conflict or poor workplace relationships and interactions (27)
First Nations employee Network	Poor Organisational Justice (16)	Poor/Lack of Support (13)	Harassment including Sexual Harassment (8)
Neuroinclusion Network	Poor/Lack of Support (19)	High work demands (7)	Poor Organisational Justice (6)
HarmonyHub	Poor Organisational Justice (10)	Harassment including Sexual Harassment (5)	*Data too low to aggregate*
Pride@NDIA	Poor/Lack of Support (26)	Poor Organisational Justice and Harassment including Sexual Harassment (10)	Bullying (8)
Gender Equity Network	Poor/Lack of Support (7)	Harassment including Sexual Harassment (6)	*Data too low to aggregate*
Metro	Poor/Lack of Support and Bullying (8)	*Data too low to aggregate*	*Data too low to aggregate*
Rural Remote	Remote / Isolated Work and Conflict or Poor Workplace Relationships and Interactions (9)	Poor/Lack of Support (7)	*Data too low to aggregate*

VOTED: Primary Hazards (All staff including Diversity groups).

- High job demands
- Violence and aggression
- Exposure to confronting information or events
- Bullying
- Poor organisational change management
- Conflict or poor workplace behaviours
- Lack of role clarity
- Poor/Lack of support
- Fatigue
- Poor recognition and reward

Poor/Lack of Support emerged in references to poor leadership support, insufficient resources and systems, barriers to seeking assistance, and inconsistent post incident support.

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High Job demands was identified through unrealistic KPIs, work-life balance erosion and fear of speaking up.

Poor Organisational Justice was identified through significant concerns and gaps between stated organisational values and observed practices, fair selection, fear of Speak Ups and inconsistent application of policies and procedures.

Poor organisational change management themes emerged such as consultation processes, the volume of organisational change and the impacts of change.

Conflict or Poor Workplace Behaviours themes that emerged were distrust (or psychological safety), microaggressions and workplace incivility, and a pattern of non-intervention.

Fatigue emerged as an important psychosocial hazard within the Agency, manifesting in the themes of exhaustion, inability to sustain demands and workload/performance pressures.

Bullying emerged as a psychosocial hazard within the Agency, with concentration in leadership and management tiers, fear of reporting, ineffective response systems and performance-related pressures.

Lack of role clarity was identified through themes such as role confusion, conflicting priorities and the lack of procedural guidance

Violence/ Aggression themes emerging with this hazard were normalisation and under-reporting, cumulative psychological impact, under-reporting, vulnerabilities created by physical environment and the concerns about the numerous sources of aggression

Exposure to confronting information or events themes raised included the levels of exposure to trauma materials, alert systems, impacts of trauma, staff capability and adequacy of training and debriefing supports

At a glance

- During workshops, attendees voted on the top three psychosocial hazards they felt most impacted their roles and were engaged in conversations where insights were captured by content analysts.
- While results might appear to represent staff perceptions alone, they are validated and reinforced by multiple data sources, confirming the accuracy and significance of the identified themes.
- Voting data mirrored themes seen in Work Health and Safety (WHS) incidents reported as referenced in the WHS Quarterly Report Q1 FY2025-26 and those identified through our WHS psychosocial hazard risk assessment.
- ‘Organisational justice’ and ‘Poor/Lack of support’ surfaced strongly in clinical coding which shows it as a consistently high theme across all groups, and consultation phases.

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- Workplace relationships hazards (Harassment including Sexual Harassment, Conflict or poor workplace behaviours and bulling) were frequently coded in diversity networks, rural / remote and metro groups. Interestingly, these same hazards were high in the voting data for all staff implying that this is a consistent and persistent issue across all areas.
- 'High work demands' consistently ranked at the top in both voting and coded analysis, indicating it is not only highly visible but also deeply embedded in staff experiences. Its persistence suggests it is a pervasive organisational hazard requiring targeted intervention.
- Poor organisational change management showed up in both voting and coding showing it is a consistently high theme across all groups, and consultation phases
- Violence and aggression, along with exposure to confronting information or events, ranked highly in the voting results, this is reflected in the recent rise in unreasonable behaviour incident through Security Speak Up reports.
- Staff reported that positive participant outcomes, peer recognition, and professional growth opportunities are key drivers of engagement. Capability building was highlighted as particularly rewarding. Flexible and remote work arrangements were consistently cited as enablers of improved focus, work-life balance, and overall wellbeing
- The Grow Together Now report highlighted similar themes to the TELUS Health conclusions, particularly around the Speak Up process and leadership capability. The only notable difference was that lack of role clarity did not emerge as a major theme in their report, likely because it was developed from a facilitator perspective through conversation rather than data analysis.

Key themes

The consultation process revealed that poor support is the most frequently reported psychosocial hazard, accounting for 26% of coded items, while high work demands emerged as the primary concern, receiving 32% of first-choice votes. Diversity groups highlighted distinct experiences of these hazards, underscoring the need for tailored approaches.

Cultural analysis identified concerns around psychological safety and the effectiveness of the Speak Up process. At the same time, protective factors such as recognition, flexible work-life balance, supportive team cultures, and the sense of making a meaningful difference were noted as sustaining staff wellbeing. The review of safety, security, and physical environments highlighted issues impacting staff wellbeing and service delivery, particularly in co-located sites.

While staff demonstrated strong commitment to the Agency's mission and valued aspects of their work, significant psychosocial hazards require attention to safeguard workforce wellbeing, retention, and service quality.

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The findings point to opportunities for NDIA to better align lived experiences with its espoused values through targeted interventions in leadership capability, organisational justice, workload management, and psychological safety. This comprehensive consultation provides a strong foundation for NDIA's future psychosocial risk management strategy.

Gaps identified for further consultation

Further recommendations call for deeper examination of specific areas, including non-ongoing staff, neuro-diverse cohorts, challenges in co-located offices, onboarding processes, and improvements to the Speak Up mechanism. In addition, there is an opportunity to strengthen leadership capability, enhance wellbeing supports beyond EAP, and address high-risk psychosocial hazards and poor workplace behaviours to ensure a safe and inclusive environment for all staff.

Phase 3 **of discovery b**egins January 2026 with SSS interviews beginning end January.

What are we doing well?

Staff consistently highlighted the value of meaningful purpose, strong team culture, and supportive leadership as key protective factors across the agency. They reported feeling energised by positive participant outcomes, recognition from colleagues, opportunities for development, and the ability to build skills and uplift capability. Remote and flexible work arrangements were frequently noted as enhancers of focus, balance, and overall wellbeing.

Staff also emphasised the importance of mentoring, coaching, and constructive feedback in sustaining motivation, alongside the positive impact of working with engaged teams and leaders who prioritise wellbeing, provide direction, and support growth. While mechanisms such as Speak Up and PACE are appreciated, staff noted opportunities to simplify processes and improve consistency to better support safe, effective practice.
Agency staff praised resources such as the Safe and Respectful Team along with designated support roles including the wellbeing officers, Peer Support Contact Officers and Culture Champions.

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Talking Points – Deep Dive Psychosocial hazards PPT		
Slide		**Talking Points**
2	**What is happening in the NDIA environment.**	• Our psychosocial risk profile has grown in parallel with rapid workforce growth – a 12.1 % increase in workforce in 12 months to 30 Dec 2025. • This has coincided with a 19% increase in reported WHS incidents, indicating both higher exposure and improved reporting. • Psychosocial hazards continue to be the dominant incident category, making up 78% of all WHS incidents • This represents a shift, with psychosocial incidents now forming a greater proportion of total incidents than in previous years

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		• The operating environment is becoming more challenging with the escalation of external aggression towards our staff, increasing exposure to objectionable material and ongoing organisational change and reform pressure • The August 2024 Workplace and work-related violence and aggression in Australia report we provided a view of the prevalence, causes and impacts of violence in Australian workplaces, highlighting an alarming trend in serious workers' compensation claims arising from workplace violence and assault. Having surged by 56% between 2017–18 and 2021–22. Reinforcing the alarming change in the nature of harm in Australian workplaces and the increased risk of aggression we face in environment that we operate in. • Emerging factors are compounding baseline psychosocial risks, particularly in frontline roles. This includes a perception of constant changes, reform programs, resourcing pressure, the industrial relations climate, and public scrutiny

3	**What psychosocial incidents are being reported?**	• The majority of reported incidents relate to three primary psychosocial hazards
		  ○ Violence and aggression being Unreasonable behaviour from participants, carers, or the public
		  ○ Traumatic events or material being Exposure to distressing or traumatic content, and
		  ○ Conflict or poor workplace relationships and interactions.
		  ○ The remaining portion of incidents relate to secondary risks covering workload, systems, physical environment, and organisational change.

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		• This pattern aligns with the frontline service delivery exposure and high-volume decision environments
		• The Employee Assistance Program (TELUS Health) utilisation for the last 12 months (January to December 2025) was 22.50% which is 16.98% higher than the industry benchmark and 17.14% higher than the National benchmark.
		• High EAP utilisation is generally considered a positive indicator of organisational health as it demonstrates strong awareness of the service offer, high levels of mental health history and represents a culture where seeking support is normalised
		• The top 5 presenting issues were:
		  ○ Stress- personal
		  ○ Workplace Issues
		  ○ Relationship- general
		  ○ Anxiety
		  ○ Mental Health

4	**What are staff telling us?**	• Our census results show strong recognition of the agency's efforts on health and wellbeing – with over 80% positive results across most measures, and consistently above APS averages. • Staff particularly value supervisor support (which is 89%) and visibility and communication of wellbeing supports (which is 83%) • The NDIA have completed 68 Discovery sessions, engaging over 750 staff, with 1,700 responses across the Agency to understand what safety, wellbeing and security mean to them, with a

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		particular focus on identifying and addressing psychosocial hazards. The top 10 psychosocial hazards identified from analysing the coded data are: o Poor/lack of support 29% o High job demands 15% o Poor organisational justice 15% o Poor organisational change management 9% o Conflict or poor workplace behaviours 7% o Fatigue 5% o Bullying 4% o Lack of role clarity 3% o Violence/ aggression 3% o Exposure to confronting information or events 3% • These risks will be further explored and mitigation strategies developed as part of the Safety, wellbeing and security strategy. With interim measures in place. For example, establishing an internal clinical workforce and embedded workplace supports (a clinician from EAP placed in high-risk business areas). • Diversity Groups Discovery Workshops were also conducted. These results weren't dissimilar to those of the other Discovery Workshops. o Harassment and bullying were reported more frequently

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		○ High Job Demands were identified in fewer diversity groups overall but emerged strongly within the Neuroinclusion cohort. • However, it is important to highlight that Intersectionality significantly increases psychosocial risk because individuals with multiple marginalised identities experience, compounded and unique forms of workplace harm. • Regulators (SafeWork Australia/Australian Human Rights Commission) note that social-cultural factors- such as race, gender, and disability can interact to amplify the severity of hazards like discrimination and harassment, often creating greater barriers to reporting and safety.
5	**What is the leading cause of injury for compensation claims?**	Mental stress is the primary driver of claims • Most psychosocial claims stem from workload, work pressure, and interpersonal relationships. • These factors remain consistent year-on-year. Psychosocial injury is still the biggest cost risk • Even though incapacity periods are reducing, psychosocial claims dominate both frequency and cost. Aggression and objectionable material are not the main contributors • Early intervention strategies in these areas are working - risk is being managed effectively. Claim incidence and premium risk • NDIA's accepted claim rate is 3.8 per 1,000 FTE, below the Commonwealth average of 5.2.

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		• However, psychological claims are 3.3 per 1,000 FTE, above the Commonwealth rate of 1.9 - this is the key premium driver.
		
		Proactive supports are helping
		
		• Adjustments and workplace supports have reduced incapacity periods.
		• Average return-to-work duration is now around 29 weeks down from 52 weeks, showing improvement.
		
		Points to reinforce:
		
		1. Accepted claims = premium cost
		  ○ Every accepted claim increases NDIA's Comcare premium.
		  ○ Our focus is on prevention and early intervention - not just managing claims after they occur.
		  ○ When a claim is accepted, our focus on return to work becomes the priority
		2. Early intervention success
		  ○ External aggression and objectionable material risks are being controlled through early intervention action.
		  ○ These strategies are preventing claims and reducing exposure.
		3. Next steps for improvement

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		○ Continue targeting psychosocial risk factors: workload, interpersonal conflict, and work pressure. ○ Strengthen manager capability and early intervention responses to reduce psychological claim lodgements. 4. Benchmark context ○ NDIA is performing better than the Commonwealth overall on total claim rate. ○ But psychological claims remain higher than the benchmark - this is where we need to focus.
6	**What is the cost of injury for compensation claims?**	Premium impact is significant • This is largely driven by payroll growth (increased staff recruitment), but accepted claims also directly influence this cost. • NDIA's FY2025–26 Comcare premium is $19.1 million (excluding GST). • Total cost impact of psychosocial claims is $3,747,231 for the 2024-25 financial year. For 2025-26 YTD the cost of psychological claims is at 1,439,562 equating to 85.11% of all claim costs. Claim costs refer to all claims that have costs paid in each financial year, irrespective of the financial year the claim was determined Current claim activity shows ongoing exposure • 80 open claims, 10 closed claims, and 15 re-opened claims (administrative or tribunal matters).

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		• Re-opened claims add complexity and prolong liability. Direct cost of claims is substantial • From December 2024 to December 2025, total claim costs reached $960,595.75. • Psychological claims are the dominant contributor to this figure. Link to premium risk • Every accepted claim increases NDIA's premium. • Reducing claim lodgements and preventing re-opened cases is critical to controlling costs.
7	**What controls are in place now for our top psychosocial risks?**	• The Agency has implemented a program of comprehensive risk controls to manage psychosocial risks, including regular inspections, risk assessments, training programs, and flexible work arrangements to support work-life balance. • Targeted Risk Assessments: High-risk branches undergo deep-dive psychosocial assessments aligned with the Commonwealth Code of Practice, incorporating staff surveys and wellbeing focus groups to inform tailored interventions. • Annual Hazard Review: 23 physical and psychological hazards are reviewed annually through the site risk register process in consultation with leadership and safety representatives. • Advanced Wellbeing Services: Over the past 18 months, the Agency has deployed embedded psychological support, leadership coaching, mindfulness sessions, and informal wellbeing check-ins to teams.

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		• Specialist Programs:
		  ○ Embedded Workplace Supports (EWS): Clinicians provide individual sessions, seminars, mindfulness activities, and team meeting support.
		  ○ Role Supervision & Wellbeing Checks: Structured oversight for high-risk roles and formal wellbeing assessments with psychometric reporting.
		  ○ Mental Health First Aid Training: Internal resources delivering tailored courses since early 2024.
		  ○ Leadership Accountability: SES plans now include specific goals and actions to ensure psychosocial safety within their areas of control.
		  ○ Early Intervention & Rehabilitation: Dedicated team supports employees' health and safe return to work following injury.
		
		Safety & Security Measures:
		
		  ○ Comprehensive training suite for staff and leaders.
		  ○ Peer Support Contact Officer network for confidential assistance.
		  ○ Incident reporting system ("Speak Up") for WHS and security issues.
		  ○ Security Officer Program deployed at service delivery sites for visible deterrence and respectful de-escalation.
		  ○ The Agency's Safe and Respectful Workplace Program provides a structured framework to prevent, identify, and respond to bullying, harassment, discrimination and other unacceptable behaviours, supporting a zero-tolerance approach and ensuring all workers

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		uphold professional, respectful conduct to maintain a healthy, safe, and psychologically secure workplace. ○ Additional Safeguards: Objectionable material handling framework and PACE system alerts to manage participant-related risks
8	**What are we doing next to lower the risk?**	The Agency will continue to strengthen safety systems with the iterative implementation of measures focusing on: • Expansion of controls for unreasonable behaviour and threats through improved guidance and training and new programs of work- Establishing Social work model of care to support de-escalation of high-risk participants and upskill staff in effective communication. • Strengthening safety and security processes and the physical environment that we operate in, as an outcome of the Ashton Review recommendations, including a review of remote travel protocols. • Seeking expansion of the existing Employee Assistance Program (EAP) services to align with contemporary workforce needs and integration of proactive mental health support. • Enhancing wellbeing and early intervention supports through the development of a 3-year safety, wellbeing and security strategy focusing on psychosocial safety, early intervention and evidence based and safe return to work systems. • Complete the Enterprise psychosocial risk assessment to have a holistic view to identify, prioritise and manage risks.

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9	**How is psychosocial safety positioned within the NDIA's strategic and risk architecture?**	• The insights from the enterprise and site-based risk assessment activities will be progressively embedded within the Agency's approach and framework for enterprise risk, led by the Risk, Audit and Resilience division.
		• At a strategic level, psychosocial safety directly supports the NDIA Corporate Plan by underpinning delivery capability and workforce sustainability
		• It also aligns to COO priority 3, which focusses on keeping staff and visitors safe and well.
		• Psychosocial risks are reflected within the strategic risk framework, particularly through strategic risk 4, which relates to workforce and culture, including our ability to maintain a safe, capable and high performing workforce.
		• There is also a connection to Strategic Risk 5 on integrity, recognising that a pro-integrity culture depends on a safe, respectful behaviours.
		• These risks are monitored through established strategic risk review processes, including reporting to the NDIA Board by the CRO
		• From an assurance perspective, psychosocial risks are managed through existing and planned mechanisms, including:
		  ○ At the strategic level, risks are monitored through SR4 and SR5 and reported through to the Board for oversight
		  ○ We are also partnering with the CRO to ensure insights from safety risk assessments and all safety/security initiatives can inform the future development of enterprise level risks by the CRO

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		• Oversight is provided through the National Health and Safety Committee and related governance committees, which monitor health, safety, security and wellbeing risks and controls. • This is supported by policy and procedures on roles and responsibilities in relation to safety. • We also rely on data driven insights from Census results, incident trends and deep dive analysis, to inform priority risks and assess whether controls are effective. • In Addition, internal audit and targeted assessment activities, such as site safety risk assessments, provide assurance over controls.
10	**How can you create a psychologically safe workplace?**	• We know from our own reviews and broader sector evidence that when psychological safety is strong, engagement, performance and risk management all improve; when it's weak, the impact of psychosocial hazards escalates quickly and visibly. • The actions we'll walk through are simple, observable and immediately implementable. They are about how we show up every day- how we role-model safety, remove friction for our teams, and intervene early when risks emerge. Our goal is to ensure the NDIA continues to mature into an environment where people feel confident to speak up, supported in periods of change, and safe to do their best work. Role-Model Safety & Wellbeing Behaviours • Demonstrate respectful, inclusive and calm communication- especially under pressure. • Show healthy workload habits (take breaks, set boundaries, avoid glorifying overwork). • Respond constructively to concerns; reinforce that raising issues is valued, not penalised.

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		Accelerate APP Actions • Prioritise and unblock APP-related tasks inside your remit, actively remove delays for your teams. Champion Staff Engagement • Be visible: spend time with frontline teams in high-risk or high-pressure areas. • Act on staff feedback quickly and transparently, close the loop so people see their input matters. Sponsor Safety, Wellbeing & Security • Personally sponsor at least one initiative and speak to it consistently in leadership forums. • Reinforce the messaging in your decisions, ensure safety and wellbeing are integrated into priorities, not added on later. Set the Standard Through Leadership • Participate in WHS and due diligence training model that learning in everyday decisions. • Ask the psychosocial impact question in briefs and decision papers: “What is the psychosocial impact of this decision or change?” • Use leadership influence to normalise open conversations about risk, pressure, and workload. Lead Change Safely • Build safety and wellbeing considerations in from the earliest stages of any change program and involve People Culture & Wellbeing early.

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		• Require clear evidence of consultation, risk identification and mitigations before approving change. • Monitor impacts throughout implementation, not just at the end. Intervene Early and Engage Early • Act immediately when early signs of stress, conflict, or escalating risk surface. • Bring Safety, Wellbeing and Security teams in early to prevent small issues becoming major ones. • Encourage proactive reporting and reward early escalation rather than crisis management.

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FOI 25/26-3233

Deep Dive: Psychosocial Hazards and Risk Management

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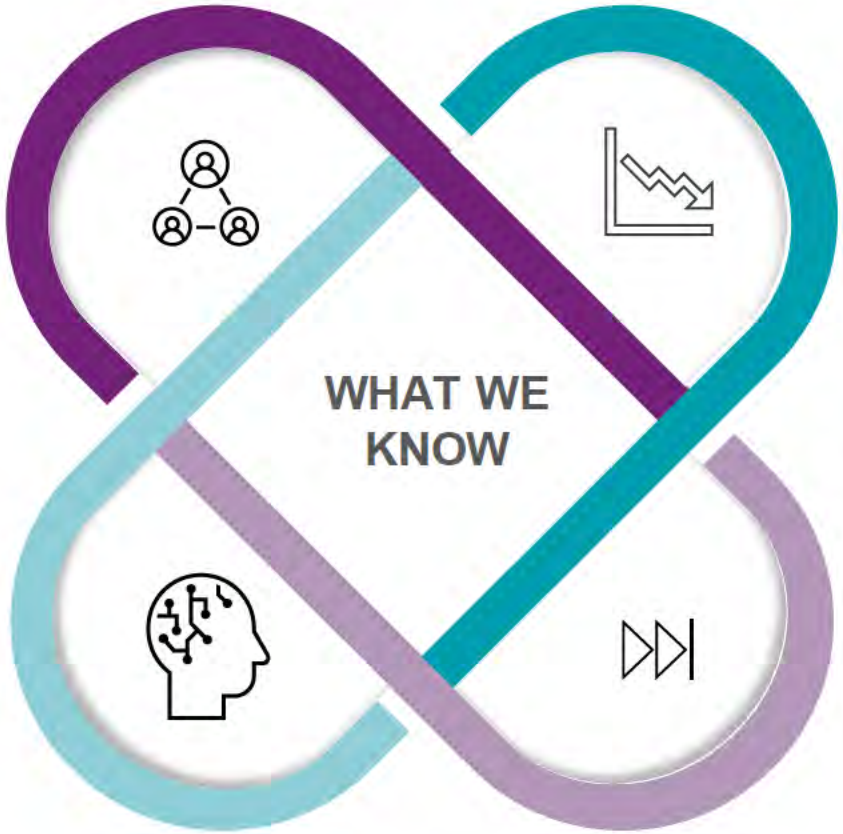
What is happening in the NDIA environment?

Workforce growth

Our psychosocial risk has grown alongside our workforce.
Workforce has grown by 12.1% (1,328) in the 12-month period to 30 December 2025, with a 19% increase in the total reported Work Health and Safety (WHS) incidents.

Psychosocial incidents

Psychosocial hazards are dominant incident category.
78%, (1,065 of 1,364) of reported WHS incidents relate to psychosocial behaviour or injury. This represents a 10% increase over 2025, (78% in 2025 compared to 68% in 2024) in psychosocial–related incidents as a proportion of total incidents.



Environment

The operating environment is becoming more challenging. Key drivers of reported psychosocial-related incidents include external aggression escalation, exposure to confronting or objectionable material, interpersonal conflict between staff and continuous organisational change.

Over the last 5 years, Safe Work Australia have reported a **56% increase** in client and customer work-related violence in workplaces across Australia.

Emerging factors

Significant change and transformation initiatives introducing new pressures and uncertainty.

- New Framework & Thriving Kids rollout
- Leadership and organisational changes
- Budget and resourcing pressures
- Industrial relations focus on safety and bargaining
- Reputation and public sentiment
- Workforce resilience under high job demands
- Fraud taskforce actions increasing tension and risk

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What psychosocial incidents are being reported?

89% of reports relate to three primary psychosocial hazards

Unreasonable Behavior

Behaviour from participants, carers or members of the public that is abusive, aggressive or inappropriate.

Exposure to Distressing Content

Viewing, hearing or handling confronting, explicit or traumatic material.

Workplace Interactions

Interpersonal conflict between staff.

The remaining 11% of reports relate to five psychosocial hazards

- Lack of Contact officers on site
- Systems and Process
- Physical Environment challenges
- Poor Organisational Change
- High Workload Issues

Employee Assistance Program (TELUS Health) - top 5 presenting issues

1. Stress-Personal
2. Workplace Issues
3. Relationship-General
4. Anxiety
5. Mental Health

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FOI 25/26-3233

What are staff telling us?

2025 NDIA APS Census insights

Staff strongly recognise the Agency's efforts to support health and wellbeing, with over 80% positive responses across most measures, which are above APS averages. This includes supervisor support (89%), promotion of health and wellbeing and communication of wellbeing supports (83%)

Safety, Wellbeing and Security Strategy all staff Discovery Workshops top 10 psychosocial hazards

1. **Poor/Lack of Support** 26%
2. **High Job Demands** 15%
3. **Poor Organisational Justice** 15%
4. **Poor Organisational Change Management** 9%
5. **Conflict or Poor Workplace Behaviours** 7%
6. **Fatigue** 5%
7. **Bullying** 4%
8. **Lack of Role Clarity** 3%
9. **Violence / Aggression** 3%
10. **Exposure to confronting information or events** 3%

Diversity Groups* Discovery Workshops

Poor/Lack of Support and Poor Organisational Justice were the most consistently identified hazards across all groups.

Harassment and **Bullying** were reported more frequently within diversity groups.

Rural/Remote cohorts experienced risks associated with **Isolation** and **Workplace Conflicts.**

High Job Demands were identified in fewer diversity groups overall but emerged strongly within the Neuroinclusion cohort.

Diversity Groups*

Employee Disability Network
First Nations Employee Network
Neuroinclusion Network
HarmonyHub (CALD)
Pride@NDIA
Gender Equity Network
Metro
Rural and Remote

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FOI 25/26-3233

What is the leading cause of injury for compensation claims?



Mental stress is the leading injury mechanism of Comcare claims. External aggression and exposure to distressing content are not the leading cause of Comcare claims.

Proactive workplace supports and adjustments are reducing incapacity periods and improving return-to-work outcomes **from an average of 52 weeks to 29 weeks.**

Psychosocial claims continue to mostly stem from workload, work pressure and interpersonal relationships. **Early Intervention** in instances of external aggression and distressing content **has reduced risk and prevented claims.**

Psychosocial injury remains the leading cause of injury, accounting for 68% of costs associated with NDIA compensation claims.

The NDIA's incidence of all accepted claims (per 1000 FTE) is currently 3.8 for the 25-26 Financial Year, below the Commonwealth rate of 5.2.

The NDIA's incidence of accepted psychological claims (per 1000 FTE) is currently 3.3 for the 25-26 Financial Year, above the Commonwealth rate of 1.9.

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What is the cost of injury for compensation claims?

FOI 25/26-3233

The increase in our Comcare premium is significantly driven by the agency's payroll growth of 12.1% in the 12-month period up until 30 December 2025.

The Agency's FY 2025-26 Comcare premium is $19.1m (excluding GST)

For 2025-26 YTD the cost of psychological claims is at $1,439,562 equating to 85.11% of all claim costs. Claim costs refer to all claims that have costs paid in each financial year, irrespective of the financial year the claim was determined.

Current claim activity:

- 80 open claims
- 10 closed claims
- 15 re-opened claims (administrative or tribunal matters)

The total cost of all claims from December 2024 to December 2025 is $960,595.75

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FOI 25/26-3233

What controls are in place now for our top psychosocial risks?

Site inspection and Risk Register program
A structured program to identify, assess, and manage site-specific risks through regular inspections and annual risk workshop.

Psychosocial and physical Risk assessments
Evaluating workplace hazards that may impact staff wellbeing and physical safety to identify and mitigate risks.

Psychosocial Workplace Training
Building awareness and skills to manage psychosocial risks, build resilience, and promote a psychosocial safe workplace.

EAP, Advanced Wellbeing Supports, Well+ program
Providing confidential counselling, advanced wellbeing resources, and proactive programs to enhance mental health and resilience.

PACE System content alerts
System alerts that notify a user to distressing or triggering content that may be contained on a file.

Objectionable material and managing unreasonable behaviour framework
Processes, guidelines and training to identify objectionable content and effectively manage unreasonable behaviours.

Security Officer Program
Deployed at service delivery sites for visible deterrence and respectful de-escalation.

Security and Managing Unreasonable Behaviour Training
Training to strengthen security awareness and equip staff with strategies to safely manage and respond to unreasonable behaviours.

Safe and respectful workplace
Framework, training and awareness program to create proactive and positive behaviour in the workplace to create and maintain a safe and healthy workplace.

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FOI 25/26-3233

What are we doing next to lower the risk?

To address unreasonable behaviour and external aggression

- **Develop Agency Site Security Plans – July 2026**

Implement Site Security Plans to regularly review physical security and mitigate security risks.

- **Commonwealth Protection Orders – May 2026**

Strengthen protections for staff through authorised legal controls.

- **Establish the Social Worker Model of Care (Participant) - August 2026**

Embed APS allied health professionals to provide crisis de-escalation for at-risk participants and strengthen referral pathways.

To reduce mental stress, workload pressure and psychological injury

- **Update the EAP and Wellbeing model - April 2026**

Expansion of service offering and improving early intervention capability to better support staff.

- **Establish the Internal Clinical Workforce (Workforce) - August 2026**

Embed APS allied health professionals to support staff wellbeing, build psychosocial capability, and enable early intervention for risk.

To better identify and manage psychosocial risks across the agency

- **Deliver the Enterprise Psychosocial Risk Assessment / Register - June 2026**

Delivers enterprise-wide visibility of psychosocial hazards and embeds a consistent model to identify, prioritise, and manage risks.

- **Deliver the Enterprise-wide Security Risk Assessment/Register - June 2026**

Provides a holistic view of the Agency's security posture, enabling informed decisions and targeted actions to safeguard our people, information, and resources.

- **Launch inaugural Safety, Wellbeing and Security Strategy - October 2026**

Create a framework that promotes a safer, inclusive NDIA by integrating wellbeing, security, and psychosocial safety.

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FOI 25/26-3233

How is psychosocial safety embedded at an agency level?

Alternative: How is psychosocial safety positioned within the NDIA's strategic and risk architecture?

Psychosocial risks are reflected and managed through the NDIA's strategic planning, risk and assurance frameworks

The insights from the enterprise and site-based risk assessment activities will be progressively embedded within the Agency's approach and framework for enterprise risk, led by the Risk, Audit and Resilience division.

Strategic planning

- **NDIA Corporate Plan -** Psychological safety underpins delivery capability and workforce sustainability.
- **COO Priority 3 -** Keep staff and visitors safe and well.

Strategic Risk Framework

- **Strategic Risk 4 (SR4) Workforce and Culture** - Ability to build and maintain a safe, capable and high performing workforce.
- **Strategic Risk 5 (SR5) Integrity** - Ability to protect the NDIS and participants against fraud and non-compliance, through a pro-integrity culture and in accordance with integrity frameworks and guidelines.

Risk and assurance mechanisms

- Strategic risk framework - psychosocial risks are monitored through SR4 and SR5 and reported to the NDIA Board
- Enterprise risk – partnering with the Chief Risk Officer / Audit and Resilience Division to ensure strategic risk insights and safety risk assessment outcomes inform the future development of enterprise-level risks
- National Health and Safety and governance committees - oversight of health, safety, security and wellbeing risks and controls
- Policy and procedural controls – clear role accountabilities for staff, managers and executives
- Data and insights – Census, incident trends and deep dive analysis inform priority risks and controls
- Audit and assurance activities - internal audit and targeted reviews (e.g., site safety risk assessments)

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FOI 25/26-3233

How can you create a psychologically safe workplace?

Role Model Safety & Wellbeing Behaviours

- Demonstrate **respectful, inclusive and psychologically safe behaviours**
- Model **healthy workload practices** and constructive conversations and responses to concerns

Accelerate APP Actions

- **Prioritise and unblock APP actions** within your remit, including resources and decision bottlenecks
- Hold accountable officers to **clear milestones**, escalating where progress stalls

Champion Staff Engagement

- Sponsor **targeted frontline engagement** in identified high-risk areas
- Enable access to teams and time, and **support action on staff feedback**

Sponsor Safety, Wellbeing & Security

- Actively sponsor at least **one Safety, Wellbeing or Security initiative**
- **Participate in consultative forums** and visibly reinforce priorities through leadership decisions and messaging

Set the Standard Through Leadership

- Participate in **executive workshops and WHS due diligence training**
- Apply learning by asking the right questions in briefs and decisions (e.g. "**What is the psychosocial impact?**")

Lead Change Safely

- Embed safety and wellbeing **from the outset** of all change initiatives
- Require evidence of ris**k identification, consultation and controls** before approval

Intervene Early and Engage Early

- **Identify and act early** when psychosocial risks, issues, or pressures emerge
- **Engage Safety, Wellbeing and Security early** to prevent escalation and enable timely support

When we invest in psychosocial safety, we prevent injuries and unlock higher engagement, productivity and retention

Psychologically safe teams perform better, stay longer, and deliver more

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Findings Diversity Groups and All of Staff Psychosocial Hazard Workshops

Report prepared for National Disability and Insurance Agency, Safety & Wellbeing Team

19th November 2025



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TELUS Health

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1. Executive Summary

NDIA retained TELUS Health to support a comprehensive psychosocial hazard staff consultation program across the Agency in September, engaging staff through 46 structured workshop sessions. TELUS Health content analysts and trained clinicians observed all sessions with diverse employee cohorts, comprising eight diversity groups and 25 "All staff" groups, ensuring broad representation across the workforce. Over 1,700 responses were received via anonymous surveys and professionally facilitated discussions. All data was systematically mapped against the Commonwealth Psychosocial Risks and Hazards framework.

Staff responses and commentary to four anonymous targeted questions explored perceived psychosocial hazards, as well as sources of professional satisfaction. The methodology prioritised psychological safety and confidentiality. This report outlines the findings from the diversity groups and the staff focus groups. In addition, it synthesizes findings on NDIA culture, safety, security, physical environment and protective factors.

This report presents findings across five key areas:

- Section 2: Approach and methodology for the Focus Groups.
- Section 3: Quantitative analysis identifying the top psychosocial hazards through voting and coding data, for each Diversity Group and aggregated All Staff data.
- Section 4: Qualitative data for the 25 All Staff workshops for the top ten psychosocial hazards.
- Section 5: Qualitative data for the eight diversity groups.
- Section 6: Cultural analysis exploring gaps between the Agency's espoused values and staff experiences.
- Section 7: Safety, security and physical environment concerns impacting staff wellbeing.
- Section 8: Protective factors sustaining staff and suggested amplification strategies.
- Section 9: Recommendations for areas which merit further review.

The key findings were that Poor support emerges as the most frequently coded psychosocial hazard, representing 26 percent of coded items. High work demands also ranked as primary concern, awarded 32 percent of first-choice votes. Diversity groups reported distinct experiences of psychosocial hazards.

The cultural analysis, informed by an organisational culture framework, outlines concerns for perceived psychological safety and the Speak Up process. Protective factors are described which sustain staff wellbeing, such as recognition, work-life balance, supportive team cultures and the satisfaction of making a genuine difference in participants' lives. The review of Safety, security and physical environment identified important issues affecting staff wellbeing and service delivery and lists issues raised, including those for co-located sites. Additional recommendations have been made about areas warranting deeper examination, namely non-ongoing staff, neuro-diverse cohorts, NDIA co-located offices and their challenges, new employee onboarding, and the Speak Up process.

The consultation findings indicated that while staff demonstrated strong commitment to the Agency's mission and valued aspects of their work, significant psychosocial hazards required attention to ensure workforce wellbeing, retention, and the Agency's capacity to deliver quality services to participants. The data suggested opportunities for the Agency to align lived experiences more closely with espoused values through targeted interventions addressing leadership capability, organisational justice, workload management, and

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psychological safety. The Agency has now accomplished a significant consultation process, from which to build solid foundations for its future psychosocial risk management strategy. TELUS Health has welcomed the opportunity to partner with NDIA on this project.

2. Approach

Clinical content analysts attended 46 consultation sessions across September and October 2024, with each session engaging a different employee cohort. This approach ensured broad representation across the Agency's workforce and provided diverse perspectives on psychosocial safety and wellbeing.

Each session followed a structured two-part format designed to maximize participant engagement and data quality. In the first 30 minutes, participants received an introduction to psychosocial hazards and workplace wellbeing via PowerPoint presentations. Following this briefing, participants responded anonymously to four targeted questions via Microsoft Forms, ensuring confidentiality and encouraging candid responses. The second 30-minute segment shifted to open dialogue, where participants shared perspectives either through the chat function or verbal contributions to the group discussion. This dual-mode approach accommodated different communication preferences and comfort levels of participants.

The conveners implemented deliberate strategies to establish a psychologically safe environment conducive to honest and reflective responses. The session design prioritized accessibility and anonymity at all interaction points, enabling participants to share experiences without fear of identification or reprisal. This careful approach yielded rich, substantive data that would likely not have emerged in a less secure setting, providing genuine insights into staff experiences of psychosocial hazards.

Throughout all 46 sessions, clinical content analysts systematically recorded verbatim statements from participants, key words and phrases, recurrent themes and salient commentary, and group dynamics. Analysts subsequently received two complementary data sets: anonymous written responses to the four survey questions and complete raw transcript data from each session. This multi-layered approach enabled triangulation of findings across different data sources, strengthening the validity and reliability of the analysis.

Participants responded anonymously, via google-presented forms, to four questions that formed the foundation of the consultation. The first question asked what part of their work at the NDIA brings them the most joy or satisfaction. The second question required participants to vote on which three psychosocial hazards have the greatest impact on their safety, wellbeing and security. The third question used a fill-in-the-blank format: "We know [blank] is a problem when we see/hear/feel [blank]." The fourth question invited participants to share what people think, feel or hear, but rarely say out loud. These questions captured both positive workplace factors (protective factors) and challenges (psychosocial hazards), while the final two questions encouraged participants to articulate tacit knowledge and unspoken concerns that might not emerge through conventional survey methods.

Data analysis relied on a coding process whereby content analysts reviewed all statements submitted via the forms and phrases, coding each to emerging themes and subthemes. All statements and phrases were mapped against the Commonwealth Psychosocial Risks and Hazards framework, ensuring alignment with established psychosocial safety standards and enabling consistent categorization across all data sources

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The analysis proceeded through five distinct stages. The first stage focused on aggregate hazard identification through analysis of Microsoft Forms data from the second question, which yielded over 1700 responses identifying psychosocial hazards. This quantitative analysis of the voting identified the top three psychosocial hazards across all participant groups, including eight diversity groups and 25 general staff cohorts, providing both depth and breadth to priority psychosocial concerns.

The second stage involved separate analysis of each of the eight diversity groups to identify top psychosocial hazards specific to them, observable indicators of these hazards, direct quotes from staff members, and summary findings highlighting group-specific concerns. This analysis revealed important variations in how different employee groups experience psychosocial hazards and ensured that the voices of potentially marginalized or minority groups were distinctly heard and understood.

The third stage examined data from general staff focus groups to identify and discuss the top 10 psychosocial hazards affecting the broader workforce. This analysis provided depth to the quantitative findings from stage one, offering contextual understanding of how these hazards manifest in daily work experiences and their cumulative impact on employee wellbeing.

The fourth stage, presented in Section 6 of this report, synthesizes cultural findings and insights derived from comprehensive data analysis, identifying systemic and organizational factors influencing psychosocial safety. This analysis covers underlying cultural dynamics, leadership practices, and structural issues that either exacerbate or mitigate psychosocial risks.

The fifth and final stage, explored in Section 7, analyzes protective factors identified through responses to the first question regarding sources of workplace satisfaction and joy. This analysis identified existing protective factors that support employee wellbeing, highlighted gaps where protective factors are absent or insufficient, and recommended amplification strategies to strengthen workplace wellbeing. By examining both hazards and protective factors, this approach provides a balanced foundation for developing evidence-based interventions that both reduce risks and enhance positive workplace experiences, notwithstanding the intention of the Agency to proceed to Strategy development.

3. Quantitative Data Findings

Hazards identified by Voting (MS forms)

The following data shows the outcome of the 'voting' on the top three psychosocial hazards by all Agency staff (including Diversity Groups). Over 1700 responses were received in total across the 46 workshops.

The coloured banding shows that the ranking of the top three hazards across the three voting positions.

Voting- first out of three choices

High work demands	187	32.1%
Violence or aggression	67	11.5%
Exposure to confronting information or events	45	7.7%
Bullying and Conflict	44	7.5%

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Poor Organisational Change Management	39	6.7%
Workplace Behaviours,	32	5.5%
Lack of Role Clarity	31	5.3%
Lack of Support	29	5.0%
Fatigue	25	4.3%
Poor Recognition and Reward	24	4.1%
Low job control	24	4.1%
Poor Office Environment	8	1.4%
Remote or Isolated Work	7	1.2%
Poor Organisational Justice	7	1.2%
Insecure Employment	4	0.7%
Harassment including Sexual Harassment	4	0.7%
Intrusive Surveillance	4	0.7%
Workplace Behaviours	2	0.3%
Grand Total	**583**	

Voting - second out of three choices

Poor Organisational Change Management	65	11.3%
Exposure to confronting information or events	57	9.9%
High work demands	54	9.4%
Bullying and Conflict	52	9.0%
Violence or aggression	48	8.3%
Workplace Behaviours,	43	7.5%
Fatigue	42	7.3%
Lack of Support	37	6.4%
Lack of Role Clarity	34	5.9%
Poor Recognition and Reward	29	5.0%
Low job control	27	4.7%
Poor Organisational Justice	23	4.0%
Poor Office Environment	13	2.3%
Remote or Isolated Work	13	2.3%
Intrusive Surveillance	12	2.1%
Insecure Employment	11	1.9%
Harassment including Sexual Harassment	7	1.2%
Workplace Behaviours	6	1.0%
Fatigue	2	0.3%
(blank)		0.0%
Grand Total	**575**	

Voting – third out of three choices

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Fatigue	73	13.1%
Poor Organisational Change Management	62	11.1%
Exposure to confronting information or events	56	10.0%
Workplace Behaviours,	51	9.1%
Lack of Support	42	7.5%
High work demands	38	6.8%
Bullying and Conflict	38	6.8%
Poor Organisational Justice	27	4.8%
Poor Recognition and Reward	27	4.8%
Violence or aggression	26	4.7%
Poor Office Environment	25	4.5%
Lack of Role Clarity	22	3.9%
Low job control	21	3.8%
Harassment including Sexual Harassment	13	2.3%
Remote or Isolated Work	13	2.3%
Intrusive Surveillance	11	2.0%
Insecure Employment	9	1.6%
Workplace Behaviours	4	0.7%
Grand Total **558**		

Key Observations

- High work demands is the top 1st choice (187 responses - 32% of all 1st choices), but drops significantly as a second and third ranking. This suggests it is an acutely felt issue, but once identified, other concerns emerge.
- Consistently high rated hazards are organisational change management, exposure to confronting information, and bullying/conflict. An acute hazard is also Violence and aggression, which was also a prevalent first choice.
- The "cumulative impact" hazards of fatigue and lack of support emerge more prominently in the second and third choices, so potentially once staff felt they had identified the priority hazards, they could then turn their vote choice to other concerning hazards.
- This data suggests that while immediate workload pressures predominate as the biggest concern, they are overlaid with the important systemic issues such as change management, workplace culture, fatigue) emerge as significant contributing factors.

Hazards identified by Coding

Psychosocial hazard frequencies were elicited through the completion of the Forms data, completed anonymously during the workshops. Coding was done on statements verbally made by staff during the workshop sessions. Over 1500 items referencing hazards were individually coded and are presented below. Coded All Staff items (e.g. from the 25 All Staff workshops) account for 70% of all items.

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All Staff groups (no Diversity Groups)

Psychosocial Hazard		%
Bullying	43	4%
Conflict or poor workplace relationships and interactions	80	7%
Exposure to confronting/traumatic information/material/events	28	3%
Fatigue	51	5%
Harassment including sexual harassment	22	2%
High work demands	164	**15%**
Insecure Employment	11	1%
Intrusive Surveillance	1	0%
Lack of Role Clarity	36	3%
Low job control	14	1%
Poor Organisational Change Management	100	9%
Poor Organisational Justice	163	**15%**
Poor Physical Environment	21	2%
Poor/Inadequate Recognition and Reward	18	2%
Poor/Lack of Support	284	**26%**
Remote/Isolated Work	11	1%
Violence or aggression	29	3%
TOTAL	**1076**	

EDN, First Nations, Gender Equality and Harmony Diversity Groups

Psychosocial Hazard	EDN		First Nations		Gender Equality		Harmony	
Bullying	6	4%	0	0%	0	0%	1	3%
Conflict or poor workplace relationships and interactions	27	18%	4	8%	4	14%	2	6%
Exposure to confronting/traumatic information/material/events	1	1%	0	0%	0	0%	1	3%
Fatigue	10	7%	1	2%	1	4%	0	0%
Harassment including sexual harassment	5	3%	8	16%	6	21%	5	16%
High work demands	11	7%	2	4%	2	7%	3	9%

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Insecure Employment	0	0%	0	0%	1	4%	0	0%
Intrusive Surveillance	1	1%	0	0%	0	0%	0	0%
Lack of Role Clarity	2	1%	0	0%	1	4%	0	0%
Low job control	0	0%	1	2%	0	0%	1	3%
Poor Organisational Change Management	6	4%	0	0%	0	0%	2	6%
Poor Organisational Justice	31	21%	16	33%	4	14%	10	31%
Poor Physical Environment	5	3%	0	0%	0	0%	0	0%
Poor/Inadequate Recognition and Reward	7	5%	4	8%	1	4%	2	6%
Poor/Lack of Support	37	25%	13	27%	7	25%	4	13%
Remote/Isolated Work	0	0%	0	0%	1	4%	1	3%
Violence or aggression	2	1%	0	0%	0	0%	0	0%

Metro, Neuroinclusion, Pride and Rural Remote Diversity Groups

Psychosocial Hazard	**Metro**		**Neuro inclusion**		**Pride**		**Rural Remote**	
Bullying	8	32%	4	8%	8	11%	2	5%
Conflict or poor workplace relationships and interactions	1	4%	4	8%	4	5%	9	23%
Exposure to confronting/traumatic information/material/events	1	4%	1	2%	0	0%	0	0%
Fatigue	0	0%	2	4%	1	1%	3	8%
Harassment including sexual harassment	0	0%	1	2%	10	13%	0	0%
High work demands	2	8%	7	13%	7	9%	0	0%
Insecure Employment	0	0%	0	0%	5	7%	0	0%
Intrusive Surveillance	1	4%	1	2%	0	0%	0	0%
Lack of Role Clarity	0	0%	1	2%	0	0%	0	0%
Low job control	0	0%	0	0%	0	0%	0	0%
Poor Organisational Change Management	1	4%	1	2%	3	4%	3	8%
Poor Organisational Justice	2	8%	6	12%	10	13%	4	10%
Poor Physical Environment	1	4%	1	2%	0	0%	0	0%
Poor/Inadequate Recognition and Reward	0	0%	3	6%	1	1%	1	3%
Poor/Lack of Support	8	32%	19	37%	26	34%	7	18%
Remote/Isolated Work	0	0%		0%	0	0%	9	23%

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Violence or aggression	0	0%	1	2%	1	1%	1	3%
Total All Diversity Groups	**452**							

Key Observations

- The top three hazards revealed in this data are: poor/lack of support; Organisational justice and high work demands.
- For the All Staff work groups, high work demands and Organisational justice both showed quite high variability between workshop groups, suggesting quite different experiences (nb: the data here has aggregated all workshops so is not visible on the table above)
- For the All Staff groups, Conflict/Workplace relationships had variability of occurrence, with several workshops coding this hazard with high frequency. Note, that this could reflect the way the discussion arose in the workshop and is not necessarily indicative of all experience.
- Lack of support (All Staff) alongside its high frequency also showed a reasonable degree of variability across the workshops from very high to moderately high. It appears to be a pervasive issue.
- Fatigue and bullying hazards were rated consistently moderately (All Staff) from the workshop Coding but in the voting table, Bullying was rated relatively high, #4 in priority (7.5%). Differences in ranking between the two sources of data could reflect the workshop facilitator's encouragement to mention risks not known about by the Agency. Coding and Voting data may therefore be based on different reference points for individuals.
- Intrusive surveillance, insecure employment, low job control and remote/isolated work emerge as universally low hazards (All Staff).

4. Qualitative Data: Specialist Diversity Group Findings

The following pages outline the points raised by the Diversity groups as a whole. Different individual workshops for the same Diversity group often had different 'flavours' and levels of contribution. The ranking of hazards is derived from the Coding Analysis. The top nine hazards were the same across both Coding data and Voting data, although with different positional ranking. One hazard, Organisational justice, was highly rated by the Coding Analysts but barely rated in the Voting data. The difference is attributed to the difficulty staff may have to make sense of the term easily and quickly in the workshop environment.

First Nations Employee Network (FNEN)

Definition	NDIA's FNEN enables Aboriginal and Torres Strait Islander employees to connect with each other on a national basis and provide a forum to build our 'community' within the Agency.
Top Psychosocial Hazards	• Poor Organisational Justice 33% • Poor/Lack of Support 27% • Harassment including Sexual Harassment 16%
Indicators	Poor Organisational Justice • Unfair, biased or inconsistent policies or procedures

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	• Failing to appropriately address (actual or alleged) underperformance, inappropriate or harmful behaviour or misconduct • Discriminating against particular groups or not applying policies fairly to some groups Poor/Lack of Support • Inadequate guidance from supervisors or assistance from other workers • Workers cannot ask for help when needed • Limited emotional support or unempathetic leadership • Supervisors do not notice when workers are struggling, do not take issues seriously or provide a safe space to raise issues Harassment including Sexual Harassment • Harassment based on personal characteristics: age, disability, race, nationality, religion, political affiliation, sex, relationship status, family or carer responsibilities, sexual orientation, gender identity or intersex status. • Sex or gender-based harassment and discrimination
Quotes	*"Nothing has happened after reports made of racism on site"* *"Cultural safety is a problem when I hear derogatory comments still being made in the work place about First Nations staff being employment to tick a box and not on their own merits"* *"When we speak out our leaders do not know how to handle it eg: vicarious trauma, cultural fatigue"* *"We know lack of cultural safety is a problem when we see low retention rates of First Nation employees"* *"When made to feel like you're an issue after speaking out against casual racism in the workplace rather than leadership addressing. Fear of being targeted in the future"*

Summary:

First Nations staff identified Organisational injustice in a number of ways. Staff reported hearing derogatory comments about First Nations employees being hired to "tick a box" rather than on merit, which undermined their professional credibility and confidence. Leadership required First Nations staff to justify their behaviour at conferences in ways not expected of other employees, demonstrating potential discriminatory treatment. Some managers questioned family connections before approving cultural leave for funerals, showing a lack of cultural understanding. Staff identify facing barriers to career progression, particularly when required to provide evidence of First Nations status, and this can be problematic especially for staff that do not have access to documentation (for example, stolen generation). Career advancement opportunities were given to non-merit-listed candidates while First Nations staff appeared to be overlooked. One or two references were made to Team leaders on occasion who failed to support or model cultural inclusive practices such as an Acknowledgement of Country. Reports of racism were stated to have received no action, and when staff raised concerns, some assertions were made about the person being removed from the Agency rather than the issues being addressed. First Nations planners received pushback from within the Agency when attempting to provide culturally safe services to participants.

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First Nations staff also reported lack of support at multiple levels. Low retention rates and high staff turnover indicated potential systemic support failures. Remote areas had no First Nations planners despite multiple recruitment rounds, leaving existing staff to travel extensively without adequate team leader support or recognition. Some leaders demonstrated limited understanding of the Agency's need to match First Nations participants with First Nations planners. Some leaders lacked training in vicarious trauma as it related to First Nations experiences, leaving staff unsupported when dealing with cultural fatigue and trauma. Staff reported feeling burnout, with visible declines in staff morale and "absent spirit." Remote workers received inadequate support from leadership, particularly when leaders were in different locations or lacked personal relationships with staff. Staff feared speaking up about issues due to concerns about being targeted or having their voices dismissed. First Nations staff reported regular racial harassment and microaggressions in the workplace. Some staff encountered micro-racist comments that were dismissed or gaslit when challenged, with perpetrators claiming comments were not meant to be racist. Knowledge articles about supporting First Nations people may be viewed as containing racist content. Non-Indigenous colleagues made inappropriate comments and displayed "benevolent racism," dropping their guard and sharing inappropriate views with First Nations staff as if they were complicit. Staff were treated as a homogenous group rather than as individuals. When staff reported casual racism, leadership failed to address the behaviour, instead making the reporting staff member feel like they were the problem, creating fear of future targeting. Staff who experienced racism on site with no action taken after reports were made.
Source Data: 49 coded items, 3 workshops.

Harmony Group

Definition	Harmony Hub – this is the Agency's culturally and linguistically diverse (CALD) staff network.
Top Psychosocial Hazards	• Poor Organisational Justice 31% • Harassment including Sexual Harassment 16% • Poor Lack of Support 13%
Indicators	Poor Organisational Justice: • Policies or procedures that are unfair, biased or applied inconsistently • Discriminating against particular groups or not applying policies fairly to some groups • Allocating work, shifts and opportunities in a discriminatory or unfair way Harassment including Sexual Harassment • Insulting comments related to protected characteristics • Discrimination based on personal characteristics Poor Lack of Support: • Inadequate Resources & Information • Not enough supervisor support (Limited emotional support or unempathetic leadership) • Inadequate training for the task
Quotes	*"CALD staff are not promoted accordingly based on merits and also faced issues with favouritism and nepotism with existing staff promoting one another to higher level"*

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	"I do not see CALD being given opportunities the same as others" *'We know CALD is a problem when we don't see groups / culture been celebrated. or not group get togethers"* *"Indirect racist comments from colleagues"* *"Many managers don't understand how to find affinity with CALD staff and demoralise them or ask them to explain everything about every culture, burning them out"* *"English is not everyone's first language. Many of us English is second language."*

Summary

Poor Organisational Justice emerged as the predominant psychosocial hazard for this cohort. Some staff expressed concerns about fairness in workplace processes, particularly regarding career progression and recruitment. Multiple respondents indicated that they felt CALD staff were not being promoted based on merit and given the opportunities others might, with career advancements described as rare. Concerns were raised that staff were being passed over in expression of interest processes while others were promoted through private channels. One staff member indicated that their accent affected project work allocation, suggesting bias in work distribution. The perception existed that culturally diverse staff felt unseen, unheard and not included in workplace culture. The absence of cultural celebration and recognition of diverse groups was mentioned as contributing to feelings of exclusion.

Harassment including Sexual Harassment represented the second major hazard for this cohort. A staff member described experiencing indirect racist comments from colleagues and another noted that colleagues held "ideas about a certain race." The experience of being the only CALD person in a team, or part of a very small number, was identified as a concern that was not adequately recognised or understood by the broader workforce. Some staff indicated they felt uncomfortable expressing their actual feelings and engaged in self-censoring. The fear of consequences was noted, with some staff describing situations where individuals were afraid to voice concerns even when leaving the Agency.

Inadequate support emerged as the third most common hazard for this cohort, particularly regarding cultural understanding and inclusion. It was shared that many managers did not understand how to find affinity with CALD staff, a circumstance that required staff to explain everything about their culture and contributed to symptoms of burnout. The lack of support and mentoring opportunities for staff from CALD backgrounds was specifically identified. Language barriers were acknowledged, with staff noting that English was not everyone's first language, yet plain English was not consistently used when referring to mental health concepts, and in Agency communications. In addition, it was shared that mental health initiatives were heavily westernised, with the nuances and stigma of mental health for CALD staff not adequately considered. It was also indicated that staff felt less safe to speak up about concerns or make suggestions, contributing to a culture of silence.

Other hazards (of lower frequency) included higher work demands, with staff describing unrealistic key performance indicators that created mental and physical pressure. KPIs were apparenlty implemented without consulting employees, and leadership needed to understand that targets could not always be achieved. The combination of high workload and exposure to aggressive or abusive participants was identified as particularly challenging, as was exposure to confronting and traumatic material was noted, with one staff member requesting more effective alert systems when reviewing participant evidence and assessment documents. Poor Organisational change management was referenced, with

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feedback indicating this was reflected in census results and contributed to low job control in newer branches experiencing frequent structural changes.
Source Data: 32 coded items, 2 Focus Groups

Neuroinclusion Network

Definition	The Neuroinclusion Network invites membership from neurodivergent employees, allies and interested staff and provides a space where both neurodivergent and non-neurodivergent staff can learn about neurodiversity.
Top Psychosocial Hazards	• Poor/Lack of Support 37% • High work demands 13% • Organisational justice 12%
Indicators	Poor/Lack of Support • Lack of neurodiverse-friendly workspaces • Managing relationships with uninformed neurotypical colleagues and leaders • Burden of self-advocacy High Work Demands • Meeting high work loads • Difficulties adapting to changes and processes without appropriate support and understanding Organisational Justice • Pressures to conform to neurotypical norms • Unacceptable resolutions or recognition of bullying and Speak Up complaints
Quotes	*"Pretending you are NT is like living with hand cuffs on"* *"Autistic participants make up our biggest cohort, but there is limited understanding and experience of autism in the workplace, with staff. The workplace is designed for neurotypicals, and neurodivergent staff need to accommodate."* *"Once I did the Speak Up, I was pretty much forced to take leave because the bullying increased".*
Summary	This group expressed a need for neurodiversity education and training for leadership, delivered by people with lived experience who share both challenges and strengths, not just limitations. Neurodivergent staff described how exhausting self-advocacy was in the workplace, explaining that navigating requests for workplace arrangements or workload adjustments was unnecessarily difficult, and that masking to fit in required working twice as hard just to be understood. Many felt misunderstood, noting that broader lack of knowledge about neurodivergence was evident in comments, online chats, and instances where staff were reprimanded for displaying aspects of their disability. Staff identified systemic barriers including lack of flexible workplace arrangements, absence of sensory and quiet spaces despite demanding KPIs, and wellbeing initiatives that didn't reflect neurodiverse needs. They reported that feedback from neurodivergent

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staff was collected but not acted upon, and that there was insufficient value placed on neurodivergent lived experience or clear career paths. Staff wished managers would ask about individual working styles and expressed frustration that while some managers were exceptional, they appeared to be in the minority. A recurrent theme is the 'burden' of self-advocacy.

High work demands were reported by this group. They referenced how unrealistic demands and constant organizational changes without appropriate support created significant workload pressures. Learning new processes led to feelings of overwhelm, reduced ability to focus, and drops in productivity, leaving staff feeling unable to support participants appropriately. The poor work environment resulting from these conditions contributed to increases in unplanned leave.

The workload burden was compounded by the need to conform to neurotypical patterns, which staff described as living with handcuffs on, while simultaneously managing imposter syndrome. Staff expressed frustration at having to explain things multiple times when colleagues couldn't understand their perspective, as they approached situations from a different viewpoint. Masking and adopting neurotypical behaviours to meet social expectations created invisible work that drained their capacity.

Organizational justice emerged as the third major hazard. Staff commented about recurrent bullying experiences and the Agency's response to complaints. One staff member described taking several months off with nobody to support them despite going through every tier of the Speak Up process more than once, another that the bullying actually increased after speaking up, forcing them to take leave. Staff observed that bullying behaviours from team leaders through to branch managers was hidden and not addressed, creating an environment where fear of being misunderstood or penalised kept people silent.

The lack of psychological safety compounded pressure to conform to neurotypical norms requiring neurodivergent staff to continuously accommodate and mask their authentic selves to avoid judgment or exclusion.

Source Data: 52 coded items, 1 Focus Group

Rural & Remote Group

Definition	The rural and remote network provides essential services to support people with disabilities living in remote communities across Australia. This group consists of specialised teams which work together to deliver quality, culturally appropriate services and programs.
Top Psychosocial Hazards	• Remote / Isolated Work 23% • Conflict or Poor Workplace Relationships and Interactions 23% • Poor/Lack of Support 18%
Indicators	Remote / Isolated Work • Challenges of being a sole worker with no one around • Lack of connection with others doing the same work • Limited access to support services in regional areas Conflict or Poor Workplace Relationship and Interactions • Lack of leadership presence in rural/remote offices • Low morale and negative feedback tendencies in teams

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	• Limited engagement with upper-level management on site Poor/Lack of Support • Difficulty reaching out for support when underperforming • Delayed responses from leadership (up to a week) • Feedback being used against staff rather than for development
Quotes	*"We know rural and remote staff don't matter when they have no leadership on site, concerns are raised via Speak Up and these are closed off without further action or consultation with staff onsite"* *"Accessing support within regional areas can sometimes be limited. NDIA have a metro-centric view of supports available in the community"* *"Watching a team leader have a meeting with staff in the office and the engagement compared to staff that are virtual"* *"Driving long distances – takes on more cognitive load – higher level of concertation with navigating long distances and unfamiliar roads. High levels of fatigue after a trip"* *"Moving to a remote/rural office is a career killer"*

Summary

Remote/Isolated Work emerged as the predominant psychosocial hazard. Staff working in rural and remote areas face significant isolation, with workers reporting they have no team members in their physical office and must work virtually. The geographic separation creates challenges for sole workers who lack colleagues to bounce ideas off and feel disconnected from others doing the same work. This isolation is compounded by extensive travel requirements that disrupt normal routines, cause sleep disturbances, and lead to increased unplanned leave upon return. Workers report that driving long distances requires higher cognitive load and concentration, resulting in significant fatigue. The career implications are stark, with staff perceiving that moving to a remote or rural office is a "career killer" and that metro staff have greater opportunities for development and advancement. Rural and remote workers regularly miss out on higher duties and promotions compared to their city-based colleagues.

Conflict or Poor Workplace Relationships and Interactions represented the second major hazard. Staff express deep unhappiness with leadership and upper management, feeling excluded, targeted, and subjected to bullying behaviour. There is limited engagement with upper-level management on site, with senior leadership only appearing after natural disasters or significant incidents, demonstrating a lack of respect for rural remote workers. Workers report that concerns raised through Speak Up mechanisms are closed off without further action or consultation with onsite staff, creating a sense that rural and remote staff don't matter. Senior leadership is perceived as disconnected from junior staff, unaware of their true skill sets, and disrespectful of those below them. The morale issues are evident through low interaction levels and tendencies for negative feedback within teams. Staff feel that decisions are made at senior levels without proper consultation and with little knowledge about the subject or consequences.

Poor/Lack of Support constituted the third critical hazard. Workers experienced significant delays in receiving responses from leadership, sometimes waiting up to a week for email replies compared to onsite team members. There was stigmatization around reaching out for help, with an expectation that staff will manage issues themselves. Staff felt uncomfortable raising performance concerns or reporting problematic behaviours of team members. When feedback is requested, it is used as a mechanism against staff rather

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than for development. Recurring issues cannot be effectively raised above team leaders due to a perceived "club" mentality where issues don't get addressed. The lack of support extends to practical matters, with limited access to support services in regional areas and a metro-centric view of available community supports. Workers report feeling unheard, with observable differences in team leader engagement between office-based staff and virtual workers.
Source Data: 39 coded items

Pride@NDIA Network

Definition	Pride@NDIA is the Agency's LGBTIQASB+ Staff and Allies Network.
Top Psychosocial Hazards	• Poor Lack of Support: 34% • Poor Organisational Justice 13% • Harassment including sexual harassment 13% • Bullying 11%
Indicators	Poor Lack of Support • Inadequate training, tools, and resources • Insufficient practical assistance and emotional support from managers and colleagues • Poorly maintained or inadequate tools and systems Poor Organisational Justice • Failing to appropriately address (actual or alleged) underperformance, inappropriate or harmful behaviour, or misconduct • Policies or procedures that are unfair, biased or applied inconsistently • No or inadequate processes for making decisions affecting workers. Harassment • Harassment or Discrimination based on personal characteristics
Quotes	*" I think maybe some required training on the different minority groups for leadership, especially if they don't have lived experience, would be really helpful.""* *"Staff at higher classifications are performative in their allyship/engagement with culture more generally."* *"When they (leaders) are causing the discrimination or targeted behavior it is hard to speak up especially in smaller sites where everyone knows everyone"* *"We know the leadership is a problem when we hear inappropriate comments and feel like nothing is going to happen as a consequence"* *"I think it is really important that the mainstream areas of health, wellbeing and safety are prioritizing cultural safety so it becomes a safe place for everyone"*

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Summary

Poor support in the forms of insufficient leadership support and organizational resources emerged as the top hazard for this cohort. Staff noted that leaders were often ill-equipped when providing them with support about how to assist trans participants. Staff felt that they were actively discouraged from going into the community as non-binary. LGBTQIA+ Allyship was described by one staff member as lacking authenticity at higher levels, and some leaders where un-enthusiastic when celebrating diversity or days of significance. Staff noted that valuable LGBTQIA+ support materials, such as the allyship guide, had limited visibility across the organization. Additionally, administrative challenges were reported, including difficulties experienced by a transitioning staff member when attempting to update their name in the HR system. To address these gaps, participants recommended mandated and targeted LGBTQIA+ training for both leadership and staff, particularly for those without lived experience in these areas. It was also suggested that promoting existing LGBTQIA+ resources, particularly in the onboarding process, improving HR systems and encouraging the celebration of diversity would enhance organizational understanding of this cohort and strengthen their sense of inclusion and support.

Organisational Justice ranked as the second major concern. Staff referenced the Speak Up process as presenting substantial barriers to effective reporting. They stated that previous reports had not resulted in visible action, creating reluctance to report subsequent incidents. The process was perceived by some staff as procedural rather than substantive, with some cases being described as closed off without meaningful feedback regarding outcomes or consequences. Staff also expressed discomfort utilising the Speak Up mechanism or approaching the wellbeing and safety team when concerns related to leadership, particularly given potential escalation pathways. For example, some LGBTQI+ staff expressed concerns about reporting discrimination or bullying by leaders due to the potential for complaints to be directed to the individual being reported. Staff perceived that this exposure could negatively impact their job security and career progression, with these concerns heightened in smaller sites where professional relationships are closely interconnected. This perceived lack of accountability for inappropriate conduct appeared to undermine staff's confidence in reporting mechanisms and the Agency's commitment to addressing discriminatory behavior. Another comment made in the group was staff were not necessarily encouraged or supported to speak up, a belief that further increased their hesitation to be brave and share their concerns as vulnerable staff.

Harassment constituted another important hazard. Staff across multiple sites reported witnessing and experiencing discrimination or inappropriate behavior, with some instances originating from individuals in leadership positions. Day-to-day interactions with colleagues also highlighted challenges to staff feeling able to experience a sense of belonging. One piece of feedback highlighted the need for staff to be more mindful of their reactions when pronouns are used, to ensure colleagues feel safe expressing their authentic identities. Other comments highlighted that staff's cultural attitudes or bullying behaviour can lead to reduced office attendance where discriminatory attitudes could emerge through inappropriate jokes and comments.

Bullying emerged as another less frequent psychosocial hazard, with leaders implicated in incidents and staff fearing repercussions from disclosing experiences. A further barrier is the lack of confidence in the processes to address unacceptable workplace behaviours.

Source Data: 76 coded items

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Gender Equity Group

Definition	The Gender Equity staff network exists to create an open and inclusive workplace culture, where staff of all gender identities have equitable opportunities to achieve their full potential.
Top Psychosocial Hazards	• Lack of support 25% • Harassment 21% • Organisational justice 14% • Conflict or Poor Workplace Relationships 14%
Indicators	Poor Lack of Support • Inadequate training, tools, and resources • Insufficient practical assistance and emotional support from managers and colleagues • Poorly maintained or inadequate tools and systems Harassment • Harassment or Discrimination Poor Organisational Justice • Inadequate processes for making decisions affecting workers. • Promotion and career progression opportunities • Poor workplace relationships • Lack of usage and recognition of appropriate gender diversity communication • Feeling unheard or unsafe
Quotes	*"Male names that colleagues tell me to avoid for that reason. There's just a little bit of that around here and there, which is the case for all workplaces"* *"We experience gender inequality both at an individual and systemic level"* *"Often support is about doing, being able to do your job like functionally rather than sort of this orientation towards thriving and actually achieving your own goals' (in relation to supporting people with a disability at work excel and move into leadership roles)"* *"We feel bad for expressing or correcting incorrect pronoun usage"* *"There are so many rooms where decisions and choices are being made, and there is no visibility of the input of lived experience."*

Summary

Poor or inadequate support emerged as a primary concern for this cohort. Several staff members shared that the assistance given to people with a disability was inadequate, with workplace supports focusing solely on functional job performance rather than helping staff with a disability thrive and achieve their career goals or leadership positions: this could result in Agency leaders with little lived experience as they exercise their responsibilities. As a result, some staff felt that there was a lack of support and training for people with disabilities to excel and move into leadership roles. Furthermore, at time the group were disappointed by managers not honoring significant days of LGBT+. The Agency's claim to be data and research-informed was also challenged, with a few staff reporting having limited access to academic research and useful internal data. Staff members experienced their chosen

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pronouns not being used. One staff member highlighted that the Agency needs better support for staff going through grief. Harassment and identified gender-based discrimination, inequality were all identified as concerns. Staff reported experiencing gender inequality at both individual and systemic levels. Examples of workplace inequality included the perception that males were preferenced in promotional reviews, senior male colleagues making dismissive comments that undermined women's professional qualifications and the experience of being silenced in a meeting after a comment by an older man which 'cut the room down'. Another example referenced was how staff shared information informally on specific sexist males to avoid. One staff member described women as facing structural disadvantages including the gender pay gap, greater care obligations, and higher likelihood of experiencing domestic and family violence. Poor Organisational Justice was exhibited in Agency decision-making processes which are seen as lacking procedural fairness. Lower promotion rates were seen to have created a flow-on effect of underrepresentation among leadership positions and board memberships. In addition, a lack of safety to speak up amongst peers was shared by some staff. Examples included discomfort correcting pronoun misuse and expressing non-binary gender identify, as well as staff feeling unable to challenge leaders who didn't uphold Agency values. Workplace relationships, the equal third hazard, encompassed perceived disempowerment to call out poor leader behaviours. This hazard also referenced underpinning psychological safety in feel safe in the staff members' chosen gender expression.
Source Data: 27 coded items

Employee Disability Network (EDN)

Definition	EDN: this forum is for Agency staff with disability to connect, collaborate and contribute to the NDIA's aim to be a leading Agency for accessibility and inclusion, and an employer of choice for people with disability.
Top Psychosocial Hazards	• Poor/Lack of Support 25% • Organisational Justice 21% • Conflict or poor workplace relationships and interactions 18%
Indicators	Poor lack of support • Insufficient disability awareness training for managers and staff including Lack understanding how disability impacts on work performance • Inconsistent application of workplace support requests Organisational justice • Unfair promotion practices or opportunities • Discomfort or fear of reporting discrimination practices or experiences Conflict or poor workplace interactions • Acceptance of poor behaviours including bullying • Disclosure of experiences of exclusion and ableist communication/attitudes

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Quotes	*"Adjustment is based on what the line manager or branch is willing to accept, not on what a person can reasonably achieve given their disability"* *"I am frightened to ask for adjustment"* *"No able bodied person will ask me for help"* *"Career progression doesn't seem to happen for the staff genuinely wanting to excel in their career".* *"Team leaders/EL1s and SESs need more training on how to manage staff with disabilities, about EDN, disability passports and workplace adjustments and the law and so on."*

Summary

Lack of support was identified as the greatest psychosocial hazard. Staff described a lack of disability awareness and competence among managers and staff without a disability. They expressed frustration that a disability Agency demonstrated insufficient understanding of how disability impacts on work performance. They expressed concern that they might be perceived as slower to do certain tasks, and experience a lack of understanding from their managers. The requirement to repeatedly disclose disability when changing teams was identified as stressful and unnecessary; this process is seen as an inconsistent 'grey area", influenced by the mindset and interpretation of a staff member's individual manager. To add to this, with each new manager or role, repeated disclosure is required. Mention was made of a "passport", which is oriented towards labelling rather than support being allocated on the basis of functional support. One staff member stated the hiring process may not adequately consider how workplace supports will be available. Numerous statements throughout the workshops were expressed in which staff reported that existing support mechanisms, including Speak Up and EAP, were ineffective in addressing their concerns and not trusted processes.

Poor Organisational justice emerged as the second most frequent concern. Staff perceived unfairness in promotion and career progression, with some believing they had no chance of advancement due to reduced work schedules or perceived lack of capability. In several cases, they referenced making multiple applications to be placed (again) on merit lists. Many strive to meet the 'standard' performance expectations upon them, but experience inevitably the fatigue and load associated with developing compensatory strategies. Some staff felt stigmatised by perceptions that they were hired to meet quotas rather than on merit. The fear of consequences for calling out discrimination appears to have created a climate where staff felt unable to address harmful behaviours. Many staff referenced disrespectful interactions where their concerns were disregarded, or that if they did speak up, no change would occur. These perceptions of unfairness in processes, outcomes and support create a challenging working environment.

Conflict or poor workplace relationships represents the third most frequent hazard. Difficulties with support has been described in the first paragraph. Lateral relationships are challenged too, with staff referring to difficulties in their relationships with colleagues around disability disclosure and even lateral ableism from participants. Several comments reflect experiences of not being believed when speaking about discrimination or feeling that colleagues do not understand the impact of their disability or that they believe preferential treatment exists. The relational challenges around accessibility and inclusion create ongoing interpersonal friction. Employees report having to repeatedly advocate for accessibility needs, describing this as a constant struggle when inaccessible practices

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occur daily. Some describe having to "fight" for what they need to feel safe at work and a sense of isolation.
Source Data: 151 coded items

Metro Staff

Definition	NDIA staff living and working in metro areas
Top Psychosocial Hazards	• Poor/Lack of Support 32% • Bullying 32%
Indicators	Poor Lack of Support • Inconsistent support from Management • Feedback processes being performative rather than genuine • Staff feeling unsupported by senior leaders Bullying • Bullying and harassment from senior leaders • Peer-to-peer bullying
Quotes	*"We know bullying is a problem when we see our team members withdrawing communication"* *"Bullying and harassment is a problem when we see it on display from our senior leaders"* *"Limited support and processes to support changes within the Agency"* *"Many people feel used or undervalued, especially when they're expected to support managers without receiving adequate support themselves"* *"Support from senior leaders sways – it's inconsistent and often, unsafe when there is an issue. It's not discussed – people are accused of doing the wrong thing rather than being asked what happened"*

Summary

The content analysis of Metro workshops identified two primary psychosocial hazards that posed potential risks to staff wellbeing and workplace culture. Poor/Lack of Support emerged as the most frequently cited concern, followed by Bullying.

Staff reported issues with leadership support and Agency responsiveness throughout the workshops. They observed high turnover rates and expressed frustration that concerns were consistently redirected without resolution. Feedback processes were perceived as being more focused on compliance than genuine improvement, creating a sense of futility among staff members. Many employees felt used or undervalued, particularly when they were expected to support managers without adequate support themselves. There was a belief that feedback processes were performative and that leadership was already aware of the issues but chose not to act on them.

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The reporting mechanisms within the Agency were viewed as ineffective. Staff indicated that reporting issues through systems like Speak Up was perceived as a waste of time, with nothing being actioned and no follow-up contact from management. This lack of response further eroded trust and discouraged staff from raising concerns.

Staff reported that some senior leaders shut down topics or thoughts and ridiculed staff members, creating an environment where it was not safe for others to speak up. Support from senior leaders was described as inconsistent and often unsafe when issues arose. Rather than being asked what happened, staff reported being accused of doing the wrong thing. Performance pressures compounded these issues, with staff struggling to meet weekly KPI expectations. This created fear about not meeting expectations and contributed to declining staff morale. Meetings focused predominately on KPIs and turnaround times rather than positive themes, further diminishing morale.

Bullying was identified as a significant and widespread problem at multiple levels of the Agency. Staff reported witnessing bullying and harassment on display from senior leaders, which set a concerning tone for workplace culture. The impact of bullying was visible in observable behavioural changes, with team members withdrawing communication as a protective response. One incident was reported where the same person was bullying multiple people, yet no one reported it, due to fear of retaliation and the non-renewal of contracts. The fear of consequences for speaking up created a culture of silence that allowed bullying behaviours to continue unchecked.

Peer-to-peer bullying was also identified. Staff attributed this to factors related to the role, such as excessive workload and lack of adequate training. Bullying occurred within teams, creating toxic environments. Additionally, staff experienced abuse from participants, adding another layer of stress to their roles.

While not classed as bullying, reference was made by non-ongoing employees to fear of speaking up about workplace issues because their contract renewal depends on manager discretion, creating a powerful silencing mechanism. Metro staff explicitly identified this: "Fear to speak out for fear of retaliation. For example, non-ongoing contracts are not renewed." This power imbalance enables bullying and harassment to continue unreported ("the same person is bullying multiple people, but no one is reporting it"), undermines feedback systems, and creates two-tier psychological safety where temporary staff must choose between job security and workplace justice.

The two psychosocial hazards of bullying and lack of support raise concerns about a negative workplace culture. The combination of inadequate support and bullying behaviours fostered an environment where staff felt unsafe, undervalued, and unable to speak up about their concerns without fear of negative consequences.

Source Data: 25 coded items.

5. Qualitative Data: All Staff Focus Group Findings

The following pages provide an outline of the top ten psychosocial hazards from the workshops. The top nine were common across both Voting data and Coding data, but ranked in different orders. The order of the hazards outlined below preferences the ranking attributed through the coding results, as opposed to the voting results. The only psychosocial hazard which did not appear in the voting, but did appear in the coding results, is Organisational Justice.

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5.1. Hazard #1: Poor/Lack of Support

Prevalence	26% in Coding (#1) | 5% in Voting (#8).
Definition	Lack of emotional and practical support from colleagues and management. Or training, tools, resources.
Indicators	• Reluctance to seek help or guidance from managers • High staff turnover with team members actively seeking to exit teams • Perceptions of lack of understanding and support by managers, both general and based on diversity. • Lack of psychological safety to raise concerns or lodge Speak Ups • Expressions of confusion, stress, distress, fatigue and burnout • Lack of support following incidents or trauma exposure • Disengagement from team conversations and meetings
Quotes	*"My managers don't walk the talk with Wellbeing, Security and safety; do not have the skills to do the job".* *"We know staff training and lack of guidance to perform their job role is a problem when we see poor performance, poor quality and poor achievements"* *"Leadership is a problem when leaders do not schedule regular 1:1s with direct reports."* *"The culture is one-way communication"*

Summary

Analysis of the data revealed poor/lack of support as a key psychosocial hazard within the Agency in multiple ways. This hazard emerged in references to poor leadership support, insufficient resources and systems, barriers to seeking assistance, and inconsistent post-incident support.

Leadership support emerged as a critical concern, with staff reporting that some team leaders lacked the competence, training (people skills, disability, diversity group needs), motivation or capacity to provide effective guidance and assistance. Communication from leaders was described as limited or ineffective, with managers often unavailable for consultation, unable to address staff needs appropriately, and not communicating sufficiently or acting as uncaring about their team ("staff do not feel valued"). Numerous staff made statements about feeling unsupported. Staff noted deficits in leadership understanding of neurodiversity, accessibility, mental health, and cultural requirements. The quality of support received appeared highly variable, dependent on which manager staff were assigned to, creating what was termed a "leadership lottery". The amount of role turnover was referenced by some as this meant team members have to adjust again and again to a new leader, and in some cases, view distressing content such as domestic violence. Some managers were reported to focus predominately on performance outcomes and KPIs rather than staff wellbeing, with staff reporting concerns were dismissed or met with response suggesting acceptance of problematic situations rather than resolution. One staff member yearned for leadership presence, stating "I would love to see our senior leadership more often at meetings to speak with us and provide direction (without all the death-by-PowerPoint-presentations), while others stated that their manager did not set regular catch-ups.

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Staff noted that managers and leaders themselves struggled and were sometimes overwhelmed, and that they too needed support and guidance and had "minimal Agency training". When managing staff with complex needs, lack of a "holistic direction from P&C" was cited.

The provision of adequate resources, tools, and training represented another support deficit. Staff experienced considerable difficulty accessing necessary information to perform their roles, with the primary database system (PACE) identified as particularly problematic. Locating required information was reported to take excessive time, with knowledge articles or SOPs described as overly wordy, lacking clear instructions, and failing to cover all necessary procedural steps or requiring a significant amount of time to retrieve (45 minutes). This forced staff to rely on multiple offline processes and created frustration and inefficiency. Information appeared to be located in several places and was sometimes out of date.

Training was regularly reported as inadequate for the complexity of roles, particularly regarding disabilities, the continuous NDIS changes, JIRA, LEAP, safety and conflict resolution. Staff described situations where they were expected to perform complex functions without adequate preparation or were required to use new systems without appropriate training. One Fraud Investigation staff members stated they had not seen any Safety training despite needing to execute search warrants. Some staff reported remaining uncertain about how to complete core tasks properly despite extended tenure in their roles. One Early Childhood Branch planner objected that he was told off for asking too many questions and should just "get on with it".

Psychological safety concerns created significant barriers to staff seeking the support they required (note, this is not described further here as it is covered in other areas of this report – Section 6.3). Some staff indicated they required support from their team leader even to determine whether a concern was appropriate to raise, suggesting a lack of clarity about when and how to access support. Management responses that conveyed expectations that staff should already possess certain knowledge deterred staff from seeking clarification or assistance.

Support following difficult incidents or interactions was reported as inadequate and inconsistent. Debriefing processes and check-ins post-incident were inconsistent, creating difficulties for staff with lived experience who were exposed to traumatic content. Complaint process investigation felt one-sided with interactions not consistently recorded. Staff in certain roles reported receiving no training in conflict resolution, despite regularly managing difficult conversations with angry or frustrated stakeholders. Confusion existed about when and how to access NDIA internal support services, with some staff uncertain about available resources.

Support for the issue of Domestic Violence was stated as difficult for several reasons: broken links, outdated information, and feelings of "not getting anywhere" when applications for support are actioned.

The impacts of inadequate support were substantial and multifaceted. Staff reported feeling overwhelmed, stressed, confused, and inadequate to perform required tasks. High staff turnover was referenced in multiple staff comments in the workshops, with team members actively seeking to leave teams or exit the organization. Unplanned leave and absenteeism were referenced by many, as staff struggled without adequate support. Statements were made about morale deterioration and staff crying in the office, experiencing burnout, and suffering declining mental health. Work quality and performance suffered when staff lacked necessary guidance and resources, creating a cycle where poor support led to poor outcomes, which in turn created additional stress for staff.

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The hazard demonstrated strong interconnections with other psychosocial risks. Poor support exacerbated the impact of high work demands, as staff lacked the resources and assistance needed to manage demanding workloads and performance expectations. The absence of support contributed directly to Fatigue and burnout, with staff exhausted from attempting to navigate complex systems and manage difficult situations without adequate guidance. Staff also appear to have been left vulnerable when dealing with aggressive or confronting situations due to inadequate training and post-incident support (Violence and Aggression hazard).
Data: 284 coded items

5.2. Hazard #2: High Work Demands

Prevalence	15% in Coding (#1) | 32% in Voting (#2).
Definition	High workloads or time pressures that can lead to stress and burnout. Or low demands e.g. repetition.
Indicators	• Physical indicators such as not taking breaks, lunch or weekend work • HR indicators such as absenteeism, resignations and leave levels • Difficulty meeting KPIs • Individual indicators such as behaviour changes, decline in work quality or expressions of fatigue and overwhelm.
Quotes	*"Giving everything to a job that keeps asking for more."* *"We know the workload is a problem when we see high staff turnover and staff burnout."* *"I struggle to balance outside work commitments with work demands."* *"We know it's a problem when volume of work is more important than the quality of work completed."*
Summary: The following themes emerged: unrealistic KPIs, work-life balance erosion and fear of speaking up. Work-life Balance erosion: Staff reported frequently working during personal time, including nights and weekends, to manage workload demands. This pattern extended beyond occasional overtime to become a regular coping mechanism to cope with the work demand. Staff described being unable to mentally disconnect from work, with work-related anxiety intruding into personal time and sleep. The psychological burden of unfinished work led to anxiety and preoccupation with work matters during what should have been recovery time and thus hampering the opportunity for rest and recuperation between work periods. The inability to balance work with family and personal commitments was explicitly identified as problematic, with some staff suggesting that a four-day work week would better support work-life balance. Unrealistic KPIs were referenced by many staff who reported the pressure as relentless and unrealistic given the complexity of their work. Many staff felt their value was measured	

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solely by plan numbers rather than quality of service. These pressures manifested in staff logging on after hours specifically to meet KPI requirements and feeling the need to justify output repeatedly. Staff felt prioritizing volume over quality conflicted with staff training in service standards. This, combined with heavy administrative burden, generate baseline stress. Fear of speaking up and feeling silenced emerged with this psychosocial hazard, as it does with many others. Staff reported self-censoring concerns about workload for fear of being perceived as incompetent, not coping or being required to undergo performance management. Some staff reported that management responses to workload complaints had been dismissive, so staff suffered in silence rather than risk negative perceptions or career consequences. This suppression creates a double burden of workload pressure and the additional stress of being unable to safely discuss it. It appears likely that there is an unrealistic awareness of the extent of the problem. Numerous contributors were cited to the assessments of extremely high workloads: inefficient processes, whereby the same documentation is completed multiple times; the need for numerous manual workarounds; the stresses of dealing with constant Agency change with a reduction in existing demands and insufficient support from leaders and managers. The impacts of high work demands on an individual level are burnout, fatigue, anxiety, and stress-related illness. The data indicated both acute stress responses (crying, fatigue, anxiety, feelings of overwhelm) alongside more serious conditions such as sustained burnout and exhaustion. The inability to recover between work periods is likely to lead to cumulative psychological harm. Increased unplanned leave was identified as an indicator of unsustainable work demands, as was staff movement away from frontline service delivery roles. The pattern included both actual resignations and staff seeking internal transfers to escape high-demand areas. High turnover created additional pressure on remaining staff, compounding the workload problem. At the Agency level, this hazard appeared also as reduced work quality, increased errors, staff turnover and elevated absenteeism. This hazard's linkages to other psychosocial hazards such as fatigue and lack of support have been referenced above.
Data: 164 coded items

5.3. Hazard #3: Poor Organisational Justice

Prevalence	15% in Coding (#3) | 1.2% in Voting (#13).
Definition	Lack of fairness (or perception) in workplace e.g. procedural fairness, information, relational fairness, interpersonal, distributive justice (rewards or resource allocation)
Indicators	• Performance issues not addressed • Fear of speaking up and potential repercussions • Breakdown in trust about complaint and reporting mechanisms • Perception of unfair recruitment and promotion
Quotes	*"Only certain people will be selected for promotion – favourites – even if you are more qualified and experienced."*

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	"Team culture is a problem when managers/leaders do not address poor performance or below par behaviours." *"Speaking up will not change the outcome anyway and it is pointless to speak up – a feeling of hopelessness."*

Summary

It was noted that this psychosocial hazard was rated differently in the Coding as opposed to the Voting data. This trend was also observed in the first set of workshops and may reflect a lack of familiarity with the term at the time of voting.

Staff at the Disability Agency identified significant concerns across multiple dimensions of workplace fairness. Staff perceived substantial gaps between stated organizational values and observed practices, particularly in relation to accountability, fair selection, fear of Speak Ups and inconsistent application of policies and procedures.

Accountability was identified in the form of lack of consequences for poor performance or inappropriate behaviour. Staff reported that performance issues and leadership concerns appeared to be addressed inconsistently, with some staff perceiving that consequences were rarely applied to individuals in senior positions and that nothing gets done about lower performers. One staff member described the perception that "there are rarely consequences for poor leadership," which appeared to influence decisions about whether to raise concerns or that were they to speak up, this could alienate the person who might act as a referee for them at another moment. Staff also reported observing different accountability standards, with some describing experiences where their own errors received substantial scrutiny while a mistake made by the leader was not accompanied by the leader taking accountability. These perceptions appeared to contribute to reduced confidence in performance management systems and concerns about the fairness of workplace processes.

Unfair selection and career progression was raised by many. Staff cited the career advancement structures such as EOIs, TPAs, IMRs; job offers were being allocated based on relationships rather than demonstrated capability or merit. Multiple staff members used terms such as "nepotism," "favouritism," and references to "cliques" when describing promotion processes. Staff reported perceptions that some individuals were "tapped on the shoulder" for opportunities while others with relevant qualifications were not considered. Some staff described the emotional impact of these perceptions, with one noting that this was a source of "genuine emotional distress and alienation." Some staff reported concerns about recruitment processes lacking transparency, with particular concerns raised about situations where a staff member's (Acting) direct supervisor was also involved in assessing their application for advancement.

Fear of speaking up, the effectiveness and fairness of complaint, feedback and reporting mechanisms all emerged as substantial concerns, affecting staff willingness to raise issues or provide feedback: this was extensively documented in the September TELUS Health report provided to NDIA. The concerns described have led to a reduced confidence in internal reporting mechanisms, reluctance to utilize formal complaint processes and several outright criticisms of the Safe & Respectful team. Perceptions that senior leaders formed cohesive groups that protected one another appeared to affect confidence in complaint resolution processes. Lack of safety was also referenced in terms of willingness to provide feedback during a Branch re-structure as "in the past there had been repercussions."

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Inconsistent application of policies and procedures across the Agency were described. Reports suggested that policies related to leave approval, acting arrangements, and performance management were applied differently, depending on the individuals involved or their relationships with decision-makers. Staff described variability in how similar situations were handled across different teams or regions. Some staff described perceptions of hierarchy, where individuals at lower classification levels were dismissed or disrespected by more senior staff, or that junior staff ((APS) were not "meant" to speak to those higher up (SES). Organisational Justice concerns appeared to have a common thread of a perceived lack of psychological safety, crucially impacting the willingness to voice experiences of unfairness and thereby arguably perpetuating issues. The implications extend beyond individual experiences of unfairness. The cumulative effect of these perceptions are to reduce trust in organizational systems and leadership and impact staff engagement, retention, team dynamics and a willingness to contribute discretionary effort.	
Data	163 items coded

5.4. Hazard #4: Poor Organisational Change Management

Prevalence	9% in Coding (#4) | 6.7% in Voting (#5)
Definition	Poorly managed organizational change can lead to uncertainty and anxiety among employees e.g. consultation, insufficient support or consideration of new HZ or impacts.
Indicators	• Decisions communicated after finalisation, with minimal genuine consultation • High numbers of reference to change fatigue • Insufficient notice and rationale for change • Ambiguous interpretations of change (status, consistent understanding)
Quotes	*"We are asked to do a risk assessment in relation to change but the decision for the change has already been taken. Ideally you would want to have that the risk assessment to be done before the decision had been taken"* *"I can speak from a planner's perspective, I think it really disempowers us and feels it really affects our ability to make decisions because it is often unclear when a change has come in and when it has not, and it just contributes to that need to second-guess ourselves to be unsure.' - in regards to how unclear change management effects planners"* *"The emotional impact of constant change…. Staff often might feel unsettled by shifting priorities, restructures or unclear direction. This may affect trust, stability and wellbeing, but it's rarely acknowledged directly."* *"The slowness of things to get rectified for example if there is a new process that is going to create efficiencies, less admin and better outcomes for participants and so forth, you hear about this 2-3 months ago however, you're sort of still waiting for this particular change to*

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	happen.'

Summary

The key themes emerging were consultation processes, the volume of organizational change and the impacts of change.

Absence of consultation: a number of instances were reported about Agency changes being implemented with insufficient consultation, inadequate transparency, and limited advance notice. Consultation processes were sometimes cited as tokenistic, with decisions communicated after they had been finalised rather than genuinely incorporating staff input.

Overwhelming pace and volume of Agency change: both pace and volume of change seemed to regularly exceed staff capacity to adapt effectively. Staff described change fatigue and exhaustion from constant reform, with frequent leadership rotation compounding the challenge. The rapidity of change meant that staff struggled to distinguish between current and outdated processes, leading to uncertainty and second-guessing in decision-making, as sometimes changes were apparently outdated within a day or week. Specific references were made to the PACE system. One staff member noted that changes occurred so quickly that "your brain starts to get so tired from it that you're not understanding which path you are following." One staff member voiced an opportunity for different planning during any implementation stage of change, so as to avoid wasted time and enable staff to "continue to get on with value adding work and not be told to park that project because we're waiting for things because weeks go by." An Enabling Services staff member commented about the amount of support for changes done on behalf of the front-line and yet it "changes again in 5 minutes". Other comments referred to how a process improvement could take a lengthy amount of time to implement. An opportunity to improve process changes was made by one staff member who suggested "Practice Leads" should be consulted during change as they have much more context about the impacts or details of what can occur. Another opportunity was suggested to allow the "Daily Media" reports to include the internal stance of the Agency.

Emotional impact of constant change: this is substantial, though staff indicated this was rarely acknowledged directly by the Agency. Staff reported feeling unsettled by shifting priorities, restructures, and unclear direction, which affected trust, stability, physical energy and wellbeing in the short-term and increases propensity to burnout, anxiety, stress, and lack of motivation in the medium-term. Multiple explicit references were made to change fatigue by staff.

Communication and Support: Communication during change processes was identified as inadequate. Changes were rolled out with short notice and insufficient explanation of rationale. Staff reported being told what was happening without understanding why, creating confusion and frustration. The impact was particularly pronounced for frontline staff such as planners, who described feeling disoriented when it remained unclear whether changes had been implemented, contributing to self-doubt and hesitation. Training and support during transitions were reported as insufficient, with staff expected to maintain performance levels while learning new systems and processes. Lack of understanding was also cited with some staff expressing that they were made to feel that the problem was theirs. A couple of statements implied that the status of the change itself was sometimes unclear "we feel like we don't know when one change is starting or finished."

A couple of opportunities were raised by staff: an observation was made on more than one occasion about the opportunity to harness the wisdom and experience from outside the Agency. "We have so many people from other agencies but you hear 'we are doing things

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our own way.'" A second is the opportunity to communicate more effectively to parties outside the Agency, including community, the participants and their nominees and stakeholders, "whom we see as part of the planning process." This hazard demonstrated strong interconnections with other psychosocial risks, such as fatigue and burnout and the impact on perceived job demands as staff managed transitions alongside existing responsibilities. Comments about lack of transparency and inauthentic consultation raises concerns about Agency justice and fairness. This hazard appeared to erode psychological safety, with some staff indicating reluctance to speak up about changes due to concerns about career consequences and the recurring reticence to speak up.	
Data	100 items coded.

5.5. Hazard #5: Conflict or Poor Workplace Behaviours

Prevalence	7% in Coding (#5) | 5.5% in Voting (#6).
Definition	Disparaging comments, unresolved conflict about work tasks, disagreements from clients or customers.
Indicators	• Indirect data such as absenteeism, turnover etc. • Disrespectful interactions occurring without intervention • Statements of reluctance to speak up and fear-based silence • Accounts of staff who have actively avoided areas or the office altogether • Negative conversations about others and workload
Quotes	*"We are not a cohesive workforce. We fail to remember we are on the same team. If you reach out to another section (for example access) they do not answer your question. They seem quite defensive."* *"They do not call out disrespectful interactions in virtual Teams and onsite, as they do not believe they will be heard by leadership."* *"We see our colleagues not talking to each other."*
Summary Conflict or poor workplace relationships emerged as an important psychosocial hazard within the Disability Agency. The reporting of information from the workshops excludes the theme of bullying, which is covered as its own Hazard (see Section 5.7). The themes which emerged for this hazard were distrust (or psychological safety), microaggressions and workplace incivility, and a pattern of non-intervention. Distrust and psychological safety was referenced by all levels of staff and are addressed in another area of this report (Section 6.4). A fear about speaking up exists, and a reluctance to raise concerns about interpersonal issues due to anticipated judgment, repercussions, or dismissal by leadership or even peers. Staff reported feeling unable to call out disrespectful interactions as they did not believe they would be heard by leadership. One staff member stated, "Safety and wellbeing are often discussed in terms of physical and mental health, but not enough is said about psychological safety. Perhaps staff might not feel safe to speak up, ask questions .... this silence affects trust, learning and team performance." Distrust between teams and 'silo' mentality (between Branches) was referenced on several occasions.	

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Micro-aggressions and workplace incivility were described by many, including staff withdrawing from team meeting conversations, colleagues choosing not to work with one another, rude colleagues, "passive aggression", negative discussion about colleagues, whispering, communication channels containing unprofessional posting behaviour, micro-management, colleagues' judgement about a staff member's adjusted allocations based on disability, gossiping and colleagues not speaking to one another. Several experiences of exclusion and social isolation were described, with some staff feeling invisible to others, disconnected from teams, inappropriately excluded from workplace activities/office celebrations and left unsupported if reaching out to another workplace team. Some staff felt that not being made aware that SES staff were at their office was disappointing and experienced this as a form of poor workplace etiquette or behaviour.

Several comments were made about some leaders or managers themselves being the cause of conflict or exhibiting poor behaviours, such as shutting down a team member's voice, minimising staff opinions and contributions or being uncivil. Managers or Team Leaders who did not actively intervene appeared as an important pattern. Some staff noted that disrespectful interactions in both virtual and onsite settings were not being called out, reportedly because they would not be heard by leadership. The absence of what some staff perceived as a culture supporting respectful conversation was also highlighted, with reports that individuals felt unable to discuss experiences of mistreatment or differential treatment without jeopardising their job security or future opportunities.

The implications of this hazard are important, with staff reporting that poor workplace relationships impacted mental health, including anxiety, stress, diminished self-confidence, and feelings of being undervalued. The organisational impacts include role changes to escape negative relationship dynamics, increased unplanned leave, reduced engagement with office culture, and a preference for remote work to avoid office-based interactions. Performance is also arguably affected, as the breakdown in collegial relationships appeared to impair collaboration across sections and potentially the quality of service delivery to participants.

This hazard appeared to link with Poor *organisational justice* with its references to favouritism and inconsistent application of policies regarding behaviour. It also relates to the hazard of *Poor support,* primarily from leadership.

Data	80 items coded.

5.6. Hazard #6: Fatigue

Prevalence	5% in Coding (#6) | 4.3% in Voting (#9).
Definition	Chronic tiredness due to excessive workloads or lack of rest can impair mental health.
Indicators	• Increased levels of unplanned leave and personal leave • High staff turnover rates • Staff actively seeking roles outside their current workplace • Staff appearing unmotivated, tired, unwell, and less present • Expressions of disengagement, apathy and loss of initiative
Quotes	*"We know KPI demand is a problem when we see people calling in sick due to fatigue/burnout."*

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	"We know workplace burnout is a problem when we see workplace expectations are too high and not supported by enough time and resources." *"We have a full team feeling fatigued, burnt out and having 'misses'."*

Summary

Fatigue emerged as an important psychosocial hazard within the Agency, manifesting in the themes of exhaustion, inability to sustain demands and workload/performance pressures.

Exhaustion, both emotional and mental exhaustion, was cited by many staff. One staff member stated: "I'm feeling intimidated, I'm feeling fatigued and overwhelmed but when I try to address these with management, it impacts perceptions of capability". The cumulative effect was described in the question: "How am I meant to keep doing this day after day when every day staff report work is making them not want to get up every day." Staff described experiences where work became a source of sadness and stress rather than satisfaction, and where individuals felt overwhelmed and unsupported but continued working to avoid letting their team down. The severity of the situation was emphasized in comments that "many staff are at breaking point" and expressions such as "I don't think I can keep up" and "I'm not coping, and I don't know what to do."

Several staff reported experiencing burnout as a consequence of excessive workload combined with unrealistic key performance indicators. One staff member stated they had "never had such a job that has landed me in a state of burnout" noting the expectation of KPI's was unrealistic and overwhelming. Staff noted how fatigue impacts the quality of work, with staff making errors and becoming less accurate in their work.

An inability to sustain current demands emerged as staff expressed concerns about their capacity to maintain current levels of performance and workload. Comments included: "I don't think I can keep up," and that one comments was made that "many staff are at breaking point." Workloads and performance pressures were reported by several staff members referencing the high workplace expectations, KPIs and "misses".

The impacts of fatigue were recognized across multiple domains. They include increased staff turnover as individuals sought roles elsewhere when fatigue became unsustainable; absenteeism, anxiety, stress and emotional distress. Physical health was also affected, with staff reporting illness and stress-related physical symptoms.

The psychosocial hazard of Fatigue linked with multiple other psychosocial hazards. The most frequent secondary hazard was high work demands, with staff reporting that excessive workload and unrealistic performance expectations were primary contributors to fatigue. Poor/lack of support was also frequently linked, as staff reported that management responses to expressions of fatigue were inadequate or dismissive. Poor organisational change management was identified as a contributing factor, with staff experiencing exhaustion from the volume and pace of Agency change. Finally, connections were evident with poor Agency justice, as staff reported fear of performance management if they spoke up about unsustainable workloads.

Data: 51 items coded.

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5.7 Hazard #7: Bullying

Prevalence	4% in Coding (#7) | 7.5% in Voting (#4).
Definition	Bullying is repeated, unreasonable behaviour directed towards a worker or group of workers, that creates a risk to health and safety e.g. intimidating behaviour, practical jokes, offensive language.
Indicators	• Increased absenteeism • Staff expressing reluctance to attend the workplace due to fear • Cessation of help-seeking behaviours from managers • Observable changes in staff performance and attitude
Quotes	*"We know leadership is a problem when we see and hear from staff they are being abused, micromanaged, harassed and bullied with nil or limited action being taken by the Agency"* *"When you being bullied by a team leader and tell someone but it is not being taken seriously."* *"It's hard to speak up sometimes as there is concern it will get back to the person and there will be repercussions"*

Summary

Analysis of the data revealed that bullying emerged as a psychosocial hazard within the Agency, with concentration in leadership and management tiers, fear of reporting, ineffective response systems and performance-related pressures.

Bullying behaviours were described as mainly originating from management and supervisory levels. One staff member noted "It's hard to speak up and report bullying when it's coming from the top down in the org structure." Staff reported bullying primarily from supervisors and managers, including micromanagement, abuse, and harassment tied to performance targets.

A barrier to addressing bullying was identified as staff reluctance to report incidents. Staff consistently expressed concern that reporting would result in negative repercussions, including impacts to job security and career progression. The hierarchical nature of the bullying referenced above compounded this issue, as staff felt unable to report behaviors originating from senior levels of the Agency. Staff reported witnessing colleagues being targeted by leadership but remained silent due to fear of becoming subsequent victims. This created an environment where bullying behaviours were observed but not formally reported through available mechanisms.

Ineffective reporting and response systems were also seen as part of perpetuating this hazard. Staff believed that formal reporting mechanisms did not result in meaningful action. One staff member stated: "Why would I bother raising a Speak Up when, as part of a minority, my opinion is completely ignored every time, despite multiple people reporting the same bullying and aggressive behaviours by the same person".

Performance-related pressures created a concerning context for bullying behaviours: one individual stated: "Feeling bullied to perform job tasks which you are not comfortable with and feeling helpless in this situation as to what you can do about it." Staff expressed that leadership prioritized KPI outcomes over quality outcomes, and that this pressure manifested as bullying behaviour.

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The impacts of bullying were evident. Staff reported increased absenteeism, with individuals choosing to take leave rather than confront bullying situations. Fear was a prominent consequence, with staff expressing reluctance to attend work or speak up about their experiences. The hazard appeared to create a cycle of silence, where staff who witnessed bullying were reluctant to report it due to fear of becoming the next target. Career progression appeared to be affected, with staff reporting that those who submitted complaints subsequently experienced difficulty in securing internal positions. Bullying demonstrated interconnections with multiple other psychosocial hazards, including poor Organisational justice. Staff reflected on perceptions that bullying complaints were not addressed fairly or consistently. Bullying was also linked to poor/lack of support, as staff reported that managers and HR staff did not adequately respond to complaints. Connections were identified with low job control and high work demands, as staff felt pressured to perform tasks they were uncomfortable with.
Data: 43 coded items.

5.8. Hazard #8: Lack of Role Clarity

Prevalence	#8 in Coding (3%) | #7 in Voting (5%)
Definition	Unclear job responsibilities and expectations that can create confusion and stress e.g. unclear reporting lines, changing standards and expectations, missing information and unclear work priorities.
Indicators	• Confusion about roles and responsibilities • Inconsistency across similar functions or branches • Conflicting expectations from different levels of leadership • Reporting lines unclear or frequently changing • Task information missing or incomplete • Competing demands and unclear priorities
Quotes	*"Job clarity is a problem when we hear conflicting priorities and consistent changes in scope of work tasks."* *"Communication is a problem when it impacts understanding and change in work roles/expectations."* *"Team leaders with inconsistent expectations for our work and work output."*
Summary Role conflict, manifested primarily as lack of role clarity, emerged as a key psychosocial hazard affecting staff across the Agency. The arising themes were role confusion, conflicting priorities and the lack of procedural guidance. Role confusion was evident in the descriptions by staff of feelings of confusion about their roles, responsibilities, the expectations placed upon them or even a base-line clarity ("no clarity on our role or tasks". This confusion was characterized by unclear, inconsistent, or frequently changing role definitions, overlapping responsibilities between workers, and conflicting expectations from different levels of leadership. The roles of Team Leader and Planners were singled out as an example of where this occurred.	

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A predominant theme was the tension between competing demands, particularly the conflict between delivering quality customer service and meeting quantitative performance targets. Staff reported that they were required to choose between these priorities without clear Agency guidance about which targets should take precedence. This created a form of role conflict where staff felt uncertain about how to appropriately allocate their time and effort, worrying as to whether they were meeting expectations. One staff member pointed out the unfairness associated with all the extra work being done which is "just called 'Admin' work." The absence of clear, consistent procedures across the Agency compounded these difficulties. Staff noted significant inconsistency across branches and described the Agency approach as lacking concrete guidance, with references to an unclear articulation of the top three priorities of Branch goals, information being conveyed with no resources or official guidance. This procedural ambiguity extended to legislative interpretation, where staff reported that similar situations could yield different outcomes depending on individual interpretation. Examples were also given of staff continually asking the same question of many team members as they strived to create understanding about their role. The psychological impact of the role clarity psychosocial hazard was evident in staff reports of stress, anxiety and sleep disturbance. Staff described worrying about whether they had fulfilled their responsibilities correctly, with concerns persisting beyond work hours. The data indicated that this uncertainty contributed to increased error rates, declining team morale, and reduced staff confidence. Some staff reported seeking roles outside their current areas or leaving the Agency entirely due to the stress associated with unclear role expectations. The impact of this hazard includes reduced productivity and undermined psychological safety, Role conflict is linked with other psychosocial hazards, notably workload, as it can create additional cognitive load as staff attempt to navigate unclear expectations. It may also lead to interpersonal conflict as staff experience duplication of effort or gaps in service delivery. Leaders who focus primarily on key performance indicators without understanding role complexity can unwittingly compound these challenges.

Data	36 items coded.

5.9 Hazard #9: Violence or Aggression

Prevalence	#9 (3%) in Coding, #2 in Voting (11.5%)
Definition	Exposure to aggressive behaviour from colleagues or clients which can lead to psychological harm.
Indicators	• Fear-driven and avoidance behaviours • Under-reporting of incidents and "culture of acceptance" for aggression • Multiple sources of aggression
Quotes	*"'It is not okay when it's expected sometimes for planners or PSO or front of house staff to put up with emotional and verbal abuse even on the phone or video, and there is a culture of silence around when we do speak up".*

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	"We know that aggression or unreasonable behaviour from participants and child representatives is a problem when we hear from planners re: their experiences in planning meetings."

Summary

This psychosocial hazard is known already by the Agency to be a risk in many of the front-line staff roles [1]. Workshops in phase two, confirmed this. Of note is the discrepancy in ranking between the Voting and Coding data: this may represent staff noting the facilitator's encouragement to mention psychosocial hazards not already known about. It is important to review this qualitative data alongside the other Agency data available. The key themes emerging with this hazard were normalization and under-reporting, cumulative psychological impact, under-reporting, vulnerabilities created by physical environment and the concerns about the numerous sources of aggression.

Normalisation of aggression was raised multiple times in the workshops and likely indicates that the true extent of staff exposure to aggressive behaviour may be substantially greater than formally documented incidents would suggest. Planning staff indicated they often did not report aggressive, abusive, or persistent unreasonable behaviours and voiced that they were expected to manage such interactions as an inherent component of their role, and that they should possess sufficient experience to handle such situations independently, or presumed that reporting would make no difference.

Under-reporting of aggression and violent incidents was reported, and is potentially linked to the phenomenon of 'normalisation' and the perspective that even if reporting occurs, nothing will change. One staff member noted a "lack of appetite to go out with strong lines" and issue clear communications to the community about the non-acceptance of unreasonable behaviour. Even the definition of what is a reportable harassment appears unclear.

Cumulative trauma was evident, with staff observing on multiple occasions in workshops that their colleagues in frontline roles developed anxiety disorders following prolonged exposure to aggressive interactions ("we can't downplay the impact aggressive behaviour can have on an employee over time.").

The Agency's physical environment appeared to contribute to violent and aggressive episodes with reports of staff reported modifying their behaviour outside work hours, including avoiding identifying themselves as Agency employees, expressing fear when accessing public spaces near the workplace or even collecting mail, and being reticent to leave the building during lunch breaks. These descriptions and others, are discussed further in the section in this report titled "Security & Physical Environment".

The numerous sources of aggression, spanning participants, service providers, applicants and child representatives, elevates the likelihood and frequency of violent and aggressive incidents. Providers sometimes directed angry participants to the Agency rather than managing concerns directly. Prospective applicants sometimes exhibited unreasonable behaviour, including swearing during telephone interactions, with staff noting these individuals often viewed the Agency as a last resort. Participants were also regularly aggressive, frustrated by service limitations or delays. The newly formed Access team felt under-equipped for their role and lacked adequate preparation for handling conflict and aggression, particularly when dealing with providers, plan managers, and participants. Data markers which alert staff to participants with histories of aggressive behaviour were missing,

[1] Agency Data 2024-2025 cites Customer Aggression as the most frequently reported security incident. Source: Focus Group Workshop slides September 2025.

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not visible enough "you need to click into them to read them" or not operating on occasion. Even back-of-house staff deal with aggression but one comment was made that these teams do not receive training. These hazards occurred across multiple settings: phone calls, face-to-face meetings, and even outside the workplace – creating a complex and stressful environment. An additional consideration was also raised about how co-located sites experience a greater risk of violence and lack of safety. Another noteworthy observation is that the data did not code for the duration, frequency and severity of risks, and based on broader Agency data and input, the risk 'profile' for this hazard could be even more elevated than it appears.

Data	29 items coded.

5.10 Hazard #10: Traumatic information, material or events

Prevalence	3% in Coding (#10) | 7.7% in Voting (#3).
Definition	Serious injury, abuse, fear, natural disasters, war, victims, descriptions or crime evidence.
Indicators	• Early departure from work following distressing interactions • Reduced enthusiasm for work and decreased engagement • Staff departing from planning roles • Increased use of leave • Development of anxiety symptoms • Reports of suicidal ideation among staff members
Quotes	*"We know vicarious trauma is a problem when staff are exposed to too much traumatic information e.g. participant files"* *"We know workplace trauma is a problem when we hear that multiple staff have suicidal feelings"* *"Vicarious trauma is very real in the planning space"* *'I've been with the Agency just over two years. I was pretty much not told that I could disconnect from unreasonable behaviour phone call until August this year. So I've had like a lot of phone calls (previously that I could have just walked out of) that did cause me a lot of like stress and angst afterwards.'*

Summary

Analysis of data revealed that exposure to confronting, and traumatic information, material, and events represented a psychosocial hazard within the Agency. Themes raised included the levels of exposure to trauma materials, alert systems, impacts of trauma, staff capability and adequacy of training and debriefing supports. The data indicated that staff across multiple roles experienced regular exposure to distressing content through written documentation, direct participant interactions, and the nature of decision-making responsibilities inherent in disability support work.

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A primary concern identified in the data related to descriptions of exposure to participant files and documentation. Staff reported opening cases containing detailed accounts of child abuse without adequate warning or preparation. One staff member reported starting three cases in succession that dealt with child abuse, none of which had content warnings applied despite the existence of a process intended to flag such material. Staff in the justice planning team specifically noted that they read horrific things as part of their regular work.

The pattern of responses suggested that content warning and alert systems, while theoretically in place, were applied inconsistently and lacked sufficient specificity to enable staff to prepare for or manage their exposure to traumatic material. An example was given of planners receiving phone calls with no awareness of a prior history of verbal abuse or that the expected "content warning" is missing or doesn't indicate which document contains distressing content, thus leaving the staff member exposed to traumatic material.

The emotional and psychological impact of direct participant interactions emerged as a second major theme. Staff described experiencing significant distress from planning meetings and telephone conversations that, while not involving overt aggression such as shouting or swearing, were nonetheless emotionally harmful. One staff member recounted conducting a planning meeting where the participant was not physically or verbally aggressive in obvious ways, but by the conclusion of the meeting, the staff member was so emotionally impacted that they left work early and experienced a terrible night's sleep. The same staff member reported not knowing how to manage or terminate such interactions, feeling unable to bring the meeting to an end despite the psychological distress being experienced. Staff at front-of-house positions reported experiencing "trauma dumping" where participants overshared distressing information not only with staff but also within earshot of other people in reception areas. The data indicated that staff felt *expected* to tolerate unacceptable behaviours from participants, suggesting a normalisation of exposure to distressing interactions without adequate boundaries or support.

Staff reported that ongoing exposure without adequate recovery time or rotation led to progressive deterioration in psychological wellbeing. The impacts of this psychosocial hazard appeared substantial, including staff turnover in planning roles, the development of anxiety disorders among front-facing staff, loss of enthusiasm, declined engagement, and reduced effectiveness.

The capability of staff to deal with the complexity of individuals and situations presented was referenced and the suggestion voiced that the capacity to have the option to refer difficult clients to a more qualified staff member would be valuable, or even that "repeat offenders" are routed only to specific supervisors to reduce risk to all team members. Another staff member noted that another government Agency, Veteran's Affairs, had dedicated teams for particular cases.

Gaps in training were also referenced ("not being aware of the impact of vicarious trauma or burnout and so not addressing it early") including the desire for longer training and he need to target training for new starters as well as ongoing training like nurses and paramedics undergo.

The data suggested strong interconnections with multiple other psychosocial hazards such as high work demands e.g. workload pressures prevented adequate time to process traumatic content. The absence of adequate debriefing and training interconnected with poor support. Low job control is linked as staff reported feeling unable to end distressing interactions or control their exposure to traumatic content.

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The pattern of response suggested that exposure to traumatic material was not experienced as isolated incidents but as a chronic stressor that accumulated over time, progressively impacting staff psychological wellbeing.	
Data	28 items coded.

6. Agency Culture Findings

6.1. Prefacing Remarks

The following reflections on Agency culture have been derived from the CA Analyst coding, a set of over 1000 observations shared by the NDIA staff during the September/October workshops.

Edgar Schein's organizational culture framework has been selected to provide an underpinning reference point but note that the derivation of the findings does not reflect best practice in determining conclusions about culture, as Shein's methodology assembles numerous documents, processes and observations as well as specific and structured interviews about culture when creating the analysis. Edgar Schein's Organisational culture model2 identifies three interconnected levels of visibility and accessibility: Artefacts, Espoused Values and Tacit Assumptions. This widely-used framework helps identify cultural dysfunction by examining inconsistencies between layers—when espoused values don't match observable artifacts or when underlying assumptions contradict stated values. These gaps can reveal the difference between "real" and "desired" culture, showing leaders where to focus improvement efforts.

This review focuses on themes aligned with the Agency's strategy—psychological safety, wellbeing and prominent psychosocial hazards—rather than exploring all elements of Organisational culture. The themes elicited are likely to provide a first lens for reviewing cultural implications of the workshop content raised in these areas.

6.2. NDIA Artefacts

Visible, tangible elements of culture including physical structures, observable behaviors, rituals, language, policies, and procedures.

Physical Environment and Workspace Design

The physical workspace serves as a visible reflection of Agency culture and priorities. Staff observations include challenges with hot desking arrangements, air conditioning adequacy, and office layouts at co-located sites. Employees note that office conditions (e.g. high temperature, hot desking) impact individuals that may not "fit the mould" and share concerns about public accessibility to certain work areas, which raises questions about security arrangements. Feedback regarding ergonomic workstations and meeting room accessibility suggests opportunities to better align the physical environment with employee wellbeing, safety and productivity needs.

[2] Schein, E. H. (1990). Organizational culture. *American Psychologist, 45*(2), 109–119. https://doi.org/10.1037/0003-066X.45.2.109

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Communication Patterns and Meeting Behaviours

Communication practices reveal important cultural dynamics within the organization. It was raised that "people in meetings just shut down and say nothing or stay on mute," which may indicate opportunities to strengthen psychological safety. Leadership meetings where "the same few people speak up" could reflect current participation patterns that could benefit from broader engagement. Encouraging and supporting staff to feel safe to speak up represents an area for potential development.

Wellbeing Artefacts

The data revealed several visible artefacts related to staff wellbeing. Staff appreciated the availability of Speak Up forms as a mechanism for raising concerns, though some feedback indicated the process was experienced as unclear and clunky, with forms described as "not well laid out". Staff also acknowledged positively the Safe and Respectful Team (a formal reporting mechanism), and designated support roles including Wellbeing Officers, Peer Support Officers and Cultural Champions. The PACE system was described as a mechanism to provide safety alerts, though some staff noted it lacked visibility compared to previous systems. Staff referenced check-ins and debriefs following incidents, though some shared that they are inconsistently applied. While staff expressed appreciation for available wellbeing supports, feedback indicated that some available structures faced practical challenges and lower utilisation rates. This presents an opportunity to strengthen the accessibility and effectiveness of these resources to better meet staff needs and organizational goals.

6.3. Espoused Values

Explicitly stated beliefs, philosophies, strategies, and goals reflected in mission statements, strategic plans, and official communications.

In the context of this review, we have considered the espoused values to be the Australian Public Service (APS) six core values, Impartial, Committed to Service, Accountable, Respectful, Ethical and Stewardship. We also acknowledge the values of the Agency, including the Value of People, Growing Together, Aiming Higher and Taking Care and the commitments associated with each of these values.

Numerous disconnections between lived experience and these values surfaced in the workshops. This would be somewhat expected, given that the explicit questioning is designed to elicit experiences and descriptions of psychosocial risks, hazards, all of which reflect difficulties. The reader should also note that analysis of the answers to the question "What energises and inspires you at NDIA" will reveal a significant alignment with this particular value.

In terms of Impartiality, staff consistently reported recruitment processes that prioritised personal relationships over merit and a culture where career progression depended on being "mates with leadership" or part of "the clique," with opportunities going to those who were "cherry picked" rather than being transparently available to all qualified staff. This represented a fundamental misalignment with impartiality principles. Similarly, Accountability appeared compromised, as staff reported that poor leadership behaviours were "ignored and therefore accepted," with "zero consequences for the perpetuator" even when issues were formally raised. Staff expressed that leaders did not take accountability for mistakes.

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The values of Respect and the NDIA commitment to Value of People showed substantial disconnection from staff experiences. Many staff reported feeling not valued. Multiple staff described bullying, micromanagement, and leaders who did not understand people or the importance of team culture. Reports of managers lacking understanding of cultural requirements and diversity group needs is covered extensively elsewhere Section 4 of this report, and illustrates contradictions to these the stated commitment to valuing people. In terms of Growing Together and Taking Care, staff described a workplace culture characterized by fear rather than psychological safety. The reader is referred to the Tacit Assumptions section on psychological safety. As well as feeling fearful, staff sometimes viewed wellbeing initiatives as "lip service" or "toxic positivity" amid a culture of distrust and micromanagement.

Despite these significant disconnections, some alignment existed around Committed to Service for participants. Staff demonstrated ongoing dedication to participant outcomes even amid challenging circumstances, with some feedback indicating frustration when they felt unable to provide quality service due to systemic barriers. While inadequate processes may be compromising their ability to deliver the service they wanted to provide, individual staff remained committed to service values.

6.4. Tacit Assumptions

The deepest layer of organizational culture—unconscious, taken-for-granted beliefs that operate below conscious awareness and fundamentally shape how staff perceive reality, interpret events, and respond to workplace situations.

Psychological Safety assumptions

"Scared to speak out against leadership to prevent repercussions"

A fundamental assumption associated with a lack of psychological safety emerged, where staff consistently expressed fear of "retribution," "repercussions," and believed that "speak ups lead to issues for the person submitting them." Staff believed that reporting concerns, particularly about leaders, would negatively impact their career progression, credibility, and relationships with leadership. This assumption suggested a gap between the Agency value of "Growing Together"—which emphasises honest, clear, proactive, and consistent communication—and some staff's experiences about speaking up. The implications of this assumption highlights opportunities to enhance psychological safety by addressing staff concerns about the consequences of speaking up.

Wellbeing assumptions

"It is hard to do a speak up as you feel management will think you are weak or a whinger"

A pervasive tacit assumption emerged that vulnerability could be interpreted as professional inadequacy. Many staff shared an unconscious belief that admitting struggles, requesting help, or discussing mental health would result in being labelled as incapable of managing workplace demands. This assumption revealed a gap between some staff and the espoused NDIA value of We Take Care- which emphasises looking after the safety, health and wellbeing of ourselves and others. This discrepancy highlights an opportunity to strengthen wellbeing support systems and foster a culture where discussing mental health challenges is viewed as appropriate rather than as a professional liability.

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Organizational Justice assumptions

"Think reports will be ignored, or not handled respectfully and confidentially"

Staff frequently reported a fundamental assumption that raising concerns was futile because "nothing will be done," feedback was "heard but not considered," and "the loop is never closed." Multiple staff members described experiences where they weren't believed, were questioned repeatedly, or had their concerns dismissed or redirected. This suggests a gap between the APS value of Accountability and the AGENCY value of 'We Aim Higher' - which emphasises proactively seeking, reflecting and acting on feedback - and staff's actual experiences when giving feedback. This gap identifies opportunities to strengthen trust through fair, clear, and transparent processes that meaningfully address staff feedback.

Poor Support assumptions

"They don't know how to support us - for example lack of knowledge in neurodiversity"

A tacit assumption that emerged, particularly amongst staff from diverse backgrounds, was that some leaders lacked the training and knowledge to understand, support, and effectively manage staff with disability, neurodivergent staff, LGBTQIA+ staff, and staff from other underrepresented groups. This may suggest differences between the Agency value of 'We Grow Together '– which emphasises a commitment to building inclusive and respectful relationships – and staff's experiences in being understood. This insight highlights opportunities to strengthen leadership capabilities in supporting diverse teams.

Workload assumptions

"Volume of work is more important than the quality of work completed"

An assumption frequently shared in the data was that staff believed productivity was measured solely by quantitative outputs rather than quality or the complexity of work, creating pressure for some staff to prioritise volume at the expense of the meaningful, quality work they valued. This may suggest some variance between the NDIA value of 'We Take Care '– which emphasises ensuring our work is delivered to a high standard – and some staff's experience in how they should be approaching their work.

Concluding Note

This review, guided by Edgar Schein's cultural model, revealed opportunities for greater alignment between the NDIA's espoused values and staff experiences. While the Agency may demonstrate a commitment to APS and NDIA values, the analysis identified gaps where these values were not consistently experienced in daily practice. Observable artifacts—including communication patterns, physical environments, technological systems, and Agency processes—sometimes reflected cultural dynamics that diverged from stated commitments. Most significantly, deeply held tacit assumptions revealed staff's concerns about psychological safety, support, Organisational justice and wellbeing, shaping how staff perceived speaking up and seeking support in ways that sometimes-contradicted espoused values. By addressing these gaps between stated values and lived experiences, the organization has opportunities to develop a culture where espoused values are authentically experienced and enacted at all levels.

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7. Safety, Security and Physical Environment Findings

7.1. Prefacing Remarks

The following pages provides a readable listing of the Safety, Security and Physical Environments issues raised in the All Staff workshops. Findings were very consistent with those from the first TELUS Health report.

7.2. Safety

Specific Issue	Quotations from Workshops
Fears in or around workplace	
Staff afraid in office and when leaving/arriving	"We feel afraid in the office and leaving/arriving at the office because our floor is the same as front facing reception and aggressive behaviour has been a problem"
Fear of being approached outside office	"Safety is a problem when staff are being approached outside the office"
PSOs afraid to leave building	"PSOs being too afraid to go out in the street for lunch/walk to/from work in case an aggressive participant, who they have interacted with, sees them"
Reticent to wear NDIS identification	"You had to make sure you didn't wear anything that identified you as working for the NDIS or for Services Australia"
Unable to access car park safely	"We were unable to access the car park. You had to be really mindful that you didn't go out unnecessarily"
Aggressive/Violent Behaviour	(please see Section 5.9. for further detail)
Aggression from participants, provider or nominees	"Unreasonable behaviours from providers - difficult conversations, verbal and physical aggression. Feeling bullied by providers" "Unreasonable behaviour/swearing on the phone with prospective applicants" "We know that aggression or unreasonable behaviour from participants and child representatives is a problem when we hear from planners re: their experiences in planning meetings" "Staff are fearful of abuse from participants/providers/nominees in meetings so avoid conversations or decision making" *(impact of creating avoidance)* "Customer aggression is a problem when staff avoid communication with participants" *(impact of creating avoidance)*
Staff avoiding front of house	"We know aggression towards staff is a problem when we see staff not wanting to work at front of house"

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Mental health references	"I've seen a number of staff members develop anxiety disorders post long periods of time working in front facing roles"
Lack of clarity on Speak Up process	"Staff are unsure when to raise a speak up when we hear questions about who to go to regarding aggression from participants, partners or providers"
Noise, mail	
Unsafe mail collection procedures	"Mail just comes through the door and then the delivery people or whoever is coming is just knocking on the door...that's unsafe for us because you don't know what's being delivered"
Loud noise as safety indicator	"We know safety is a problem when we see/hear/feel loud noise" *(nervous system activation for individuals when hearing noices)*
Other	
"Access team"	"I'm part of the A*ccess team* and aggression over the phone plays a big role...every single person in our team is new and we just feel that the training needs to be expanded"

7.3. Security

Specific Issue	Quotations from Workshops
Co-located Sites	
Public access to back of house	"Staff feel unsafe due to public being able to access the back of house area of a co-located site, therefore are too scared to work in the office"
Interview rooms with direct access to staff areas	"The room that we have interviews with our participants in is readily accessible for them to get into the back of house area of the office. So that means if there's an aggressive incident then the participant will be able to follow the staff member into the back of the house area"
Staff blocked in by desk configuration	"Something that's looking to be rolled out to all Co-located sites, which is a huge security risk in the way that our desks are set up in the back of house area where they've got the rows. So if the angry participant comes out of that office, then if any staff is sitting in those rows, they're blocked in, they can't get out"

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Front of house desk/protection	"They literally walk out into that open foyer area to have a discussion...If something flares up they have no protection. Like there's nothing, there's no desk"
General risks	"Many security and safety risks that need to continually be considered and addressed" "I know some of the team who are remote share office spaces with other services and it's not a great environment for them. So they avoid going into the office for many reasons… meeting room location, noise, lack of privacy, **sharing across agencies,** parking, physically getting in and out of the office feels unsafe due to location."
Privacy	"Lack of privacy, sharing across agencies"
Different security policies between agencies	"The lines are blurred as to what the obligation of the Aggression Response team is in the co-located site' - someone exploring the duty of care to Centrelink customers, the participants and staff at co-located sites.
General risks	"Many security and safety risks that need to continually be considered and addressed" "I know some of the team who are remote share office spaces with other services and it's not a great environment for them. So they avoid going into the office for many reasons… meeting room location, noise, lack of privacy, **sharing across agencies,** parking, physically getting in and out of the office feels unsafe due to location."
Pod Meeting Rooms	
Staff trapped with no safe exit	"If there is a violent or aggressive participant, the staff member is essentially trapped in that space and there's no safe exit"
Not wheelchair accessible	"It's also not really suitable for participants in wheelchairs. They can't actually access it, so it's not accessible"
Public Access	
Public access to toilets	"Potential security risk in office. The public has access to the public toilets"
Heightened people from shopping centre	"Because of where our site is located, the parking is a big issue. We get heightened people who come from the nearby shopping centre and the security issues are really high"
Parking	
Parking location creates security issues	"The parking is a big issue...security issues are really high"
Unsafe location for entering/exiting	"Parking, physically getting in and out of the office feels unsafe due to location"
Unable to access car park	"We were unable to access the car park"
Security Protocols	

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Check-in process for face-to-face meetings	"The NDIS doesn't have currently in place any processes for planners to walk through to check someone coming in for a face-to-face office meeting"
Lack of security checklist	No checklist for assessing visitor wellness/risk before meetings

7.4. Physical Environment

Specific Issue	Quotations from Workshops
Building Structural/Maintenance	
Unsuitable office accommodation pending refurbishment or no accommodation	"Today I work at a stand-alone office which is apparently going to be refurbished and it really impacts morale of staff to see that over the previous years there that structurally the building we are in is dangerous. It's missing huge number of ceiling panels, there's leaks frequently, there are work hazards. We have witches' hats all over the place'" "We have not had a office for two years and are required to work from home 100%."
Poor maintenance of amenities	"Poorly maintained amenities" "The delay in agency response to rectify is quite a concern. We have a few ongoing issues at the site that I attend. One of those issues has been going on for at least 23 months and we still haven't had it rectified." (air conditioning).
Office etiquette	"There tends to be a lack of accountability...the rubbish is overflowing and the dishes are left in odd places"
Air Conditioning Failures	
Extreme temperatures in office	"The air conditioning is atrocious at the site and on those hot days it can be between 30 and 38 [degrees] inside and we've got participants attending"
Staff wellbeing	"It's for a small handful of staff, but their well-being in relation to not getting the right support is being heavily affected" (regarding air con)
Staff avoiding office in summer	"I won't attend the office in summer because of it, which then puts me in a well-being situation because I'm not having that social interaction, which I enjoy immensely"
Widespread AC issues at co-located sites	"I hear you on the AC in collocated sites" (2 thumbs up)
Office Design/Workspace	
Hot desking impact	"Office conditions (e.g. high temperature, hot desking) and the impact that has on individuals that may not fit the mould"
Noise problems	"Meeting room location, noise, lack of privacy"
Lack of privacy	"Lack of privacy, sharing across agencies"
Shared office spaces	"Some of the team who are remote, share office spaces with other services and it's not a great environment for them. So they avoid going into the office"

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Furniture	
Difficulty obtaining appropriate chairs	"I needed a new chair for the office, and was sent consent forms which were really confronting and based on a medical issue - I simply wanted a comfortable chair"
Ergonomic workstations	"Sit to stand desk availability is a problem when we hear staff voicing a need for better ergonomic workstations.

7.5. Concluding Remarks

The following paragraphs summarise the impacts of the Safety, Security and Physical Environment issues highlighted throughout the workshops.

Individual wellbeing impacts: Agency staff reported impacts on psychological wellbeing, with staff experiencing heightened anxiety, fear responses, and in at least one case, the development of diagnosable anxiety disorders. These psychological impacts translated into adapted behaviours, including avoidance of certain work locations, reluctance to engage in routine work activities, and a reduced willingness to participate in face-to-face service delivery. Staff wellbeing was further compromised by physical discomfort in the work environment and diminished opportunities for restorative social interaction with colleagues. The cumulative effect of these stressors is likely to affect individual capacity to perform core duties with confidence and consistency.

Team impact: At the team level, the reported concerns had implications for workforce stability, operations, and morale. Teams experienced challenges in maintaining adequate coverage for front-facing roles, with staff actively avoiding certain duties or work locations. The absence of clear protocols and the presence of unresolved environmental hazards eroded team confidence in Agency support. The impact of these hazards is likely to be on team cohesion and a collective sense of safety.

Agency-wide: At the Agency level, the impacts extended to service delivery quality, duty of care obligations, and reputation. Staff avoidance of participant communications and decision-making conversations can represent a direct compromise to service accessibility and responsiveness. The Agency's capacity to provide equitable service sometimes is potentially constrained by physical accessibility limitations and staff reluctance to utilize available facilities. Delays in addressing known hazards and the absence of consistent security frameworks across co-located sites raised questions about the effectiveness of risk management.

8. Setting NDIA up for Success

8.1. Protective Factors

Prefacing Remarks

The following reflections on Agency protective factors have been derived from both the form question, “What energies and inspires you” and CA Analyst coding, a set of over 1000 observations shared by the NDIA staff during the September/October workshops.

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The Job Demands-Resources (JD-R) framework [3] delineates between job resources which foster employee engagement and chronic job demands depleted wellbeing. A distinguishing feature of the contemporary JD-R model is its recognition that demands and resources operate at three interconnected levels:

Protective Factors Present

The focus group analysis identified seven primary protective factors that energized and sustained staff wellbeing. These protective factors have been organised across the three levels of the JD-R framework: Organisational, team and individual.

Organisational Level

Organization-wide demands and resources include organizational (or Agency) culture, strategic HR practices, organizational support systems and company-wide change initiatives.

Recognition and feeling valued constituted a protective factor at an Agency level. Some staff reported feeling energized when receiving "recognition of high-quality work" and "constructive feedback" from colleagues and stakeholders. One staff member noted that "when your leadership is genuinely interested in you and recognises your strengths and assist with guidance for future possibilities," it significantly enhanced their workplace experience.

Work life balance and flexibility, particularly remote work arrangements, also represented a protective factor. Multiple staff members cited "work/life balance, flexible work hours" and "the work/life flexibility" as energizing aspects of their roles. One participant specifically mentioned that "working from home is huge, focused work, being productive (without pressure!) and learning and team cohesion" contributed positively to their wellbeing. The ability to manage caring responsibilities through flexible arrangements was valued, though some noted this flexibility was not consistently supported by all managers.

Professional growth and development opportunities served as another protective factor. Staff reported feeling energised by "skill building" and "the ability to uplift people's capability." Some planners expressed satisfaction in "supporting my staff in their learning journey and watching them grow," while others valued "opportunities for development" and "exploring new areas as a graduate." The provision of "mentoring and coaching" was identified as particularly energising for both those receiving and providing such support.

Team/Group Level

Team-level resources include team climate, collective efficacy, and collaborative practices, while team demands might include team conflict or coordination challenges.

Supportive team culture and collaboration emerged as another protective factor that appeared to buffer against workplace stress. Staff members described being energised by "working with amazing colleagues" and valued "the team culture - encouraged to share and build professional relationships." One participant expressed that "my colleagues and flexibility

[3] An occupational stress and motivation model developed by Demerouti, Bakker, Nachreiner, and Schaufeli (2001)

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of the workplace" were what sustained them, while another noted feeling most fulfilled when "my team collaborate and support each other's growth." Several staff emphasised that "working within a team that is collegiate and has a common goal" provided essential support, with team leaders particularly valuing watching their staff grow and succeed in their roles.

Positive leadership and support emerged as a protective factor, though its presence varied considerably across teams, and it's acknowledged that Poor Support is identified as the most prominent psychosocial hazard. The apparent contradiction illustrates that variability exists and that positive leaders are indeed present. Some staff reported that "my team leader is very positive and inspiring" and appreciated "my amazing leadership team from EL2 to APS6 TL." Others valued leaders who demonstrated "genuine focus on employee health and wellbeing" and provided "support and direction." Overall, the experience of positive leadership appeared inconsistent.

Individual Level

Individual resources are psychological characteristics such as self-efficacy, optimism and resilience. These can drive personal work engagement, burnout, job satisfaction and performance.

Staff reported that *meaningful purpose and impact* served as a powerful protective factor, with one planner noting they felt "inspired and energised when I see my team collaborate and support each other's growth." Multiple participants described feeling rewarded through making a genuine difference in participant's lives and experiencing satisfaction when "communicating a decision as a planner that is going to positively change a participants life, and they are grateful for my help." Some planners specifically mentioned the privilege of "hearing participants and their families' personal journeys and the immense trust that comes with those conversations."

Positive participant outcomes constituted another protective factor. Staff consistently reported being energised by positive outcomes for participants, whether this was in the form of a participant expressing satisfaction of their plan, helping them achieve their goals and seeing positive outcomes. For those working with parents and their children, meaningful reinforcement of their work's value was elicited through their ability to witness the relief and gratitude expressed by parents when they receive their child's NDIS package.

Missing Protective Factors

Despite these protective factors, the analysis revealed seven notable gaps predominantly at the Agency level that appeared to impact on staff wellbeing. These gaps are presented below:

Psychological safety

Staff consistently reported a fear of speaking up and a culture of silence. One participant observed that "safety and wellbeing are often discussed in terms of physical and mental health, but not enough is said about psychological safety. If staff do not feel safe to speak up, ask questions, this silence affects trust, learning and team performance." Multiple staff members indicated they were "scared to speak up" due to fear of retribution, with one noting "when you are scared to say things which could go against you in the eyes of the leadership, even though you are correct in what you feel and say." Some planners specifically described situations where "we know psychosocial safety is a problem when we see that people in a

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meeting just shut down and say nothing or stay on mute." The fear was particularly acute when concerns involved senior leaders, with staff reporting "it's hard to speak up about senior leaders' negative behaviours (culture) for fear of repercussions."

Ineffective reporting systems

Limited follow-through and accountability represented a second major gap in an ideal listing of protective factors which should ideally be present. Staff expressed significant concerns about the Speak Up process, with one participant noting "there's a speak up processes, but because of the fact that people are speaking up about something that's made them feel unsafe, the uncertainty of what happens next in the process, where does it go? What happens?" Multiple staff reported that the outcome of the report doesn't always equate to something that is felt by the staff members" and complained that "the person who reported it doesn't get any sort of follow up and there is no support in what they were experiencing." Some felt the process itself was problematic, describing it as "such a clunky process" where "if you make the wrong selection your report will go to your manager and if you are actually reporting them then I feel like that is really bad." Others indicated they would not use the system because "to report an issue when you know you will get a cut and paste response" felt futile. The perception that "it's hard to share feedback when it feels that change doesn't happen when you do report something", further discouraged staff from raising concerns.

Management support and capability

Staff reported that "team leaders don't have the support to support their staff. They don't know how to support us," particularly regarding neurodiversity and disability support. Some participants observed that "managers seek support and guidance on how to undertake their roles", suggesting inadequate preparation for leadership responsibilities. Multiple staff noted that "ill equipped managers with no people skills are causing a lot of psychological harm to their staff" and called for "mandatory training should occur for all people leaders." The problem extended beyond individual capability, with some staff reporting that "there are not enough support for managers who experience psychosocial hazards from staff", indicating a systemic concern to support leaders adequately.

Lack of transparent communication

Lack of transparent communication was noted in terms of effective Agency change management. Staff expressed frustration that "the issue of change management... there is still a lack of transparency, and it was made very clear at the beginning that the consultation was not about the decision, the decision has been made so staff feel that we are not involved in the decision making process at all. This issue, and others such as understanding the purpose of changes, are described in more detail, in the Change Management Hazard summary in Section 5.4.

Perceived gaps in accountability and organizational justice

This factor speaks to perceptions of favouritism, with participants noting "we know there is favouritism among staff when the same staff are always offered opportunities that others do not" and "nepotism is rife in some areas of the Agency." Some staff observed that "people are being given opportunities on who they know not what they know" and complained about "favouritism of certain staff by Leaders." The perception that "there is often no point speaking up because there are rarely consequences for poor leadership" contributed to cynicism about Agency fairness. Multiple participants described situations where "we know team culture is a problem when we see managers/leaders not address poor performance or below par

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behaviours," suggesting selective application of accountability. Some staff specifically noted that "the person doing the investigation is of the same category of the person perpetuating the problem and there are zero consequences for the perpetuator," undermining confidence in organizational justice processes. The reader is referred to Section 5.3 for further information.

Inadequate trauma-informed support

Staff reported "inconsistent debriefing processes with staff with lived experience being exposed to client's trauma" and noted that "we know staff not being supported is a problem when they frequently read or hear about triggering events (suicidal ideations, sexual abuse, emotional abuse)." Some planners described experiencing vicarious trauma, with one noting "vicarious trauma through reading the documents submitted especially when things are included when they are not relevant... other colleagues have been really effected and even see graphic images shared that people think are really helpful but they are not." Multiple staff indicated that "content warnings are not always useful as they do not indicate which documents have the content." The lack of systematic support was evident in reports that "staff safety - when there is no debrief after a community trip" and observations that "operationally, people focus more on wait times, KPIs and ticking boxes rather than, you know, we've had an incident right now, that's my focus and making sure that people are feeling safe, supported."

Approach to risk management

Staff consistently described an Agency culture that responded to problems after they occurred rather than preventing them. One participant specifically noted "how reactive the Agency is to problems rather than being proactive," while others complained about "the slowness of things to get rectified." Some staff expressed frustration that safety concerns were not addressed until incidents occurred, with one noting "some question whether safety is truly a priority, because the follow-through just isn't there." The reactive approach extended to change management, with multiple participants echoing the comment "why do some areas make change without lead times for staff training to understand" and "the rate of change in the Agency is difficult to keep pace with, witnessing bad decisions being made as leadership rotates like a musical chair."

8.2. Amplification Strategies for Protective Factors

The following amplification strategies are suggested, based on the reported protective factors from the data and the framework described:

Agency Level

Recognition and Feeling Valued, Work-Life Balance and Professional Growth Opportunities

1. Implement fair and transparent recognition: Amplification strategies include enabling staff to receive timely, meaningful feedback that reflects their efforts in supporting participants, with particular attention to work that may not be highly visible but contributes significantly to participant outcomes and scheme sustainability. This could be done through Agency communications or initiatives which reference this.
2. Reinforce, promote or identify additional flexible work practices: Amplification strategies might include very clear communication of the existing flexibility allowed, how this is

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accessed and the benefits which individuals experience as a result of having flexible work arrangements. A second strategy would be to further enhance the current specified parameters around work hours, location, and scheduling. Team Leaders or managers could proactively ask if team members might wish to avail themselves of these practices. Finally, rostering practices could lift coverage during leave periods to prevent excessive workloads and allow staff sufficient time for rest and recovery between demanding work periods, particularly for staff exposed to traumatic content or aggressive behaviours.

3. Develop professional development pathways & skill uplift: defining structured career development pathways with designated training programs, mentoring arrangements, and transparency about the progression pathways could constitute an amplification strategy for the Agency. This might include robust induction programs for new staff. Additionally, setting up ongoing learning opportunities to build role specific competencies or support to staff to in managing complex participant interactions could significantly lift self-efficacy in these demanding moments.

Team/Group Level

Supportive Team Culture and Collaboration and Positive Leadership and Support suggestions.

4. Strengthen Team Collaboration Infrastructure: The Agency could enhance physical and virtual work environments to facilitate peer support and cooperation. This could include both formal team building activities which could strengthen interpersonal relationships and create psychologically safe spaces for sharing, as well as the set-up of regular points where staff could simply debrief and share with one another, thereby receiving some valuable peer support.
5. Review leadership development: leaders equipped with skills to provide constructive feedback, recognise early warning signs or staff distress, and create environments where workers feel safe to raise concerns would improve the probability of addressing cultural concerns around psychological safety. The Agency might consider “highly encouraging” or mandating Mental Health First Aid courses or ‘psychological safety for leaders’.

Individual Level

Meaningful Purpose and Impact and Participant Engagement and Positive Outcomes Suggestions

6. Any system, process or feedback mechanism whereby staff can regularly receive information about positive participant outcomes results from their work should reap rich rewards in terms of lifting the prevalent connection for many staff with purpose even further. Whether this is indirect feedback about participant outcomes or even creating opportunities for staff to hear directly from participants about how NDIS support has enhanced their independence and quality of life merits consideration.

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9. Deep Dive Recommendations:

9.1. Ongoing Vs Non-Ongoing Staff

Exploring employment status differences will strengthen workforce stability and enable the Agency to create equitable support systems that recognise the unique psychosocial needs of both permanent and contract staff. Understanding how insecure employment affects wellbeing allows the Agency to develop targeted retention strategies and ensure all staff feel valued regardless of their employment type. This exploration supports the Agency's commitment to being an employer of choice by addressing job security concerns that currently impact staff engagement and psychological safety.

9.2. Neuro-Inclusive Practices

Deepening neuro-inclusive practices will position the Agency as a leader in creating workplaces that celebrate cognitive diversity and harness the unique strengths neurodivergent staff bring to disability services. The establishment of the Neuro-inclusion Network demonstrates an existing commitment, and further exploration and investment will ensure managers and teams have the knowledge and tools to provide meaningful accommodations and support. This work directly enhances the Agency's capability to serve participants authentically, as neurodivergent staff with lived experience bring invaluable insights to improving participant experiences.

9.3 Co-Located Offices

Examining co-located office arrangements will optimise the balance between collaboration opportunities and the unique safety, security, and operational challenges these shared spaces present. Understanding staff experiences across different office configurations enables the Agency to design environments that promote connection while maintaining appropriate boundaries and safety protocols. This exploration supports both staff wellbeing and participant experience by ensuring physical spaces facilitate quality interactions while protecting staff from psychosocial risks.

9.4. New Employees

Investing thoughtfully and actively in the Agency's onboarding systems will ensure staff feel supported, competent, and connected from day one. Early career experiences significantly influence retention and engagement. Enhanced focus on new employees creates opportunities to embed psychological safety, role clarity, and trauma-informed practices from the outset, building capability that directly benefits employee psychological health and participant outcomes.

9.5 Speak Up Process

Strengthening the Speak Up process will enhance psychological safety, demonstrate genuine commitment to staff voice, and create transparent pathways for continuous improvement across the Agency. Current data indicates staff uncertainty about when and how to use Speak Up, concerns about confidentiality, and fears of repercussions – addressing these barriers will unlock valuable insights for risk management and cultural development. A robust, trusted Speak Up system enables early identification of psychosocial

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hazards, supports trauma-informed responses, and demonstrates that staff wellbeing is genuinely valued.

10. Final Note

This consultation has represented a significant undertaking in enabling staff across the Agency to share their experiences of psychosocial hazards in a confidential and psychologically safe environment. The breadth and depth of participation demonstrated staff commitment to contributing to workplace improvement.

The findings presented in this report reflected the lived experiences of Agency staff at a particular point in time and provide a foundation for the next phase of design, where evidence-based interventions will be developed to enhance psychosocial safety, support workforce wellbeing and strengthen the Agency's capacity to deliver quality services to participants.

TELUS Health project team acknowledge the trust placed in this process by participating staff, the co-operative cross-Agency project management between the NDIA and TELUS Health project teams, and the openness demonstrated by NDIA to share candid perspectives on difficult workplace matters.

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