

DCS Psychosocial Health and Safety Plan

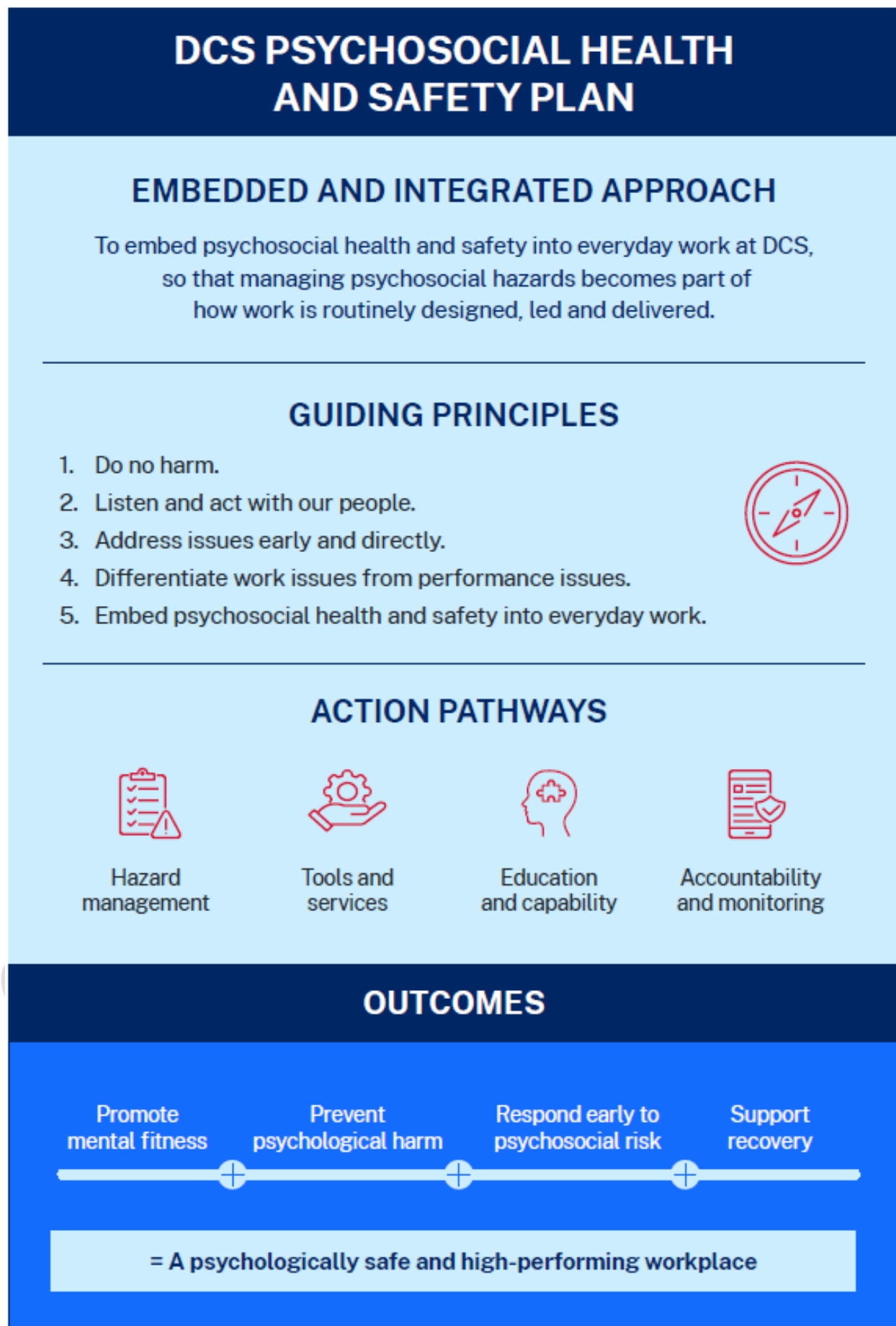
2027-2029



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1. Plan at a glance.



2. Context and drivers for action

Psychosocial health and safety is a growing global priority, with increasing recognition that the way work is designed, led and experienced can contribute to psychosocial risks and psychological harm. In response, organisations are increasingly expected to manage psychosocial hazards with the same rigour applied to physical health and safety risks.

Across Australia and NSW, psychological injuries are increasing in prevalence, duration and complexity. These injuries have significant impacts on workers, teams and organisational performance, affecting employee health and wellbeing, productivity, retention and service delivery. Data from SafeWork NSW, SIRA and public sector reporting show that psychological injuries result in longer recovery durations and higher claim costs than many physical injuries. These trends reinforce the importance of proactively identifying psychosocial hazards, designing safe work and intervening early to prevent harm.

Consistent with these broader trends, insights from the DCS Psychosocial Landscape Review indicate a sustained increase in psychosocial risk factors within our workforce. Organisational data and consultation highlight pressures associated with workload, organisational change, interpersonal dynamics, and variability in support and capability across teams. Where these issues are not addressed early, they can impact mental health, engagement and performance. The overall picture is that psychosocial risk is a material and evolving priority for the department. The key findings of the review are summarised in Appendix 13.2.

Organisational change is a particular area of focus across the NSW public sector. Restructures, workforce adjustments, role changes, uncertainty and periods of significant transformation can increase psychosocial risks where consultation, communication, role clarity and workload management are not effectively managed. As DCS continues to evolve to meet changing community and service delivery needs, managing psychosocial risks through periods of change is a critical component of this Plan.

A key insight from research and practice is that psychosocial risk is largely influenced by how work is designed and managed. This has led to a growing focus on the concept of good work as a way to prevent harm and support sustainable performance.

Good work recognises that work can either support or harm mental health, depending on how it is experienced. As noted by the Australasian Faculty of Occupational and Environmental Medicine:

“The provision of good work is a key determinant of the health and wellbeing of employees, their families and broader society.”

At DCS, we strive to provide **good work that is designed and managed so people can perform safely, effectively and without harm**. In practice, this means work that provides:

- manageable and prioritised workloads
- clear roles and expectations
- supportive leadership and constructive feedback
- respectful working relationships
- realistic timeframes, resourcing and change implementation

When these conditions are in place, work supports mental health, strengthens performance and builds connection. When they are not, the same work can create psychosocial hazards and increase the risk of psychological harm while also having a negative impact on productivity.

This Plan is based on the principle that psychosocial health and safety is achieved through the design and delivery of good work. It represents a shift from responding to individual harm toward proactively improving how work is structured, led and supported.

At DCS, this will be achieved through a structured and preventative approach grounded in the Work Health and Safety Act 2011 and SafeWork NSW Psychosocial Code of Practice. The Plan focuses on identifying reasonably foreseeable hazards and managing risks so far as reasonably practicable, while strengthening consistency, accountability and capability across the organisation.

The psychosocial hazards experienced by employees can vary across functions, teams and circumstances. DCS has identified a range of priority psychosocial hazards requiring ongoing management attention, including workload and job demands, exposure to traumatic content, inappropriate workplace behaviours, role clarity, support, organisational justice and change management. The actions we will take to support the management of these hazards are outlined in Section 9.

By improving how work is designed, led and supported, the Plan aims to reduce harm, improve recovery outcomes and support a resilient, psychologically safe workforce, enabling DCS to deliver effective outcomes for the communities we serve.

Key concepts and definitions used in this Plan are provided in [Appendix 13.2](#)

3. Scope

This plan applies to all divisions, in the NSW Department of Customer Service (DCS) portfolio with employees (workers) of DCS whether ongoing, temporary, or casual (this includes those employees who work for a specific group within DCS where you are still an employee of DCS under the Government Sector Employment Act 2013 (NSW)).

This Plan does not apply to SafeWork NSW.

4. Purpose

This Psychosocial Health and Safety Plan 2026–2029 sits within the DCS Work Health and Safety framework and outlines how the Department will implement a structured and preventative approach to managing psychosocial risk.

It provides a coordinated and practical approach to improving how work is designed, led and delivered to consistently enable good work across DCS, with the aim of preventing psychosocial harm and strengthening psychosocial safety.

The Plan aligns with the Work Health and Safety Act 2011 and associated Codes of Practice, reinforcing the requirement to anticipate psychosocial risks and take proportionate action to eliminate or minimise harm.

Delivering this Plan is not the responsibility of one team or role. It relies on every person across DCS understanding the role they play in creating good work, identifying psychosocial hazards and contributing to a safe and supportive workplace.

While leaders have a critical role in the design, management and oversight of safe work, psychosocial health and safety is influenced by the everyday actions, decisions and behaviours of all employees. The roles, responsibilities, accountabilities and key actions that support delivery of this Plan are outlined in Appendix 13.3 and provide a practical guide to how every part of DCS contributes to achieving the Plan's outcomes.

5. Our goal

To embed psychosocial health and safety into everyday work at DCS, so that managing psychosocial hazards becomes part of how work is routinely designed, led and delivered.

At DCS, this means creating a workplace where people can do good work and feel safe, supported and valued. Psychosocial health and safety is integrated into core business activities, supported by continuous improvement and the ongoing building of mental fitness.

6. Our approach and what will change

Over the next three years, this Plan will shift DCS from reactive and fragmented responses to an integrated, preventative approach to psychosocial health and safety. The priorities and actions outlined in this Plan have been informed by the findings of the DCS Psychosocial Landscape Review (Appendix 13.1), employee data and legislative requirements.

DCS will strengthen its approach by improving how work is designed, led and supported, enabling earlier identification and action on psychosocial risk and contributing to overall improvements in organisational performance.

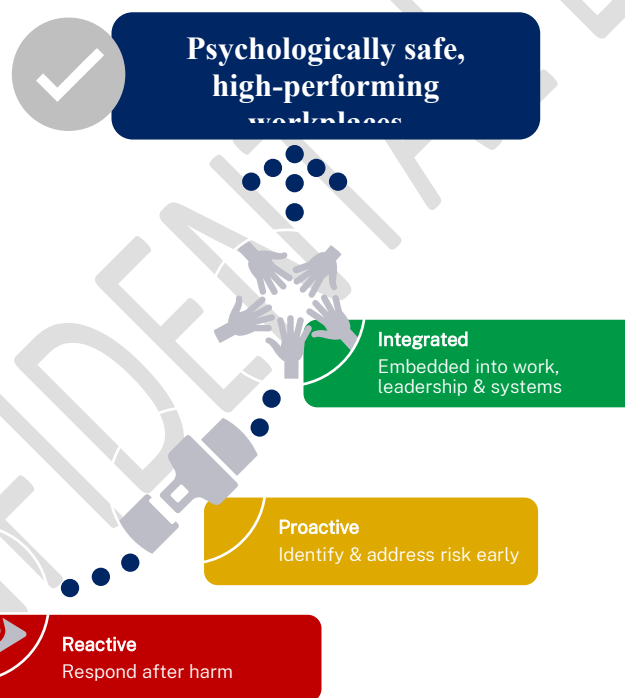


Diagram 1: From reactive to integrated psychosocial health and safety

This will be achieved through:

- **Integration into core business activities:** Embedding psychosocial health and safety into planning, decision-making, change management and performance conversations
- **A stronger focus on prevention:** Moving beyond responding to individual cases to proactively identify and manage psychosocial hazards early
- **A focus on the conditions of work:** Addressing risks through improvements to work design, priorities, resourcing and leadership practices, not only through individual support

- **Stronger leadership accountability and capability:** Leaders setting clear expectations, consulting effectively and taking timely action to ensure work is safe and sustainable
- **Use of data and insights to guide action:** Using workforce data to identify emerging risks, inform decision-making and track improvement over time
- **Earlier voice and participation:** Supporting employees to raise concerns early and contribute to improving how work is done

In practice, this means work-related issues are identified early and addressed through changes to how work is designed and delivered.

7. Outcomes

This plan delivers a coordinated and integrated approach to psychosocial health and safety across DCS. The following outcomes define what will change and how the plan will improve the way work is experienced across the department.

Together, these outcomes strengthen how DCS promotes mental fitness, prevents harm, responds early to risks and supports recovery through an integrated approach embedded in everyday work.

Achieving these outcomes requires coordinated action across all levels of the organisation. The responsibilities outlined in Appendix 13.3 demonstrate how executives, people leaders, enabling functions and employees each contribute to creating psychologically safe, high-performing workplaces.



1. **Promote mental fitness** - Mental fitness is strengthened across DCS, with workers proactively maintaining and building their mental health, speaking up early and engaging in open and constructive conversations about work.
2. **Prevent psychological harm** - Psychosocial risks are proactively identified and reduced through improved work design, informed by data and consultation, and aligned with legislative requirements and codes of practice.

3. **Respond early to Psychosocial risk** - Emerging risks in work demands, design and relationships are identified and addressed early, enabling timely action to resolve issues before harm occurs.
4. **Support Recovery** - Workers are supported through injury management, recovery at work and access to appropriate services, with learnings used to strengthen prevention and improve how work is designed and delivered

Embed an integrated approach to psychosocial health and safety

Psychosocial health and safety is embedded into governance, leadership practices and everyday work across DCS. This enables coordinated, consistent and proactive management of psychosocial risk at individual, team and organisational levels.

7.1 End state outcome

Psychologically safe, high-performing workplaces.

A DCS where:

- People feel safe to speak up and raise concerns
- Work issues are addressed early and effectively
- Leaders enable safe, sustainable work
- Teams take shared responsibility for how work is experienced

8. Guiding Principles

These guiding principles support the implementation of this Plan and shape how psychosocial health and safety is applied in practice across DCS. They guide decision-making, behaviours and actions to ensure a consistent and sustainable approach.

1. **Do no harm** - We take a human-centred, trauma-informed approach to how work is designed, led and experienced, ensuring our actions do not unintentionally create or contribute to harm.
2. **Listen and act with our people** - We actively listen to our people and involve them in identifying risks and shaping solutions, recognising that those closest to the work are best placed to improve it.
3. **Address issues early and directly** - We do not avoid difficult conversations. We engage in open, respectful discussions about work, recognising that early, constructive dialogue is critical to preventing harm.
4. **Differentiate work issues from performance issues** - We recognise the difference between psychosocial hazards and individual performance matters, ensuring risks are addressed through changes to work, while performance is managed fairly and appropriately.
5. **Embed psychosocial health and safety into everyday work** - Psychosocial health and safety is integrated into how good work is designed, led and delivered, rather than treated as a separate initiative or response.

9. Action pathways

The plan will be delivered through four action pathways, each providing a clear focus for implementation and evaluating success. The action pathways collectively support delivery of the plan outcomes by strengthening promotion, prevention, early intervention, support and the integration of psychosocial health and safety into everyday work.

All initiatives within these pathways are led and coordinated by People and Culture in partnership with business leaders and key stakeholders across DCS. Departments and agencies will do local promotion, implementation and tailoring where appropriate.

Each pathway outlines the type of action, indicative timeframes, and how success will be monitored. Detailed initiatives, milestones and deliverables will be set out in a supporting implementation plan that will be maintained as a live document and updated throughout delivery of the plan.

Implementation will occur in stages across the three-year lifecycle of the plan, starting with foundational work, followed by scaling and embedding activities, and then continuous improvement. Progress will be monitored through agreed measures and reported through established governance arrangements.

9.1 Hazard Management

Supports prevention of psychological harm and early identification of risk.

Hazard Management establishes a proactive and consistent approach to identifying and managing psychosocial risks through improved work design, structured consultation, and clear escalation pathways. This pathway strengthens DCS's ability to move from reactive responses toward prevention, ensuring risks are identified early and addressed at their source.

What success will look like:

- Increased completion of psychosocial risk assessments.
- Increased evidence of consultation in risk management activities.
- Reduction in repeat or unresolved psychosocial hazards.
- Improved PMES results relating to workload, role clarity and time to do work effectively.
- Fewer identified psychosocial risk hotspots across DCS, reflecting improved psychological health and safety outcomes.

Action	Outcome	Establish	Embed	Sustain	Success Measures
Embed proactive psychosocial hazard identification and risk assessment.	Prevent	Q1 - 26/27 Establish foundational risk assessments and common risk assessment approach with supporting resources, across divisions and agencies.	Q2 - 26/27 Deliver a DCS wide risk assessment view to inform the creation of a control library and mitigation initiatives.	Q1 - 27/28 Annual review, governance and continuous improvement embedded into business practices	Increased identification and reporting of psychosocial hazards through proactive assessment and consultation. Improved visibility of psychosocial risks across DCS. Increased proportion of teams completing proactive psychosocial risk assessments. Teams completing at least one proactive consultative assessment bi-annually. DCS view of common psychosocial hazards across the department with controls in place.
Strengthen psychosocial hazard and incident response.	Respond / Support	Q2 - 26/27 Develop response toolkit with escalation pathways and monitoring processes for leaders to respond to hazards and incidents.	Q3 & 4 - 26/27 Pilot, consult and test while refining resources and tools to define a consistent application across DCS.	Q2 - 27/28 Evaluate effectiveness post 6 months use and improve controls based on learnings	All reported hazards and incidents are effectively reviewed, actioned and closed with a reasonable WHS response. Decrease in timeframe from hazard / incident reports to close.
Deliver 'good work' through proactive work design principles	Prevent	Q1 & 2- 27/28 Develop and pilot work design toolkit for leaders focusing on high-risk areas.	Q3 & 4 - 27/28 Expand use across priority roles and teams	Q1 - 28/29 Integrate into workforce planning, recruitment and role reviews	High-risk business areas have work design principles applied seen through consultation. Measurable reduction in risk exposure scores in those areas Reduction in hazard and incidents in targeted areas.
Integrate psychosocial health and safety into organisational change and workforce planning	Prevent / Respond	Q1 - 26/27 Build on change planning tools, guidance and resources to support proactive psychosocial hazard management through change.	Q2 - 26/27 Embed into all change initiatives and restructure management processes.	Q3 - 26/27 and ongoing Review, evaluate and continuously improve organisational change practices through consultation, data and lessons learned.	Improved PMES results relating to organisational change. Increased employee confidence that concerns raised during change are listened to and acted upon. Evidence of psychosocial risk assessments being completed for significant change initiatives. Reduction in psychosocial hotspots linked to change activity. Positive employee feedback on communication and engagement during change.

9.2 Tools and Services

Supports early identification, response and access to support.

Tools and Services strengthen access to practical support, resources and coordinated interventions that enable workers and leaders to identify concerns early, take appropriate action and access support when needed. It supports a consistent and proactive response to psychosocial risks across DCS.

What success will look like

- Increased awareness of psychosocial health and safety supports.
- Increased utilisation of support services and early intervention resources.
- Improved leader confidence responding to psychosocial concerns.
- Improved employee confidence that support is available when needed.
- More consistent support experiences across DCS.

Action	Outcome	Establish	Embed	Sustain	Success Measures
Strengthen access to psychosocial health and wellbeing support services	Promote / Support	Q2 – 26/27 Review current support services and develop a service map and referral pathways.	Q3 & 4 – 26/27 Integrate support options into induction, leadership practices and workforce communications.	Ongoing Ongoing review and enhancement based on utilisation and workforce needs.	Increased awareness and utilisation of EAP, Manager Assist and wellbeing services. Positive employee feedback regarding access to support.
Provide practical tools and resources to support early identification and action	Respond / Support	Q2 – 26/27 Develop psychosocial health and safety toolkits, response guides and postvention resources.	Q3 -26/27 Embed tools into leadership programs, WHS processes and business practices.	Ongoing Review and refresh resources based on feedback and emerging risks.	Increased leader confidence in identifying and responding to psychosocial concerns. Consistent use of tools and resources across DCS.

Establish a coordinated People & Culture psychosocial support model	Respond / Support	Q3 – 26/27 Define service principles, roles, communication plans and referral pathways across P&C functions.	Q1 – 27/28 Strengthen collaboration across WHS, HR, Recovery at Work and ER&S.	Ongoing Embed coordinated service delivery into BAU governance arrangements.	Improved leader experience accessing support. Increased consistency of psychosocial support services across DCS.
Increase awareness and engagement through targeted communication and promotion	Promote	Q1 – 26/27 Develop communications strategy, annual campaign calendar and key messages.	Always on Deliver campaigns, awareness activities and engagement initiatives.	Always on Integrate psychosocial health and safety promotion into annual workforce planning.	Increased awareness of available supports. Improved participation in mental fitness and psychosocial health initiatives.

9.3 Education and Capability

Supports promotion of mental fitness and early action on work issues.

Education and Capability builds shared understanding, skills and confidence to identify psychosocial hazards, speak up early and take appropriate action. It strengthens capability across all levels of DCS and reinforces psychosocial health and safety as part of everyday leadership and work practices.

What success will look like

- Increased leader capability in managing psychosocial risk.
- Increased employee confidence to speak up and raise concerns.
- Improved understanding of psychosocial hazards and good work design.
- Increased participation in learning and capability activities.
- Improved PMES results relating to manager support and confidence to act.

Action	Outcome Supported	Establish	Embed	Sustain	Success Measures
Build psychosocial health and safety capability across all leaders	Prevent / Respond	Q1 & Q2-26/27 Integrate into mandatory training, leadership learning pathways covering awareness, prevention and response.	Q3-Q4 26/27 Integrate into leadership development programs, and recruitment of people leadership roles.	Always on Periodic review and refresh based on organisational needs.	Increased leader confidence in managing psychosocial risks. Improved PMES manager support measures.
Develop practical guidance on good work design and psychosocial hazard management	Prevent	Q1 & Q2-26/27 Develop practical guides, toolkits and resources for leaders.	Q3-Q4 26/27 Integrate into recruitment, workforce planning, change and team	Ongoing Maintain and update resources based on lessons learned.	Increased use of resources and improved confidence applying psychosocial risk controls.

			management activities.		
Strengthen employee capability to identify and raise psychosocial concerns early	Promote / Respond	Develop awareness and learning resources for all employees.	Incorporate content into induction, onboarding and workforce programs.	Ongoing Ongoing promotion and refresh of learning content.	Increased confidence to speak up. Improvements in PMES employee voice measures.
Establish communities of practice and peer learning opportunities	Promote / Prevent	Establish forums and learning networks for leaders, WHS and P&C practitioners.	Deliver regular learning sessions and knowledge sharing opportunities.	Ongoing Embed communities of practice into ongoing capability frameworks.	Increased participation in learning activities. Improved sharing of good practice and lessons learned.

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9.4 Accountability and Monitoring

Supports governance, accountability and continuous improvement.

Accountability and Monitoring establishes the governance, reporting and data mechanisms required to understand psychosocial risk, measure progress and drive continuous improvement. It enables leaders to make informed decisions and strengthens organisational accountability for psychosocial health and safety outcomes.

What success will look like

- Improved visibility of psychosocial risks and trends.
- Increased use of data to inform decision making.
- Strengthened governance and accountability for psychosocial risk.
- Earlier identification of emerging psychosocial hotspots.
- Demonstrated improvement in psychosocial health and safety outcomes across DCS.

Action	Outcome Supported	Establish	Embed	Sustain	Success Measures
Develop a psychosocial health and safety reporting framework	Integrated Approach	Q1-26/27 Establish baseline measures, indicators and reporting requirements.	Q1 & Q2-26/27 Implement regular reporting to executives and governance forums.	Annually Review and refine reporting framework annually.	Baselines established and regular reporting embedded across DCS.
Implement psychosocial risk and organisational health dashboards	Prevent / Respond	Develop dashboards and reporting tools for leaders and governance groups.	Embed dashboard review into governance and planning processes.	Ongoing Enhance analytics and predictive insights over time.	Increased use of data to identify risks and inform decisions.

Strengthen organisational risk analysis and psychosocial hotspot identification	Prevent	Q3-26/27 Develop risk exposure methodology and hotspot analysis capability.	Q1-27/28 Use insights to prioritise interventions and support leaders.	Ongoing Continuous monitoring and refinement of indicators.	Earlier identification of emerging risk areas and targeted interventions.
Monitor implementation, evaluate outcomes and drive continuous improvement	Integrated Approach	Q2 26/27: Establish evaluation framework and implementation monitoring processes.	Q2-27/28 Conduct annual reviews and report on outcomes.	Annually and ongoing Use findings to improve controls, initiatives and future planning.	Evidence of improved psychosocial health and safety outcomes and maturity across DCS.

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10. Roles and Responsibilities

Creating psychologically healthy and safe workplaces is a shared responsibility across DCS. While accountability for ensuring work is safe sits with leaders under the Work Health and Safety framework, every employee has a role in identifying psychosocial hazards, speaking up early, participating in consultation and contributing to better work design.

Psychosocial health and safety is shaped across the entire employee lifecycle, from job design, recruitment and onboarding through to leadership, performance, organisational change and recovery at work. Delivering the outcomes of this Plan requires coordinated action across all levels of the organisation:

- **Executive leadership** – Accountable for setting direction, governance and organisational outcomes.
- **People leaders** – Responsible for leading safe work, managing psychosocial risks and implementing this Plan within their teams.
- **Enabling functions (including People & Culture)** – Responsible for providing advice, support, systems and oversight.
- **All employees** – Responsible for participating, speaking up about psychosocial hazards and contributing to a safe and respectful workplace.

Appendix 3.3 outlines the specific responsibilities, accountabilities and key actions expected of each role, demonstrating how collective action across DCS supports delivery of the Plan's outcomes.

11. Implementation and Governance

This plan sets the direction for psychosocial health and safety at DCS over the period 2026 to 2029. Implementation will be supported through a phased approach, with detailed initiatives, timeframes and deliverables outlined in a separate implementation plan.

Delivery of the plan will be integrated into existing governance structures, ensuring psychosocial health and safety is considered as part of routine planning, decision-making and performance oversight.

Clear accountabilities exist across executive leadership, people leaders and enabling functions to embed psychosocial health and safety into everyday work. Progress will be monitored through regular reporting to the DCS executive team, using agreed measures to track the identification and management of psychosocial risks, early intervention activity and workforce outcomes.

Data and insights will be used to inform decision-making, identify emerging risks and support continuous improvement. The approach will evolve over time, with learnings from implementation used to strengthen how psychosocial health and safety is applied across DCS.

12. Evaluation

This plan sets the direction for how DCS will strengthen psychosocial health and safety over the period 2026 to 2029. Delivery will be supported by a separate implementation plan outlining specific initiatives, timeframes, responsibilities and deliverables, alongside a dedicated evaluation framework.

Evaluation will occur annually, with more frequent monitoring of priority initiatives and risks identified through implementation. Progress and impact will be assessed through triangulation of

multiple data sources, including workers compensation data, HR matters, work health and safety reports and employee insights.

A key component of this approach is the use of the People Matter Employee Survey (PMES) as a set of lead indicators for psychosocial risk. PMES provides insight into how work is experienced across DCS and supports early identification of emerging risks, enabling proactive action.

Key indicators include:

- Mental exhaustion and overall wellbeing
- Workload, role clarity and time to perform work effectively
- Employee voice and confidence to speak up
- Manager support and leadership practices
- Confidence that action is taken in response to feedback

These indicators will be monitored over time to track trends and assess improvements in psychosocial risk management, early intervention and psychological safety across DCS.

A dedicated evaluation plan supports this process, outlining the specific measures, data sources and methodologies used to assess progress against outcomes. The evaluation approach supports continuous improvement, with data and insights used to inform decision-making, refine controls and strengthen how psychosocial health and safety is embedded into everyday work.

Outcome	Key points to measure
1. Promote mental fitness	• Increase EAP utilisation of 5% to 8% • Increase to PMES Wellbeing overall score • Increase % of staff reporting low mental exhaustion • Improve % favourable for adaptability and resilience Other • Increased usage rates of PeopleSense programs including Manager Assist and wellbeing services • DCS my Mental Fitness page views and engagement. • Mental Fitness promotional engagement reach
2. Prevent psychological harm	• Increase % of staff reporting manageable workload • Increase % reporting time to do work effectively • Zero regulatory action relating to psychosocial risks Other • Rates and duration of incidents, injuries, and HR psychological health and wellbeing matters • Completion and consultation rates of proactive psychosocial risk assessments • Hazard reporting in mySafety • Policies and processes alignment to legislation and code of practice • Reduced use of unplanned leave and turnover rates • Appropriate use of recreational and flex leave

3. Respond early to psychosocial risk	• Increase % of staff comfortable speaking up • Improve confidence that issues raised are acted on • Improve % staff confidence that work health and safety issues raised will be addressed promptly Other • Timeframe between incident or injury and WHS investigation • Effective communication / 1:1's with leaders • Time loss for psychological injuries and incidents • Reduced psychosocial hotspots and repeated incidents
4. Support Recovery	• Improve % favourable for manager support • Maintain or improve flexibility support scores Other • Return to Work self-assessment against NSW Government's Best Practice Framework • Return to work rates following psychological workers compensation injury leave at 13 and 26 weeks • Return to work capacity and working status rates for psychological workers compensation claims
5. Embed an integrated approach to psychosocial health and safety	• Improve confidence that organisation acts on employee feedback • Increase perception of continuous improvement • Improve % favourable for overall wellbeing • Other • Positive results demonstrating shift to integrated approach through repeat landscape review

12.1 What success will look and feel like

Over the life of the plan, DCS will see a clear shift toward a workplace where psychosocial safety is put into practice every day. Psychosocial health and safety will not be treated as a separate initiative, but as a core part of how we work, lead and support each other.

In practical terms, evaluation will look for evidence that DCS is moving from reactive case management to proactive prevention by embedding psychosocial safety into governance, leadership practices and work design. This shift will occur progressively over three years, moving from increased awareness and early action to consistent application, and ultimately to an embedded, integrated approach.

Year 1 – Building awareness and early action

- People begin to speak up earlier when work is not working well
- Leaders recognise psychosocial hazards and respond more consistently
- Initial improvements are seen in how workload, role clarity and change impacts are raised and discussed
- Data and insights begin to be used to identify emerging risks

Year 2 – Strengthening consistency and capability

- Work issues such as workload, role clarity and change impacts are more consistently identified and addressed through adjustments to work
- Teams demonstrate more open and constructive dialogue about how work is experienced
- Psychosocial safety is increasingly embedded in regular performance and wellbeing conversations
- Leaders use data and feedback to guide decision-making and improve work practices

Year 3 – Embedded and integrated approach

- Psychosocial health and safety is embedded into how work is designed, led and delivered across DCS
- Work is planned, prioritised and adjusted proactively to reduce risk and support sustainable performance
- Teams demonstrate shared responsibility for how work is experienced, with open and honest conversations about work
- Leaders and teams consistently use data to proactively identify risks, track trends and strengthen systems

Sustained outcome

DCS workplaces are characterised by psychological safety, where people feel confident to speak up, issues are addressed early, and work is designed to support safe, sustainable and productive outcomes. Our workforce is healthier, and more resilient, resulting in better work, safer work, and stronger outcomes for our people and the communities we serve.

13. Appendix

13.1 Psychosocial Landscape Review Organisational Summary

The DCS Psychosocial Health and Safety Landscape Review was undertaken to assess the maturity of psychosocial health and safety arrangements across the department and identify opportunities to strengthen prevention, early intervention and recovery practices. The findings informed development of the priorities and actions contained within this Plan.

The review identified DCS strengths to leverage and limitations to improve on across our WHS systems and work practices. This work reflects DCS's commitment to fostering a safe, healthy, and supportive workplace aligned with the Work Health and Safety Act 2011 and the SafeWork NSW Code of Practice: Managing Psychosocial Hazards at Work.

1. Organisational policies, frameworks, procedures and resources The review identified established WHS policies and procedures that incorporate psychosocial risk considerations. DCS also provides flexible work arrangements and wellbeing supports, including the Employee Assistance Program (EAP), Mental Health First Aiders (MHFA) and Health & Safety Representatives (HSRs). Existing leadership and capability-building programs (e.g., Elevate) and a strong commitment to inclusion through Employee Resource Groups (ERGs) provide a solid foundation. Regular employee surveys (e.g., PMES) further support organisational insight and continuous improvement.

2. Internal systems data Analysis of workers' compensation, WHS reports, HR case information and EAP usage indicated a notable shift in the department's claim and reporting profile. Psychological injury workers' compensation claims increased by 86% from FY22-23 to FY24-25, and psychological injuries now account for 48% of all claims (up from 36% in FY22-23). Psychosocial incident reporting increased by 182% from FY22-23 to FY24-25. Psychosocial hazard reporting increased by 464% over the past three years, however these reports are intended to capture early concerns before an incident or injury occurs, and the increase may reflect stronger early identification and prevention practices.

3. People Matter Employee Survey (PMES) PMES results show a steady decline in favourable responses across several indicators. In 2024, 33% of respondents reported feeling mentally exhausted by work.

4. Structured interviews Interviews with HR and Safety Managers across the department highlighted three priority psychosocial hazard areas to target: organisational change, role overload and high job demands, and support from leadership.

This review reaffirms DCS's dedication to maintaining a safe and healthy workplace and highlights both strong foundations and clear opportunities to further strengthen psychological safety across the department. By continuing to uplift leadership capability, improve systems and reporting, strengthen governance, and embed proactive approaches to wellbeing and work design, DCS can accelerate the shift from reactive management to an integrated and preventative approach to psychosocial health and safety - supporting consistent, sustainable improvements in how psychosocial hazards are identified, managed, and prevented across DCS.

13.2 Key Concepts and definitions:

Good Work: *“Good work is engaging, fair, respectful and balances job demands, autonomy and job security. Good work accepts the importance of culture and traditional beliefs. It is characterised by safe and healthy work practices and it strikes a balance between the interests of individuals, employers and society. It requires effective change management, clear and realistic performance indicators, matches the work to the individual and uses transparent productivity metrics.”* The Australasian Faculty of Occupational and Environmental Medicine (AFOEM)

Mental Fitness: Mental fitness at DCS refers to proactively maintaining and strengthening mental health to support performance, adaptability and recovery at work and in life. It recognises that, like physical health, mental health can be developed and maintained over time.

Psychological Harm: Psychological harm refers to a negative impact on a person’s mental health resulting from exposure to psychosocial hazards. It may present as stress, anxiety, burnout, depression or other mental health impacts, and can affect individuals differently.

Psychological Health and Safety: A workplace that promotes mental health and takes all reasonably practicable steps to identify, eliminate or minimise psychosocial hazards.

Psychological Safety: Psychological safety refers to an interpersonal climate where people feel safe to speak up, raise concerns and share ideas without fear of negative consequences. It is both an outcome of effective work design and leadership, and an enabler of psychosocial risk management.

Psychosocial hazard: A psychosocial hazard is a factor arising from the design, organisation or management of work, the work environment, or workplace interactions and behaviours that may cause psychological harm if not managed. For examples high job demands, low job control, poor support, lack of role clarity, workplace conflict, and job insecurity.

Psychosocial Risk: Psychosocial risk is the likelihood and severity of psychological harm occurring as a result of exposure to one or more psychosocial hazards.

Psychosocial safety: Psychosocial safety refers to the extent to which the workplace conditions, systems and practices protect people from psychosocial harm and support mentally healthy work.

Reasonably foreseeable: Hazards that could reasonably be anticipated based on available information, data, experience or knowledge of work and its conditions.

Reasonably practicable: What is reasonably able to be done to eliminate or minimise risk, taking into account the likelihood and severity of harm, and the availability and suitability of ways to control the risk.

Work design: Work design refers to how work is structured, organised and managed, including tasks, roles, responsibilities, workloads, systems and relationships, and how these shape how work is experienced by employees.

13.3 Responsibilities, Accountabilities and Key actions

Role	Responsibilities	Accountabilities	Key actions across the employee lifecycle
Secretary and Chief People Officer	Set strategic direction and expectations for psychosocial health and safety. Champion a proactive, work-focused approach across DCS.	Ensure whole-of-department commitment to the plan. Ensure appropriate governance, resourcing and oversight. Monitor high-level risk indicators.	Endorse and promote the plan. Embed psychosocial health and safety into departmental plans and priorities. Model leadership behaviours that support speaking up and early action.
Deputy Secretaries (All agency heads) and Executive Directors	Operationalise the plan across divisions. Drive consistency in managing psychosocial hazards. Support leadership capability.	Embed psychosocial health and safety into divisional plans. Monitor divisional risk exposure and effectiveness of controls.	Review psychosocial dashboards and hotspot data. Support escalation and targeted intervention. Reinforce expectations that issues raised lead to action.
Directors	Translate plan into operational practice. Support managers to identify and address psychosocial hazards.	Embed the plan into team operations. Monitor team level psychosocial risks. Promote early reporting.	Conduct and review risk assessments. Use risk registers and hotspot maps. Support work redesign and capability uplift where required.
Managers and supervisors (all people leaders)	Identify and manage psychosocial hazards in day-to-day work. Monitor workload, role clarity, priorities and change impacts. Respond early when work is not working well.	Apply tools and guidance appropriately. Escalate risks that cannot be resolved locally. Support early intervention and recovery.	Hold regular conversations focused on how work is functioning. Encourage speaking up. Adjust work, priorities or resources to reduce risk.
All employees	Identify and speak up when work is not working well. Participate in consultation and improvement activities.	Use tools and reporting channels appropriately. Engage constructively in addressing psychosocial risks.	Raise concerns early about work demands, roles, relationships or change. Participate in learning activities. Contribute to improving how work is designed and delivered.
Occupational Health and Recovery (Psychosocial Health and Prevention)	Lead the development, implementation and ongoing coordination of the psychosocial health and safety plan. Provide expert oversight with a strong prevention and work focused lens. Design and deliver core tools, plan and guidance to support early identification and control of psychosocial hazards.	Drive delivery of the plan and implementation plan. Ensure psychosocial health and safety initiatives are evidence-based, aligned with legislation and continuously improved. Maintain a strong focus on preventing harm through better work design and trauma informed approaches.	Develop and maintain the psychosocial health and safety plan and implementation plan. Build and roll out tools, plan and guidance for hazard identification, risk assessment and work design. Analyse data and insights to inform prevention priorities. Partner with leaders, HR, WHS and Recovery at Work to support early action and continuous improvement across the employee lifecycle.

People and Culture Business Partnering	Support psychosocial health and safety across workforce planning, job and organisational design, performance and return to work.	Ensure processes support safe and sustainable work. Align practices with legislation and best practice.	Support role and organisational design reviews. Advise leaders on addressing work-related risks early and support return to work.
Recruitment, Talent and Onboarding	Support safe job design and person-job fit. Ensure realistic and transparent role expectations.	Ensure recruitment and onboarding processes minimise psychosocial risk.	Encourage business areas to review role clarity and job s prior to recruitment. Ensure recommended onboarding activities include clarity on workload, priorities and how to raise concerns early.
Training and Development	Design people processes and experiences that support good work design and continuous improvement.	Ensure people initiatives support early identification of problematic work.	Use employee feedback and data to inform improvement. Design initiatives that reinforce safe work practices and speaking up.
WHS and Safety teams	Provide expert guidance on psychosocial hazard identification, risk assessment and controls. Support monitoring and escalation.	Maintain compliance with legislation and codes of practice. Monitor and report on psychosocial risk trends.	Maintain risk registers, hotspot maps and dashboards. Support leaders and teams to address problematic work. Support evaluation and continuous improvement.
Recovery at Work	Support employees experiencing psychological injury through structured recovery and return to work processes. Coordinate recovery arrangements that support safe and sustainable participation in work.	Ensure recovery at work arrangements meet legislative, insurer and policy requirements. Support safe, suitable duties and durable recovery outcomes.	Coordinate recovery at work plans. Support work adjustments and suitable duties. Feed learning from injuries and recovery processes back into hazard management and work design.
Employment Relations and Standards	Provide specialist advice and case management where work-related psychosocial issues intersect with conduct, grievances, conflict, performance or industrial matters. Support fair, timely and consistent resolution of issues.	Ensure matters are managed in line with legislation, policy and procedural fairness. Identify and escalate systemic work issues contributing to repeated or complex cases.	Support leaders to address problematic work early and fairly. Manage complex cases linked to psychosocial risk. Share insights to inform prevention, work design and system improvement.

Department of Customer Service

E: PsychSafety@customerservice.nsw.gov.au

W: [Psychosocial health and safety at DCS](#)
