

## TRANSCRIPT OF PODCAST

WORK WITH PURPOSE | EPISODE #105  
ADDRESSING PSYCHOSOCIAL HAZARDS AT WORK

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DAVID PEMBROKE:

Hello, everyone, and welcome once again to Work with Purpose, a podcast about the Australian public sector and how it serves the Australian people. My name is David Pembroke. Thanks for joining me.

As we begin today's program, I would like to acknowledge, as we do at the beginning of each program, the traditional custodians of the land on which we are broadcasting from today, the Ngunnawal and Ngambri peoples, and pay my respects to elders past, present, and emerging, and acknowledge the ongoing contribution they make to the life of our city and this region. I'd also like to acknowledge the custodians of all the lands from where anybody listening to this podcast today is joining us from.

Now, a bit of a warning. Today's episode does contain themes of physical and mental abuse. So, if you do feel distressed at any time during the episode, there is support available. So, please call Lifeline's 24/7 support line on 131114, if you do feel like you need to talk to somebody.

So, today, dear listeners, we're picking up another of the topics that you have requested that we discuss, just as we did a couple of weeks when we discussed design thinking. And today's discussion is about psychosocial safety. Now, I think we can all agree that when we feel happy and safe in our work, we do and can bring our best selves to the office. And we can be at our most productive.

In today's episode, we're going to unpack how the public service is building mentally healthy workplaces and turn a special eye towards public servants who work on the frontline, for example, at Centrelink, or with Veterans Services. And as you can imagine working in these kinds of roles, it can put workers in harm's way, where they sometimes experience verbal or physical violence and aggression in their jobs.

So, joining us today are Amaly Khalaf and Dr. Steven Munns, who will talk us through psychological safety and the ADDRESS program, which is aiming to support APS agencies in identifying and responding to psychosocial hazards, whether that's in an office setting or at the frontline of public services.

Amaly is the Principal Psychologist and Lead for the APS Mental Health and Suicide Prevention Unit at the Australian Public

Commission. Her team developed the IPAA ACT Spirit of Service Award-winning Compassionate Foundations program. Her team have also developed the ADDRESS program, which we are going to talk about today.

She has worked as a Clinical Psychologist for over 25 years. And prior to her current role, she led large public mental health programs, including Open Arms - Veterans & Families Counselling, ACT Adult Community Mental Health Services, and Rehabilitation and Specialty Mental Health Services. Amaly, welcome to Work with Purpose.

AMALY KHALAF:

Thank you. I'm very pleased to be here today.

DAVID PEMBROKE:

Dr. Steven Munns is the Assistant Commissioner for Diversity & Inclusion at the Australian Public Service Commission. He is a proud Gumbaynggirr/Bundjalung man currently living on Jagera country in Brisbane. His mob are from Grafton in the Northern Rivers area of New South Wales.

In his role, he is responsible for the First Nations Unit, the Diversity & Inclusion Strategies Team, Inclusion Policy Team, and the Mental Health & Suicide Prevention Unit. He's also a Sir Roland Wilson, Pat Turner Scholar, who researched violence at work and how to reduce assault and abuse experienced by frontline staff in public service role. Steven Munns, welcome to Work with Purpose.

DR STEVEN MUNN:

Thank you.

DAVID PEMBROKE:

So, to both of you, a question to get started. Last year, when the new APS Work Health and Safety Regulations were introduced, we spoke to Greg Vines from Comcare and Sarah Hawke from the Department of Health about psychosocial safety. They broadly defined it as feeling connected and engaged at work and feeling safe to raise ideas and concerns in any type of setting. But they also said that it's about creating an environment where diversity is celebrated, where everyone feels that they're free of fear or any type of exclusion or bias.

So, to both of you, as team leaders, you play a crucial role in embedding this in your teams. So, how do you go about it? And how do you support staff that might experience psychosocial threats from outside the team?

And Amaly, I might start with you on that one.

AMALY KHALAF:

Okay. Well, I think firstly, it's really important to distinguish between psychological safety and psychosocial safety. Psychological safety is about feeling safe to share thoughts, concerns, without fear or repercussions, while psychosocial safety encompasses the broader environment that supports mental, emotional, and physical health at work. So, it's a broader concept that we're looking at, of which psychological safety is part of.

But first and foremost, as a manager, I lead by example, as my actions actually set the tone for the team. By demonstrating the values and behaviours that I expect from others, I try to establish a foundation of trust and respect as a basis of positive culture from within my team. Our Mental Health and Suicide Prevention Unit is unique because it provides consultation and advice to APS agencies and organisations, rather than to individuals.

So, we really need to consider the support and emotional wellbeing, depending on what our staff are exposed to, as well as part of that role. In doing that, having really clear HR processes around it. For example, by the nature of the name of our unit, we do often get distressed callers that call up. So, having that really clear distressed caller protocol being available for staff to provide that debrief after, and providing that ongoing support or escalation process for that staff, who are aware about what to expect. And that they've got someone to turn to.

So, I think just from the outset, as managers and leaders in the APS, it's really important to set the tone and be that model for your staff to create that culture from the outset.

DAVID PEMBROKE:

For you, Steven, how do you go about?

DR STEVEN MUNN:

Yeah, I agree with everything that Amaly has said. It's really important. There's a distinction between both psychological safety and psychosocial hazards and having a psychologically safe workplace is an environment where your staff feel free to be able to make mistakes. They know that their efforts will be rewarded by me, as their manager. And also, the team environment itself is a safe environment to be able to express their thoughts and concerns. So, being able to work in that environment, I think, brings the best out of people.

There has been research that's been done. In hospital environments, they find that people who work in more psychologically safe environments, they're always getting the prescriptions right, the medication levels, things like that. So, I don't know, as a patient, I'd prefer to work in a hospital that's psychologically safe, I guess. And so, for me, that's a really important area of support for my staff. Amaly's fantastic, as are her colleagues, and I appreciate also the specialist services that Amaly brings. She's a highly recognised and highly regarded clinical psych.

I'm a psychologist myself, but when it comes to matters of a clinical nature, I'll defer to her expertise. So, it's knowing that as well and working together.

DAVID PEMBROKE:

Are these definitions well-understood, do you think, across the public service?

AMALY KHALAF:

I think they're used interchangeably. I think that's often something that we... So, because they feed into each other, just like Steve was talking about. Psychological safety is a component of psychosocial safety, but it's not the whole thing. You're looking more broadly. If you think about it as a unique individual experience, how safe do you feel to have those frank and fearless conversations with your manager, or to raise issues of concern?

Whereas psychosocial safety looks at more broadly, what is in your environment? What are you exposed to?

So, some of the things that come into it are job demands, job pressures, exposure to certain distressing or traumatic events in the work that you do. It's about job control, autonomy. Those sorts of aspects all contribute to that broader sense. So, when we are looking at psychosocial safety, even though psychological safety is a component, it's really about good job work design. And those are some of the things that Comcare talk a lot about, and that we are proponents of, as we are going to address something that we consider quite significantly.

DAVID PEMBROKE:

To you, Steven, how good a job is the Public Service Commission, and other areas of leadership across the APS, doing in embedding these types of awareness and knowledge and skills, not only in the leaders, but in staff more generally, that people are really thinking about it as a core part of their job and the contribution that they

make to everybody's job?

DR STEVEN MUNN:

I know within the Australian Public Service Commission, we are really focused on supporting our staff and having a psychologically safe environment from those hazards that Amaly was talking about. And I guess across the APS, each organisation is responsible for their own internal policies and procedures, but the ADDRESS model is something that's been developed to be able to support those organisations.

So, Amaly and her team work very closely with other organisations and they'll talk through the ADDRESS model, and there may be some points of difference between certain organisations. You may have a service delivery organisation, like Services Australia, for example, who may have different types of hazards in comparison to a central agency like finance.

You've got people that are out and about, they're in face-to-face environments with clients or service users, and those environments can create situations where psychological safety is a problem. Whilst maybe in the finance sector, where you're working on policies and procedures, you're not facing those particular issues. So, Amaly and her team do a great job sitting there and having those meetings, and working on what it is with the ADDRESS model and how it best serves.

DAVID PEMBROKE:

And I do want to come to that ADDRESS model, and I do also want to talk about the kinds of behaviours or procedures that can pose a threat to people's wellbeing. But maybe just before that, in your first answer, Amaly, you mentioned about your unit and your team picking up distressed calls or callers from distressed people. How often does that happen?

AMALY KHALAF:

I think as our reputation and the role that we have is becoming more well-known, it's actually becoming a little bit less. That's something that was at the start of the unit's experience in building. We still get it, though. I've been here in the APS Commission three months. It has happened already twice since I've been here, but it can be sporadic. I think really, part of our work, we've founded and implemented Compassionate Foundations, which is a suicide prevention module, which you mentioned won the Spirit of Service Award. And as a result of that, people do reach out.

I think one of the things, it's actually really helpful for us to be able to make sure that we link people in with the appropriate support services, so that we see that as part of our role. Whilst we don't provide direct clinical contact or clinical care, we will always make sure that the links are there to the appropriate support services. We do that on an organisational level. And if individuals reach out, we will do that on an individual level as well, noting that we are not a clinical service, that there are more appropriate services that are resourced to provide that support.

DAVID PEMBROKE:

Okay. Excellent. So, what kind of behaviours, procedures can pose a threat to people's wellbeing?

AMALY KHALAF:

Well, I think this is a very broad question. Because even when we think about the realm of workplace dynamics and the diversity of roles, especially in the Australian Public Service, we know that there are certain behaviours that profoundly impact people's wellbeing.

Safe Work Australia's model of code of practise actually identifies 14 of these psychosocial hazards, which we address, but common sources of workplace stress are related to lack of role clarity, job demands, insufficient resources to actually meet the demand. These sorts of excessive workloads can lead to burnout, stress, leaving employees feeling overwhelmed and unable to maintain a healthy work-life balance.

We also can look at poor workplace relationships or interactions, lack of diversity, inclusion in team, not feeling a sense of belongingness. And that all leads to a sense of psychological safety, where individuals feel undermined, distress, which can affect their morale and their productivity.

Having poor organisational management, such as unclear or ambiguous HR processes around how incidents are managed, reported, investigated or addressed, are also factors that are really important to look at.

Because that sense of confidence in management to actually respond to issues of distress is what undermines a sense of wellbeing in their employees.

We know that remote working can offer flexibility and a good

work-life balance, but with that, we also need to be aware of feeling connected to our organisation and our team. And take extra steps to make sure that we do that, so people don't feel isolated or alone.

There are specific roles that require exposure to the public or potential violence or aggression as a result of that public interaction or customer service interaction, or you are looking or witnessing or investigating quite emotionally impactful materials. Also, important. So, we really need to look at safeguarding that exposure to traumatic events.

Support from management and colleagues is also really crucial, too. If you feel, as an employee, that you lack that support, that you can't turn to your colleague to have a chat about how things are, what the demands are, or reach out to your boss to say, "Hey, look, this is a bit too much," then not having that support can also undermine your sense of wellbeing and morale and cause unnecessary anxiety.

And we really need a proactive approach to address all of those, because each job or each role or each team can experience each of those factors to a different degree. So, it's really looking at targeting and being proactive and understanding the role that you have, what your team's work, your organisational priorities. And making sure that those needs are being addressed within the team.

DAVID PEMBROKE:

Steven, Amaly mentioned there about that sharper end, that violence and that aggression piece. What triggers that?

DR STEVEN MUNN:

Yeah, it's a really good point. The aim of my research was to understand the nature, prevalence, and severity of what I called service use of violence and aggression. I gave it a bit of an acronym, like you do in the public service, SUVA, and it fits really within the psychosocial hazards space that the research came out with a number of triggers.

One of those was the internal policies and procedures that organisations establish. And so, those internal procedures are often set in place by the senior executive of that organisation. Probably, a classical example of that might be the Robodebt process and all of the outfall of that that we had. Government legislation, often within a service delivery, like Services Australia and DVA, can



change periodically and that catches staff out. So, a legislation change means if staff haven't been appropriately trained on that, then that impacts the service user, because they're not being informed of the current legislation. And so, you'd find fallout from that. But also, staff behaviour.

We have staff that work in high-impact areas, so areas where you've got high welfare dependencies, but also high levels of mental health, mental illness, frontal brain injuries and substance abuse. So, people that are working in those environments, their own mental health can suffer. And so, that's an issue when it comes to that interaction at the workplace.

DAVID PEMBROKE:

How do you manage that?

DR STEVEN MUNN:

Well, so it happens in one of the recommendations of my research was maybe to look at a rotational process. So, if you've got an office that has that high demand and you have an office that is probably not facing those issues that I was describing, mental health, substance abuse, rotating through those environments.

Certainly, during the interviews, because my research, it was site visits, it was a pretty large scale survey and then one-to-one interviews, and in the one-to-one interviews, that was the feedback I was getting. I had a staff member, who I actually saw in a site that was a pretty high-impact area, and when I interviewed him, he had moved to another site that was lower. And he said-

DAVID PEMBROKE:

Lower impact?

DR STEVEN MUNN:

Yeah. He says he wasn't sleeping at night. He says now he's sleeping better at night. He's having a better relationship with his kids. It's amazing from a psychological perspective just that change in his work environment had on him and his family. So, yeah.

DAVID PEMBROKE:

How easy was that to organise for him?

DR STEVEN MUNN:

Well, it was easy for him to arrange that. This is in Brisbane, so it was okay to do that. I think it comes down to the particular area, I suppose, that an individual's in. But it should be part of the policies and procedures of that organisation to say, "Hey, if someone's not feeling psychologically safe, that we can arrange for that rotational process. So, that they're able to move to another place and start to

feel a bit less anxious, a bit more on top of things." So, yeah.

DAVID PEMBROKE:

So, Amaly, do you think we've got a good handle on how often this happens, how often these issues are occurring? And are public servants reporting lots of the incidents? So, do we have a clear view as to just how unstable it is for them and how threatening it can be?

AMALY KHALAF:

Well, actually that's a really difficult question to answer, because I don't actually think we ever really will know the answer to what the correct reporting rates are. We know that although there are organisational processes related to work health and safety and reporting, it really comes down to organisational culture and a sense of psychological safety in order to do that reporting. We need a culture of psychological safety that promotes and supports staff for incident reporting, clear policies and understanding of the processes around what reporting looks like, what's going to happen, what the investigation process is, as well as support mechanisms for the staff member actually doing the reporting. So, that all needs to be there first as a bit of a groundwork for that reporting to go through.

We know that the Annual APS Census gives us a general indication of staff experience, and people do report that anonymously. I think just recently, 10% of APS staff reported some kind of bullying or harassment in the 12 months, so we've got a baseline to go off. But how that relates to actual HR data is something that really needs to be looked at at an agency-specific process. If I just take one example, and which look at the rates of sexual harassment reporting, for example, with the recent report, the Respect@Work report, found that fewer than one in five, so only 18% of people actually who reported that they experienced sexual harassment in the last five years had actually reported it. And we know that only less than 25% had an outcome that they were seeking as well.

So, there's that lack of trust in that process somewhere along the line. That's not related to the APS more broadly. That's across Australian workplaces. We know that more work is required to improve processes and support for people to raise issues in the APS, especially regarding sexual harassment, if I use that example specifically. However, we know there's also clear growing support and an appetite for change. We know that when we are looking at

the integrity masterclasses, the discussions, the honest conversations that our leaders are having in the APS, that there is movement forward. And that it's going to be an improving culture and attitudes towards reporting, and that's something that I'd like to see moving forward.

DR STEVEN MUNN: Can I add just something?

DAVID PEMBROKE: Yeah.

AMALY KHALAF: Yeah.

DR STEVEN MUNN: Just from my research, too, when you're looking at violence and aggression against frontline public servants, my survey found that 51% of Services Australia staff, so that's 50% of 16,000 staff members, were impacted by aggression. And 69% are DVA.

DAVID PEMBROKE: Wow.

DR STEVEN MUNN: And so, that's 500 frontline services. So, they're large numbers. And the research also found that there's underreporting. There's a severe level of underreporting, and about 28% of Services Australia staff weren't sure how to report an incident like that or were aware how to do it, but had concerns if they reported it, what that would mean for their job.

So, the issue, the knock-on impacts about non-reporting is that the data is skewed. It doesn't correctly reflect where aggression is taking place, and therefore the resource allocation. So, it might be security offices, it may be other types of resources that are put in place to protect and support staff aren't placed in the correct areas. So, yeah, reporting is a pretty big issue.

DAVID PEMBROKE: But you've done the research, you've made the recommendations. Where are we now in terms of making the improvements against this baseline data, not just at that sharp end of the violence, but across all of those other indicators? How do you both feel we're travelling at the moment in terms of addressing, improving, strengthening the capability and capacity of the APS workers, not just frontline workers, but more broadly, as measured by the baseline and informed by your research?

AMALY KHALAF: Well, I think part of what we do at the unit here at the Mental Health Unit in the APSC is we've developed a mental health

capability framework. And part of that is actually reaching into agencies, looking at making an assessment about how they actually support the mental health of their staff. We've got a maturity scale assessment, we've got executive summaries, we look at the processes of what they've got implemented, we make suggestions for improvement. And Services Australia, DVA, Defence are big stakeholders in our team working with.

So, to answer your question, I think the mindset is one of continuous improvement. As long as we keep being aware of the issues, looking at ways to mitigate, teaching our leaders in terms of what their needs of their staff and being responsive, having clear processes for reporting, I think, is a really big one, like you highlighted Steve. And ensuring that those are known to staff. It's no use having a good reporting process if the staff don't know how to report. So, it's that training, that onboarding, those support, and support mechanisms along every step of the way is really important.

So, that's one way in which we're sort of addressing it. And then, of course ADDRESS is another one we are looking at; respond, identifying, and then responding to it. But that maturity scale assessment gives us a bit of an idea of where the gaps are of where an agency can do better and where they're doing well.

DR STEVEN MUNN:

Yeah. And that's the role of the APSC and the Mental Health and Suicide Prevention Unit, is to come up with these models and these tools to be able to share with our colleagues across the APS. And it's been a great job, and ADDRESS is a fantastic model that will be better utilised.

Also, just in the sharp end that you were talking about, I know last year, we saw in Services Australia, there was an unfortunate stabbing that took place. And they did bring in the ex-Commissioner of Victoria, Graham Atkinson, and he reached out to me, and we had a bit of a yarn about my research and my data. And he found that his findings were comparable with mine, which was a bit of a relief for me to have a commissioner, a police commissioner, say that.

But yeah, you are seeing organisations really looking at these particular issues that are impacting their staff and how they can better support them. And as I say, the stuff that Amaly's and her

team are providing is fantastic.

DAVID PEMBROKE:

So, Amaly, the ADDRESS program, how does it work?

AMALY KHALAF:

Okay. So, ADDRESS is a specific APS model for responding to psychosocial hazards, and it's currently aligned to the draught Commonwealth Model Practise Managing Psychosocial Hazards and Work Health Safety Legislation. We will be updating it as the new code of practise is released. So, it's been developed to support agencies to practically step through how they can identify, assess, and review the efficacy of their control measures using a staff consultation process. The intent behind the development of these resources was to support agencies with the management of their work health and safety responsibilities and obligation.

So, the model actually maps the 14 identified hazards to the ADDRESS acronym. So, A stands for Autonomy, D stands for Define, Demands, Recognition, Exposure, Supports, and then finally, Strengths. What are we doing well? With each letter designed to help agencies understand how particular factors contribute to psychosocial hazards. For instance, low job control as a psychosocial hazard has been mapped to autonomy. Violence and aggression has been mapped to exposure. So, underpinning this model is good work design, which is the foundation to creating mentally-safe workplaces. Because how we design roles, how we design tasks and the environment helps support that.

So, the first step is actually having you just take a step back and identify, what are the issues for you and your workplace? And the good thing about ADDRESS is it can be done at a agency level, it can be done at a branch level, or it can be done at an individual team level. So, we can target specific hotspots or where we know that there's elevated instances of reporting, for example. We've created guidance and resources to support HR areas, managers, and agencies step through the process. And for example, one of the unique features is the identifiable.

We are using the APS Employee Census, Psychosocial Hazard Mapping Screener. So, you actually plug in existing data from the APS Census to heat map where the issues may be according to the risks. Are they under autonomy? Is it under demands? Is it under exposure? Okay, we really need to look here. This exposure is really high for our team. We need to explore that a little bit better.

And then, the next step, we've developed slide decks, facilitator guides, and talking notes to run through a staff consultation process. Because that is crucial to actually understanding and creating that psychological safety for staff to really talk about the issues that are coming up for them at work. And then, we do that staff consultation through each of the guides. So, through identify, through assessing, through staff consultation, reviewing what measures they may be. And we provide agencies with a list of common controls and some plans to how to implement them.

And then, finally, step four, we talk about staff consultation to see how efficacious some of those control measures have been. Have they been relevant? Is there something that we missed? Are we moving towards where we want to be? Are we actually meeting the staff needs? So, that's what ADDRESS has worked through.

One of the things that I think is really important with ADDRESS is that it drives the whole of APS approach. It's actually developed and is unique to the APS. And we're trying to have a consistency. "Hey, this is important. We are serious about addressing psychosocial hazards in the workplace. We hear you that this is impacting your health and wellbeing and we want to respond to it." So, that is the approach that we've taken.

DAVID PEMBROKE:

But it sounds practical. It sounds workable.

AMALY KHALAF:

Yeah, it is. Yeah.

DAVID PEMBROKE:

So, it's accessible. So, Steven, you must be pretty pleased with that.

DR STEVEN MUNN:

Absolutely. I think, yeah, the more simple it is, and it's easier to understand. I think sometimes people develop psychological models and you get lost in the psychobabble. It's very much been designed for anyone to understand the processes that they need to undertake. And also the advantage of being able to sit with Amaly and her team and talk it through, so there's no misunderstandings on how it can be introduced to those particular organisations as well. That's, I guess, the real key to this. Because as I was saying earlier, there are different processes within each organisation and each organisation delivers different types of services. And so-

DAVID PEMBROKE:

Yeah, with different risks.

DR STEVEN MUNN: Absolutely.

DAVID PEMBROKE: Yeah.

DR STEVEN MUNN: Exactly right, the different risks. And so, just to be able to talk that through with Amaly and her team, it's great. Because then, it normalises how they'll be able to make that work within their environment. So, yeah.

DAVID PEMBROKE: So, just a final question to both of you. If you take a, I don't know, let's say, two to three-year horizon and perhaps, Steven, maybe if you could focus on that, the sharp end, that front end services, what would you like to see that's going to continue that improvement? And then Amaly, from your point of view, in terms of that more widespread adoption, what would you like to see? So, Steven, if I might with you first.

DR STEVEN MUNN: Sure. So, that pointy end, I guess the aggression-violence scenario is really looking at what those psychosocial hazards are and how to reduce them. It's never a point that you can totally eliminate it, unfortunately. And so, some of the recommendations from the research were looking at how you better train people to engage with people who are aggressive. So, that's those de-escalation types of exercises, but training appropriately. So, not a 20-minute video on a screen, having role-play scenarios, et cetera. So, that kind of behaviour is embedded.

Better reporting processes and honest reporting processes, so that everyone feels that they can report and it's not going to impact on them as an employee at that organisation, or how people perceive their ability to cope within that environment. I suppose that's getting rid of that kind of perception, I suppose. And I think as you and I discussed before, that kind of ability to put a rotation for someone that's in those high-demand, high risk areas.

DAVID PEMBROKE: Well, that just makes sense, doesn't it?

DR STEVEN MUNN: Yeah, absolutely. Some common-sense approaches would be really good and not locking individuals into those areas. I think, yeah, better outcomes. And again, that's looking at those hazards and reducing those psychological impacts.

DAVID PEMBROKE: Great. And Amaly, for you?

AMALY KHALAF:

I think for me, I think, like I said at the start, one of the things it comes down to, I want our leaders to be the role modelling and reinforcing what safe behaviours look like. Having an understanding of their responsibilities, having the integrity to be aware and implement and be capable of compassion, change, incorporating feedback and staff consultation as that. And I think we can use ADDRESS as part of that, because that helps step through.

DAVID PEMBROKE:

Yeah. Helps to shape the conversation, doesn't it?

AMALY KHALAF:

Yeah, it does. Yeah. And if we contextualise an approach using the ADDRESS model, first we need to have the identification and understanding of any hotspots or potential exposures, being aware of the causes or the sources of the problem and ensuring that the interventions employed are evidence-based, collaborative with staff. Because you need to bring staff along with the journey. If you don't, nothing you implement's going to be helpful. We know that. And target not only the worker, but organisational management processes and support mechanisms as well.

So, if we think about it at the organisational level that you were talking about, David, there are ways to approach the issue. Promoting a culture of zero tolerance and communicating clearly through various mechanisms to workers and members of the public, what behaviours are acceptable, not acceptable. For example, post a short video signage, modelling those positive behaviours, ensuring that there are clear processes for reporting when an incident occurs, and that there are embedded support mechanisms in place for staff throughout that entire process. Not just a tick bit flick exercise. Actually, an engagement with staff. "Yeah, I understand that this is difficult for you. I understand it was hard. These are some things that we have in place to make sure that you are okay." And doing that open communication and that check-in.

Consider a review. If we take a step back and think about job design and the environment and what that looks like, and this is what you were talking about, that rotation, there are some practical mechanisms and interventions that you can do to ensure that psychologically-safe place to work. Do we need to consider transparent barriers, create distance between the customer and



client if aggression? Do we consider rosters of rotating the staff? All those things that you've talked about.

And then, another thing that we talk about, just a bit of a plug for another one of our capability offerings, is about peer support programs. So, we have mental health first aid offices. We've got lived experience peers in our teams across the APS that work and provide that workplace mentoring or that support or that engagement at a peer level, rather than a managerial level. So, having those conversations and that understanding and those linkages, what other mechanisms are in place that we can do to provide that ongoing support?

If we think about individual capability as well, we really need to focus on our staff's capability and knowledge in recognising bullying. What's appropriate? What's not appropriate? Have training around what that looks like so they're aware of it, and so they don't engage in those processes. And so, overall, the gold standard would be implementing an evidence-based program at all tiers. It's not just looking at just one aspect that this is what it would be or look like, it's a collaborative effort. And I like to think our unit is there to also provide that support and that expertise in that space to link in with and reach into agencies.

DAVID PEMBROKE:

Great. Well, Amaly, thank you so much. And Steven, thank you-

DR STEVEN MUNN:

Thanks.

DAVID PEMBROKE:

...for coming in to discuss a really important topic, but to know that there's progress, tools, frameworks, skills, and people to support the APS in the important work that they are doing. So, thanks very much for coming in.

DR STEVEN MUNN:

Thanks, David.

DAVID PEMBROKE:

And interesting. Audience, I'll share an insight with you. As we sat down to begin the program, I did say, "Listen, it's all about less of me, more of you." And if you feel like you want to say something, Steven, you jump in, Amaly, you jump in. And Steven let me know that Amaly's performance review is on this afternoon, so she better be careful. But I think she's just aced that.

AMALY KHALAF:

Aww, thank you.

DAVID PEMBROKE: I think you've got some time back this afternoon.

DR STEVEN MUNN: I do.

DAVID PEMBROKE: You won't have to worry about that. So, anyway, thanks so much again for coming in.

DR STEVEN MUNN: Thank you.

AMALY KHALAF: Thank you very much.

DAVID PEMBROKE: I really enjoyed the conversation. And to you, the audience, thanks once again for coming along. A rating or a review. I know, broken record on this, but if you could, a five-star rating helps the program to be found. So, wherever you listen to your podcast, Apple, Spotify, Stitcher, wherever it is, you can not only leave a rating or review, but you can also listen to other past episodes.

So, there are, I think we're now 105, 106? Something like that. And so much to talk about in the wonderful world of the Australian Public Service. So many interesting people. Listen to Amaly and Steven with us today, experts working in this critically important role. So many things to talk about. So, anyway, that's why this program is such a joy.

You can catch up and follow all the latest information about Work with Purpose on Content Group social media channels or IPAA ACT on LinkedIn. And if you do have any recommendations, please reach out, because we're always looking for your inspiration to provide you with the topics and the information and the people that you want to hear a little bit more from.

So, Work with Purpose is produced in collaboration between Content Group and the Institute of Public Administration of Australia ACT, and supported by our good friends at the Australian Public Service Commission. So, we'll be back at the same time in a fortnight with the next edition of Work with Purpose. But my name is David Pembroke, and it's bye for now.