Commonwealth Parliamentary Association (NSW Branch)

Study Tour Report

Submitted by
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Acknowledgements

To all of those who met with me, thank you for sharing your expertise, experience and insights with generosity and honesty. Thank you also to those who shared their personal networks and contacts to facilitate meetings - without your help, many of these meetings would not have happened.

Thanks also to all of the administrative and support staff who worked with my staff to set up meetings and whose efficiency and good humour enabled a smooth and productive tour. Special thanks to those who translated at meetings.

It is impossible to capture the nuance and detail of every conversation in a written report but each meeting left me with something to think about - new ideas, fresh insights and more reading.

A note on sources

Many individuals and organisations were generous in sharing internal, unpublished or yet-to-be-published information and data. This greatly enriched my understanding of the issues. Consistent with commitments given to meeting participants, in this report I have not attributed statements or opinions to any specific individuals and have cited only published research and data.

Contents

1. Introduction

1.1 Background to the study tour

Increased rates of workplace psychological injury/illness have been a focus in recent NSW parliamentary debates on Workers Compensation reform. A range of interventions have been proposed to reduce the impact of psychological injury claims on employees and employers including:

- Reducing compensation for employees who suffer a workplace psychological injury/illness
- Strengthening prevention through improved identification and management of psychosocial hazards
- Increased inspection and enforcement measures within a framework of psychosocial hazard reduction
- Improved retention and return to work support for those who experience psychological injury/illness

A reduction in compensation for workers is a blunt instrument that will do little to improve the safety culture of NSW workplaces but will have terrible consequences for many workers. Serious consideration must be given to alternative ways of reducing the financial impact of psychological injury through prevention and better support for injured workers.

As a member of the Legislative Standing Committee on Law and Justice, I have been an active participant in debates around improving health and safety in NSW workplaces and maintaining fair compensation and support for workers who suffer work-related injury or illness - particularly psychological injury or illness.

The primary focus of this study tour was to investigate the ways in which other jurisdictions are tackling the issue of increased psychological injury/illness, with a focus on prevention as well as improved support for injured workers to remain in, or return to, work. In addition to talking to regulators and subject experts, the tour had a particular focus on workers and their representatives and how worker involvement can contribute to improved outcomes.

In keeping with the objectives of the Commonwealth Parliamentary Association, I visited two Commonwealth Parliaments - the British and Singaporean Parliaments - as well as the Oireachtas (Irish Parliament). I met with a range of parliamentarians and political

organisations with a particular focus on issues of workplace safety, human rights, social cohesion, party democracy, and electoral reform.

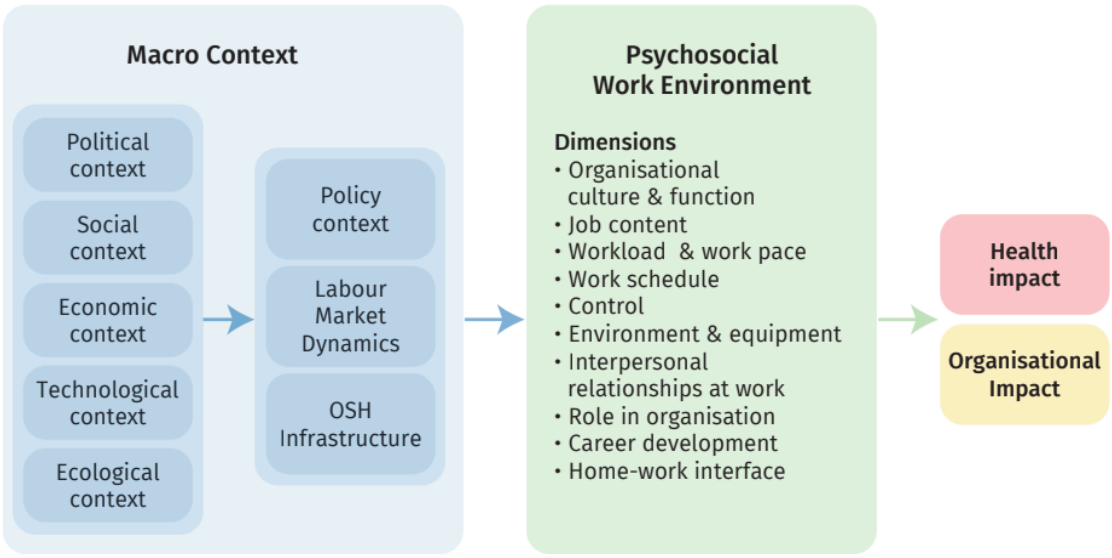
I also took the opportunity to meet stakeholders with links to my parliamentary role as the convenor of Parliamentary Friends of Cooperatives, convenor of Parliamentary Friends of Neighbourhood Centres and member of Parliamentary Friends of Palestine.

1.2 A note on terminology

A number of stakeholders identified the absence of a shared language to describe work-related psychosocial risk as a challenge for policy makers and regulators. As Leka and Jain note:

> There continues to be a lack of clarity in relation to the conceptualisation and definition of psychosocial factors and their impact…This has been exacerbated by the use of multiple terms, often interchangeably…Furthermore, even though there is now overall agreement that the work environment and working conditions can have a positive or negative impact on individual, organisational and societal outcomes, there is evidence of confusion between causes and outcomes[1]

Laka and Jain provide a useful conceptual framework of determinants and impacts of work-related psychosocial risks[2] that recognises the impact of the macro context - which differs substantially between the countries we visited - as well as the workplace dimensions.



Although the language and conceptual frameworks used by stakeholders may have differed, there was generally shared recognition that exposure to psychosocial risks has serious consequences for the mental and physical health of workers, contributing to a range of health problems including depression, anxiety, musculoskeletal disorders and

[1] Leka S. and Jain A. (2024) Conceptualising work-related psychosocial risks: current state of the art and implications for research, policy and practice, Report 2024.09.ETUI (p.10) https://www.etui.org/publications/conceptualising-work-related-psychosocial-risks

[2] *Ibid* (p.48)

cardiovascular disease. Poor psychosocial risk management also impacts on enterprises - resulting in increased absenteeism and presenteeism, high staff turnover, reduced productivity and poor morale.

In this report, I predominantly use the term psychosocial risks (PSR's) to refer to the range of workplace factors that impact on the psychological and physical health of workers, including workplace and management culture, job design, work environment and interpersonal relationships.

This report predominantly uses the Australian term 'work health and safety' (WHS) rather than 'occupational safety and health' (OSH) which is more commonly used in Europe.

2. Preventing and managing psychosocial risks in the workplace

2.1 A shared challenge and priority

There has been growing interest in workplace mental health and psychosocial risk over the last 10-15 years resulting in a range of strategies, publications, and campaigns, accompanied by a proliferation of tools, guides and websites aimed at supporting employers to assess and manage psychosocial risks. Many countries have also undertaken legislative reform though the specific approaches varied significantly between jurisdictions.

Each of the countries visited in this study are facing increased rates of psychological injury and illness either caused or exacerbated by work.

In **Britain**, the UK Health and Safety Executive (HSE) 2025 Labour Force Survey[3] identified mental health conditions as the 'primary driver' of work-related ill health, with 964,000 workers suffering from new or longstanding work-related stress, depression or anxiety in 2024/25, resulting in 22.1 million 'lost' working days. Of these, 409,000 workers reported a new case of work-related stress, depression or anxiety in 2024/2025. Industries with higher-than-average rates of work-related stress, depression or anxiety included public administration, defence, health, social work, and education.

In its 2025 worker survey[4] EU-OSHA found that 25% of **French** workers reported experiencing stress, depression or anxiety as a result of, or made worse by, their work. This was slightly lower than the European average of 29%. The latest figures released by the French national health insurance fund[5] show a 9% increase in the number of occupational diseases classified as mental health conditions in the period 2023-24. The number of recognised work-related mental health conditions has more than doubled since 2020, with 73% of these cases related to depressive disorders. In France mental health conditions and work-related psychosocial risks may also be recognised under

[3] UK HSE (2025) *Health and safety at work: Summary statistics for Great Britain 2025* https://www.hse.gov.uk/statistics/assets/docs/hssh2425.pdf

[4] EU-OSHA (2025) *France: OSH Pulse 2025 - Mental health and digitalisation at work.* https://osha.europa.eu/sites/default/files/documents/OSH-pulse-2025-mental-health-digitalisation-work-FR_EN.pdf

[5] l'Assurance Maladie Risques Professionnels (2026) *The Essentials 2024: Health and Safety at Work*. https://www.assurance-maladie.ameli.fr/sites/default/files/2026-01_key-features-2024-health-and-safety-in-the-workplace_assurance-maladie.pdf

workplace accident classifications and more than 5% of all workplace accidents were identified as being linked to these factors.

The EU-OSHA 2025 worker survey found that 19% of **Danish** workers reported experiencing stress, depression or anxiety as a result of, or made worse by, their work - well below the European average of 29%[6]. In the same survey, 27% of **Irish** workers reported experiencing stress, depression or anxiety as a result of, or made worse by, their work[7]

Each jurisdiction has identified improved mental health at work as a priority, for example:

- The UK HSE's latest strategy *Protecting People and Places (2022-2032)* has as one of five priorities reducing work-related ill health 'with a specific focus on mental health and stress'.
- The French Government declared Mental Health the 'Grande Cause Nationale' for 2025 (extended into 2026), with specific initiatives to address mental health at work.
- Denmark has adopted improved psychosocial working environments as one of four national targets for work health and safety for the period 2020-2030, with a particular emphasis on the imbalance between high demands and low influence at work and violence and harassment. This political agreement developed by the social partners sets sectoral improvement targets, concentrated on those sectors with a high prevalence of psychosocial strain.
- In Ireland, bullying and third party violence have been identified as WHS priorities and the Health and Safety authority has developed *Work Positive*, a free online risk assessment tool for psychosocial risk

[6] EU-OSHA (2025) *Denmark: OSH Pulse 2025 - Mental health and digitalisation at work* https://osha.europa.eu/sites/default/files/documents/OSH-pulse-2025-mental-health-digitalisation-work-DK_EN.pdf

[7] EU-OSHA (2025) *Ireland: OSH Pulse 2025 - Mental health and digitalisation at work* https://osha.europa.eu/sites/default/files/documents/OSH-pulse-2025-mental-health-digitalisation-work-IE_EN.pdf

2.2 Legislative frameworks for managing psychosocial risk

Potter et al[8] note that work health and safety policy instruments can be categorised as either ‘hard law’ or ‘soft law’. Both are necessary; hard law such as legislation establishes clear minimum obligations, while soft law such as guidance documents and standards support workplace implementation. However, they note that meeting legal obligations is the main driver for employers to address health and safety and there is strong correlation between the existence of national legislation and enterprise level action to address psychosocial safety in particular.

The European jurisdictions studied on this tour follow the EU Framework Directive 89/391/EEC and the UK maintained the key principles of the Directive after Brexit. This means that their general approach to work health and safety is very similar however their legislative responses to managing psychosocial risk vary significantly.

2.2.1 The United Kingdom and Ireland

The United Kingdom and Ireland rely on general safety legislation rather than specific legislation to manage psychosocial risk.

The UK Health and Safety Executive (HSE) has had non-binding management standards for work-related stress for more than 20 years and has developed a suite of tools to support their ongoing implementation. However, most stakeholders - including the regulator - noted that while the standards and tools were generally sound, they were poorly understood by employers and there was limited implementation of effective primary controls in the workplace. A number of stakeholders were concerned that the UK had not moved from a focus on workplace stress to adopt a broader psychosocial risk management approach - noting that stress is a symptom of poorly managed psychosocial hazards rather than a cause.

Ireland’s approach is similar to that of the United Kingdom, relying on guidance and best practice tools rather than specific legislation to address psychological risks. The regulator emphasized that the requirement to assess and manage psychosocial risks is implied in the general legislative duty and reinforced through education and support for employers but they also acknowledged that not all Irish employers have a good understanding of their responsibilities in relation to PSRs. Like their British counterparts, Irish trade union stakeholders raised concerns regarding the lack of specificity around

[8] Rachael E. Potter, Maureen Dollard, Loic Lerouge, Aditya Jain, Stavroula Leka, Aude Cefaliello. (2024) National Policy Index (NPI) for worker mental health and its relationship with enterprise psychosocial safety climate, *Safety Science, Volume 172*, https://doi.org/10.1016/j.ssci.2024.106428.

employer obligations to assess and manage PSRs. They noted that this led to a reluctance on the part of employers to engage meaningfully on this as well as a lack of transparency around workplace investigation and enforcement of employer compliance.

2.2.2 France

Under the French Labour Code, employers have a general duty to protect both the physical and mental health of their employees. This includes conducting regular risk assessments, preventing 'moral harassment', and implementing specific measures aimed at improving the 'quality of working life and working conditions (QVCT)'. In relation to psychosocial risks, two national interprofessional agreements were unanimously signed by employers and trade unions; one regarding harassment and violence in the workplace (2010) and the other on the quality of life at work and professional equality (2013). The agreements provide definitions and guidelines for identifying and preventing stress, harassment and violence in the workplace and outline the responsibilities of employers to implement control measures in consultation with employees and their unions.

French stakeholders emphasized that, whilst the legislation gives equal weight to physical and mental health, in practice, protecting workers' mental health was not given the same priority as the prevention of physical injury and disease in the workplace. Like their counterparts in the other countries, French trade unions highlighted the fact that without investigation and enforcement, employers would resist meaningful engagement and compliance. They also expressed frustration that although there was a legal obligation for employers with more than 50 employees to engage in QVCT negotiations at least every four years, there was no obligation on employers to implement the recommendations.

One unique feature of the French system is the 'faute inexcusable' (the inexcusable fault), a specific liability regime for occupational accidents and diseases, administered by the Social Security court. An inexcusable fault may be found if the employer was or should have been aware of the danger to which the employee was exposed and did not take all necessary steps to protect the employee. The court considers factors including compliance with regulatory requirements, provision of training, and documented workload. If successful, the employee is entitled to a much higher compensation payment, covering a wider range of damages than those provided for in workers compensation. Recent cases in 2025 and 2026 have seen the French Supreme Court broaden the scope of compensation and shift the burden of proof from the employee to the employer. If the inexcusable fault is proven the consequences for the employer are significant - the employer is personally liable for the cost of any additional compensation, the French insurer (CPAM) will seek reimbursement of all benefits it has

paid, and the company's insurance premiums will be increased for three years. As well as highlighting the faute inexcusable, a number of unions also noted the importance of the long running, high profile France Telecom/Orange case, which saw company executives imprisoned after 35 employee suicides linked to company restructuring after privatisation. The final judgement, handed down in 2025, established the concept of 'institutional psychological harassment' which provides for company directors and senior managers to be held personally liable for decisions that lead to a hostile or unsafe work environment. Whilst these legal developments fall outside of the French Labour Code, French unions noted that they provide a significant incentive for employers to comply with regulatory requirements in relation to assessing and managing workplace risk, including PSRs.

2.2.3 Denmark

Of the four countries visited, Denmark has the strongest legislative approach to managing psychosocial risk in the workplace. Denmark's legally binding *Executive Order on Psychosocial Work Environment* includes specific, detailed duties regarding the management of psychosocial risk. Employers must manage five specific work areas: work overload/time pressure, violence and threats, high emotional demands, role clarity and harassment. The law has a prevention focus, requiring employers to ensure that work is organised so it can be carried out safely from a physical and psychosocial perspective. In 2019, the Government and the social partners negotiated a new 10 year tripartite agreement on the working environment which includes sector-specific improvement targets to be achieved by 2030. All of the stakeholders emphasised the unique nature of the Danish social partnership approach to industrial relations and recognised the relative strength of their national legislation. The key issue raised by Danish stakeholders was not the absence of a clear legislative framework but the challenge of implementing practical action to manage psychosocial risk at the workplace level.

2.3 The campaign for a European Directive

Irish and French unions as well as European trade union confederations raised the prospect of a binding European Union directive to establish minimum standards for the management and prevention of psychosocial risks in the workplace.

In October 2024 the European Trade Union Confederation adopted a detailed resolution on "specific demands for a European Directive on the prevention of psychosocial risks at work"[9], warning that European workers are facing "a stress at work emergency":

[9] ETUC Executive (2024). *ETUC resolution on specific demands for a European Directive on the prevention of psychosocial risks at work*

> Europe's stress and burn out epidemic is becoming worse due to a combination of badly organised work, increasing staff shortages, overwork, the expectation of an always available culture, insecure work and new surveillance practices by employers, violence and harassment, in particular gender-based violence and harassment and high-pressure working practices leading to 'ethical stress'.

The ETUC resolution - which was underpinned by extensive research undertaken by the European Trade Union Institute (ETUI) - outlined a number of key provisions to be included in a binding directive including:

- A clear definition of what PSRs are and the factors that contribute to them.
- Formal recognition of psychological disorders as occupational disorders for inclusion in the European list of occupational diseases.
- Reinforcing the specific obligation for employers to systematically assess and prevent PSR factors at work
- A reversal of the burden of proof in favour of the worker should be provided in cases reported by workers regarding exposure to PSR.
- A prohibition on surveillance and monitoring of worker performance.
- A guarantee of genuine trade union involvement and participation of trade unions in the assessment of PSRs and development of prevention measures, including recognition of employee health and safety representatives.
- Measures to protect employees who raise concerns regarding psychosocial risks in the workplace.
- Access to training to help prevent psychosocial risks at work for all workers, with managerial staff receiving mandatory specialised training.
- Improved enforcement procedures and measures to guarantee compliance.

The development of a binding directive is a long and complex political process and at this point, there is no indication that the European Commission will commence work on such a proposal in the near future.

Some European stakeholders highlighted existing non-binding cross-sectoral agreements including the *European Framework Agreement on Workplace-related Stress* (2004) and the *European Framework Agreement on Harassment and Violence at Work* (2007). In the education sector, in December 2025, the European Trade Union Committee for Education and the European Federation of Education Employers signed

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https://www.etuc.org/en/document/etuc-resolution-specific-demands-european-directive-prevention-psychosocial-risks-work
https://www.etuc.org/en/document/etuc-resolution-specific-demands-european-directive-prevention-psychosocial-risks-work)

an autonomous agreement on telework and the right to disconnect. Autonomous agreements are not binding on member states but can have an impact, with some countries choosing to transpose them into national legislation, while others may implement them through collective agreements or voluntary measures such as guidelines or codes of practice.

Union stakeholders noted the limitations of this approach, emphasizing the need for a binding directive and noting that these agreements are now outdated and do not adequately address the contemporary challenges of psychosocial risk management - both in terms of the understanding and prevalence of psychological injury/illness and new hazards posed by technology and the changing nature of work, for example the rise in telework and precarious employment.

Despite pessimism about the likelihood of a binding European directive in the near future, European trade unionists continue to campaign, highlighting the fact that the challenge of managing psychosocial risks will only become more urgent. They point to some positive signs, including the recent establishment of a *Mental Health and Psychosocial Risks at Work* working party by the European Commission's tripartite Advisory Committee on Safety and Health at Work. The working party has been given a mandate to define mental health and psychosocial risks, identify the factors that contribute to them, gather and evaluate current approaches to mental health and psychosocial risks at work, and to consider measures to address workplace mental health and psychosocial risks at national and EU level. This is seen as an opportunity to address some of the current arguments against a binding directive.

2.4 Psychosocial Risk prevention in action (or not!)

2.4.1 A proliferation of PSR assessment tools

One noticeable development - in countries visited and presentations about broader European initiatives - was the proliferation of assessment tools that have been developed. In their review of PSR prevention across seven European and five non-European countries[10], EUROGIP found that almost all of the countries had tools available to assist employers to conduct PSR assessment, They noted that following common features:

[10] EUROGIP (2026) unpublished presentation of findings. The published report is currently only available in French at https://eurogip.fr/en/new-study-eurogip-provides-an-overview-of-psychosocial-risks-prevention-in-europe-and-internationally/

- Provided by diverse actors (e.g. insurers, research institutes, regulators)
- Based on national legislation
- Utilised different scientific methodologies
- Involved group interviews and/or individual questionnaires
- Were often digital and able to generate summaries,reports, and analysis. Some enable comparative analysis across departments while others allocated a score against a national or sectoral average
- Always accompanied by support material and training.

All of the assessment tools encountered on this study tour were highly detailed, often individualised to specific industries or sectors, and made excellent use of technology. However, stakeholders noted a number of issues, particularly in relation to specific PSR assessment tools or the PSR elements of general risk assessment tools:

- Tools were often underutilised particularly if they were not mandated
- Having identified psychosocial hazards in the workplace, employers lacked the expertise to assess actual risk and evaluate and implement control measures
- When action plans were produced - often automatically by the software tool - they were not implemented. This could be because they were not sufficiently workplace-specific, were too long and complex, or there was a lack of knowledge or resources at the workplace level to support implementation
- A lack of inspection and enforcement resources meant there was no follow up on implementation.

Both France and Denmark have an explicit obligation for employers to assess physical and psychosocial risks in the workplace and produce management plans. Neither mandates the particular form that assessments must take but both specify what aspects must be included and offer guidelines, tools and support programs for development and implementation.

In France all employers must complete a single risk assessment document (DUERP) for their workplace. The document must identify hazards for each work unit, analyse and prioritise these risks, then list preventative actions. The DUERP covers both physical and psychosocial hazards, including:

- Job requirements
- Emotional demands
- Levels of autonomy and flexibility
- Social relations and working relationships
- Conflict of values
- Job insecurity

- The assessment must also take into account the gender-differentiated impact of risk exposure.

The frequency of updates and consultation requirements for the DUERP differ based on company size but all companies must retain all versions of the document for a period of 40 years and make them available to current and former employees, staff representatives on the workplace Social and Economic Committee, and government enforcement and inspection agencies. Fines apply for failing to carry out/update the assessment, failing to transcribe it into a single document, and failure to make the document available to the workplace Social and Economic Committee. The absence of a current DUERP can be used by employees and their unions in employment tribunal disputes and to establish an employer's 'inexcusable fault' in court after a work accident or development of an occupational disease.

Whilst supporting the DUERP model in principle, French unions regarded implementation as poor, noting that sanctions for non-compliance are low and rarely applied. They particularly noted that psychosocial risk is poorly understood by most employers, resulting in few DUERPs properly assessing these risks. Their observations are consistent with a French Department of Labor[11] report which found that only 46% of private sector companies and 51% of public sector companies had a DUERP in place. Physical risks were given more consideration than psychosocial risks and measures to address psychosocial risks were identified by only one-third of employers. It is noted that, while the report was published in 2024, it relied on 2019 data. Further provisions to strengthen DUERP obligations were introduced in 2021 and 2023 and additional resources have also been made available to employers, including the development of sector-specific digital assessment tools. It is possible that these changes, along with recent legal decisions regarding the faute inexcusable, have improved compliance with DUERP obligations.

In Denmark, workplace assessments must be conducted at least every three years and must include action plans and follow up. The Danish Working Environment Authority supervises compliance and may issue improvement notices or sanctions. In EU-OSHA's 2019 survey of enterprises across Europe:

- 65.8% of Danish enterprises surveyed reported having an action plan in place to prevent work-related stress

[11] UNCCAS (French National Union of Municipal Social Action Centres) (2024) *Occupational risks: lessons from a Dares study.* https://www.unccas.org/risques-professionnels-les-enseignements-dune-etude-de-la-dares#:~:text=Le%20Duerp%2C%20ainsi%20que%20les,la%20tenue%20d'un%20Duerp.

- 64.5% reported having a procedure in place to to deal with bullying and harassment
- 79% had a procedure to address threats, abuse or assault by members of the public[12].

However, the existence of a plan or policy does not necessarily mean they are implemented. Danish unions noted that whilst this obligation was in place, and there was a possibility of sanctions, penalties were rarely applied for non-compliance. They did note that an absence of compliance documentation would be used by employee/union advocates in disputes, when pursuing workers compensation, and when taking prosecutions against employers who failed to prevent illness or injury.

2.4.2 The challenge of applying the Hierarchy of Control to PSRs

Most jurisdictions identified a 'hierarchy of controls' approach to managing risks in the workplace, as does the NSW *Work Health and Safety Regulation 2025.* A repeated theme in our meetings was the failure to properly apply the hierarchy of controls to psychosocial risk.

Some stakeholders suggested that there is insufficient evidence of 'what works', others argued that there is ample good quality academic research in this area but insufficient implementation studies and evaluations. Still others pointed to a deeper issue, noting that the nature of psychosocial hazards such as poor job design, excessive workloads, or low job control challenges the traditional understanding of managerial prerogative in a way that the management of physical hazards does not. Furthermore, aspects of workplace culture such as interpersonal conflict could be perceived as personal issues that were outside the purview of management. Similarly, stakeholders noted that some employers sought to attribute poor mental health to factors outside the workplace or to the individual employee's inability to 'handle stress'.

One of the key issues identified by stakeholders was that most common workplace initiatives claiming to address PSRs in the workplace - such as Employee Assistance Programs (EAPs), 'wellbeing' and 'resilience' programs, gym memberships, yoga classes, and free fruit and games in the staffroom - were either not actually control measures or fell within the lowest, least effective control categories. Stakeholders expressed frustration that such approaches place responsibility on the individual workers who are at risk of psychological harm rather than taking a collective, systemic approach to eliminating or managing psychosocial hazards.

[12] EU-OSHA (2025) *Psychosocial risk prevention - strategies and legislation: Denmark* https://osha.europa.eu/en/publications/denmark-psychosocial-risk-prevention-strategies-and-legislation

Stakeholders also raised concerns about the quality and effectiveness of such approaches. While the effectiveness of yoga or exercise classes may be doubtful, such initiatives were viewed as 'useless but harmless'; this was not true of other interventions such as outsourced EAPs. A number of concerns were raised about EAPs:

- They are of variable quality, with little transparency regarding the qualifications of staff, method of clinical oversight or evaluation of outcomes.
- They allow employers to 'outsource' their responsibility for the psychological well being of their employees, resulting in an 'out of sight, out of mind' attitude.
- There was no feedback mechanism that enabled employers to note broad patterns and trends (while still maintaining individual confidentiality) that may indicate systemic issues in the workplace.

One union identified the need to develop a quality standard for Employee Assistance Programs to enable workers to assess the services available in their workplace and negotiate for improved services if necessary. This would seem a useful initiative not only for employees but also for the employers who are purchasing these services. It would also provide useful information for regulators, given that employers may use the provision of such services as evidence that they are meeting their obligations in relation to managing psychosocial risk. In Australia, the Employee Assistance Professionals Association of Australasia requires its members to adhere to service standards and a code of ethics however there is no requirement for EAP providers to be members of the association and there appears to be little active oversight of compliance with the code and standards[13].

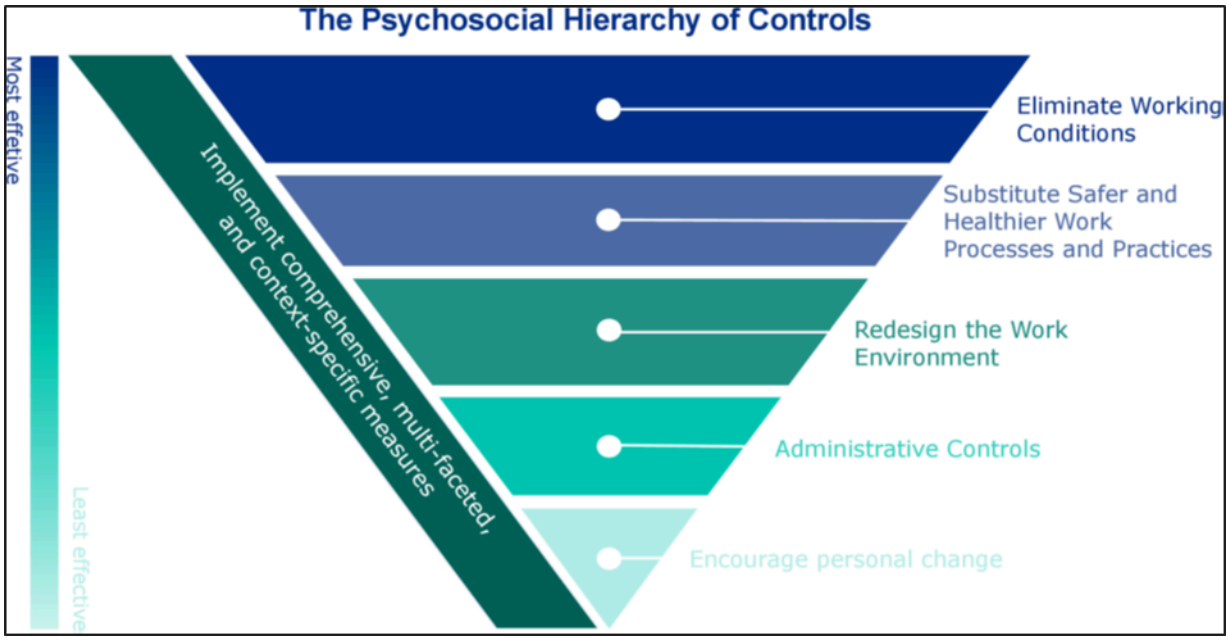
In addition to confusion and disagreement over the nature of particular controls, some stakeholders - particularly regulators - noted that many of the sectors which face the highest psychosocial risk such as health care, education and emergency services involve jobs that are inherently high-risk, making the elimination of particular psychosocial hazards unfeasible. It was also noted that the elimination of factors such as a lack or resourcing or understaffing were often not within the control of local management. This is often the case in public sector workplaces such as schools, hospitals or emergency services where the level of funding is a political decision made by governments.

[13] Menon, I. P., Knott, V., Farrer, L. and Flatt N. (2024, June 10) *Creating an effective EAP Sector.* Australian Psychological Society https://psychology.org.au/insights/creating-an-effective-eap-sector

2.4.3 A psychosocial hierarchy of controls

The meeting with Denmark's National Research Centre for the Working Environment (NFA) was particularly useful in terms of thinking about how the HOC might be applied to PSRs. A number of stakeholders across the countries visited highlighted the need for more research on 'real world' interventions and the NFA has a particular focus on applied research and societal impact.

Researchers at NFA noted that the original HOC works well in preventing hazards related to physical injury such as musculoskeletal hazards but not so well for psychosocial hazards[14]. They proposed a Psychosocial Hierarchy of Controls (P-HOC), represented in the diagram below.



Note: Level 1 measures aimed at 'Encouraging personal change' included promotional materials in the workplace, induction programs, individual mental health training and access to psychological aid. Level 2 measures included developing strategies, policies and guidelines and training aimed at enhancing knowledge of PSR management.

In one recent study, NFA researchers applied the P-HOC to nine case studies in which interventions had been made to address identified psychosocial risks. They found that the majority of the measures involved administrative and individual controls. While these measures delivered some improvements in the mental well-being of individual workers and contributed to improved workplace culture, higher level interventions - such as

[14] Kjærgaard A. et. al. (2025) The Psychosocial Hierarchy of Control: Effectively reducing psychosocial hazards at work. *American Journal of Industrial Medicine* 2025; 68(3):250-263. https://doi.org/10.1002/ajim.23694

hiring more staff and restructuring job design and working hours - had greater impact. They also note that individual and administrative controls are easier to implement while organisational interventions are more complex, resource intensive and time consuming - a key impediment noted by a number of stakeholders across all of the countries visited. The presentation by the NFA also addressed the challenge of applying the HOC to occupations that are inherently more high risk in terms of certain PSRs. In these workplaces, where the elimination of hazards is not feasible, a job demand-control model aimed at reducing unnecessary pressures and balancing unavoidable high job demands with increased worker autonomy and additional resources, may be more viable. They emphasized that such an approach could, and should, still focus on collective work redesign approaches rather than individualised 'coping' strategies.

Whilst in Denmark I heard a number of examples of collaboration between the social partners to address psychosocial risks, particularly in the social services sector. Most involved multiple measures at both the individual and organisational level, predominantly involving training, collaborative development of action plans, and some job redesign. While union stakeholders who had participated in such projects were positive about the impacts, most indicated that there was 'more work to be done' on tackling the root causes of these problems such as understaffing and high staff turnover. Those who had been involved in developing workplace plans to address psychosocial hazards emphasised that it was time consuming, resource intensive and could not be achieved or sustained without genuine commitment from employers.

2.4.4 Targeted support to improve the assessment and management of PSRs in individual workplaces.

France: Psychosocial risk grants

In 2022 the French National Health Insurance Fund launched the *RPS Accompagnement* subsidy for companies with fewer than 50 employees. The scheme provides financial subsidies for companies to retain external expert assistance to address psychosocial risk and prevent problems such as stress, work overload and burnout[15]. The support includes two types of services:

- Diagnosis/identification of psychosocial risk factors and support in developing an action plan to manage them
- Support to implement the action plan and to monitor and evaluate outcomes

[15] L'Assurance Maladie (2026, March 9) *Subsidy against psychosocial risks: RPS Support.* https://www.ameli.fr/val-de-marne/entreprise/sante-travail/prevention/aides-financieres/subventions-1-50-salaries/subvention-risques-psychosociaux/rps-accompagnement

The subsidy covers 70% of the total project cost and consultants must be selected from a list of accredited providers. To be eligible, companies must have completed or updated their DUERP within the last year, joined an occupational health service, and informed employee representatives of proposed measures. Unions raised concerns regarding a serious shortage of occupational health professionals in France, which made it difficult to access external support or to comply with requirements regarding the provision of occupational health services.

Denmark: SPARK

In Denmark, a number of stakeholders identified the SPARK program as an effective driver of projects to improve the psychosocial environment. Established by the social partners through sectoral bargaining, SPARK provides occupational health advisory services to municipal workplaces. Many of the sectors that have been identified as having a high prevalence of psychosocial strain, such as education, child care, and residential care and home support are delivered at the Municipal level in Denmark. SPARK provides 'toolkits' and other resources as well as free, tailored training and support for individual workplaces. The application for support is made by the workplace committee (made up of management, employee safety representatives and union representatives) and the SPARK consultant works only with the committee. Over a series of structured meetings, facilitated by the SPARK consultant, committee members identify the issue they wish to tackle and select tools to address them. Between meetings, representatives are given structured 'homework' to test and refine particular approaches in their workplace. As well as building knowledge to address a specific PSR, the SPARK process aims to strengthen the collaboration and communication skills of committee members so they are better equipped to sustain improvements and initiate and implement future actions without external support[16]

2.5 Inspection and enforcement

Legislation, standards, and guidance resources are fundamental but they must be supported by robust investigation and enforcement to ensure that they are implemented in the workplace.

In its 2024 survey of European enterprises (ESENER 2024)[17] EU-OSHA found that one of the major reasons companies gave for action on health and safety was 'avoiding

[16]VIDEN PÅ TVÆRS (n.d.) SPARK Program website https://vpt.dk/projekter/spark

[17] EU-OSHA (2025) *First Findings of the Fourth European Survey of Enterprises on New and Emerging Risks* (ESENER 2024). https://osha.europa.eu/en/publications/first-findings-fourth-european-survey-enterprises-new-and-emerging-risks-esener-2024

fines from the labour inspectors'. In the same survey, the number of companies that reported having had a visit from a labour inspectorate had declined. This decline was particularly sharp in Ireland (down from 50% to 35%). A decline was also noted in Denmark, while France had a slight increase. It should be noted that, even with a decline, Denmark still had a much higher proportion than both Ireland and France. The International Labor Organisation (ILO) has established a benchmark of one inspector to every 10,000 employees but the UK, Ireland and France fall below this standard. Based on the most recently available data:

- In the UK the total number of inspectors declined by around one third between 2009/10 and 2019/20[18] with ILO data[19] showing further decline, resulting in just 0.29 inspectors per 10 000 employees in 2024
- Ireland had a ratio of just 0.2 inspectors per 10,000 employees in 2023 according to the ILO data.
- The most recent ILO data for France (2019) shows a ratio of 0.8 inspectors per 10,000 employees and the French Court of Auditors reported that 16% of labour inspector positions were cut between 2016 and 2021[20]

ILO data was not available for Denmark but the Danish Working Environment Authority reported in our meeting that it has approximately 350 inspectors for Denmark's 3 million employees, placing them above the ILO standard.

Many stakeholders expressed frustration that the implementation of psychosocial safety obligations relied too heavily on 'educating' employers, with insufficient use of enforcement mechanisms such as improvement notices and penalties. They identified a reluctance on the part of regulators to investigate PSR-related complaints and/or to impose penalties for failing to protect psychological health and safety. Some regulators displayed a cautious attitude to the investigation and enforcement of PSR-related health and safety based on a range of concerns, including:

- The absence of agreed definitions of key concepts
- A lack of evidence-based primary controls for PSRs
- The need to skill up enforcement staff to deal with PSRs
- The complexity of PSR-related issues - which makes investigation more resource intensive

[18] James, P. and Walters, D. (2022) *Work and Health: 50 years of regulatory failure*. Liverpool. Institute of Employment Rights.
[19] International Labour Organisation (2024). *Safety in Numbers: What labour inspection data tells us.* https://ilostat.ilo.org/blog/safety-in-numbers-what-labour-inspection-data-tells-us/
[20] Smith, Anthony. (2025) Parliamentary Question E-002064/2025, European Parliament https://www.europarl.europa.eu/doceo/document/E-10-2025-002064_EN.html

- The multifactorial nature of mental health disorders which may make it difficult to identify the primary cause of an injury, illness or death
- A lack of employer knowledge about PSRs

Some regulators felt that a stronger evidence base was needed to support and justify increased investigation and enforcement efforts. The UK HSE for example has commissioned a work-related stress research programme to deliver more robust evidence on defining and identifying work-related stress and developing effective controls to prevent and reduce it. Results from the programme are expected later in 2026.

A number of stakeholders also highlighted the tension between the enforcement and advisory/educative roles of inspection services. This was particularly relevant to PSRs as a number of regulators suggested that poor employer knowledge warranted a more supportive approach. This was evident in Ireland for example, where the Health and Safety Authority has prioritised two PSRs: bullying in the workplace and work-related violence and aggression (from members of the public towards workers). Because this is a new area of effort, their approach has focused on education and awareness-raising through mechanisms such as webinars, podcasts, fact sheets and promotion of their recently developed *Work Positive* online risk assessment tool. They described their approach to workplace inspection for these PSRs as ‘compliance building’ - aimed at educating and supporting employers rather than identifying and penalising non-compliance.

Denmark’s Working Environment Authority (WEA) has a well-developed approach to the investigation of PSRs in the workplace, including thematic guidance tools for inspectors. The guides cover topics including physical and/or psychosocial violence, high emotional demands, bullying and harassment, high workload and/or time pressure and unclear or conflicting job demands. They provide clear direction about the information to be obtained by inspectors (including suggested questions) and specific requirements for data collection. Where a problem is identified, outcomes can include an immediate improvement notice, an improvement notice with time limit or ‘an agreement to problem solve’.

The ‘agreement to problem solve’ (ATP) approach is a Danish innovation introduced in 2020. It is particularly aimed at addressing complex health and safety problems such as those arising from PSRs and musculoskeletal disorders and/or where a problem is suspected but investigation may be difficult. ATPs are not offered in cases of imminent danger; if an inspector identifies a problem that is clearly a breach of the Working

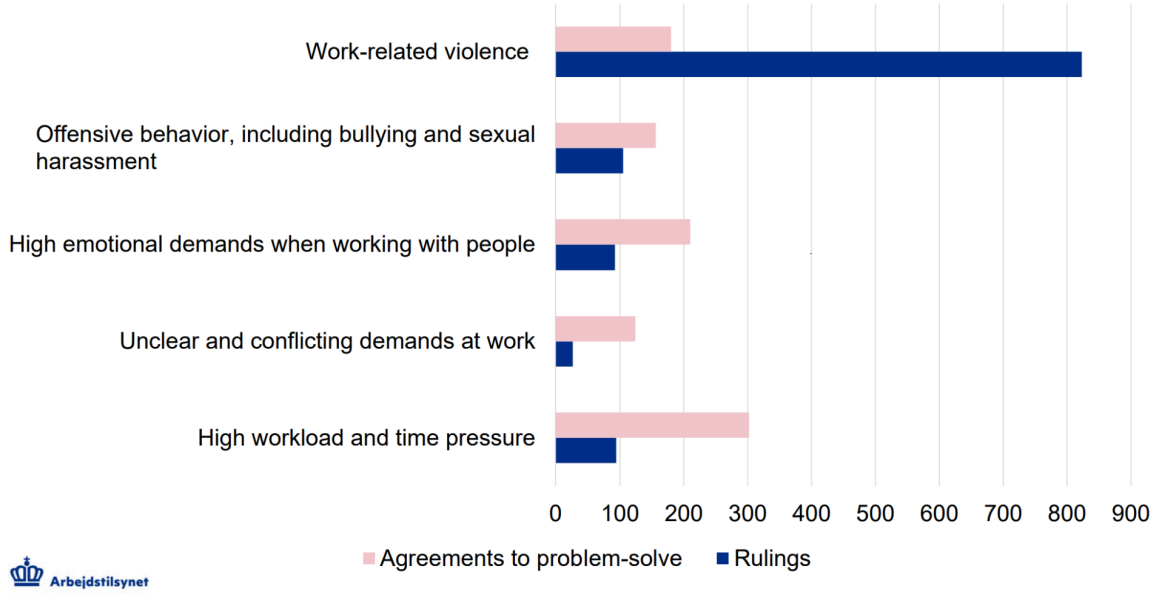
Environment Act, they must issue a notice[21]. If a labour inspector suspects a complex problem, they can offer the company an ATP. If the company accepts this approach, it must take specific action within an agreed time period, during which it receives support and guidance from the WEA. At the end of the agreed period the company must present a report to the WEA with the results of the improvements. The WEA reviews the report and conducts a 'control' inspection of the workplace. If the company's actions are acceptable to the WEA there is no enforcement action however, if it is not acceptable an improvement notice is issued and the company is ineligible for an 'agreement to problem solve' for twelve months.

An NFA review of a selection of ATPs[22] found that employers were motivated to participate in ATPs by both intrinsic and extrinsic factors. Intrinsic motivations such as wanting to improve the workplace for employees, an interest in improving their WHS skills and knowledge, a commitment to collaboration and a desire to have some autonomy in the process were key drivers of employer behaviour. However these intrinsic motivations were not sufficient in themselves and extrinsic factors such as avoiding a notice or fine were also essential. A WEA representative summed up this approach to inspection as follows: 'Our ambition is that we are clear in the exercise of authority and strong in the dialogue'.

An analysis of data from 2022-23 The following graphs show the prevalence of agreements to problem solve in 2022-23[23]

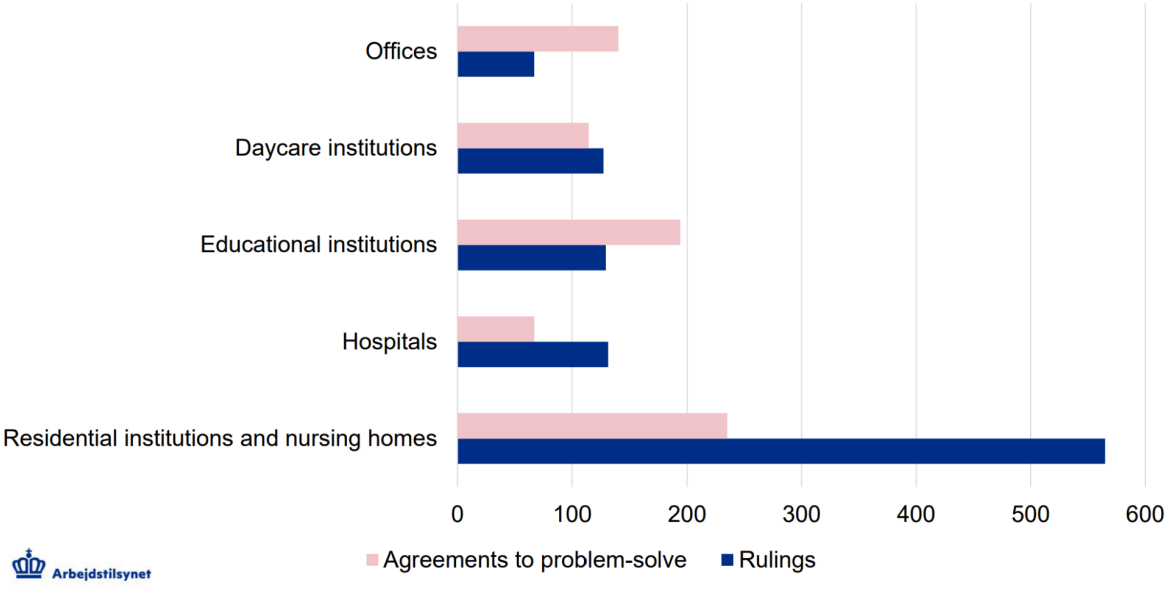
[21] Rudolf et al (2025) Improving Occupational safety and health motivation through dialogue-based inspection practice. *Safety Science 187* https://doi.org/10.1016/j.ssci.2025.106857
[22] ibid
[23] Danish Working Environment Authority (2024, 12 November) *Inspection of the psychosocial worling environment. Presentation to the Nordic Labour Inspection Conference*. https://niva.org/app/uploads/psychosocial-work-environment-denmark-nordic-labour-inspection-conference-2024.pdf

Actions taken as a result of inspections (2022-2023)



Arbejdstilsynet

Actions taken as a result of inspections (2022-2023)



Arbejdstilsynet

2.6 Worker Participation in PSR prevention

EU-OSHA's ESENER 2024[24] survey found that the second most important driver for enterprise action on health and safety was 'meeting expectations from employees or their representatives'. While all of the jurisdictions studied had some form of legislative support for employee work health and safety representatives in workplace health the level of recognition and support varied significantly. Unsurprisingly, there was a strong correlation between the level of formal worker engagement and the quality of the legislative frameworks and regulatory responses to PSR prevention.

2.6.1 Recognition and support for health and safety representatives

Consistent with the European framework directive on occupational health and safety (89/391/EEC) all four jurisdictions recognise the role of health and safety representatives and establish minimum entitlements for training, information and paid time to perform duties - though specific entitlements vary. While each jurisdiction had provisions for the election or selection of employee health and safety representatives, not all mandated this requirement or provided an automatic right to establish a health and safety committee.

United Kingdom

The UK has a dual system for the recognition of safety representatives. In unionised workplaces, trade unions appoint safety representatives. In non-unionised workplaces, employers have a general duty to consult but representatives are only elected/selected if the employer chooses. In workplaces with recognised unions, a health and safety committee must be established if at least two health and safety representatives request it in writing. Safety representatives are entitled to 'reasonable' paid time for training, which for union representatives is typically two five-day courses provided by their union. Trade union health and safety representatives have greater powers than those in non-union workplaces, including the right to access health and safety documents and to investigate employee complaints.

Ireland

Safety representatives are recognised in Irish legislation and are elected/selected by employees. Health and safety committees are not mandatory but they must be established if requested by employees. Representatives have a right to 'reasonable' paid time for training. The specific duration is not specified but the current HSA course

[24] EU-OSHA (2025) *First Findings of the Fourth European Survey of Enterprises on New and Emerging Risks* (ESENER 2024). https://osha.europa.eu/en/publications/first-findings-fourth-european-survey-enterprises-new-and-emerging-risks-esener-2024

is three days. Representatives are entitled to inspect the workplace, investigate accidents and receive information about health and safety issues in the workplace.

France

In 2018 reforms brought together three previously separate bodies representing employees in the workplace – the employee delegates (DP), the works council (CE) and the health and safety committee (CHSCT) - into a new single committee known as the Social and Economic Committee (CSE). CSEs are compulsory in all workplaces with 11 or more employees. Separate health and safety committees remain only in larger organisations - those with more than 300 employees in the private sector and more than 200 employees in the public sector.

Employee representatives on the CSE are elected by the whole workforce. The CSE must be informed and consulted on a wide range of issues, only some of which are specifically relevant to health and safety, including

- Conducting inquiries into workplace accidents and occupational illnesses
- Ensuring compliance with safety procedures
- Enabling communication among workers and management
- Suggesting health and safety enhancements

CSEs are also authorized to carry out safety checks and request outside audits where necessary.

The rights and entitlements of CSE representatives vary based on the size of the company. For example, in companies with 50 or more employees, members of the CSE are entitled to a minimum of five days training in their first four year term.

French union stakeholders expressed concern that the merging of stand alone health and safety committees into the CSE structure diminished the focus on health and safety and reduced the influence of health and safety representatives. Some of the provisions of the stand alone safety committees, such as the involvement of Labour Inspectors, were lost in the transition to CSEs. It was also noted that not all employers complied with the requirement to form a CSE or took the obligation to consult seriously. 2023 data released by the French Directorate of Research, Economic Studies and Statistics (DARES) found that there had been a decline of more than 8% in the proportion of companies with employee representative bodies since the 2018 reforms[25].

[25] DARES (2025, February) Employee representative bodies in 2023: https://dares.travail-emploi.gouv.fr/publication/les-instances-de-representation-du-personnel-en-2023

Denmark

Social dialogue is a central principle in the workplace and this is reflected in the health and safety structures. The election of an HSR is mandatory in enterprises with 10 or more employees. Safety committees are mandatory in workplaces of more than 10 employees and those with more than 35 employees must implement a two-tiered structure of group-level safety units and a central Working Environment Committee. Safety representatives must complete three days of initial training within three months of their appointment, followed by a further two days in the first year and 1.5 days each year after that.

2.6.2 The role of trade unions in PSR prevention

Unions play a direct role in empowering workers to improve health and safety in their workplaces through awareness raising, supporting health and safety representatives and monitoring compliance with health and safety obligations. Unions also protect and improve the physical and mental health of their members when they win improvements in pay and general conditions. These improvements often benefit all workers in a unionised workplace, not just members, and the achievements of unionized workplaces flow to non-union workplaces as they raise the standards across their sector and the general workforce.

A number of stakeholders emphasized that many ‘traditional’ union concerns such as poor remuneration, job insecurity, unreasonable hours and unfair management practices are also drivers of poor psychosocial work environments. Indeed one interviewee (notably not a trade union representative) issued the provocation that rather than diagnosing workers with mental disorders and offering individual psychological support, we should be ‘helping them to call their union, stand with others, and demand better’.

In many instances, unions are ‘filling the gaps’ left by employer and state inaction on PSRs. One French trade unionist warned in relation to the DUERP process, that employers must be held responsible for ensuring that workplaces are safe and healthy and while worker participation is essential, there is a risk of unions being expected to ‘do the bosses’ job for them’.

Across all of the jurisdictions visited, unions (both employed officials and elected workplace representatives) are investing significant resources into improving the psychosocial working environment for their members through a range of initiatives. Some of these are summarised below:

Industrial strategies	• Supporting health and safety representatives to actively engage in health and safety discussions in their workplace and to conduct workplace investigations (where that right exists) • Bargaining for collective agreements that address PSRs such as excessive workload and poor management • Bargaining for improved individual support in the workplace such as supplementary psychological support services or improved EAPs • Toolkits to assist union delegates and health and safety representatives to organise and negotiate on PSRs in their workplace.
Knowledge development through awareness campaigns, targeted training and research	• Workplace campaigns highlighting mental health as a workplace safety issue through print resources, websites, social media etc • Specific training on identifying and addressing PSRs for health and safety representatives and other union activists • 'Mental Health First Aid' training for union representatives and activists • Conducting research including member surveys, commissioned academic research and through peaks such as national union confederations and the European Trade Union Institute.
Legal advocacy	• Defending union representatives' right to perform their health and safety role and protecting them against discrimination for doing so • Providing legal support for individual workers who have sustained a work-related psychological injury or illness • Filing collective legal complaints when groups of workers are impacted by poorly managed PSRs across a work unit or company • Notifying regulators of possible workplace breaches and advocating for investigations

Political campaigning	• National and international campaigns to address PSRs in the workplace and set minimum standards for prevention. • National campaigns for improved legal protection and increased enforcement • Media campaigning to highlight the issue of PSRs and push for change.
Collaborative initiatives at the workplace, sector, national and international levels.	• Representing workers in industry forums and on tripartite bodies at the local, national and international levels. • Participating in cooperative projects at the workplace and sectoral level to identify and address specific PSRs.

Of course there is overlap between these strategies and the most effective campaigns incorporate coordinated action across the categories.

2.6.3 Danish Sectoral 'Working Environment Communities' (BFAs)

In Denmark, mandatory sectoral bodies - known as BFAs - are jointly operated by the social partners (unions and employers). Each BFA develops and promotes materials and services specifically tailored to their industry sector including workshops, guides, toolboxes, process templates and consultant-based implementation support.

There are currently five BFAs:

- Welfare and public administration
- Construction and rail
- Industry
- Commerce, finance and offices
- Transport, tourism, service and agri-food

Stakeholders were positive about the role played by the BFAs, noting that the materials and services they provide are more likely to be adopted at the workplace level because they are relevant to the sector and have been developed and endorsed by the social partners.

BFAs also provide a mechanism for delivering support to small and micro-enterprises, which are not legally required to have committee structures in place and which tend to

be more challenging for unions to organise and resource. James and Walters[26] have identified multi-workplace sectoral and regional structures as one way of addressing the ‘representation gap’ on health and safety in small firms. They point to regional representative models in Sweden, Norway and Italy as well as highlighting bipartite sectoral approaches such as that in Denmark.

[26] James, P. and Walters, D. (2022) *Work and Health: 50 years of regulatory failure*. Liverpool. Institute of Employment Rights.

2.7 Research and knowledge building

I was fortunate to meet with some of the key research bodies in the area of work health and safety in Europe as well as a number of individual researchers in the field. There was a high level of interest in the Australian approach to managing workplace PSR's and a number of researchers highlighted existing collaborations with their Australian counterparts. Some of the key features and contributions of these organisations are summarised below.

2.7.1 EUROGIP

EUROGIP is a French observatory and resource centre specialising in insurance and the prevention of occupational injury and disease at the international level, with a particular focus on Europe. It sits within the Occupational Risk branch of the French national health insurance agency but is oversighted by a tripartite board and receives approximately 80% of its funding from the French National Fund for Occupational Health and Safety which is financed by employer insurance contributions. It is a unique organisation which contributes original research to the field of injury and disease prevention internationally as well as analysing and feeding back international trends and research to inform the practices and policies of the French OID branch. It also has a role in standardisation and certification within the French health and safety system. I was particularly fortunate to receive a briefing on EUROGIP's most recent international survey of PSR risk prevention strategies, which at the time was unpublished (and is still yet to be published in English).

2.7.2 The European Agency for Safety and Health at Work - EU-OSHA

EU-OSHA is a decentralised agency of the EU and the preeminent source of research and information on work health and safety in Europe. It has a tripartite governance structure and is primarily funded by the EU. EU-OSHA conducts research, runs campaigns, develops guidance resources and tools, and promotes best practice. Its digital risk assessment tool (OiRA) has been implemented in a number of European countries, including in the French social care sector where EU-OSHA worked with the social partners to tailor the tool specifically for social care workplaces as part of the DUERP process.

EU-OSHA conducts the European Survey of Enterprises on New and Emerging Risks (ESENER) which provides comparable information across European jurisdictions about how enterprises (public and private) are addressing occupational health issues - including PSRs - in their workplace. It is an invaluable tool, capturing not only policies

and procedures but also factors such as employee representation and inspection activity. It also identifies barriers and drivers of action on health and safety in the workplace.

EU-OSHA covers the full range of work health and safety issues,and recent work has included a focus on psychosocial risks, mental health, digitalization, and climate change at work. EU-OSHA's work on PSRs includes specific materials on work-related stress, bullying and harassment and third party violence. It has an interest in both PSR prevention as well as issues of retention, rehabilitation and return to work for workers with mental health conditions.

While EU-OSHA's main research centre is in Bilbao, Spain, I was able to meet their representative in Brussels who explained the context in which EU-OSHA does its work and current policy thinking around mental health at work. He outlined EU-OSHA's work to date as well as research to be undertaken as part of the agency's *Healthy Workplaces Campaign 2026-2028* which will focus on mental health and psychosocial risks at work. This work will include:

- Research on mental health and digitalisation
- Review of strategies and legislation on psychosocial risks
- Reports specifically on PSRs in the education, transport, and health and social care sectors
- Analysis of the impact of PSRs on specific groups such as young workers.

2.7.3 European Trade Union Institute

The European Trade Union Institute undertakes an impressive level of research on a wide range of issues impacting workers and their unions across Europe. It also analyses and syntheses data from academic researchers, regulatory agencies and international organisations to produce information that can be used by unions and policy makers. The Institute has a strong emphasis on evidence-based research and a particular commitment to translating academic research into resources that can be used by unions and their members.

The Institute's very comprehensive report on conceptualising work-related psychosocial risks[27] was an important input into the planning of this study tour and our meeting provided an opportunity to better understand the structure of the Institute and its current

[27] Leka S. and Jain A. (2024) Conceptualising work-related psychosocial risks: current state of the art and implications for research, policy and practice, Report 2024.09.ETUI (p.10) https://www.etui.org/publications/conceptualising-work-related-psychosocial-risks

work on psychosocial risk, including a forthcoming publication reviewing the current state of collective bargaining and jurisprudence in the area of psychosocial risks. I also heard about an interesting forthcoming collaboration with the European Association of Occupational Health Psychology to develop training resources.

2.7.4 The Danish National Research Centre for the Working Environment (NFA) and Working Environment Research Fund (WERF)

Denmark has a strong focus on applied workplace health and safety research - particularly in the area of PSRs - through the work of the Working Environment Research Fund (WERF) and Danish National Research Centre for the Working Environment (NFA). The WERF is a funding body for work health and safety while the NFA is an independent research institute. Both are governed by tripartite governance boards and receive substantial levels of public funding.

The WERF awards grants for work health and safety research (including research undertaken by the NFA), with the psychosocial working environment being one of four priority themes. Research priorities include:

- Relationship between work environment and health
- work health and safety activities at company level
- Implementation and dissemination of WHS interventions and initiatives.

PSR-related projects undertaken to date have included:

- Harassment, threats and violence in psychiatric wards
- Emotional demands of working in hospitals
- Reducing threats and violence against ticket inspectors and police officers through systematic analysis of conflict behaviour
- Risk, working environment and abusive action among young people in platform-mediated work
- Internet-delivered treatment of work-related stress

Current projects on return to work were of particular, and include:

- An intervention study on sustained recovery from stress with cognitive difficulties (anticipated to be finalised by August 2026)
- An investigation of the importance of the working environment for a stable return to work (anticipated to be finalised in December 2027)

The NFA is an independent research institute established to conduct applied WHS research. It carries out research and development projects to improve the capacity of public and private sector employers to investigate and identify work health and safety problems and develop improved prevention methods. The Institute also provides a knowledge base for the administrative and legislative work of the Ministry of Employment. The NFA has a particular focus on intervention, implementation and economic research with a dedicated research program on the psychosocial work environment.

Both the WERF and the NFA are built on the principle of social partnership and demonstrate a clear commitment to disseminating their work widely to inform policy and regulation, improve inspection and enforcement, enhance training and education, and contribute to better workplace practice.

3. Supporting workers who sustain a psychological injury/illness in the workplace.

3.1 Workers Compensation

Specific workers compensation schemes were not a focus of this study tour but there were some shared observations about workers compensation in Denmark and France that have relevance for the issue of injury prevention and support for affected workers. (For a detailed comparison of the workers compensation systems see EUROGIP's report *Recognition and compensation of work-related mental disorders in Europe*[28])

Union stakeholders in both Denmark and France (where no-fault insurance-based compensation systems are in place) highlighted the low rates of recognition and compensation for mental health disorders in their workers compensation schemes. Both systems rely on official lists of occupational diseases that support automatic recognition, with non-listed conditions being subject to case by case assessment through a 'complementary process'. Common mental health disorders are not currently listed as occupational diseases, with the exception of Denmark which lists Post Traumatic Stress Disorder after a specific traumatic event and depression after participation in war. Recent Danish reforms introduced mandatory workplace violence insurance for high risk roles (e.g. residential care workers, homecare workers, certain teachers, workers in psychiatric facilities) with the aim of providing improved access to compensation for employees exposed to violence or threats in the workplace.

Unions raised concerns regarding the different treatment of psychological illness and physical accidents and diseases - regarding the complementary system as overly complex and unfairly onerous when compared to the list approach for physical illness. They noted particular challenges related to the long-term nature of PSR exposure as well as the multifactorial nature of mental illness which can make it difficult to establish work as a primary cause. Unions also raised concerns regarding the impact of the complementary system on workers, noting that long, often adversarial assessment processes only worsen workers mental health.

Unions noted that the failure to properly recognise and compensate workers for work-related mental health conditions is not only unfair to the impacted workers, but has consequences for the prevention of psychological injury and illness. Firstly, they noted

[28] Keifer, Christine (2023) *Recognition and compensation of work-related mental disorders in Europe (Belgium, Denmark, France, Germany, Italy, Spain, Sweden)* EUROGIP, Paris https://eurogip.fr/en/new-eurogip-study-on-the-recognition-of-work-related-mental-disorders-in-europe/

that the link between claims and employer insurance premiums operates as an incentive for employers to prevent injuries and illnesses in the workplace. If mental health disorders are not properly recognised as occupational accidents or diseases within the workers compensation system then employers may be less inclined to prioritise the control of PSRs. Secondly, they note that if workers are discouraged from submitting claims, it is not possible to gain a 'real picture' of the impact and costs of PSRs in the workplace and develop effective campaigns to eliminate them.

One study from Denmark highlights the link between workers compensation claims and a desire to improve the workplace from a workers' perspective. Ladegaard et al[29] surveyed employees with work-related mental disorders who had submitted a claim for workers compensation. They found that 51.1% of participants said that one of the most important purposes of their claim was to prevent something similar happening to other employees in the future. Indeed, many participants knew that they would probably not receive any compensation but had a strong desire to draw attention to problematic working conditions. However, 55% of respondents in the survey said that no changes were made in the working environment due to their work-related disorder and some reported that they were treated as 'the problem' in their workplace.

French and Danish unions have been campaigning for the expansion of the lists of recognised occupational diseases to include common work-related mental health conditions such as burnout. Failing this, they argue for changes to the complementary system to make it simpler, faster and less onerous for claimants.

Some (non-union) stakeholders questioned the appropriateness of simply transposing the current 'medical model' for workers compensation for physical injuries and illnesses to mental health conditions. They argued that the complex, multifactorial nature of mental health conditions warranted a different approach. They noted that recovery from mental health conditions is possible but that treatment may be non-linear and require a treatment period longer than that of physical conditions, placing it outside current periods for the assessment and determination of workers compensation claims. They also raised concerns that the complex nature of mental health conditions may result in a long period of investigation through the 'complementary process', delaying access to early treatment that may make a difference to the worker's recovery. They shared concerns that the investigation and determination process is long and stressful and may exacerbate an individual's condition, undermining the effectiveness of treatment and reducing the likelihood of return to work. Unlike unions, these stakeholders did not view

[29] Ladegaard et al (2023) Employees with mental disorders seeking support from the workers compensation system - experiences from Denmark. *Work 75.* 1361-1377 https://doi.org/10.3233/WOR-211315

workers compensation as a mechanism for holding employers accountable for damage caused to workers and their livelihoods, for highlighting workplace PSR issues, or for incentivising employers to better manage PSRs. They took the view that this was a role for the regulators (in the case of investigation and enforcement) and courts (in the case of employer negligence).

3.2 Retention and return to work

There was a high level of interest in the issues of retaining workers with mental health conditions and supporting return to work (RTW) after psychological injury/illness across all of the jurisdictions visited. However, this interest frequently arose from a concern about the economic impacts of work-related mental health conditions. Retention and RTW initiatives were frequently presented as an alternative to adequate financial compensation and support - whether through insurance-based workers compensation schemes or general social security benefits.

In the UK in particular, discussion of workplace mental health and psychological injury/illness are being subsumed in the British government's broader focus on economic inactivity and their *Get Britain Working* agenda. The focus has been associated with reductions in social security benefits for unemployed and disabled people - a concern for progressive stakeholders. A less well-known aspect has been the *Keep Britain Working* review into the issues of ill-health and disability in the workplace conducted by Sir Charlie Mayfield[30].

Every stakeholder mentioned the impact of these policies and it was clear that agencies also viewed their work through this lens. Whilst this is most apparent in retention and RTW programs its influence was also raised in the prevention space. Most stakeholders, including unions and non-government organisations, participated actively in the consultation phase of Mayfield's *Keep Britain Working* report. There was consensus that Mayfield's report described the challenges accurately but disappointment that his final report failed to make any specific recommendations regarding the systemic prevention of psychological injury and illness in the workplace, focusing instead on retention and return-to-work of those who are already injured. There was also disappointment that the report proposed no increased regulatory obligations for employers to improve the psychosocial working environment of their workplaces or to offer improved support to injured workers. Instead, Mayfield recommended the establishment of a voluntary 'Vanguard' initiative to recognise and

[30] Mayfield, C. (2026) *Keep Britain Working: Final Report* https://www.gov.uk/government/publications/keep-britain-working-review-final-report/keep-britain-working-final-report

incentivise employers who were viewed as already taking a positive approach to workplace mental health.

UK stakeholders also expressed concern that investment in labor market programs aimed at 'getting' and 'keeping Britain working' was being offset by reductions in benefits. They noted that individuals were being 'incentivised' to participate in such programs because the alternative is poverty-level social security payments. A number of UK stakeholders highlighted that the effort to 'keep Britain working' needs to be underpinned by an increase in income support for those on sickness absence (the level of statutory sick pay is amongst the lowest in the OECD) combined with targeted early intervention to support workers to recover and return to work[31].

The Mayfield Report is not unique in failing to make an explicit link between preventing PSRs and improving the psychosocial work environment as a way of reducing sickness absence due to mental health conditions. A number of stakeholders noted that the individualised nature of workers compensation, retention support and return to work programs meant that injured workers were framed as the problem to be 'fixed' with little thought given to the work environment that contributed to their illness or injury. Again the contrast between physical and psychological injury/illness was highlighted. As one interviewee noted: 'if you fell into a hole at work and broke your leg you'd be shocked if you returned to work after sick leave to discover that the hole had not been filled in'. Yet many workers are expected to return to a workplace where nothing has been done to improve the psychosocial work environment, and in fact the environment may be even more hostile. This then becomes a deterrent for other workers who might make a claim so systemic PSRs are not identified.

An EU-OSHA research review of workplace practices to support individuals experiencing mental health problems, issued the following 'policy pointers'[32] for decision makers:

- Interventions to support individuals should be implemented within the context of organisational interventions that address psychosocial risk factors for all workers.

[31] See, for example, Atwell, S. and Finch, D. (2025, October) Putting work rehabilitation at the heart of welfare reform. The Health Foundation https://www.health.org.uk/reports-and-analysis/briefings/putting-work-rehabilitation-at-the-heart-of-welfare-reform

[32] Virtanen, M. et al (2024) A review of good workplace practices to support individuals experiencing mental health problems. EU-OSHA https://op.europa.eu/sv/publication-detail/-/publication/06a6e78c-5ab0-11ef-acbc-01aa75ed71a1/language-en

- Regarding return to work and workplace support, the same approach should be applied to mental health problems as is taken with physical health conditions.
- More needs to be done to raise awareness of mental health in the workplace and to reduce stigma.
- All employers and their workers, especially SMEs, would benefit from access to multidisciplinary return-to-work services. The self-employed also need access to services.
- Return to work should focus on an individual's capabilities not their disabilities.
- National sickness insurance and benefit schemes should allow a gradual return to work.
- Employment should be part of all healthcare policies on mental health: health practitioners should have return-to-work as a treatment objective for patients with mental health problems and therapies, such as cognitive behavioural therapy, should be work focused.
- Workers may often have a physical and a mental health condition. These physical and mental health conditions need to be addressed together within a work-focused approach.
- Social partners should incorporate the issue of integration and retention of workers with chronic disease into social dialogue at all levels.
- Social partners should engage in policies for return-to-work at the workplaces.
- More evidence-based tools and resources need developing, including ones tailored to different sectors, and including how to support workers with episodic conditions (where the person has periods of wellness and short periods of being unwell).

Stakeholders reiterated a number of these points, including the need for organisational responses to PSR prevention, an enhanced role for the social partners (particularly workers and their unions) and the need for access to multidisciplinary services staffed by qualified occupational health professionals. Stakeholders highlighted evidence for particular workplace factors that support retention and RTW such as supportive line-level supervisors, however there were few comprehensive organisational interventions identified.

While not traditional workplace-based retention and RTW programs, the following initiatives demonstrated innovative approaches to supporting workers to remain in, or return to, employment.

3.2.1 WorkWell (UK)

Workwell is a joint initiative between the Department of Work and Pensions and the Department of Health, and at the time of our meeting there were 15 pilot sites across England (funding has since been announced to expand the program). The program is aimed at keeping people in work and supporting those who have recently fallen out of work and I was particularly interested in the inclusion of people who are currently employed and are, as one stakeholder described it, 'just hanging on by their fingertips'.

The eligibility criteria is broad and people can self refer. At the time of our meeting in January 2026, program staff reported that approximately 60% of participants were recently unemployed, with 40% still in work. 48% of participants reported mental health as a primary complaint

Each WorkWell pilot has a local focus - resulting in different models in each location, tailored to the needs of their community - but all have a strong emphasis on partnerships, particularly between primary health care and Workwell services. Interventions are time-limited with a duration of 8-12 weeks. All offer relatively low intensity interventions with a focus on behavioural change and some limited access to direct clinical services as well as linkages to other service providers - both in the health sector and other services such as housing, education and childcare. The program also supports employed participants with support to speak to their employer and in turn, assists employers to implement changes that may improve the work environment, for example by accessing funding to make reasonable adjustments.

Work and Health 'coaches' are central to WorkWell service delivery, offering direct support to clients and brokering access to other services. Coaches come from a range of occupational and training backgrounds and their roles are not clinical, though they have access to clinical staff such as staff psychologists to support them in their role. The expansion of this relatively new role through the Workwell program was seen as both an opportunity and a challenge by stakeholders. Stakeholders acknowledged the potential value of these roles as one way of increasing support for workers, particularly in smaller enterprises, however questions were raised about the training and qualifications for such roles and the need to define an appropriate scope of practice. In a guidance note[33] to inform the development of the WorkWell initiative as well as employer-funded workplace-based health (WHP) programs (such as EAPs) the UK Society of

[33] UK Society of Occupational Medicine (2026) *Guidance for WorkWell and Workplace Health Provision (WHP) in establishing Work-Health Interface Services* (p2) https://www.som.org.uk/sites/som.org.uk/files/Guidance_for_WorkWell_and_WHP_2026.pdf

Occupational Medicine (SOM) emphasised that “Workwell and WHP must be built around and held to robust standards of training, supervision, and governance [with] triage and escalation supported by further tiers of clinical expertise”.

A number of stakeholders also identified coaching roles as themselves at high risk of stress and burnout if staff are not well supported. Issues were raised regarding the case load of coaches and the potential for a lack of boundaries in an approach where client-centredness and flexibility is encouraged.

Partnership with General Practitioners is a particular focus of Workwell, driven in part by the government’s commitment to reform of the ‘fit note’ system to reduce the number of workers receiving a medical certificate declaring them unfit for work. SOM has also identified fit notes as an underutilised opportunity to encourage early intervention, noting that training for General Practitioners and referral pathways to early professional work and health support could support better outcomes[34].

I was fortunate to visit a WorkWell site operated by the Shaw Trust in North West London. This project was commissioned by NHS North West London through the West London Alliance (a partnership of seven West London local authorities – Barnet, Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon and Hounslow). It works with people with health conditions - including mental health conditions - to remain in and return to the workforce through tailored support, personalized employment plans, and coaching. The partnership with local GPs has been particularly impactful. A number of stakeholders interviewed for the study tour noted the potential tension between the role of clinicians as patient advocates and their desire to connect patients with early intervention. A number also noted that whilst GPs were often workers' first point of contact and key players in the workers compensation journey, they did not always have the training, time or resources to fulfil this role as well as they would like. It was clear that the WorkWell pilot we visited was providing GPs with a valued mechanism for linking patients who presented as potentially unfit for work and who could benefit from early low intensity intervention, to services and support.

Due to confidentiality considerations I have not reflected the internal data or detailed conversations I participated in at the North West London site visit but wish to place on record my appreciation for the team’s openness, and particularly for ensuring that I was able to meet with a diverse range of staff, program partners and clients. I was

[34] UK Society of Occupational Medicine (2025) Inactivity due to ill health: Supporting Trailblazer and WorkWell service design and delivery. https://www.som.org.uk/sites/som.org.uk/files/Inactivity_due_to_ill_health_Trailblazer_WorkWell_June2025.pdf

impressed by the level of passion and commitment displayed by team members and partners.

3.2.2 Flex Jobs (Denmark)

Flex jobs provide adapted working conditions for individuals with permanent or long-term reduced work ability (defined as less than 50% of 'normal' ability and assessed by the municipal job centre). Flex job employees can work as few as four hours per week and are available in both the public and private sectors.

Flex job employees receive a salary from their employer and a 'flex salary' subsidy (paid directly to the employee) from the municipality. The salary from the employer is calculated based on efficiency, not the number of hours worked. The state-provided 'flexi-salary' component is adjusted based on income - the higher the employer-provided salary, the lower the flex salary subsidy - up to a maximum salary level which is higher than the maximum payable in unemployment benefits.

Applicants must have tried all other means of accessing an unsupported job, including workplace accommodations and retraining. It is possible for employees to be assigned a flex job in their existing workplace but this is subject to a number of conditions agreed by the social partners. There is an exception for workers who have been exposed to a serious occupational injury or illness.

Unlike labour market initiatives in other jurisdictions which may provide short-term subsidised job placement, flex jobs are long term, with an initial appointment of five years, followed by a five year extension and a possible conversion to permanency if over the age of 40.

Approximately 98,000 people are employed in 'flex jobs' in Denmark (2024), out of a workforce of around 3 million. The WEA reported that approximately 15% of flex job recipients are officially registered as having a mental health disorder as the primary reason for their placement in a flex job.

Union partners were generally supportive of the flex job model but noted that it was only available to a very specific, relatively small group of people and was not a substitute for proper workers compensation or comprehensive rehabilitation and RTW programs.

3.2.3 Education allowance (Denmark)

In recent reforms to the Danish workers compensation legislation, unions campaigned for the inclusion of an education allowance to support workers to retrain for a job better suited to their post-injury circumstances.

The scheme is generous, paying a monthly education allowance equivalent to 83% of previous salary for a period of up to four years. Training can include basic vocational education, vocational (trade type) training and bachelors level university degrees. In Denmark higher education is free so students do not incur fees as they would in Australia.

The Danish Labour Market Insurance Agency (AES) assesses applications on an individual basis against certain seven criteria. Applicants must:

- Have a recognised injury and a total degree of disability of at least 10%
- Be unemployed or in a terminated position
- ue Unable to work full-time within previous field of work or with your previous education
- Have not received a final decision on loss of earning capacity
- Be able to earn more with an education than without it
- Be able to complete the education and work on normal terms afterwards
- Be engaging in education that provides vocational skills and has good employment opportunities

Stakeholders were positive about this initiative, though some expressed concern that the need to prove a recognised injury may be an impediment to access for those with mental health conditions. Based on figures presented by the WEA, less than 10% of occupational mental health claims were recognised in 2021-2025 so concerns regarding access would appear to be well founded.

The scheme is at an early stage of implementation. At the time of our meeting in January 2026, the WEA reported that just 189 people had been granted an allowance. Participants had chosen education in a wide range of fields including social work and construction. They were aged between 27 and 46 years of age with an even distribution between men and women.

4. Conclusion and recommendations - WHS

It is a truism to suggest that overseas travel only serves to make you better appreciate your own country but in the case of this study tour it is accurate. There is no doubt that the New South Wales work health and safety system is one of the strongest in the world and many stakeholders, having heard about our system, wanted to know what we thought we could learn from them.

We should not take our system for granted - it is born out of a long history of union struggle to win, improve and defend the right of all workers to be safe at work. Nor should we rest on our laurels. While we have an excellent legislative framework for addressing PSRs, we share many of the challenges observed in similar jurisdictions, especially when it comes to implementing effective primary controls for PSRs in the workplace.

No system is perfect and there will always be improvements that can be made. To that end, and based on my observations on this study tour, I offer the following preliminary recommendations for consideration:

1. **A comprehensive review of Employee Assistance Programs** (EAPs), including: mapping current use by sector and organisation size, identifying the range of services provided, assessing the qualifications and conditions of staff, evaluating the quality frameworks and clinical oversight, and the feasibility of mandating a code of conduct and/or accreditation system for EAP service providers.
2. **Development of a Danish-style 'Agreement to Problem Solve' approach to PSR management**, supported with training and resources for inspectors. Such an approach should complement not replace existing penalties and sanctions.
3. The introduction of a **mandatory requirement for all employers to prepare a risk assessment document** explicitly incorporating PSRs and developed in consultation with workplace Health and Safety Representatives and committees.
4. **Creation of a work health and safety research fund** overseen by a tripartite board to fund applied research with a focus on intervention and implementation studies, including the prevention and management of PSRs. All research supported by the fund should be made widely available to the WHS community, including workers and their unions. Funding sources could include government and the insurance industry.

5. **Development and resourcing of tripartite sectoral WHS bodies** to support the development of industry-specific resources, advise government, encourage information sharing, and support employers and employees - including SMEs - to implement change in their workplaces.

6. Consider options for **incorporating education and training support into assistance packages provided for injured workers**, including use of TAFE services and discussions with the Commonwealth regarding options for Commonwealth Supported Places in universities.

7. Investigate opportunities to provide **early access to free work-informed mental health support** for workers experiencing work-related mental health issues. Such services could include GPs with occupational health training and/or referral pathways to other qualified support such as specialist nurses and coaches. Given the potential interface with primary care, this would require collaboration with the Commonwealth. There may also be an opportunity to pilot models in the NSW public sector. Assistance should be provided regardless of whether a worker intends to make a workers compensation claim and should not prejudice any such claim.

5. Building connections

5.1 Parliamentary dialogue

5.1.1 UK Parliament

I met with a range of Labour MPs who share my interests in progressive politics and party democracy. There are interesting similarities and overlaps with political developments in Australia and I had many productive discussions about issues such as workers and human rights, social inequality, rising right-wing extremism, privatisation and the erosion of civil liberties, particularly the right to protest.

I also gained valuable insights into the working of the UK Parliament and Labour Party and was able to attend Prime Minister's Question Time as well as to observe the proceedings of the House of Lords.

As well as meeting MPs, I met with Labour-aligned campaign organisations. I was particularly interested in the work of Compass, a multi-party membership organisation and think tank which aims to bring together people from across the progressive political spectrum to take cooperative grassroots action. Recent campaigns include electoral reform, public ownership of water and addressing racism and right-wing extremism.

Details of all MP meetings are listed in the itinerary (Appendix A).

5.1.2 The Oireachtus (Irish Parliament)

Sinn Fein and the Labour Party are two of the key centre-left opposition parties in the Oireachtus. As well as discussing MP's portfolio areas - which have a strong employment focus - we talked about shared political challenges such as addressing right-wing extremism and anti-immigrant sentiment.

There was strong interest in deepening cultural and political connections between Ireland and Australia, built on the recognition of the significant Irish diaspora communities.

5.1.3 Singapore Parliament

Singapore is one of Australia's key strategic partners in the Asia Pacific, with strong economic and people-to-people ties. I was conscious that I had very little knowledge of Singapore's political system and welcomed the opportunity to tour their parliament and learn about its structure and processes. I was particularly struck by the commitment to Singaporean multiculturalism, including the fact that parliamentary speeches can be made in any one of Singapore's four official languages: English, Malay, Mandarin or Tamil. Simultaneous interpretation is provided by official parliamentary translators to facilitate participation by all Members.

My guides for the tour of the Parliament (all of whom were parliamentary staff) spoke about the opportunities the CPA provided to develop their skills and knowledge.

5.2 Strengthening communities - Cooperatives and Neighbourhood Centres

As the co-convenor of the NSW Parliamentary Friends of Cooperatives and Parliamentary Friends of Neighbourhood Centres, I was keen to learn about approaches to community building in the UK. Communitarian discourse appears to be more developed in the UK and a number of organisations I met with, particularly Compass, the Cooperative Party and Locality UK, shared strong communitarian agendas with a focus on devolving power away from central government to empower communities and neighbourhoods.

5.2.1 The Cooperative Party

The Cooperative Party was born out of the UK's cooperative movement. It supports the principles of the cooperative movement - democratic control and a fair sharing of collectively-created wealth - and believes these principles should be extended to the wider economy and society.

The Co-operative Party is an independently registered and regulated political party with its own democratic structures and governance. Since 1927 it has had an electoral pact with the Labour Party. This allows for independent membership as well as joint membership of both parties. Both parties have separate selection processes which, when aligned, result in a joint Labour and Co-operative Party candidate. I met with Andrew Pakes MP who is one of 43 Labour and Cooperative Party members of the House of Commons, as well as with the Party's General Secretary and Political Director.

The Cooperative party has been successful in securing a Labour Party commitment to double the size of the cooperative sector. Launched in early 2025, the Cooperative Party's *Community Britain* campaign is a major policy and advocacy initiative designed to 'reclaim the role of local communities as a serious political and economic force'. The campaign argues for a shift in public policy to allow local people, who have the best understanding of their community's needs, to shape their own futures, for example, by enabling residents to take ownership of local assets and services in sectors such as housing and sustainable energy. This approach is also proposed as part of a progressive response to the rise of right wing extremism in the UK as evidence suggests that communities with robust, responsive social infrastructure tend to experience higher social cohesion than low-infrastructure areas.

5.2.2 Locality UK

My meetings with the Cooperative Party were complemented by a meeting with Locality UK, the peak body for community organisations and neighbourhood centres.

Neighbourhood centres in the UK operate on a very different model to those that exist in Australia. Most neighbourhood centres in the UK operate without specific operational funding support from the state, relying instead on revenue streams from property and service delivery. While this approach may bring improved participation in local service delivery, thereby improving relevance and responsiveness, there can be a tension when such services were previously delivered by the public sector.

Locality UK has a long-standing campaign to give community organisations the right to buy public buildings and other spaces that are vacant and/or proposed for demolition or sale to the private sector. While a 'right to bid' exists, few community groups have the financial resources to make a winning bid.

In 2025 the UK Government announced its £5 billion Pride in Place initiative which will provide up to £20 million each to approximately 280 disadvantaged neighbourhoods to improve their area. Each area will have a Neighbourhood Board composed of residents, the local MP, the council, businesses, and community organisations to set priorities and oversee implementation. While Locality UK welcomed this investment, they were concerned to ensure that genuine community ownership was put in place and that existing community and public services were not displaced. They were providing tools and advice to support their members' participation in the Pride in Place process.

5.3 Parliamentary Friends of Palestine

As a long-standing member of Parliamentary Friends of Palestine I took the opportunity to meet with MPs who share this commitment and have also been active on this issue.

Our discussions highlighted common challenges such as a reluctance of our party leaders to defend international humanitarian law, attempts to silence those who express support for Palestine, and legislative reform targeting political expression, particularly the right to protest.

I also met with two organisations that have been active on the issue of human rights and international humanitarian law in Palestine: Progressive International (PI) and Campaign Against Arms Trade (CAAT).

PI coordinates the eight-nation Hague Group which was initially formed to coordinate diplomatic, legal and political action in support of International Court of Justice (ICJ) and International Criminal Court (ICC) rulings related to Gaza. In July 2025, the group convened in Bogotá, where 12 nations signed onto a six-point plan, including preventing military exports to Israel, blocking weapons transfers at ports, and reviewing public contracts to ensure no support for Israeli settlements. In March 2026, PI held a "People's Congress for The Hague Group" in Amsterdam to coordinate strategy with parliamentarians, trade unionists, and organizers from over 40 nations.

I was particularly interested in work being undertaken by CAAT to enable greater scrutiny of the F35 program and end the sale of weapons for use in conflicts where gross breaches of international humanitarian law have been reported, such as Gaza and Sudan. When we met in January, CAAT was developing a statement regarding the UK government’s weakening of controls on arms sales to Israel (which the government claimed it had suspended). The statement was subsequently signed by 58 UK parliamentarians. CAAT were also working closely with other civil society organisations on a campaign to defend the right to political speech and protest - an issue I have also been outspoken about.

Appendices

Appendix A: Itinerary

Date	Time	Organisation	Meeting Participants
LONDON			
12/01/2026	10:30 GMT	**UK Health and Safety Executive**	**Rick Brunt** *Director of Engagement and Policy Division* **Mike Calcutt** *Deputy Director of Interventions Design, Engagement and Policy Division* **Tarla Patel** *Policy Advisor*
12/01/2026	12:00 GMT	**Joint Work and Health Directorate (Workwell) Department of Work & Pensions**	**Ellen Springall** *Senior Responsible Officer for WorkWell* **Noah Eicke** *WorkWell and Local Systems Team*
12/01/2026	15:00 GMT	**Unite the Union**	**Rob Miguel** *National Health and Safety Advisor*
13/01/2026	9:00 GMT	**UK Parliament**	**Brian Leishman MP** *Labour MP for Alloa and Grangemouth*
13/01/2026	11:00 GMT	**UK Parliament**	**Olivia Blake MP** *Labour MP for Sheffield Hallam*
13/01/2026	14:00 GMT	**Workwell North West London** Shaw Trust (Shepherds Bush)	**Paul Nicholas** *Head of Service Delivery in West London* **Claire Laverty** *Programme Manager for the WorkWell North West London service* **Ann M. Waugh FCIPD** *WorkWell Learning & Change Manager*

			Dr Rishi Chopra *General Practitioner Partner, Paddington Green Health Centre*
13/01/2026	16:30 GMT	**Cardiff University**	**Emeritus Prof. David Walters** *Cardiff Work Environment Research Centre*
		Middlesex University	**Emeritus Prof. Phil James**
14/01/2026	9:00 GMT	**UK Parliament**	**Andrew Pakes MP** *Labour and Cooperative Party MP for Peterborough*
14/01/2026	10:00 GMT	**UK Parliament**	**Richard Burgon MP** *Labour MP for Leeds East* **Ian Byrne MP** *Labour MP for Liverpool West Derby* **Kim Johnson MP** *Labour MP for Liverpool Riverside* **Andy McDonald MP** *Labour MP for Middlesborough and Thornaby East* **Rt Hon John McDonell MP** *Labour MP for Hayes and Harlington*
14/01/2026	11:00 GMT	**UK Parliament**	**Jon Trickett MP** *Labour MP for Normanton and Hemsworth*
14/01/2026	13:00 GMT	**Society Of Occupational Medicine**	**Nick Pahl** *CEO SOM* **Prof. Neil Greenberg** *President SOM*
14/01/2026	15:00 GMT	**UK Parliament**	**Clive Lewis MP** *Labour MP for Norwich South*
14/01/2026	16:00 GMT	**Cooperative Party**	**Caitlyn Prowle** *Head of Political Affairs*

			Joe Fortune *General Secretary*
14/01/2026	17:00 GMT	**Compass**	**Neal Lawson** *Director* **Lena Swedlow** *Deputy Director, Compass* **Luke Hurst** *Political Affairs & Organising Officer*
15/01/2026	12:00 GMT	**Locality UK**	**Tony Armstrong** *Chief Executive,* *Locality* UK
15/01/2026	13:00 GMT	**UNISON**	**Joe Donelly** *National Officer - Health & Safety*
15/01/2026	15:00 GMT	**The Health Foundation**	**Sam Atwell** *Policy and Research Manager* **Claire Campbell** *Senior Fellow*
14/01/2026	17:30 GMT	**UK Parliament**	**Lord John Hendy KC** *Member House of Lords* *Chair, Institute of Employment Rights* *President, International Centre for Trade Union Rights* *Vice President, Campaign for Trade Union Freedom*
16/01/2026	10:30 GMT	**Progressive International**	**James Schneider** *Communications Director*
16/01/2026	12:30 GMT	**Momentum**	**Rachel Godfrey Wood** *National Coordinator, Momentum*
16/01/2026	14:30 GMT	**Campaign Against the Arms Trade**	**Katie Fallon** *Advocacy Manager*
Note: A meeting was scheduled with representatives from the UK Trades Union Congress (TUC) and GMB union on 12/1/2026 but unfortunately it was cancelled at short notice and was not able to be rescheduled.			

PARIS			
19/01/2026	10:00 CEST	**EUROGIP**	**Marie Pendaries** *Information and Communication Officer* **Christine Kieffer** *Research Officer* **Annarita Piazza** *Research Officer*
19/01/202	12:30 CEST	**General Confederation of Labour** (CGT)	**Marc Benoît** *Researcher , National Institute for Research and Security (INRS)* **Mireille Stivala** *Confederal Secretary, Work and Occupational Health* **Patricia Grillo** *Confederal councilor (Translator)*
19/01/2026	14:00 CEST	**French Democratic Confederation of Labour** (CFDT)	**Edwina Lamoureux**, *Confederal Secretary at CFDT, Work-related accidents and occupational diseases policy* **Laurent Picoto**, *Confederal Secretary at CFDT, Occupational Health and Safety policies* **Mathilde Frapard**, *Confederal Secretary at CFDT, Legal adviser ILO, International and European Affairs*
19/01/2026	15:30 CEST	**Caisse Nationale de l'Assurance Maladie (French National Health Insurance Fund) Occupational Risk Branch** (CNAM)	**Khady Florent** *Occupational Risks and Mental Health Program Coordinator* **Mickael Guiheneuf** *Deputy Head of the Prevention Department* **Marie Laure**

			Cramif, *Safety Inspector and Occupational Psychologist* **Marie Pendaries** Eurogip, *Information and Communication Officer* **Nour Egho** *Interpreter*
BRUSSELS			
20/01/2026	09:00 CEST	**Eurocadres**	**Nayla Glaise** *President, Eurocadres*
20/01/2026	10:00 CEST	**European Trade Union Confederation** (ETUC)	**Ignaticio Doreste** *Senior Advisor* **Giulio Romani** *Confederal Secretary*
20/01/2026	11.30 CEST	**European Trade Union Institute** (ETUI)	**Dimitra Theodori** *Head of Unit* *Health and Safety and Working Conditions Unit* **Sonia Nawrocka** *ETUI Researcher,* *Health and Safety and Working Conditions Unit.*
20/01/2026	14:00 CEST	**EU-OSHA**	**Bogdan Deleanu** *Brussels Liaison Manager,* *Network Secretariat*
20/01/2026	15:30 CEST	**European Federation of Public Service Unions** (EPSU)	**Jan Williem Goudriaan** *General Secretary* **Pablo Sanchez Centellas** *Local and Regional Government, Firefighters and Public Services Officer* **Pauline Dulongcourty** *Policy Staff - National and European Administration, Prisons services, Defence*

20/01/2026	16:30 CEST	**European Parliament** (Virtual - via Teams)	**Marianne Vind MEP** *Danish Social Democrat member, European Parliament*
COPENHAGEN			
21/01/2026	14:00 CEST	**FOA (Trade Union)**	**Thea Rud Christensen** *Occupational Health and Safety Consultant* **Anders Bang Mønster Hansen** *Advocate/Lawyer admitted to the Danish Supreme Court*
22/01/2026	10:30 CEST	**National Research Centre for the Working Environment** (NFA)	**Jens Olav Dahlgaard** *Head of Research Coordination* **Sophia Jaspers PhD**, *Postdoctoral Researcher*
22/01/2026	13:30 CEST	**Arbejdstilsynet – the Danish Working Environment Authority** (WEA)	**Hans Martin Rasmussen** *Chief Consultant* *Office for Accidents and Occupational Diseases* **Mette Maria Eckardt** *Psychologist* *Office for Psychological and Ergonomic Work Environment* **Nina Sundmand Ottesen** *Labour Inspector* **Steffen Hyldborg Jensen** *Chief Consultant* *Working Environment Research Fund*
23/01/2026	09:30 CEST	**Dr Andreas Hoff**	**Dr Andreas Hoff** *Psychiatrist and researcher*
23/01/2026	12:00 CEST	***Dansk Sygeplejeråd*** (Danish Nurses Organisation)	**Harun Demirtas** *First Deputy Chairperson, Danish Nurses Organization*

			Sebastian Kaas Wium Pedersen *OHS Consultant* *Profession & Analysis*
DUBLIN			
26/01/2026	11:00 GMT	**Irish Congress of Trade Unions (ICTU) Health and Safety Committee**	**Pat Kenny** *Communication Workers Union* *Committee Chair* **Mary Tully** *Irish Nurses and Midwives Organisation* **Desi Robinson** FORSA **Karen Eckles** *Irish Nurses and Midwives Organisation* **Deirdre McDonald** *Association of Secondary Teachers Ireland* **Connor MacDonald** *Association of Secondary Teachers Ireland* **Clare Moore** *Equality & Social Affairs Officer ICTU Northern Ireland*
26/01/2026	12:00 GMT	**Health and Safety Authority**	**Adrienne Duff** *Assistant Chief Executive, Occupational Health Division* **Aoife Sweeney** *Programme Manager, Occupational Health Division* **Elaine Murphy** *Grade I Inspector, Occupational Health Division*
26/01/2026	15:00 GMT	**The Oireachtus** (Irish Parliament)	**Louise O'Reilly TD** Sinn Fein *TD for Dublin Fingal West*

			Spokesperson on Social Protection, Rural and Community Development
27/01/2026	09:00 GMT	**The Oireachtus** (Irish Parliament)	**Rose Conway-Walsh TD** Sinn Fein *TD for Mayo Spokesperson on Enterprise, Tourism and Employment*
27/01/2026	10:00 GMT	**The Oireachtus** (Irish Parliament)	**Senator Nessa Cosgrove** *Labour Spokesperson for Rural and Community Development, the Gaeltacht, and Workers' Rights*
SINGAPORE			
29/01/2026	11:00 SST	**Singapore Parliament**	**Nadia Johanni** *Executive Communications & Engagement* **Siti Aisyah Safuan** *Manager Communications & Engagement* **Zafirah Mustaza** *Senior Assistant Clerk Parliamentary Clerks Department*

Appendix B: Organisation Profiles

Information in the following profiles is based on public information on organisations' websites, supplemented with information provided in meetings where appropriate. Organisations are listed in the order they appear in the itinerary.

London

UK Health and Safety Executive
https://www.hse.gov.uk/
The Health and Safety Executive (HSE) is Great Britain's independent national regulator for workplace health, safety, and welfare. Sponsored by the Department for Work and Pensions, it enforces the Health and Safety at Work etc. Act 1974 across England, Scotland, and Wales to prevent work-related death, injury, and illness. It investigates industrial accidents, sets safety standards, researches risks, and provides guidance to businesses to reduce workplace risk.

Joint Work and Health Directorate - **Department for Work and Pensions and Department of Health and Social Care (Joint unit)**
https://www.gov.uk/government/groups/work-and-health-unit
The Joint Work and Health Directorate (JWHD) in the UK, a partnership between the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC), plays a strategic role in leading, designing, and funding the WorkWell program. It drives integration between primary care and employment support, aiming to keep individuals with health conditions in work. The JWHD designed the WorkWell model, which focuses on providing early, tailored support through work and health coaches embedded in community health teams. The Directorate works to align NHS services with Job Centre Plus and local authority initiatives to create a single, coordinated pathway for individuals experiencing health-related work issues.

Unite the Union
https://www.unitetheunion.org/
Unite is one of the largest trade unions in the UK and Ireland with members across the private, public and voluntary sectors currently representing over 1.17 million members as of 2023. The union's United Minds initiative offers tools and materials to assist reps in negotiating better management processes around mental health and stress issues in the workplace. The United Minds Campaign is calling for change including:

- New legislation around workplace stress and psychosocial risk - a law that sets out clearly duties to conduct specific risk assessments and the steps taken to control the risks
- Employers ensure workplace stress risk assessments and consideration of psychosocial hazards are undertaken
- Bringing about codes of practice to ensure employer assistance and support programmes for mental health are consistent and of high quality
- Employers must ensure their mental health support programmes are fit for purpose
- Work related suicides to be reportable to HSE under Riddor.
- Specific guidance and training for government agencies such as HSE, ORR, local authorities around specific enforcement actions available in this area
- Establish a tripartite forum that includes unions, employers, and government, specifically to discuss and agree intended laws, codes of practice and guidance in this area.

Shaw Trust (Workwell Program)
https://shawtrust.org.uk/workwell-north-west-london/
The Shaw Trust is a UK charity committed to employment as the core pathway to a better life. Shaw Trust was founded over 40 years ago, and has 3000 employees and around 600 volunteers across the UK. The Shaw Trust WorkWell project (North West London) is a service commissioned by NHS North West London through the West London Alliance to help individuals with health conditions or disabilities find, stay in, or return to work.

Society for Occupational Medicine (SOM)
https://www.som.org.uk/
The Society of Occupational Medicine (SOM) is the UK organisation for healthcare professionals working in or with an interest in occupational health (OH). SOM is concerned with the protection of the health of people in the workplace, the prevention of occupational injuries and disease and related environmental issues. SOM stimulates interest and research in OH and works with the government, the healthcare community, health charities and other bodies to promote a healthier workforce. It acts as the voice of OH, responding to consultative documents and media enquiries on issues affecting the sector. A national leader in providing continued professional development and education, it is also a forum for the exchange of ideas, best practice and networking. SOM works with Government, including the DWP/DHSC Work and Health Unit, is a NICE stakeholder, supports NIHR grant making, engages with consultations and is a member of the Council for Work & Health.

Cooperative Party
https://party.coop/
The Cooperative Party is the party of the UK's co-operative movement, committed to building a society in which power and wealth are shared. Established in 1917, the Co-operative Party is an independently registered and regulated political party with its own democratic structures and governance. It operates in a pact with the Labour Party to promote a cooperative economy and worker/consumer ownership. The electoral pact allows for independent membership as well as joint membership of both parties. They have separate selection processes which, when aligned, result in a joint Labour & Co-operative candidate.

Compass
https://www.compassonline.org.uk/
Compass is a UK-based membership organisation and think tank that acts as a cross-party platform advocating for a "Good Society" built on equality, sustainability, and democracy. Through its "45° Change" strategy, the group works to bridge grassroots action with systemic policy changes, supporting initiatives like electoral reform and local organizing. It seeks to create the Good Society by:

- Creating a unique collaborative space for progressive people, ideas and politics where it doesn't matter which political party, if any, you support
- Bringing together and learn from people who are deciding and doing things in new ways and who are making a good society happen in their organisations and communities
- Working with political parties and politicians to build support for these new ways of deciding and doing things; getting them to use their influence to grow the good society from the hubs where it's already bubbling up – this is what we call 45º Change
- Campaigning tirelessly and relentlessly to remake our country's political and democratic system, to make it fit for our times
- With thinkers, practitioners and campaigners, preparing the ground for big, transformational ideas that can help shape a genuine 21st-century society, such as deliberative democracy and a universal basic income.
- Behaving in ways that pre-figure what we want a Good Society to look and feel like.

Locality UK
https://locality.org.uk/
Locality is the UK's leading national membership network supporting local community organisations, with over 2,000 members dedicated to strengthening neighborhoods. It focuses on empowering community-led action, running local assets, and influencing

policy for a fairer society. Key services include specialist advice, peer learning, and campaigning.

UNISON
https://www.unison.org.uk/
UNISON is the UK's largest trade union and Europe's largest public service union, representing over 1.3 million members across health care, local government, education, and utilities. The member-led organisation focuses on collective bargaining, campaigning for workplace fairness, and providing legal support. It is structured around 800 local branches. In 2024, UNISON launched a *Charter for combating and reducing work-related stress.* To qualify for the Charter an employer must demonstrate that they:

- Have a written health and safety policy
- Have a joint health and safety committee
- Have a dedicated joint working group on work-related stress
- Have a work-related stress policy that ensures control measures are in place, prioritising a collective approach
- Have appropriate timely interventions and supports for individuals who report suffering from work-related stress.

The Health Foundation
https://www.health.org.uk/
The Health Foundation is an independent UK charity committed to improving population health by shaping policy, enhancing care services, and conducting research into the broader determinants of health. The organisation operates independently to drive evidence-based improvements across the healthcare system. The Health Foundation acts as an independent analyst and funder focused on how social determinants, such as housing and employment, shape psychological health, rather than conducting direct clinical research. The organisation investigates the impact of socioeconomic factors on wellbeing and supports projects aimed at improving the integration of mental and physical health services within the UK health system.

Progressive International
https://progressive.international/
Progressive International (PI) is a global left-wing political organisation launched in May 2020 with the mission to "unite, organize, and mobilize the world's progressive forces". It serves as a "movement of movements," bringing together over a hundred member organisations, including trade unions, political parties, and social movements.

Momentum
https://peoplesmomentum.com/
Momentum is an extra parliamentary organisation of the Labour Party Left. It was established to mobilise Labour party members in support of the leadership of Jeremy Corbyn. It campaigns for party democracy and progressive policy within the Labour party. It also supports the election of progressive candidates in internal party elections and the preselection of progressive Labour candidates for public office.

Campaign Against Arms Trade
https://caat.org.uk/
Campaign Against Arms Trade (CAAT) is a UK-based organisation working to end the international arms trade.
In seeking to end the arms trade, CAAT's priorities are:

- to stop the procurement or export of arms where they might: exacerbate conflict, support aggression, or increase tensions, support an oppressive regime or undermine democracy, threaten social welfare through the level of military spending
- to end all government political and financial support for arms exports
- and to promote progressive demilitarisation within arms-producing countries.

Paris

Eurogip
Eurogip - Understanding occupational risks in Europe
EUROGIP is a French observatory and resource centre specialising in issues relating to insurance and the prevention of accidents at work and occupational diseases at international level, particularly in Europe. Created in 1991 within the *Assurance Maladie – Risques professionnels* it acts as its international representative.
EUROGIP fulfils various missions: it conducts studies and surveys on international insurance and prevention systems; coordinates the participation of occupational accidents and diseases insurance experts in standardisation work in the field of work health and safety in France, Europe and internationally; provides the secretariat for the coordination of French notified bodies responsible for personal protective equipment (PPE) and machinery; participates in projects in collaboration with foreign counterparts for European bodies; analyses international news and shares its expertise with its network, represents the AT/MP Branch internationally and facilitates its exchanges with foreign partners.

Confédération Générale du Travail (CGT)
https://www.cgt.fr
The Confédération Générale du Travail (CGT) is one of France's largest and oldest national trade union confederations, founded in 1895. Known for its history of revolutionary syndicalism and strong links to the political left, it represents workers across public and private sectors. It operates through a decentralized structure of industry federations.
It is affiliated with the European Trade Union Confederation (ETUC) and the International Trade Union Confederation.
In relation to health and safety it has called for:

- the obligation to implement a DUERP that is gender-sensitive (an obligation since 2014 which is not applied) with control of its application and its updating;
- strengthening worker protection and respecting the right to withdraw from work;
- a strict criminal policy on work firmly condemning employers responsible for serious accidents at work;
- The elimination of subcontracting for high-risk activities, and the strengthening of responsibilities and penalties for contracting entities. Excessive subcontracting is an aggravating factor!
- a strengthening of regulations to protect the health and safety of employees;
- the elimination of company internships from middle school onwards and of "observation" sequences in 10th grade general and technological education;
- the improvement of legal protections for minors in vocational training, in particular the reinstatement of those abolished in 2015 and 2018;
- the return of the CHSCT and staff representatives (DP), a tool for local support and prevention par excellence, with enhanced prerogatives and accessibility;
- the doubling of the number of labour inspectors , the strengthening of the Carsat (Social Security) controller staff, with broader coercive prerogatives (stopping construction sites and dangerous work);
- ensuring the independence and protection of all actors in occupational health , including occupational physicians and SPSTI teams.

Confédération Française Démocratique du Travail (CFDT)
https://www.cfdt.fr/
The Confédération Française Démocratique du Travail (CFDT) is a secular, reformist, and democratic trade union whose purpose is to defend workers' rights through negotiation, social progress, and democratic trade unionism. Formed in 1964 from the secularization of the Christian-based CFTC, the CFDT emphasizes autonomy from political parties and religious institutions, focusing on improving working conditions and social welfare. The CFDT places social dialogue and negotiation at the heart of its actions and practices.

CNAM The Occupational Risks Branch, French National Health Insurance Fund (Caisse nationale de l'Assurance Maladie)
https://www.assurance-maladie.ameli.fr/risques-professionnels
Assurance Maladie - Risques Professionnels (AMRP) is the French Social Security branch dedicated to managing workplace accidents, commuting accidents, and occupational diseases (AT/MP). It focuses on preventing work-related risks, compensating employees, and setting employer contributions for over 19 million employees and 2 million+ firms.

Brussels

Eurocadres
https://www.eurocadres.eu/
Eurocadres - Council of European Professional and Managerial Staff - is a trade union driver of change for a fair and sustainable knowledge-based Europe, ensuring quality of work life for professionals and managers through advocacy, social dialogue, collective bargaining and joint work with member organisations and cooperation partners. It is one of the three recognised European cross-sectoral social partners that represents six million employees and participates in the European cross-sectoral social dialogue. It organises members in all branches of industry, public and private services and administrative departments. Its member organisations include national confederations and unions as well as European trade union federations.

European Trade Union Confederation (ETUC)
https://www.etuc.org/en
The ETUC was established in 1973 and now comprises 94 national trade union confederations in 42 countries, plus 10 European trade union federations. The ETUC provides a single voice on behalf of European workers in EU decision-making. ETUC aims to ensure that the EU is not just a single market for goods and services, but is also a Social Europe, where improving the wellbeing of workers and their families is an equally important priority. The ETUC defends fundamental social values such as solidarity, equality, democracy, social justice and cohesion. It fights for:

- pay rises for workers
- full implementation of the European Pillar of Social Rights
- high quality jobs for all
- a high level of social protection
- gender equality and fair pay
- good health and safety at work
- freedom of movement for European workers, and an end to social dumping

- high quality public services accessible to all
- a European framework to raise the standard of national social legislation
- action to combat climate change while promoting a Just Transition for workers
- promotion of these European social values in other parts of the world

European Trade Union Institute (ETUI)
https://www.etui.org/
The European Trade Union Institute is the independent research and training centre of the European Trade Union Confederation (ETUC). An international non-profit association, it conducts research and provides scientific, educational and technical support to the ETUC and its affiliates. The ETUI conducts studies on socio-economic topics and industrial relations and monitors European policy developments of strategic importance for the world of labour.

EU-OSHA (European Agency for Safety and Health at Work)
https://osha.europa.eu/en
EU-OSHA is the European Union information agency for occupational safety and health. Its work contributes to the European Commission's Strategic Framework on Health and Safety at Work 2021-2027 and other relevant EU strategies and programmes. It seeks to protect workers' safety and health by informing policy, supporting risk prevention, raising awareness and engaging key actors by:

- Providing evidence and knowledge on current, new and emerging risks regarding their impact on safety and health and their prevention, to support policymaking and research.
- Promoting and facilitating the development of tools and resources to empower the Agency's networks and partners to improve the prevention of occupational safety and health risks in the workplace.
- Driving awareness raising and networking actions to enable the Agency and its stakeholders to foster a positive risk prevention culture at work.

European Federation of Public Sector Unions (EPSU)
https://www.epsu.org/
The European Federation of Public Service Unions (EPSU) brings together trade unions from across Europe. It seeks to influence the policies and decisions of employers, governments and European institutions that affect public service workers, their families and communities. It represents 8 million public service workers across Europe and provides a trade union voice to engage with employers, the European Parliament, the Commission and national governments. EPSU is the European region of the global public services federation PSI and is also a member of the European Trade Union Confederation.

Copenhagen

FOA (Trade union)
https://www.foa.dk/
FOA is Denmark's third-largest trade union, representing approximately 170,000–200,000 members primarily in the public sector, including health, social services, and education. It negotiates collective agreements on pay, working hours, and pensions, and represents members in tripartite bargaining and collaboration.

Arbejdstilsynet – the Danish Working Environment Authority (WEA)
https://at.dk/en/
Arbejdstilsynet - The Danish Working Environment Authority (WEA) is the Danish government agency responsible for ensuring safe, healthy, and modern working conditions in Denmark and Greenland. The WEA has approximately 800 employees (of whom 350 are inspectors) and is is responsible for:

- Conducting workplace inspections
- Developing rules on health and safety at work
- Providing information on health and safety with a view to building the capacity of Danish enterprises.

The WEA is also responsible for coordination and policy development in relation to workers compensation and monitors the Labour Market Insurance board. The WEA also administers the Working Environment Research Fund.

National Research Centre for the Working Environment
https://nfa.dk/en
The National Research Centre for the Working Environment (NFA) is Denmark's leading research institution in work health and safety. As an independent sector research institution under the Ministry of Employment, NFA is recognised both nationally and internationally for conducting research at the highest global standards.
The NFA is governed by a tripartite Board of Directors and has 120 research personnel (FTE). It receives half of its funding as a block grant from the Ministry of Employment, with the other half composed of research grants from public and private funding sources. The Centre has a legal mandate to conduct applied research and has about 170 ongoing research projects and publishes 150-200 peer-reviewed articles papers annually.

Dansk Sygeplejeråd (DSR - Danish Nurses Organisation)
https://dsr.dk/
The Danish Nurses' organisation (DSR) is a non-partisan, independent trade union that works with pay and employment conditions and organisational interests for more than 75,000 nurses. The DSR is the only professional organisation with the right to negotiate when it comes to collective agreements for nurses working within the nursing profession in Denmark. The agreements set out, among other things, the framework for pay and working conditions for nurses employed, for example, in the public sector.

Dublin

Irish Congress of Trade Unions (ICTU)
https://www.ictu.ie/
The Irish Congress of Trade Unions (ICTU) is the largest civil society organisation on the island of Ireland, representing and campaigning on behalf of some 800,000 working people. There are currently 44 unions affiliated to Congress, north and south of the border. Congress seeks to shape and influence government policy in key areas, such as taxation, employment legislation, education and social policy. In general terms, the role of Congress is to:

- Represent and advance the economic and social interests of working people;
- Negotiate national agreements with government and employers, when mandated to do so by constituent and member unions;
- Promote the principles of trade unionism through campaigns and policy development.
- Provide information, advice and training to unions and their members;
- Assist with the resolution of disputes between unions and employers;
- Regulate relations between unions and ruling on inter-union disputes.

Congress also pursues these objectives at both the EU and the global level.Congress is the sole Irish affiliate of the European Trade Union Confederation (ETUC), the representative body for trade unions at European level and is also affiliated to the International Trade Union Confederation (ITUC).

Health and Safety Authority
https://hsa.ie/
The Authority was established under the Safety, Health and Welfare at Work Act 1989, which has since been replaced by the Safety, Health and Welfare at Work Act 2005. The Health and Safety Authority (HSA) has overall responsibility for the administration and enforcement of health and safety at work in Ireland.

The HSA monitors compliance with legislation at the workplace and can take enforcement action (up to and including prosecutions). It is the national centre for information and advice to employers, employees and self-employed on all aspects of workplace health and safety.The HSA also promotes education, training and research in the field of health and safety. The HSA remit includes a wide range of activities including:

- Promotion of good standards of health and safety at work;
- Inspection of all places of work and monitoring of compliance with health and safety laws;
- Investigation of serious accidents, causes of ill health and complaints;
- Undertaking and sponsoring research on health and safety at work;
- Developing and publishing codes of practice, guidance and information documents;
- Providing an information service during office hours;
- Developing new laws and standards on health and safety at work.
- Additional functions have been conferred on the Authority since then under the Chemicals Act 2008 and 2010, and other legislation. In 2014, the Irish National Accreditation Board (INAB) was included under the Authority's functions.

The Authority reports to the Minister of State for Business, Employment and Retail under delegated authority from the Minister for Enterprise, Trade and Employment.