

Submission to the Workers Compensation Legislation Amendment Bill 2025 Inquiry

July 2025

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. We represent 87 organisational members that provide services in over 100 locations across NSW, employing over 1,000 staff. They provide a broad range of services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

Mail Gadigal and Birrabirragal Country, PO Box 1266, Potts Point NSW 1335
Tel 02 9698 8669
Email admin@nada.org.au
Web www.nada.org.au

ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non-government alcohol and other drug (AOD) services in NSW. We lead, strengthen and advocate for the sector. Our decisions and actions are informed by our members' experiences, knowledge, and concerns.

We represent 88 organisational members that provide services in over 100 locations across NSW, employing over 1,000 staff. Our members are diverse in their structure, philosophy, and approach to service delivery. They provide a broad range of alcohol and other drugs services, including health promotion and harm reduction, early intervention, treatment and continuing care programs.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, and actively contribute to public health policy.

Together, we improve the health and well-being of people with living and lived experience of alcohol or other drug use across the NSW community.

NADA has award-level accreditation as reviewed by Quality Innovation and Performance (QIP), under the Australian Service Excellence Standards (ASES). A quality framework accredited by the International Society for Quality in Health Care – External Evaluation Association (IEEA).

To learn more, visit www.nada.org.au.

PREPARATION OF THIS SUBMISSION

This submission is based on the NSW NGO alcohol and other drugs (AOD) sector's response to the Workers Compensation Legislation Amendment Bill 2025 backed by findings of a joint sector survey on insurance premiums conducted in May 2025 by NADA and three sector peaks (Mental Health Coordinating Council, Women's Health NSW, and Council of Social Services NSW). The insurance survey report is appended to this submission.

NADA contacts for this submission

Dr Robert Stirling
Chief Executive Officer
E: robert@nada.org.au
T: 0421647099

Ms. Debra Jamieson
Project Manager - Non-Government
Organisations Advisory Committee (NGOAC)
E: debbie@nada.org.au
T: 0433985143

1. Recognising the Need for Reform

NADA supports workers compensation reform

NADA recognises the need for reform in the Workers Compensation system and welcomes the opportunity to make this submission to the Public Accountability and Works Committee. NADA understands the financial imperative to ensure the scheme's long-term sustainability. We also recognise the fundamental right of workers who are injured at work to receive fair and reasonable financial support and assistance to return to work. Furthermore, as a peak body representing 88 not-for-profit alcohol and drug agencies, we are highly cognisant of the financial pressures caused by escalating insurance premiums on not-for-profit social and health services, and we know that ultimately it is the people who need and use the services that are impacted.

Escalating costs are hitting the sector disproportionately

In May 2025, NADA, in conjunction with 3 other sector peak bodies (Women's Health NSW (WHNSW), NSW Council of Social Services (NCOSS), and the Mental Health Coordinating Council (MHCC) conducted a survey of members to gather data on insurance premiums and how they are affecting the sector (see appendix). The survey revealed that, on average, organisations experienced a 63% increase in workers compensation premiums between 2021/22 and 2023/24 when wages increased by 22% in the same period. Some organisations experienced increases of well over 100%, and in some cases, this was not evidently linked to increased wages or claims. Respondents in our survey saw workers compensation premiums as a percentage of wages rise from an average (mean) of 2.32% to 3.09% between 2021/22 and 2023/24, and some reported paying more than 7% of wages in workers compensation premiums. This is well above the system average of 1.52% (SIRA open data portal).

Staffing and services are being cut to meet insurance costs

These extreme costs and increases are hurting not-for-profit organisations delivering essential health and social services. 62% of survey respondents reported drawing down on reserves to cover the cost of increased premiums, something which is clearly not sustainable. Concerningly, 40% reported cutting staffing and/or services to pay for insurance premium increases, even though this leads to more demand and work pressure for remaining staff, increasing the likelihood of psychological injury. There is no doubt that costs need to be controlled. NADA urges the government to look for solutions that reduce the financial impact on essential health and social services while still providing adequate support for injured workers.

2. Reducing the Incidence and Duration of Psychological Injury

NADA does not support increasing the Whole Person Injury (WPI) threshold to 31%

We understand that psychological injury claims are increasing in number, duration and cost across the system and that this, in part, is fuelling the increased costs of the scheme (we refer to the Treasury's Consolidated Overview of Case and Reforms, in the submission of evidence to the Committee).

To address this, the Amendment Bill attempts to eliminate permanent impairment payments for psychological injury by setting a Whole Person Injury (WPI) threshold at 31% which almost no psychological injury claims will meet (refer to Psychological Claim Resulted in Permanent Disability by WPI Band in the submission of evidence to the Committee). Treasury asserts that these reforms will encourage return to work and improve health, social and economic outcomes for injured workers. While it is well recognised that protracted engagement with the workers compensation system is *associated with* poorer health, social and economic outcomes, it is false to assert that denying access to financial support and necessary health care will somehow improve health, social and economic outcomes for injured workers. NADA does not support this amendment.

NADA recommends the government focusses its efforts on preventing psychological injury and promoting return to work.

In line with SafeWork NSW's *Psychological Health & Safety Strategy 2024-2026*, NADA recommends the government focusses efforts on preventing injuries and promoting workers' safe and speedy return to work. This includes understanding and addressing major triggers of psychological injury claims and improving workplace processes. The independent Evaluation of the *NSW Mentally Healthy Workplaces Strategy 2018-22* found that investment in prevention is effective. Prevention may not be a quick budget fix, but it will be better for workers and employers, and more cost effective for the government in the long run.

NADA recommends ensuring adequate resources for health and social services where psychological injury claims are high.

In our survey, psychological injury as a proportion of claims ranged from 55% to 65% over three years. While we did not find evidence of an increase in psychological injury claims in that time, the proportion of claims is far higher than the NSW average of 10.4% (SIRA open data portal). Strategies to reduce psychological injury should give priority attention to high claims industries like Health Care and Social Assistance. This sector is experiencing chronic workforce and funding shortages while dealing with some of the State's most pressing health and social challenges. Adequate resourcing in Health Care and Social Assistance (both in the public and non-government sectors) will go a long way to reducing the psychological impacts on the workforce.

NADA recommends public access to timely, industry-specific claims data.

The SIRA open data portal provides high-level workers compensation data on claims and payments (among other things) which can be sorted by industry and other factors. However, industry-level data (in this case Health Care and Social Assistance) embraces a huge range of sub-sectors such as childcare, aged care, mental health, nursing, dental, domestic violence, alcohol and other drug services and much more. Risks, patterns of claims, causes of injury, and return to work trajectories are likely to be different in each of these sectors. Employers, peaks and sector support bodies across this broad industry need granular data in order to pinpoint high claims sectors, and design and implement targeted preventative strategies.

3. Bullying and Sexual and Racial harassment claims

NADA supports the most recent amendment that bullying, sexual and racial harassment claims do not need to be found by a tribunal, commission or court in the first instance.

NADA believes this is a sensible change to the initial draft which will better support an early intervention approach.

4. Traumatic Incidents and Vicarious Trauma

NADA does not support the narrow definition of traumatic incident in the context of vicarious trauma and recommends that vicarious trauma is clinically assessed rather than defined in the Act.

The amendment defines vicarious trauma as:

"the psychological impact of repeated exposure, in the course of a worker's duties, to the traumatic experiences of others that result from traumatic incidents", and traumatic incidents are defined as, "any of the following incidents if the incident results in, or is likely to result in, the death of, or serious injury to, a person— (i) an act of violence, (ii) indictable criminal conduct, (iii) a natural disaster, fire or explosion, (iv) a motor accident or other accident, or (b) a suicide or attempted suicide, or (c) an incident prescribed by the regulations"

It is commonplace for workers in our industry to have repeated exposure to the traumatic experiences of others as most front-line work involves supporting clients with lived and living experience of trauma. Many

clients have had traumatic experiences that do not fall within the limited definition of the amendment, such as the trauma of addiction, bankruptcy, homelessness, suffering caused by long term illness, impairment or pain, death other than by violence or accident, systemic racism, removal of children, and incarceration, to name just a few. Where workers work regularly with traumatised people, and where workplaces fail to have appropriate supports in place, workers in our sector are at high risk of vicarious trauma. In this case, workers compensation and timely healthcare should be available to them to support and expediate their recovery. Whether a worker is suffering from vicarious trauma or not should be determined through clinical assessment by a qualified professional, rather than by applying a narrow definition in the Act.

5. Greater Transparency in How Premiums are Calculated

NADA recommends transparency in how premiums are calculated.

As noted in the introduction, our survey showed that some organisations have seen premium increases of well over 100% over 3 years or less, and this was not necessarily linked to increased wages or claims made by the organisation. As an example, NADA recently received an email from a concerned member whose workers compensation premium had jumped from \$44,000 to \$71,000 in one year. When they queried it, they were told the increase was largely due to a general rise in claims across residential services, which had affected everyone's premiums. It seems unlikely that claims in residential services have risen by 61% in one year to warrant such an increase, but when organisations have almost no information about how their premiums are calculated, they have no choice but to blindly accept these huge increases, forcing them to dig deep into over-stretched budgets to find the extra thousands demanded. There were many similar examples in our survey. One record shows an 89% increase in premiums with a 3% *decrease* in wages and no claims over three years, and another record shows a 45% increase in premiums when wages had *decreased* by 6% and there had been no claims for two years.

NADA calls for greater transparency in how premiums are calculated and how the so called 8% cap on premium increases is applied because clearly it is not applied equitably.

6. Concluding Comments

Escalating premiums are hitting our sector hard, leading to staff and service cuts, which increase burnout and exacerbate psychological injury rates. NADA understands the financial imperatives to reform the system, however, reducing the entitlements of injured workers to reduce the system's costs is a false economy as it merely shifts the cost burden from the workers compensation scheme to other government funded safety-nets. To reduce workers compensation costs there needs to be a commitment from government to prevention and early intervention *at a systemic level*, including adequate resourcing of the Health Care and Social Assistance sector, and access to sector-specific claims data to inform targeted prevention strategies. Furthermore, greater transparency around the calculation of premiums would increase the system's accountability.

NADA looks forward to engaging with government further as we work towards a more effective, fair and sustainable system.

APPENDIX



Non-Government Organisations Insurance Survey Outcomes Report

JULY 2025

D. Jamieson

NON-GOVERNMENT ORGANISATIONS ADVISORY COMMITTEE (NGOAC) PROJECT MANAGER |
DEBBIE@NADA.ORG.AU

Suggested Citation: Jamieson, D. (2025). Non-Government Organisations Insurance Survey Outcomes Report. NADA, MHCC, WHNSW, NCOSS, NSW.

CONTENTS

1. EXECUTIVE SUMMARY.....	2
2. INTRODUCTION.....	3
3. DISTRIBUTION AND RESPONSE RATES	3
3.1 Distribution	3
3.2 Response Rates.....	4
4. FINDINGS.....	4
4.1 Organisation Data	4
4.1.1 Organisation Size.....	4
4.1.2 Peak Body Membership	5
4.1.3 Focus Area	5
4.1.4 Location of Operations	6
4.2 Workers Compensation Data	6
4.2.1 Measures to support employee psychological wellbeing	6
4.2.2 Workers Compensation Premiums and Wages	7
4.2.3 Workers Compensation Claims.....	9
4.2.4 Paired Workers Compensation and Claims Data.....	9
4.3 Other Insurances.....	10
4.4 Insurance Refused, Reduced or Cancelled	11
4.4.1 Insurance Refused	11
4.4.2 Insurance Reduced or Cancelled	12
4.5 Financial Impact of Increased Premiums	12
4.6 Qualitative Feedback	13
5 DISCUSSION	14
5.1 Representation	14
5.2 Organisation Size and Location	14
5.3 Psychological Wellbeing	14
5.4 Workers Compensation Premiums and Claims.....	14
5.5 Other Insurances.....	15
5.6 Financial Impact.....	15
6 IMPLICATIONS FOR ADVOCACY AND SECTOR SUPPORT	16
7 CONCLUDING COMMENTS.....	16

1. EXECUTIVE SUMMARY

In response to concerns about rising insurance costs in the not-for-profit sector, Non-Government Organisation (NGO) representatives from the Non-Government Organisations Advisory Committee (NGOAC) conducted a sector-wide survey in May 2025. The survey, distributed through four peak bodies - Network of Alcohol and other Drugs Agencies (NADA), Women's Health NSW (WHNSW), Mental Health Coordinating Council (MHCC), and NSW Council of Social Services (NCOSS) - received 45 valid responses from an estimated distribution of 127 organisations (a 35% response rate).

The survey findings revealed a significant increase in insurance costs. Reported workers compensation premiums rose by an average (mean) of 63% over three years, compared to an average (mean) wage increase of 22%. Workers compensation premiums as a percentage of wages rose from an average (mean) of 2.32% to 3.09%, and other insurance premiums increased by 24%. These increases have led to financial strain for NGOs, with 62% reportedly drawing on reserves and 40% reducing staffing or services.

There was a reported increase in workers compensation claims of 57% over three years, however, this represents an increase of only 8 claims across 26 organisations. More significantly, psychological injury claims made up between 55% and 65% of reported claims each year, well above the state average of 8%. While most organisations have multiple wellbeing measures in place, gaps remain in key areas such as return-to-work support and risk-focused policies and training. Qualitative feedback highlighted the need to pay particular attention to the wellbeing of peer workers and staff with lived/living experience.

The survey identified anomalies in premium increases, where organisations with no claims or wage growth experienced large premium hikes, well above the 8% increase cap. This points to a need for greater transparency in workers compensation premium calculations.

The report identifies implications for advocacy work and sector support, specifically, calling for indexation/funding adjustments that reflect compounding workforce costs, greater transparency in how workers compensation premiums are calculated, access to detailed industry claims data to inform targeted injury prevention strategies, and organisational capacity-building in psychological wellbeing.. These actions are essential to the sustainability of the NGO health and social services sector.

2. INTRODUCTION

Service providers have been raising concerns through their peaks about unprecedented increases in insurance premiums over the last few years and the financial impact this is having. However, most of the data in the public domain around the impact of rising insurance premiums relates to households and businesses with very little data specific to the not-for-profit sector.

To address this gap, four NGO representatives of the NGOAC, namely NADA, MHCC, WHNSW and NCOSS, conducted a joint survey of their members to gain a better understanding of how the NGO sector is fairing in relation to insurance premiums. The data will help inform actions under the NGOAC's Strategic Priority 3 *A Sustainable NGO Health Sector*.

The survey is timely as the NSW Government has recently proposed significant changes to Workers Compensation legislation in an effort to curtail the burgeoning costs of the scheme. On 05.06.2025, the Legislative Council referred the Workers Compensation Amendment Bill to the *Public Accountability and Works Committee* for an Inquiry. Submissions to the Inquiry are open until 22.7.2025.

3. DISTRIBUTION AND RESPONSE RATES

3.1 Distribution

The survey was available online via an anonymous link. The survey was designed for not-for-profits in the health and social services sector. NADA, MHCC, WHNSW and NCOSS agreed to circulate and promote the survey to their members. The survey was made available to the other NGO representatives on the NGOAC. These organisations were invited to circulate to their networks.

The survey was live from 1.5.2025 to 31.5.2025. However, each of the four peaks circulated and promoted the survey in different ways and at different times across the month. Because of the distribution method, it is not possible to determine exactly how many organisations received the survey, so an estimate has been calculated, show in the table below.

Peak	Survey Distribution
MHCC	75 (based on membership)
NADA	88 (based on membership)
NCOSS	3 (based on click throughs to a link in NCOSS's eNews. The eNews as a wider distribution than members, but includes organisations that are not in the survey target group)
WHNSW	22 (based on membership)
Total	188
Estimated Distribution	127 organisations*

*Survey results show that 17 out of 45 respondents are members of more than one of the four peaks listed. Members of these 4 peaks are, on average, members of 1.48 peaks within this group of four. This means that actual distribution will be less than the sum of the memberships because there will have been cross-postings. Using this formula, it is estimated that the survey was distributed to 127 unique organisations ($188/1.48=127$).

3.2 Response Rates

The table below provides total responses and valid responses (by number and percentage of total distribution) for different segments of the survey, noting that some segments were optional.

Segment	Number	Response rate (% of total Distribution)
Estimated distribution (organisations)	127	
Responses logged onto the system before the cut-off date. (This is the number of times the survey was commenced. It does not represent unique organisations)	101	N/A
Responses that were not screen out or exited at, "has anyone else completed this survey for your organisation?"	85	N/A
Responses that completed workers compensation premiums data as a minimum*	53	42%
Responses that contained useable** workers compensation premiums data	41	32%
Responses that contained useable** workers compensation claims data (claims questions were optional).	26	21%
Responses that contained paired (useable**) workers compensation and claims data.	26	21%
Responses that contained useable** 'other insurances' data (questions were optional).	30	24%
Responses that contained useable** data on insurance refused, reduced or cancelled (optional)	34	27%
Responses that contained useable** impact data	45	35%
Responses that contained useable** qualitative feedback (optional)	23	18%
Total number of unique organisations providing useable** data	45	35%

*Responses that completed organisation data only were eliminated from the analysis.

**Data that was not 'useable' was incomplete, duplicated or deemed invalid, for example where Workers Compensation premiums were reported to be 0.00% or 100% or more of reported wages, or where insurance premiums were reported to be more than the reported annual income of the organisation.

4. FINDINGS

4.1 Organisation Data

45 organisations provided useable data on workers compensation, other insurance and/or impact of increasing premiums. These organisations have been included in the organisation data set.

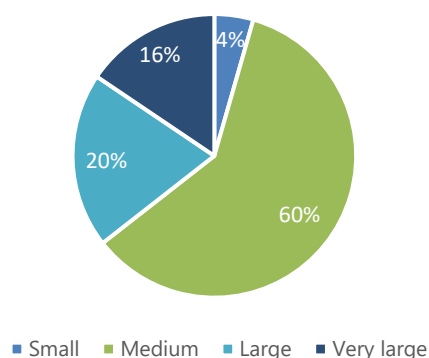
4.1.1 Organisation Size

Medium-sized organisations were the largest category of respondents (60%), followed by large (20%), very large (16%), and small (4%) organisations. There were no useable responses from extra small or extra large organisations.

Data Table

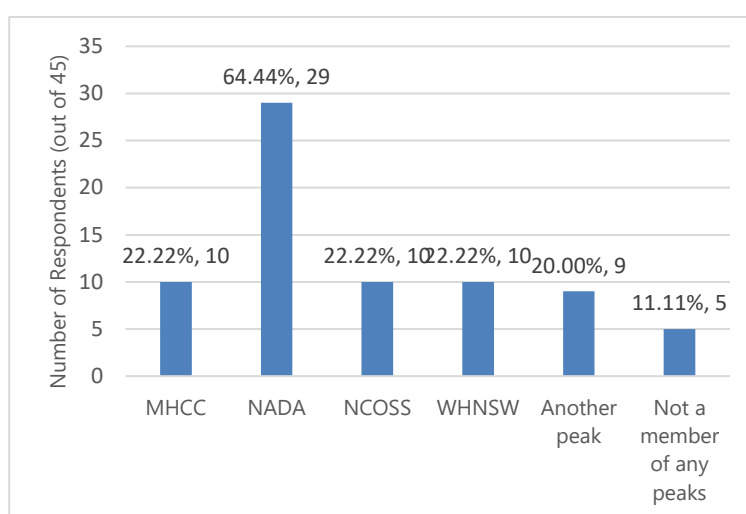
Total revenue last full financial year	Number of respondents	%
Extra small (< \$100,000)	0	0
Small (\$100,000 or more, <\$500,000)	2	4.44
Medium (\$500,000 or more, <\$3m)	27	60.00
Large (\$3m or more, <\$15m)	9	20.00
Very large (\$15m or more, <\$100m)	7	15.60
Extra large (\$100m or more)	0	0.00
Total	45	

Distribution of Respondents by Organisation Size



4.1.2 Peak Body Membership

40 respondents (89%) reported being a member of at least one of the four peaks (NADA, MHCC, NCOSS and WHNSW). The largest membership group was NADA, with 29 out of 45 respondents (64%) reporting they were a member. 20 respondents (44%) reported being a member of more than 1 peak, most commonly NADA and MHCC and NADA and NCOSS (8 respondents in both cases).

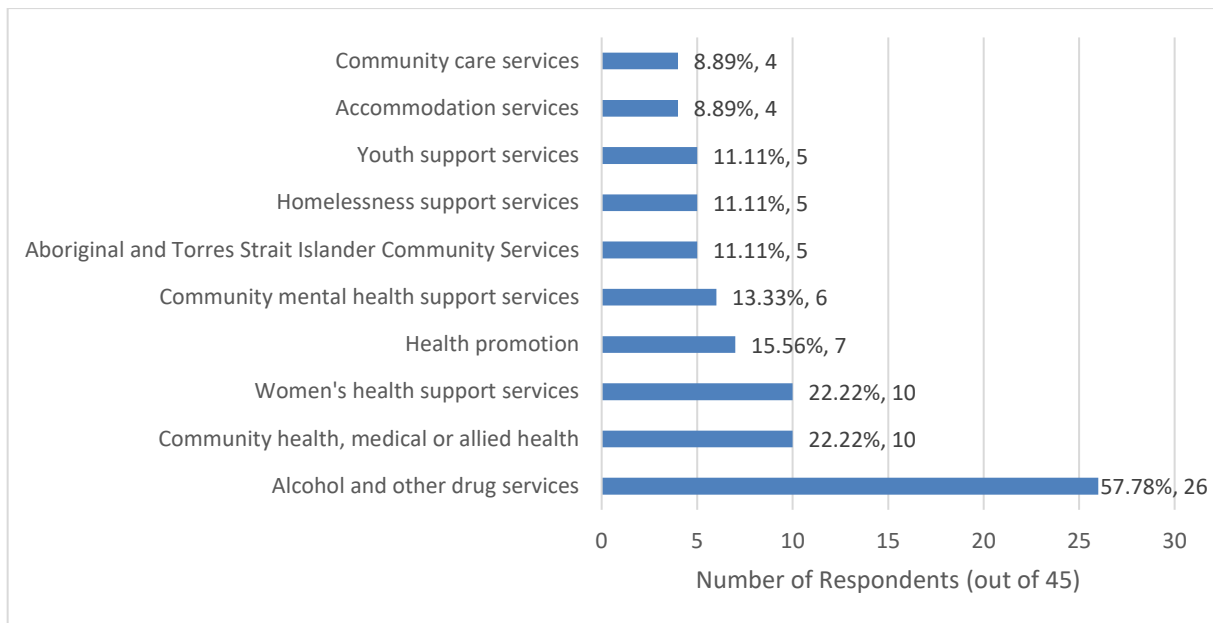


9 organisations (20%) were members of another peak. Other peak body memberships included: Aboriginal Health & Medical Research Council (AH&MRC); Alcohol Tobacco and Other Drug Association (ATODA) ACT; Australasian Therapeutic Communities Australia (ATCA); and 12 others that only had a single response.

4.1.3 Focus Area

Respondents were asked to select up to three focus areas that best described the main purpose of the organisation from a list of 34 options. The chart shows the top 10 most frequently selected focus areas by number and percentage of respondents (out of 45 respondents).

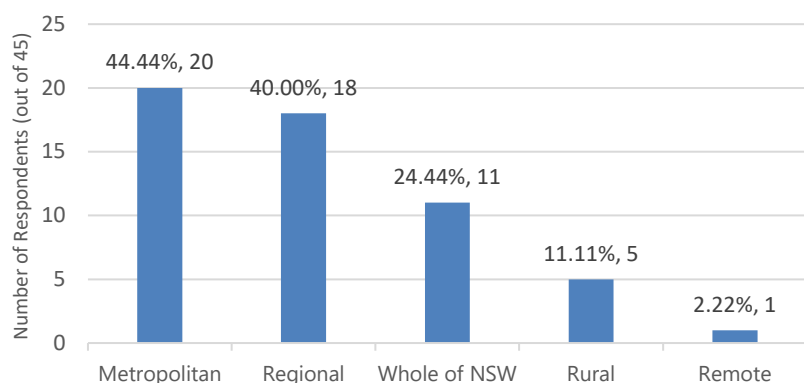
Distribution of Respondents by Primary Focus Area (top 10 most frequently selected)



4.1.4 Location of Operations

Respondents were asked to select the location of the organisation's operations from a list (selecting all that apply). 44% of respondents operate in metropolitan areas, followed by 40% in regional areas and 24% in the whole of NSW. Organisations operating in rural and remote areas had the lowest representation.

Distribution of Respondents by Location of Operations



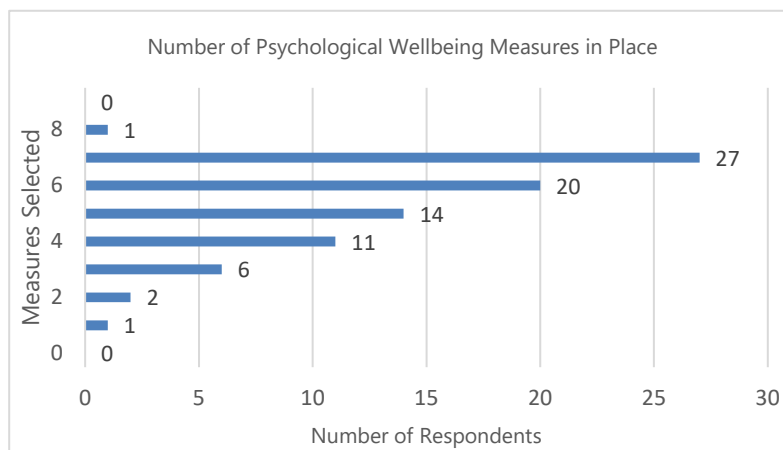
4.2 Workers Compensation Data

4.2.1 Measures to support employee psychological wellbeing

Respondents were asked to select the measures the organisation has in place to support psychological wellbeing from a list of 8 possible measures plus an 'other' option. Respondents could select multiple measures. 27 organisations (53%) reported having 7 psychological wellbeing measures in place.

Data table

Number of measures selected from the list	Number of respondents	Percentage (out of 45)
Not aware of any measures	0	N/A
1 measure only	1	2.22
2 measures	2	4.44
3 measures	6	13.33
4 measures	11	24.44
5 measures	14	31.11
6 measures	20	44.44
7 measures	27	53.33
8 measures (including 'other')	1	2.22
9 measures (including 'other')	0	N/A



The table below shows the measures and the number and percentage of respondents that selected this measure.

Measures Selected

Measures	Number of Respondents selecting this measure	Percentage (out of 45)
Regular, supportive management, clinical and/or professional supervision	42	93%
Flexible work and/or leave arrangements	40	89%
Reasonable adjustments to support individual needs	36	80%
Information and resources about internal and external supports	34	76%
Wellbeing policies addressing risks	34	76%
Professional development addressing risks	33	73%
Support to return to work	31	69%
Access to Employee Assistance Program (EAP) or counselling	29	64%
Other (please specify*)	1	2%
Not aware of any measures in place	0	0%

*Other measures specified: staff wellbeing group, cultural supervision, and peer support.

4.2.2 Workers Compensation Premiums and Wages

41 respondents provided paired workers compensation and wages data. The data show an average (mean) increase in workers compensation premiums of 63% between the financial years 2021/22 and 2023/24. In the same period, wages increased by an average (mean) of 22%. Premiums as a percentage of wages rose from an average (mean) of 2.32% to 3.09% in the same period.

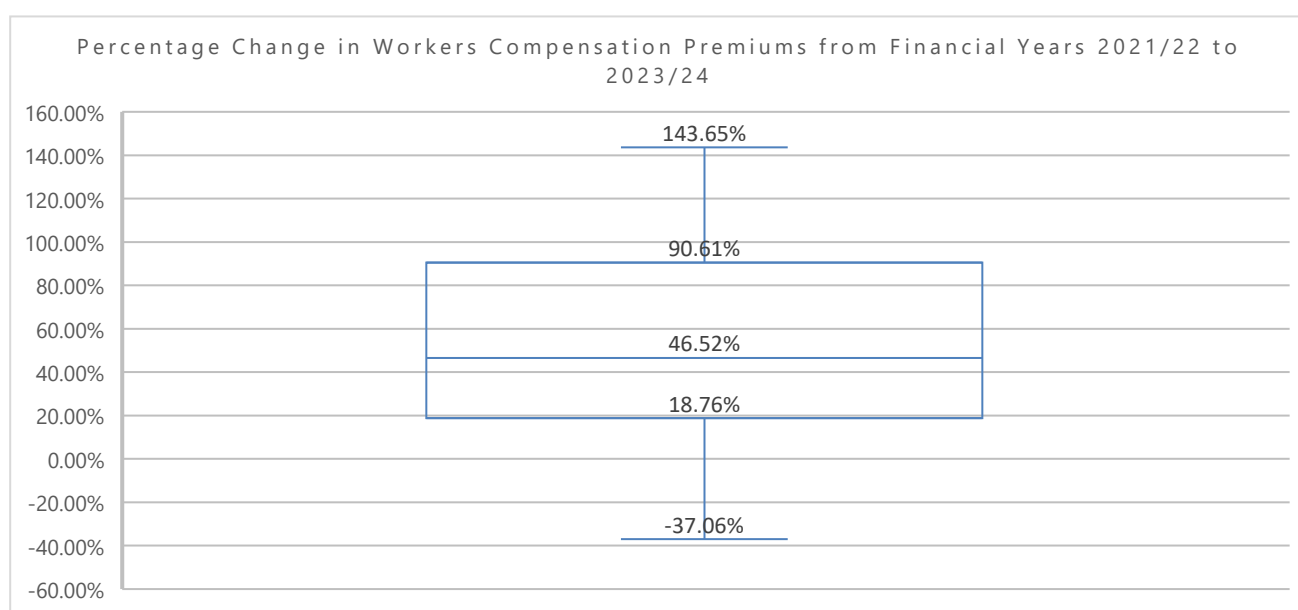
Workers Compensation Premiums and Wages

	Financial Year 2021/22	Financial Year 2022/23	Financial Year 2023/24
Respondents = 41			
Total wages paid	154,325,786	170,841,096	188,315,533
Average (mean) annual change in wages (%)		+10.70%	+10.23%
Average (mean) change in wages 2021/22-2023/24 (%)			+22.02%
Total premiums	3,575,408	4,735,496	5,830,579
Average (mean) annual change in premiums (%)		+32.45%	+23.12%
Average (mean) change in premiums 2021/22-2023/24 (%)			+63.07%
Average (mean) premiums as a percentage of wages.	2.32%	2.77%	3.09%

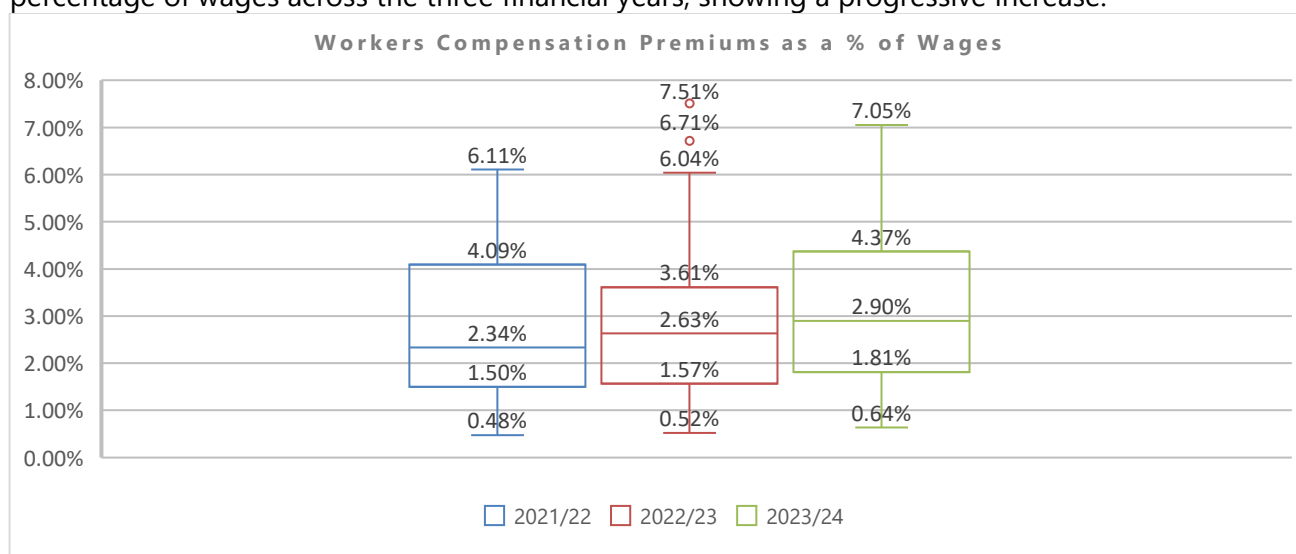
2 organisations out of 41 reported that their Workers Compensation Industry Classification (WIC) had changed during the period 2021/22 to 2023/24 and that this changed their premium calculation.

The mean is one indicator, but it does not provide a picture of the range and extremes in the data set, so box and whisker charts have been created. The box shows the lower and upper values of the interquartile range (IQR), the range between the 25th and 75th percentiles. The horizontal line in the box shows the median value. The vertical lines (whiskers) show the upper and lower ranges within 1.5xIQR. The dots are the outliers – the values outside the whiskers.

The box and whisker chart below shows the wide range of percentage changes in premiums between the financial years 2021/22 and 2023/24 (3 years) with the upper IQR being an increase of 90.61%.



The next box and whisker chart compares the range of workers compensation premiums as a percentage of wages across the three financial years, showing a progressive increase.



4.2.3 Workers Compensation Claims

26 respondents provided useable workers compensation claims data. The claims data show an increase in the number of annual claims from a total of 14 claims in 2021/22 to a total of 22 claims in 2023/24. This represents a 57% increase. The proportion of these claims that were psychological injury claims ranged between 55% and 65%, with 2023/24 being the lowest proportion over the 3 years. The proportion of psychological injury claims related to 'reasonable management action' remained steady (between 88% and 92%). It should be noted that the number of reported claims was small, and the percentage changes in psychological claims and claims made during 'reasonable management action' represent no more than 4 claims.

Workers Compensations Claims

	FY 2021/22	FY 2022/23	FY 2023/24
Respondents = 26			
Total WC claims reported	14	17	22
Annual change in WC claims (%)		+21%	+29%
Change in WC claims from FY 2021/22 to 2023/24			+57%
Number of psychological Injury claims for same group.	8	11	12
Proportion of claims that were psychological injury claims (%)	57%	65%	55%
Number of psychological injury claims related to 'reasonable management action' for same group.	7	10	11
Proportion of psychological injury claims related to reasonable management action (%)	88%	91%	92%

4.2.4 Paired Workers Compensation and Claims Data

26 respondents provided useable workers compensation premiums, wages and claims data. 11 organisations reported workers compensation premium increases of more than the median (46.52%) over the period 2021/22 to 2023/24 and their matched data are provided in the table below.

Changes in Workers Compensation Premiums, Wages and Claims by Organisation

Change in workers compensations premiums 2021/22 to 2023/24	Change in wages 2021/22 to 2023/24	Claims 2021/22	Claims 2022/23	Claims 2023/24
+57.06	+17.24%	0	0	1
+51.22%	+20%	0	0	0
+47.96	+18.23	0	1	0
+135.62%	+110.41%	0	0	1
+88.92%	-3.44%	0	0	0
+49.99%	0%	0	0	0
+136.43	+131.92%	1	4	1
+117.27	+30.41%	2	1	3
+143.65%	+54.75	1	0	1
+59.86	+58.13%	1	0	5
+116.90%	+36.36%	4	8	7

As expected, organisations reporting large increases in wages and/or a history of claims were more likely to experience large premium increases. However, there were anomalies, such as the records highlighted in table above. One record shows an 89% increase in premiums with a 3% *decrease* in wages and no claims over three years, and another record shows a 50% increase with no increase in wages and no claims. There were similar examples for organisations below the median increase, such as a 45% increase in premiums when wages had *decreased* by 6% and there had been no claims for two years.

Two organisations reported their premiums decreasing (by 36% and 37% respectively). They both reported a decrease in wages (11% and 53% respectively).

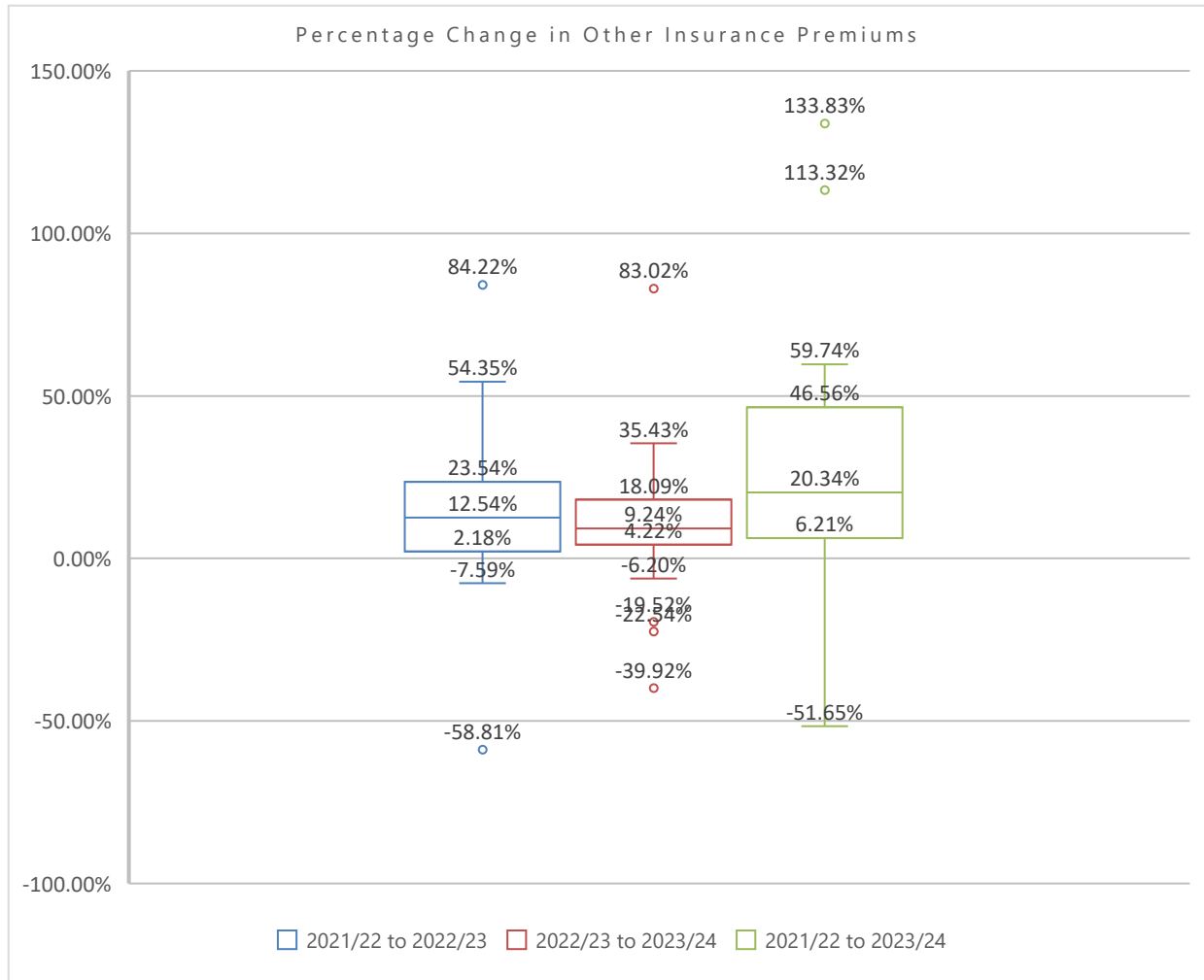
4.3 Other Insurances

30 organisations provided useable data relating to insurances other than workers compensation. These questions were optional. The data show that other insurance premiums increased by an average (mean) of 24% over three financial years.

Other Insurance Premiums

	2021/22	2022/23	2023/24
Respondents = 30			
Other insurance premiums paid (total)	1,260,925	1,417,308	1,560,212
Average (mean) annual change (%)		+12.40%	+10.08%
Average (mean) change from FY 2021/22 to FY 2023/24			+23.74%

The range of percentage changes in other insurance premiums varied widely, as shown in the box and whisker chart below. Two organisations saw premiums increase by well over 100% over three years, represented in the green box, however the survey did not seek data on the reasons for changes in insurance premiums, so the overall trend is more meaningful than individual responses. The median increase over the three years was 20.34%, similar to the mean.



4.4 Insurance Refused, Reduced or Cancelled

4.4.1 Insurance Refused

Organisations were asked if they had had insurance refused over the period 2021/22 to 2023/24 and if so, on what grounds. Two organisations (out of 34 responses) reported having insurance refused on the following grounds:

- "due to our NSP program our broker found alternate insurance at a much higher cost"
- "Used to be on community housing which changed suddenly"

"NSP" is most likely referring to a Needle and Syringe Program. This organisation reported a 134% increase in insurance premiums between 2021/22 and 2023/24.

4.4.2 Insurance Reduced or Cancelled

1 organisation out of 34 respondents reported reducing or cancelling insurance due to unaffordability during the period 2021/22 to 2023/24. Insurances reduced or cancelled were named as "building contents" and "cyber security".

4.5 Financial Impact of Increased Premiums

Respondents were asked that, if their workers compensation and/or other insurance premiums had increased over the period 2021/22 to 2023/24, what had been the impact? They could select all that apply from two options and 'other', with the opportunity to enter free text. There were 45 responses. Results are shown in the following table.

Impact of Increased Premiums

Impact Options	Number of respondents	% of respondents selecting this response (out of 45)
Drawing down on reserves	28	62.22%
Reduction in staff and/or services	18	40.00%
Other	13	28.89%

In the "other" free text box there were responses relating to financial impacts as well as general impacts. The financial impacts have been analysed into themes and the frequency with which these were mentioned is given in the table below. General feedback has been captured in the qualitative feedback analysis.

Other Impact - free text responses relating to financial impact, grouped by theme.	Number of mentions (unique respondents)
Reduced staffing and/or services	4
Seeking donations, grants, and other sources of funding	3
Reduced surplus	3
Reduced expenditure on other expense items	2
Reduced expenditure on improvements to service delivery	1
Reduced expenditure on new services/programs	1
Reduced property	1
No financial impact	1
Increased coverage and staff wages	1

4.6 Qualitative Feedback

23 respondents provided qualitative feedback to the impact question free text, or in 'any other feedback', or both. The qualitative feedback has been grouped and summarised under themes.

Theme	Summary of Comment/s
a. Premiums (workers compensation and others) are increasing	Insurance premiums have been consuming a growing share of health and social services funding since the COVID pandemic, with the increase continuing at a significant rate in 2024/25. Higher wages and the increase in the Superannuation Guarantee Charge (SGC) are contributing factors to workers compensation costs.
b. Financial impacts	Insurance premium increases are putting financial pressure on organisations, necessitating cost cutting in other areas.
c. Impact on service delivery	Organisations are diverting resources from core service delivery, including staffing hours, to cover both rising insurance costs and the additional resources needed to manage workers compensation claims, particularly psychological injury claims.
d. Workloads and staff wellbeing	Reduced staffing levels have increased workloads for remaining staff, impacting staff health and wellbeing, and resulting in more time off due to illness and strain.
e. Impact of psychological injury	<p>Frontline staff work in complex, volatile and over-stretched environments that are still feeling the post-COVID strain, and workers compensation provides an important protection for valid psychological injury claims.</p> <p>There was a perception from one respondent that psychological injury claims could be misused by staff during legitimate disciplinary processes and, as claims are more readily accepted by insurers, this contributes to rising premiums.</p> <p>Psychological injury claims have a cultural impact on the workplace.</p>
f. Peer Workforce	One respondent pointed out the challenges of ensuring a psychologically safe workplace, particularly for workers who have lived/living experience. It was argued that if a sector employs peer workers, it should not be financially disadvantaged by high premiums.
g. Cyber security costs, including insurance.	Increased funding body requirements regarding cyber security and cyber insurance have led to significant cost increases for organisations.

5 DISCUSSION

5.1 Representation

There was a positive response to the survey, with 42% of organisations that received the survey attempting to provide at least minimum data, and 35% providing useable data.

WHNSW members were well represented with 45% of their members providing usable data and 22% of respondents selecting women's health services in their top three focus areas. NADA also had strong representation, with 33% of its members providing useable data and 58% of respondents selecting alcohol and other drugs services in their top three focus areas.

5.2 Organisation Size and Location

Most responses (60%) were from medium sized organisations, most likely reflecting the structure of the sector. As the numbers of small, large and very large organisations were low (2, 7 and 9 respectively), the data has not been analysed by size of organisation. Similarly, location of operations leaned heavily towards metropolitan and regional areas. With only 6 respondents operating in rural or remote regions, comparisons by location would be unreliable.

5.3 Psychological Wellbeing

All organisations reported having measures in place to support employee wellbeing, with the majority (53%) reporting 7 measures in place. However, gaps were evident. While 76% report having wellbeing policies in place addressing risks, it suggests that 24% do not have such policies in place. Similarly, it appears that 27% do not provide professional development addressing risks, and 31% do not provide support to return to work. These responses are concerning given that safe systems of work, safety training, and support to return to work are all basic legal requirements under work health safety legislation, pointing to a need for capacity building within the sector around psychological wellbeing and an opportunity to collaborate to develop best-practice models to support the sector's diverse workforce.

5.4 Workers Compensation Premiums and Claims

Confirming concerns about the unaffordability of workers compensation premiums, the data show that while wages rose by an average (mean) of 22% over three financial years, workers compensation premiums rose by an average (mean) of 63% over the same period, corresponding with an average (mean) increase of 0.77% in premiums as a percentage of wages. As there is a statutory direction in place capping the average rate of increase of workers compensation premiums at 8% per annum over three consecutive years (2023-24 to 2025-26), it is not clear why the non-government sector is seeing average increases of 63%.

While we know that premiums increase with higher wages bills and claims experience (in addition to the 8% cap), there were several examples in the matched data of significant premium increases that did not align with wages growth or claims, including where wages *decreased* or remained the same and no claims were made. This highlights a need for greater transparency in how premiums are

calculated, to give organisations greater financial predictability and the ability to manage insurance costs.

There was a reported increase in workers compensation claims of 57% over three years (8 claims), however the proportion of psychological claims did not change significantly. More notable is the large proportion of psychological injury claims, which ranged from 55% to 65% over the three years. This is significantly higher than the overall proportion of psychological injury claims in NSW, which is 8% according to the SIRA Submission to the 2022 Standing Committee Review of Workers Compensation. In the qualitative responses, organisations referred to the cultural impact of psychological claims and the time and resources spent managing such claims.

Many organisations reported reducing staffing in order to reduce insurance costs. However, reducing staffing was also reported to increase the pressure on remaining staff and increase burnout. Some respondents pointed out that staff are already working in challenging circumstances due to the complexity of the work and post-COVID strain. Reducing staffing is likely to exacerbate psychological injury claims creating a viscous cycle.

Clearly, reducing the number and duration of psychological injury claims is an imperative. To do this, the sector needs to better understand causes and develop targeted strategies. It also needs to work with government to address systemic issues that may be contributing to psychological injury in the sector. Access to accurate, timely industry-specific claims data would assist peaks and other relevant bodies to better support the sector to reduce injuries and claims.

5.5 Other Insurances

Premiums for other insurances increased by 24% over three years. The costs of cyber security and cyber insurance, and exacting funding body requirements in this regard, were reported to be an additional financial burden.

5.6 Financial Impact

The survey clearly shows that high insurance premiums are hurting the sector and directly impacting service delivery. 62% of organisations reported drawing on reserves to manage the financial impact of rising insurance premiums. This is not sustainable in the long run as it reduces the sector's ability to withstand financial pressures and shocks over time. Concerningly, 40% of organisations reported reducing staffing and/or services to manage financial impacts. Some organisations reported missed opportunities to grow or improve services, while others reported seeking funds from elsewhere to plug gaps and/or cutting expenditure in other areas. In the qualitative feedback it was noted that Award increases coupled with increases in the Superannuation Guarantee Charge (SGC) raise the overall wages bill, leading to increased workers compensation premiums. These compounding factors should be considered in funding indexation, rather than focusing solely on the Award increase.

6 IMPLICATIONS FOR ADVOCACY AND SECTOR SUPPORT

The findings have implications for advocacy and sector support, in particular:

- **Strengthening the financial resilience of NGOs:** Continue to impress on funding bodies the impact of compounding cost pressures (i.e. wages, superannuation, workers compensation and other staff-related costs) and to consider these in indexation formulas rather than focusing on Award rates alone.
- **Greater transparency in workers compensation calculations:** Engage with government and SIRA to improve transparency in how workers compensation premiums are calculated to increase predictability and enable NGOs to better manage costs.
- **Choice of workers compensation provider.** Engage with government and SIRA to ensure that all employers (not just larger employers) are permitted to choose their workers compensation provider, and that cost comparisons are publicly available so that employers can make well informed choices.
- **Access to industry-specific claims data to tailor injury prevention strategies:** Engage with government and SIRA to enable access to timely, reliable claims data to identify the causes of injury (especially psychological injury) across different NGO sectors. Use data to develop effective, tailored prevention strategies.
- **Organisational capacity building in psychological wellbeing:** Collaborate across the sector, including with the peer workforce, to design and promote best practice models to support wellbeing and safety for all workers.

7 CONCLUDING COMMENTS

The NGO Insurance Survey confirmed there is cause for concern around escalating insurance costs in the not-for-profit health and social services sector. The financial strain has led many organisations to draw on reserves and reduce staffing or services, threatening long-term sustainability, service quality and staff wellbeing.

Anomalies in premium increases highlight the need for transparency in the calculations of premiums. Furthermore, index formulas should account for compounding workforce costs.

The prevalence of psychological injury claims in the sector is concerning. Despite efforts to support staff, gaps remain in basic psychological safety measures, underscoring the need for capacity building and targeted wellbeing strategies with special attention paid to the peer workforce. Reliable industry specific claims data will go a long way to supporting these efforts.

These measures will be critical to ensure a resilient, well-supported NGO sector capable of meeting growing community needs into the future.
