

Centre for Excellence
in Child and Family Welfare Inc.

OHS Champion Project 2008 - 2011

Taking care of those who take care of others

CCC Conference 2010
25 November

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"High rate of workplace injuries one of the key reasons qualified staff leave the Victorian community sector"

- "Recruitment and retention in the Community Sector: A snapshot of current concerns, future trends and workforce strategies", VCOSS (2007)

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Project Overview

Background of OHS Champion Project:

- High incidence of injuries
- Rising cost of claims
- Staff recruitment and retention issues
- Engagement with sector

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Community Care Services

National = 21/1000 claims
Victoria = 12/1000 claims

- Safe Work Australia

Community Support Services (04/05 – 07/08)

Musculoskeletal Disorders = 54%
Stress = 26% (National = 9%)
Others = 20%

- WorkSafe Victoria

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WorkCover Premium Rates

Victoria 2009/2010

Average all industries = 1.38%

Community Support Services = 2.35%

- WorkSafe Victoria

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Research

- On-line surveys
 - Board (24)
 - HR/ Business Managers (13)
 - Staff (407)
 - Volunteers (42)
- Non-compulsory participation – no direct sampling

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Survey Findings

Perception of risk and incidence of injury are very high




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Likely causes of injury

Psychological injury from client		Physical injury		Psychological injury from co-worker	
Exposure to traumatic events	80.8%	Vehicle-related incidents	50.3%	Bullying by a co-worker	21.8%
Verbal abuse	75.3%	Slips, trips and falls	40.1%	Harassment from co-worker	19.4%
Work load/pressure	73.3%	Muscular stress lifting or handling objects	28.1%	Threatened or physically attacked by co-worker	9.4%
Threatened or physically attacked by client	72.2%	Muscular stress lifting or handling a person	24.7%		
Harassment from client	19.4%				


From Staff and Volunteer surveys



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How do organisations respond to risk?


- Formal OHS
 - Understanding roles and responsibilities
 - Legal compliance
 - Training
- Informal OHS
 - Organisational effectiveness & support
 - OHS mentality



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Survey Findings


- Formal OHS structures generally in place
- Informal OHS - Attitudinal barriers



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Informal OHS – OHS Mentality

- Respondents most willing to put clients' wellbeing ahead of their own safety
 - Residential care staff
 - Staff from small organisations
 - Younger staff (less than 25 years)
- About 30% of respondents feel their employer puts care of clients above the health and safety of staff




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Conclusion

Formal OHS mechanisms

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perceptions of risk
or
reduced actual risks



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Moving forward...

- Emphasise personal safety is mandatory & valued
- Follow through when risks are perceived
- Follow through when injuries / incidents do occur
- Personal safety is good for business

Formal OHS
↓
Informal OHS

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Moving forward...

- OHS Advancement
 - More resources
 - focus on raising awareness of benefits
 - More training and support for volunteers
 - Improved practice, particularly in Foster Care.
- "Being part of a proactive OHS network will improve health and safety in the workplace."

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Project response / developments

1. Raise Profile of OHS
2. Strengthening Networks
3. Learning & Development
4. Generating Resources

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Summary

- Perception of risk and incidence of injury is very high
- Formal OHS structures generally in place
- Attitudinal barriers to OHS
- Additional resource and support needed
- OHS Networking constructive

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OHS Champion Project

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