

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

Kelvin Lee



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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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Kelvin Lee  
Centre for Excellence in Child & Family Welfare  
(03) 9614 1577  
0411 696 602  
kelvin@cwav.asn.au