

# **About the data**

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safe work australia

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Safe Work Australia is an Australian Government statutory agency established in 2009. Safe Work Australia includes Members from the Commonwealth, and each state and territory, Members representing the interests of workers and Members representing the interests of employers.

Safe Work Australia works with the Commonwealth, state and territory governments to improve work health and safety and workers' compensation arrangements. Safe Work Australia is a national policy body, not a regulator of work health and safety. The Commonwealth, states and territories have responsibility for regulating and enforcing work health and safety laws in their jurisdiction.

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#### **Postal address**

Safe Work Australia GPO Box 641 Canberra ACT 2601

#### **Office location**

Please do not send mail to this address. All mail should be sent to the postal address.

2 Phillip Law Street Canberra ACT 2601

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## Introduction

The data used in this report represents the latest information available in 2023, the start point for the ten-year Strategy.

The Australian Work Health and Safety Strategy 2023-2033 (the Strategy) sets an ambitious vision for work health and safety (WHS) outcomes in Australia - *safe and healthy work for all.* 

The purpose of this technical supplement is to introduce and explain the main datasets that enable exploration of the baseline WHS context for Australia. This data helps assess the performance of the Strategy through a set of measurable targets developed to drive systemic improvements in WHS outcomes over the next ten years.

This report will highlight the evidence needed to build a complete picture of WHS, outline how progress against each target is being measured, and explain how to interpret what the data does (and does not) say.

#### **Measuring success - the targets**

The Strategy includes eight specific targets for measuring progress against the overall goal of reduced worker fatalities, injuries and illnesses.

The targets include quantitative measures designed to assess reduction in work-related fatalities and severe injuries or illnesses, and activity-based measures designed to increase preventative action in key areas.

The targets are:

- ✤ A reduction in the number of worker fatalities caused by traumatic injuries of at least 30%
- ✤ A reduction in the frequency rate of serious claims resulting in one or more weeks off work of at least 20%
- ✤ A reduction in the frequency rate of permanent impairment by 15%
- ✤ A reduction of the overall incidence of work-related injury or illness among workers to below 3.5%
- ★ No new cases of accelerated silicosis by 2033
- ✤ A reduction in the frequency rate of work-related respiratory disease by 20%
- ✓ All Safe Work Australia Members take action to increase the awareness of PCBUs about their duty to protect workers from exposure to harmful substances coinciding with the introduction of new workplace exposure standards
- All Safe Work Australia Members take action to build the capability of PCBUs, regulators and workers to strengthen compliance with the duty to manage psychosocial risks at work

## Australia's WHS monitoring system

This section explores the evidence base for WHS that informs understanding and assessment of progress towards safe and healthy work for all. The main datasets used in the analysis of the targets are also introduced and contextualised to support informed use and interpretation.

A range of evidence is needed to gain a complete and nuanced understanding of work health and safety issues and trends. This includes quantitative and qualitative studies, data from survey, administrative or census collections, and insights from research and analysis to identify areas of focus or key findings. Knitting together these pieces of information forms the basis of the landscape monitoring approach that will be carried forward through the Strategy.

Collecting and publishing data and research on WHS outcomes has long been a priority for Safe Work Australia, and through this Strategy a renewed focus will be taken on enhancing available evidence to understand the nature and characteristics of the work environment, exposures and work health inequities.

Improving the evidence base in these areas will enable the drivers and determinants of poor WHS outcomes to be more clearly identified for preventative action. This information is also critical in deepening understanding of the contribution of WHS as a social determinant of health, as explored by *The Lancet's* recent series on work and health<sup>1</sup>.

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In 2023, Safe Work Australia launched the *Beta Occupational Hazards Dataset (BOHD)*. The BOHD contains information on the 'work context' of occupations. Part of this includes information on how often occupations are exposed to, or involve doing, things which may result in injury or illness

The dataset was constructed by mapping selected fields from the United States' O\*NET database onto the Australian occupational classification (ANZSCO) and combining this contextual information about the nature of work that occurs in different occupations with Safe Work Australia's workers' compensation claims data, alongside ABS employment levels for each occupation to reflect the composition of the Australian labour market.

This data adds to the evidence base for work health and safety (WHS) policy in Australia because many of the work context variables can be considered hazards which may cause injury or illness. The BOHD shows to what extent each hazard is associated with each occupation, and which hazards are most closely associated with high rates of workers' compensation claims.

<sup>1</sup> The Lancet (2023), Work and Health, https://www.thelancet.com/series/work-and-health

Australia's WHS monitoring system is summarised in Figure 1, which provides a framework for visualising the scope and coverage of robust national collections, survey and administrative data sources related to WHS, public health and the labour market.

The pyramid diagram is structured by different levels of impact of work-related injuries and illnesses. In general, the higher the level of the pyramid, the more severe the outcome from exposure to a work-related hazard or occurrence of an injury or illness, but the fewer people that are affected. It is also generally the case that available data is more detailed and frequently updated for workers represented in the higher levels of the pyramid.

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Importantly, this representation also mirrors the implicit structure of the targets in the Strategy, which collectively explore the extent and significance of work-related health issues. Progress towards the goal of reduced worker fatalities, injuries and illnesses can thus be achieved, for example, through reductions in the work-related burden of disease. Considering time off work, improvements in the return-to-work rate, or other similar conceptualisations of these impacts works towards building a holistic picture of Australia's work health and safety.

This illustrates how the broader data landscape works together to show how successful the Strategy is at realising the national vision of safe and healthy work for all, and where areas of focus need to be.

It is worth noting when interpreting Figure 1 that there are limited data connections presently between the tiers of the pyramid, which would unlock the utility of public health data to improve the identification of emerging WHS issues and, in turn, increase the responsiveness of WHS policies to acute needs before their impact is felt by workers as more severe injury or illness outcomes.

There is more work to do connecting data and information systems to enable more sophisticated reporting and insights. Safe Work Australia Members have indicated the important role they have for advocacy in this space.



Figure 1 Australia's WHS monitoring system

Source: Adapted from Carder et al (2017), The Health and Occupation Research Network: An Evolving Surveillance System, The Journal of Safety and Health at Work 8, p231 - 236

## **About the data**

## Safe Work Australia, Traumatic injury fatalities (TIF) database

#### Methodology

The TIF includes information on all traumatic injury fatalities that have been identified as being work-related in Australia from 2003 onwards. This database collates information from sources including workers' compensation data, fatality notifications from Australia's WHS authorities and information in the National Coronial Information System. The consistent time series spanning recent decades enables robust time series analysis to be undertaken.

The baseline report, accompanying this technical data report, uses the number of fatalities and the 'fatality rate', excluding bystander fatalities. The 'fatality rate' is defined as the number of fatalities per 100,000 workers, using estimates of the working population including Australian Defence Force (ADF) personnel. The fatality rate accounts for changes to the size and composition of the working population, enabling more robust comparisons to be made between cohorts and over time.

A three-year average TIF fatality rate up to and including the 2022 calendar year is used as the baseline data point to analyse worker fatalities so sustained trends in the data can be identified. This represents the latest available data in 2023.

TIF data are updated annually by Safe Work Australia.

#### What the data tells us

The TIF provides an accurate and comprehensive count of worker deaths occurring as a result of traumatic injuries each year in Australia. The database is compiled using information from several different sources to ensure that the data is as complete as possible and of high quality. For each recorded fatality, there is an extensive review process undertaken by Safe Work Australia where information from each data source is compared, cleaned and verified to ensure consistency with the scope of the dataset.

Further, as part of the enumeration and descriptive statistics of worker fatalities, the TIF collects information that describes the summary demographic and occupational characteristics of the deceased and the circumstances of the incident that led to their loss of life. This helps to identify, describe and understand areas of high-risk work, notable changes in the worker fatalities that occur to guide preventative action, and where evidence gaps exist.

#### Limitations

In Australia, there are no readily available national datasets that estimate the frequency of work-related fatalities due to occupational diseases, because it can be difficult to establish a confirmed link between workplace exposures and the onset of disease. For example, occupational diseases may have long latency periods and a range of work and non-work-related causes, disease deaths may involve complex aetiology (e.g. underlying conditions), and the linkages to occupational information and workplace exposures are currently limited in public health information systems. As outlined in International Labour Organisation analysis<sup>2</sup>, there are many more work-related fatalities that occur due to diseases than injuries or accidents.

<sup>2</sup> International Labour Organisation (2023), A call for safer and healthier working environments

#### Snapshot

#### Quad bike fatalities and measuring the impact of regulatory change

Quad bike fatalities continue to be a significant WHS issue in Australia and quad bike safety has been a focus of governments over the past ten years. A report by the ACCC<sup>3</sup> in 2018 noted that quad bike fatalities and injuries cost the Australian economy at least \$200 million per year. This does not include intangible costs associated with fatalities and injuries, including, but not limited to, the pain and suffering of family, friends and Australian communities.

Safe Work Australia's quad bike fatalities data shows that more than half of quad bike fatalities are due to rollovers. Recently, in 2021, Australia introduced mandatory safety standards for quad bikes which aimed to improve stability and make operator protection devices (OPDs) mandatory for new and imported second-hand quad bikes. Unfortunately, it's too early to evaluate the effectiveness of these changes at improving safety and reducing fatalities, as it will take many years before these devices are fitted to all quad bikes in Australia. However, other data sources highlight there are further ways to improve quad bike safety. Around 1 in 5 quad bike incidents result in a head injury, and of fatal head injuries involving quad bikes, more than 80% of operators were not wearing a helmet<sup>4</sup>.

Safe Work Australia is currently working to enhance the collection of quad bike fatalities data to capture other farm vehicle incidents, which will help to identify and explore risk factors and circumstances of these fatalities (both work-related and not).

## Safe Work Australia, National dataset for compensation-based statistics (NDS)

#### Methodology

Workers' compensation data is compiled by Safe Work Australia from information obtained from workers' compensation authorities in each state, territory and the Commonwealth government. These data are collated into the NDS, which is Safe Work Australia's primary source of information on work-related injuries and diseases. The consistent time series spanning recent decades enables robust time series analysis to be undertaken.

The baseline report uses the number of claims, the number of serious claims<sup>5</sup>, the number of permanent impairment claims<sup>6</sup>, and the 'frequency rate' of these types of claims. The frequency rate is defined as the

number of compensation claims per million hours worked, using estimates of the working population covered by workers' compensation schemes calculated using Australian Bureau of Statistics and Comcare data. The frequency rate accounts for different working patterns between industries, across cohorts and over time, allowing for meaningful comparisons to be made.

A three-year average NDS frequency rate up to and including the 2021-22p financial year is used as the baseline data point to analyse work-related injuries and illnesses so sustained trends in the data can be identified. This represents the latest available data in 2023.

NDS data are updated annually by Safe Work Australia on a financial year basis. The most recent year of data available is considered preliminary as there are some claims that remain open.

<sup>&</sup>lt;sup>3</sup> Australian Competition and Consumer Commission (2018), *Quad Bike Safety Consultation Regulation Impact Statement*, https://consultation. accc.gov.au/product-safety/quad-bike-safety-draft-regulation-impact-statement/supporting\_documents/Quad%20Bike%20Safety%20%20 Consultation%20Regulation%20Impact%20Statement.PDF

<sup>&</sup>lt;sup>4</sup> Workplace Health and Safety Queensland (2022), Quad bikes and side-by-side vehicles safety: proposed work health and safety regulations <sup>5</sup> Serious claims are accepted workers' compensation claims which have resulted in one or more working weeks lost (excluding fatalities and journey claims).

<sup>&</sup>lt;sup>6</sup> A 'permanent impairment' claim is an accepted workers compensation claim with a severity indicator of 'Fatal' or 'Total or partial incapacity', as defined in the NDS data dictionary (Safe Work Australia (2012), *National dataset for compensation-based statistics data dictionary (3rd edition)*, https://data.safeworkaustralia.gov.au/about-our-datasets/workers-compensation-data)

#### What the data tells us

Workers' compensation claims data are the primary source of detailed information on the incidence and characteristics of work-related injuries and illnesses in Australia. The NDS is a useful and versatile source of data for monitoring work-related injuries and illnesses because it has a long time series, with publicly available data going back consistently to 2008-09, and further for historical trends.

The data is very detailed, with information on the claimant's age, sex, detailed industry and occupation of employment, type of injury or disease, mechanism of the incident, time away from work and amount of compensation paid. This allows for analysis by a range of variables to look at the driving factors behind changes in the rate of claims, and the impacts these injuries and illnesses have on the individuals affected.

The data has strong coverage of the workforce. Approximately 85% of filled jobs in Australia are covered by a workers' compensation scheme<sup>7</sup>.

Further, information about permanent impairment claims provides an important dynamic to explore alongside the incidence of worker fatalities and work-related injuries and illnesses because of the ongoing impact on the workers involved. Permanent impairment is a workers' compensation benefit in the form of a lump sum offered by all workers' compensation schemes. This mechanism acknowledges that, despite medical treatment, some injuries or diseases sustained at work may not completely heal or resolve.

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Permanent impairment is assessed by medical specialists approved by workers' compensation schemes.

Workers who made a permanent impairment claim had median compensation costs more than four times greater, and time lost periods twice as long (in instances where return to work is possible), compared to workers who made a serious claim.

#### Limitations

Compensation claims do not capture all work-related injuries and illnesses that occur. The latest Australian Bureau of Statistics Work-related injuries survey for 2021-22 found that around one-third of people who experienced a work-related injury or illness received workers' compensation.

Some further important qualifications with this data include:

- Owners of unincorporated enterprises and independent contractors are generally not covered under workers' compensation schemes; these make up approximately 12% of Australian workers<sup>8</sup>.
- Occupational diseases are under-represented in claims data because their onset may result from long-term exposure to workplace agents or involve long latency periods, which makes the link between the work-related disease and the workplace difficult to establish and thus provide compensation for<sup>9</sup>.
- Classifications of mental health conditions used in the Type of Occurrence Classification System (TOOCS - the classification system used for coding compensation claims) do not necessarily reflect those used in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
- Not all workers are eligible for workers' compensation, and even those that are may opt not to lodge a claim. This is particularly relevant to mental health conditions, where social stigma and workplace culture may influence whether or not a worker is willing to lodge a claim.
- If further information is established about a claim relevant to the mechanism or nature of work-related injury or disease, it is unlikely that the initial data recorded about the claim will be changed.
- SWA's workers' compensation data is coded to the most serious injury or disease sustained by the worker in the TOOCS. This means that where workplace incidents cause both physical and subsequent psychological harm to a worker, more often the physical injury is recorded because it occurs first.
  - The mechanism coded is the action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease. Given the way psychosocial hazards combine and interact, this data may present a narrow view of the circumstances resulting in work-related mental health conditions.

<sup>&</sup>lt;sup>7</sup> Safe Work Australia analysis of Australian Bureau of Statistics, *Labour Account*, September 2023

<sup>&</sup>lt;sup>8</sup> Australian Bureau of Statistics, *Characteristics of employment*, August 2023, custom data

<sup>&</sup>lt;sup>9</sup> Cancer Council Western Australia, Occupational exposures to carcinogens in Australia, Monograph Series 2015

Further, for permanent impairment claims, the specific guidelines are not consistent across jurisdictions and injury types. For example, the degree of permanent impairment required to receive a benefit for physical injuries ranges from no threshold to 11% across jurisdictions. For psychological injuries, there is an even wider range, from no threshold to 30%, and within some jurisdictions no entitlement to permanent impairment payments is available for psychological injuries<sup>10</sup>.

Over the course of the Strategy, there may be changes to workers' compensation scheme coverage or policies which may impact time series analysis and other comparisons. These developments will continue to be monitored through Safe Work Australia's *Comparison of workers' compensation arrangements in Australia and New Zealand* report<sup>11</sup>.

#### Australian Bureau of Statistics, Work-related injuries survey

#### Methodology

The Work-related injuries survey is a subset of the Multipurpose Household Survey conducted throughout Australia by the Australian Bureau of Statistics. Safe Work Australia funds the ABS every four years to collect this work-related injuries data. The 2021-22 data from the survey was released on 15 February 2023. The scope is persons aged 15 years and over who worked at some point in the last 12 months.

The ABS has a detailed methodology page with further information about this data source:

https://www.abs.gov.au/methodologies/work-related-injuries-methodology/2021-22

#### What the data tells us

The ABS work-related injuries survey data provides information about the wider labour market impacts of work-related injuries or illnesses. Data from this survey enables insights into the proportion of people who worked at some point during the previous 12 months that experienced a work-related injury or illness. The survey collects information on the types and rates of work-related injuries, as well as job details and demographic information about the worker. This includes the nature of injury or illness experienced, absences from work, sources of financial assistance received and whether the worker reported their injury or illness to someone in the workplace. The consistent time series spanning recent decades enables robust time series analysis to be undertaken.

#### Limitations

The reference period for the latest work-related injuries survey data, 2021-22, spans critical stages of the development of the COVID-19 pandemic in Australia. As such, accompanying the release of the data, the ABS advised caution in analysing the incidence of work-related injuries over this period as the reduced level of economic activity due to the COVID-19 pandemic may have contributed to a lower likelihood of experiencing a work-related injury.

Further to this caveat on interpreting the data, the survey has a relatively small sample size and the estimates available cannot be broken down to explore trends in particular work-related injury or illness mechanisms, or for some demographic and workplace characteristics. This is why Safe Work Australia combines data from the work-related injuries survey with other sources to contextualise the insights available.

#### Data on work-related respiratory diseases

#### Methodology

A range of data sources are needed to monitor the incidence of work-related respiratory diseases. Primarily, this is because currently no single data collection captures national information about the incidence of accelerated silicosis and broader work-related respiratory diseases.

Safe Work Australia's National dataset for compensation-based statistics enables monitoring and time series analysis of workers' compensation claims for silicosis, and other respiratory diseases, however there are some important caveats to consider when interpreting this data, as outlined in the following section.

<sup>10</sup> Safe Work Australia (2022), Comparison of Workers' Compensation Arrangements in Australia and New Zealand (2021), https://www.safeworkaustralia.gov.au/doc/comparison-workers-compensation-arrangements-australia-and-new-zealand-2021
<sup>11</sup> This report is released bi-annually. The latest edition, covering the 2023 reference period, was released in April 2024: https://www.safeworkaustralia.gov.au/doc/comparison-workers-compensation-arrangements-australia-and-new-zealand-2021

The National Occupational Respiratory Disease Registry Bill (Commonwealth, 2023) resulted in silicosis being made a notifiable disease. This means that, from May 2024, details of all cases of silicosis diagnosed by physicians must be provided to the National Occupational Respiratory Disease Registry (NORDR), administered by the Commonwealth Department of Health and Aged Care.

The introduction of the National Occupational Respiratory Disease Registry and its inclusion of silicosis as a notifiable disease is expected to provide improved availability of data in future years to understand the incidence and trends associated with silicosis. Physicians may also provide voluntary notification of other occupational respiratory diseases to help identify emerging workplace risks. However, at this time, silicosis remains the only prescribed notifiable disease, so monitoring of workers' compensation claims will need to continue to study progress against the broader target for other work-related respiratory diseases.

#### What the data tells us

A better understanding of the extent of accelerated silicosis will not be obtained until more nationally comprehensive data is available. Currently, only New South Wales and Queensland report data for accelerated silicosis. Until the NORDR can collect and publish silicosis by sub-types, it will be necessary to also consider the incidence of accepted workers' compensation claims for silicosis as a proxy for accelerated silicosis.

The recent decision to prohibit the use of all engineered stone under the model WHS laws, as well as the work done to manage the risks of respirable crystalline silica (RCS) exposure at work, may reduce the number of new claims for silicosis in the longer term. However it is not yet known if the campaigns to raise the awareness of workplace risks, increased compliance and enforcement, more health air-monitoring and health screening, as well as the introduction of new regulations, could lead to an increase in diagnosed silicosis cases in the short term.

Workers' compensation claims data can provide a range of useful insights into worker and workplace characteristics associated with work-related respiratory diseases, particularly changes over time and where exposure prevalence may be higher in different sectors of work. This data also highlights the severity of impact on workers who develop a work-related respiratory disease, through time lost from work and compensation paid. Analysis of this data for the work-related respiratory diseases targets is based on a three-year average of accepted compensation claims, regardless of the time lost from work.

Safe Work Australia funds the Australian Institute of Health and Welfare to manage the Australian Mesothelioma Registry (AMR). The AMR collects information on new cases of mesothelioma diagnosed in Australia since 2010 from the 8 state and territory cancer registries. These records include demographic information and details of diagnosis and death. It also collects asbestos exposure information, obtained from consenting mesothelioma patients. The questionnaire collects information on a patient's residential history, occupational history and family history of mesothelioma.

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The most recent annual report of the AMR highlighted that there has been 637 cases of mesothelioma diagnosed in 2022, and 708 people who died of mesothelioma in 2021.

The age-adjusted 1-year relative survival of people with mesothelioma has increased since 1990-1994, and the crude incidence rate for the number of people diagnosed with mesothelioma per 100,000 population peaked in 2017.

#### Limitations

Safe Work Australia's National Dataset for Compensation-based Statistics (NDS) is limited in its ability to capture data on all work-related respiratory diseases. This is largely due to the difficulties in establishing a clear link between a specific workplace exposure or exposures and the onset of respiratory diseases, which can have long latency periods and a range of work and non-work-related causes. Workers' compensation claims data is also limited for analytical purposes in this context because:

- Support for workers with some work-related respiratory diseases may be managed by special schemes established alongside workers' compensation authorities, or as a result of action through other avenues, such as legal proceedings.
- Many occupational respiratory diseases, such as silicosis, may not be formally diagnosed, or will occur in workers long after they leave the workforce, due to extended latency periods between exposure and diagnosis of disease. In these cases, the connection to a specific workplace may not be established and a workers' compensation claim is unlikely to be made.
- The number and frequency of workers' compensation claims can be affected by health awareness or other public information campaigns, which can increase the understanding and take-up of supporting mechanisms available. Hence, changes in the rate of claims do not always reflect changes in the incidence of work-related injuries and illnesses. Improvements in diagnostic capacity may also have a similar effect.

Further, the large proportion of respiratory disease compensation claims coded to non-specific categories in the data conceals the true extent of some of the more serious respiratory diseases, such as asbestosis and silicosis. For example, in the Type of Occurrence Classification System used to code data on workers' compensation claims, claims may instead be coded as asbestosis/silicosis, lung cancer/silicosis or lung cancer in association with silica exposure.

The complex aetiology associated with work-related respiratory diseases highlights the need for improved data collection over the course of the Strategy to understand issues and trends in the incidence of specific conditions. This includes enhancing available workplace exposure data, so preventative actions can be targeted to control risks before they manifest into an ongoing condition or impairment.

### Data on work-related psychosocial hazards

It is difficult to identify data sources that can assist with understanding the extent of exposure to psychosocial hazards at work. One national dataset is People at Work (PAW), a validated Australian psychosocial risk assessment survey which assesses a number of the most common psychosocial hazards within a workplace. The aim of the survey is to allow organisations to identify, assess and control risks to psychological health at work.

The People at Work risk assessment survey tool has its theoretical foundations in the Job Demands-Resources model. Job demands refer to those events precipitated by the organisation's characteristics that create tension and are bothersome to workers. Job resources are aspects of the work environment that help workers to achieve work-related goals and reduce job demands.

Over 5,000 organisations have registered with the PAW platform, with more than 100,000 responses received since its launch on 26 February 2021.

#### Limitations

PAW uses a workplace-based approach to data collection, meaning that workers who responded to the survey were not drawn from the working population using a sampling technique designed to enable representative population estimates to be calculated. PAW data therefore does not necessarily provide a complete representation of psychosocial hazards and outcomes among Australian workers and the available data may be subject to bias. For example, organisations that choose to undertake the PAW survey may be more likely to prioritise improving psychological health in their workplace.

For the period of data analysed in the baseline report (13 December 2022 to 13 December 2023), there were 63,315 respondents to the survey (approximately 0.5% total employed Australians). Because businesses self-select into participating in the survey, the results are skewed towards certain industries (e.g. Health care and social assistance). Further, the PAW survey is designed for medium and large organisations and can only be used by workplaces with 20 or more workers. This approach is recommended to ensure anonymity, meaningful results, and to enable a report to be generated<sup>12</sup>, however it limits the population coverage of the dataset.

PAW uses the Kessler Psychological Distress Scale (K10) to measure psychosocial distress. This scale measures the likelihood that the respondent has a mental health condition but cannot be used to diagnose specific mental health conditions such as anxiety or depression.

A focus through the Strategy will be improving the quality and coverage of available data on psychosocial hazards and collecting new information to improve the evidence base for this priority set of workplace exposures.

### The impact of COVID-19 and changing patterns of work

The COVID-19 pandemic has shaped Australia's workforce, labour market and relationship to work in myriad ways. The full extent of the impact of the pandemic in the WHS context is yet to be determined as working conditions, the availability and use of hybrid working arrangements, and data availability continue to develop.

The baseline report does not seek to account for the impact of COVID-19 when analysing the WHS context at the outset of the Strategy. The different effects of the pandemic across industries, jurisdictions and workplaces, and the evidence base available to study them, make this task incredibly difficult to achieve with any degree of accuracy. Analysis of longer-term trends with a landscape monitoring approach enables more nuanced insights to be drawn about achievements under the Strategy and where increased focus needs to be directed.

The following graph shows the effects of the COVID-19 pandemic through a few key metrics: the red shaded areas reflect the timeframe for waves of variants of COVID-19, whilst the red and blue lines (people working fewer hours than usual and people not working at all due to illness respectively) and the yellow line (workers' compensation claims for COVID-19) illustrate notable trends.



#### Figure 2 Changes to working patterns and claims for COVID-19 over time

<sup>12</sup> People at Work, *Psychological health for small business*, https://www.peopleatwork.gov.au/assets/pdf/psychological%20health%20for%20 small%20business.pdf

The reduced incidence rate of work-related injury or illness reflected in the ABS work-related injuries data for 2021-22 could be related to fewer hours being worked by employees. Indeed, during the period of the Delta and Omicron variants, the red line (number of workers who worked fewer hours than usual) in this figure increased dramatically and was as much as twice as large as pre-pandemic levels. Further, it is worth noting that the number of people who worked fewer hours than usual due to illness, injury or sick leave has not stabilised to pre-pandemic levels and remains elevated, though this may also be due in part to changing community expectations around workers attending shared workplaces whilst ill, injured or sick.

Another way to consider the impacts of ill health on workers is the proportion of people working when unwell. The latest Household, Income and Labour Dynamics in Australia Survey highlights that, in 2021, 22.5% of men, and 29.6% of women, worked when unwell in the four weeks prior to completing the survey<sup>13</sup>. This finding is supported by the Australian Council of Trade Unions Work shouldn't hurt survey, which similarly found that 31% of workers did not take time off when injured. The main reasons for this occurring included 'I couldn't afford to stop working', 'I was worried it would negatively affect my job', 'I did not want to let people down or miss deadlines', and 'I didn't want to be seen as a bad worker'. These figures, and the accompanying sentiments, are troubling considering the interplay between well-being, physical and psychological health and safety.

According to Safe Work Australia's claims data, in 2021-22, there were 9,500 serious workers' compensation claims for COVID-19<sup>14</sup>. During the reference period for this data, significant COVID-19 outbreak events occurred including the 'Delta' and 'Omicron' waves. Hence, the latest claims data show a significant spike in COVID-19 serious claims as compared to the previous year (up by more than 9,100 claims).

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Serious workers' compensation claims due to COVID-19 made up 7.5% of the total number of serious claims during the 2021-22p financial year. In 2021-22p, the highest proportion of COVID-19 serious claims was observed in the Public administration and safety industry (25.6%), followed by Health care and social assistance (20.7%) and Education and training (13.8%)

Whilst COVID-19 and other population health issues will continue to affect workers, another factor that may be influencing patterns of hours worked and participation in the workplace is the proportion of the working population that regularly worked from home. The latest ABS Working arrangements (2023) data highlights a sudden, strong increase in this metric, from 32.1% in August 2019 to between 39% and 53% in April 2020 with the onset of COVID-19. The proportion remains above pre-pandemic levels at 36.9% in August 2023, but it is still yet to be determined whether a permanent level shift has occurred.

Working from home can provide opportunities for workers to balance caring or other responsibilities with their work more flexibly, and enable people with chronic health conditions or disabilities to participate in the workforce when they may otherwise have been unable to under certain working conditions. However, hybrid work can lead to exposure to other hazards, such as reduced interpersonal contact, increased sedentary work and screen time, or different workstation set-ups without the same controls as an office, factory or other workplace environment.

There are currently only a small number of workers' compensation claims where the location of work was at home (783 claims over the past three years, since this data began to be recorded separately), so it is too early to tell whether this is having a material impact on work-related injury rates or the nature of work-related injuries and illnesses that occur across the country.

Safe Work Australia will continue to monitor these data sources to understand the impacts these developments have on WHS, and the longer-term implications of COVID-19.

<sup>&</sup>lt;sup>13</sup> Wilkins et al (2024), The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 21. Melbourne Institute: Applied Economic & Social Research, the University of Melbourne

<sup>&</sup>lt;sup>14</sup> These data should be interpreted with caution. Some jurisdictions established presumptive rights for employees of prescribed occupations who contracted COVID-19. The occupations covered by these arrangements differed across jurisdictions.