



# **The mid-term review of the Australian Work Health and Safety Strategy 2012–2022**

***October 2017***



**safe work australia**

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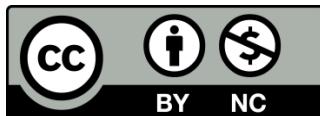
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# Executive summary

The *Australian Work Health and Safety Strategy 2012–2022* (the Strategy) provides a 10-year framework to drive improvements in work health and safety (WHS) in Australia. It was officially launched in October 2012 following an extensive public consultation process and agreement by Commonwealth, state and territory ministers with responsibility for WHS, the Australian Industry Group, the Australian Chamber of Commerce and Industry and the Australian Council of Trade Unions.

The Strategy is about coordinating and focusing effort – influencing those who are in a position to change the direction of WHS in Australia. The Strategy was designed to be broad and high-level to give influencers the flexibility to prioritise and conduct their activities in the way most appropriate to their circumstances.

Safe Work Australia has undertaken this mid-term review of the Strategy on behalf of its Members, to ensure it remains relevant for the next five years. In undertaking the review, Safe Work Australia consulted Safe Work Australia Members (covering all jurisdictions and social partners) and 45 stakeholders, including representatives from employer and professional associations, government agencies, academics and community organisations.

The review examined progress against the Strategy's targets; how stakeholders are using the Strategy; and whether economic pressures, technological changes and demographic shifts over the next five years are impacting WHS and are adequately addressed in the Strategy.

From this review, 14 findings have been made. In summary, the review has found that the Strategy is being used as intended, that it is appropriately flexible to meet the needs of a range of stakeholders, and sufficiently robust to accommodate the changing employment and industrial landscape for the next five years.

Progress against all three targets in the Strategy is on track and there is support to retain the seven action areas, seven priority industries and six priority disorders listed in the Strategy.

As an alternative to nominating industries for particular focus during the remaining five years of the Strategy, the review found that greater improvement in all priority industries and priority disorders at a national level could be supported by deeper analysis of the causes and controls of injuries.

Calls for improved data were common during the review. Many of these suggestions extend beyond the scope of the Strategy – there is a desire for improved data to inform the development and implementation of WHS and workers' compensation policy and interventions more generally. Reaching national agreement on new data sources, measurement tools and reporting mechanisms would be a lengthy and resource intensive process. Instead, more sophisticated analyses of existing fatality and workers' compensation claims data should be pursued over the next five years with the intention of deepening understanding of workplace fatalities, injuries and illnesses.

Findings from the review suggest minor amendments to the Strategy:

- revising discussion under targets and performance indicators to reflect the challenges associated with developing performance indicators for all areas of the Strategy
- under the priority disorders, the term 'mental disorders' should be updated to 'mental conditions', and
- the needs of vulnerable workers and occupational violence could be included as areas for national focus (alternatively, they could be included in the next 10-year strategy).

During the remaining five years of the Strategy, stakeholders have requested greater sharing of information about effective interventions. Some are also interested in greater cross-jurisdictional coordination of initiatives.

As part of the review, stakeholders also made suggestions for additions to the next 10-year strategy: a more explicit focus on worker health and wellbeing; an examination of the impact of emerging labour market trends on WHS regulation and the inclusion of elements of workers' compensation, particularly return to work.

This report has been provided to Safe Work Australia Members for their consideration and response. Outcomes of the review will be provided to ministers with responsibility for WHS and published on the Safe Work Australia website.

## Review findings

**Finding 1:** Awareness of the Strategy is high among key stakeholders. It is being used as intended – influencing the key WHS influencers. It has informed the strategic agendas of Safe Work Australia Members and others and has helped shape a range of WHS initiatives across Australia over its first five years.

**Finding 2:** The Strategy is appropriately broad and flexible to meet the needs of stakeholders. Key influencers adopt and adapt elements of the Strategy to tailor initiatives to meet their local circumstances.

**Finding 3:** There is support for the existing targets to remain unchanged.

**Finding 4:** The employment and industrial landscape has changed since 2012, however, the direction and extent of change witnessed across many industry sectors and in employment trends were largely evident at the time the Strategy was developed. The Strategy is sufficiently robust to accommodate these ongoing trends over the remaining five years.

**Finding 5:** There is support for the existing action areas to remain unchanged.

**Finding 6:** There is support for the existing priority industries to remain unchanged. In listing seven priority industries, the Strategy provides the flexibility for influencers to focus their efforts on those areas of highest local need and relevance.

The value of identifying particular subsectors for particular focus over the final five years of the Strategy is limited. There is broad recognition that more needs to be done to drive greater improvements across the priority industries over the next five years. Deeper analysis of the causes and controls of fatalities and injuries could support the design and targeting of effective interventions to be implemented during the remainder of the Strategy.

**Finding 7:** There is support for the existing six priority disorders to remain unchanged. There is some support to update the language and terminology of the priority disorders list to read:

- a. musculoskeletal disorders (MSDs)
- b. mental health conditions
- c. cancers (including skin cancer and asbestos-related cancers)
- d. asthma
- e. contact dermatitis, and
- f. noise-induced hearing loss.

There is broad recognition that more needs to be done to drive greater improvements across the priority disorders over the next five years. Undertaking deeper analysis of the causes, treatment and implications of the priority disorders, including MSDs, could inform the design and targeting of effective interventions to be implemented during the remainder of the Strategy.

**Finding 8:** There is support for including vulnerable workers as an additional area for national focus over the remaining five years of the Strategy, or in the next 10-year strategy.

**Finding 9:** There is support for including occupational violence as an additional area for national focus over the remaining five years of the Strategy, or in the next 10-year strategy.

**Finding 10:** There is support for a more explicit focus on worker health and wellbeing in the next 10-year strategy. This should reflect the role business leaders play in driving a positive culture for health and safety, while ensuring that health and wellbeing initiatives are not a substitute for compliance with work health and safety duties.

**Finding 11:** There is support for considering the impact of emerging labour market trends on WHS regulation in the next 10-year strategy.

**Finding 12:** There is support to update the Strategy to reflect the challenge of requiring performance indicators for all areas of the Strategy.

Separate to the Strategy, there is support for improving the measurement of WHS outcomes more broadly. Reaching national agreement on new data sources, measurement tools and reporting mechanisms would be lengthy and resource intensive.

Opportunities to undertake more sophisticated analyses of existing fatality and workers' compensation claims data would deepen understanding of workplace fatalities, injuries and illnesses.

**Finding 13:** There is limited support for considering how elements of workers' compensation (such as return to work) could be included in the next 10-year strategy. Any action in this area can be pursued through the development of separate proposals to improve workers' compensation arrangements.

**Finding 14:** There is support for greater sharing of information about effective interventions between stakeholders and some support for greater cross-jurisdictional coordination of initiatives for the remaining five years of the Strategy.

# About the Australian Strategy

## The Australian Work Health and Safety Strategy 2012–2022

The *Australian Work Health and Safety Strategy 2012–2022* (the Strategy) provides a 10-year high level framework to continue to drive improvements in Work Health and Safety (WHS) in Australia. It builds on the *National OHS Strategy 2002–2012* (the National OHS Strategy) under which significant progress was made to improve WHS outcomes.

The Strategy was officially launched on 31 October 2012 following an 18-month extensive public consultation process involving: stakeholder workshops across all states and territories (over 500 participants); bilateral meetings with experts; topical issues papers authored by eminent experts; and advice from Safe Work Australia Members. It was agreed to by Commonwealth, state and territory ministers with responsibility for WHS, the Australian Industry Group, the Australian Chamber of Commerce and Industry and the Australian Council of Trade Unions.

## Purpose of the Strategy

Like its predecessor, the Strategy is about focusing effort – influencing those who are in a position to change the direction of WHS in Australia. It is therefore aimed at national organisations including professional, industry and worker bodies; safety regulators and governments; and other peak bodies which in turn will influence everyday work and workplaces across Australia.

The Strategy was designed to be broad and high-level so these influencers can undertake activities that assist in meeting the stated outcomes with the flexibility to prioritise and conduct their activities in the way most appropriate to their circumstances. Collaborative partnerships among organisations and individuals to improve WHS are promoted and encouraged.

The Strategy establishes clear and achievable targets and priorities for the progression of WHS in Australia and aims to provide a clear focus for national data collection, research and evaluation efforts.

Overall, the Strategy was designed to be realistic and something everyone can relate to, implement and sustain over the decade.

## Vision, outcomes, targets, action areas and priorities

The vision for the Strategy—healthy, safe and productive working lives—is derived from Article 23(1) of the Universal Declaration of Human Rights which sets out that ‘*Everyone has the right to... favourable conditions of work*’ and reflects the principles that:

- all workers have the right to a healthy and safe working environment, and
- well-designed, healthy and safe work leads to more productive working lives.

To achieve this vision, the Strategy sets out four high level outcomes to be achieved by 2022:

- reduced incidence of work-related death, injury and illness achieved by
  - reduced exposure to hazards and risks using
    - improved hazard controls and supported by
      - an improved work health and safety infrastructure.



These outcomes are supported through seven action areas which provide a framework for action. Work needs to be done in all of the seven action areas in order to deliver the four outcomes and achieve the Strategy's vision. Seven priority industries and six priority disorders are identified to focus efforts across all jurisdictions. Three national targets measure the success of national actions.

## **Safe Work Australia's role in the Strategy**

A key function of Safe Work Australia as set out in the *Safe Work Australia Act 2008* (Cth) is to *develop, evaluate and, if necessary, revise national WHS and workers' compensation policies and supporting strategies, including a national WHS strategy, to be developed for approval by the WHS Ministers.*

While Safe Work Australia is responsible for developing the Strategy, responsibility for implementing the Strategy is shared among all WHS stakeholders. For Safe Work Australia, any actions in relation to implementing the Strategy need to be consistent with its legislated functions. Safe Work Australia directly implements activities that relate to areas of the Strategy through its data collection, policy and awareness raising functions. It also publishes an annual progress report on activities undertaken that relate to the Strategy and performance against the Strategy targets.

There is a strong relationship and overall consistency between the Strategy and the national model WHS laws, the harmonisation process and Safe Work Australia's broader role. However, it is important for readers to appreciate that each of these elements, while interconnected, also stand-alone.

## **The mid-term review**

The Strategy includes a requirement for a review in 2017 to ensure that it continues to generate sustained improvements in WHS. The terms of reference for the review were agreed to by Safe Work Australia Members (at Appendix A – Terms of reference) in November 2016.

This review is occurring at the mid-point in the life of the Strategy. A lot can happen in 10 years. The Strategy was developed on the basis that the nature of work would continue to change in response to economic pressures, technological changes and demographic shifts. Long term trends in these areas are expected to continue over the remaining five years to 2022. Nevertheless, checking-in with influencers who helped shape the Strategy at this half-way point will identify any amendments that may be needed to ensure the Strategy remains relevant for the second half of its life.

The methodology for the mid-term review has involved data analysis and consultations with Safe Work Australia Members (covering all jurisdictions and social partners), representatives from employer and professional associations, government agencies, academics and community organisations. The consultations have taken three forms: a written questionnaire, an online survey and targeted discussions. Appendix B – Stakeholders consulted in the mid-term review of the Australian strategy provides a full list of those consulted.

The mid-term review has been undertaken by Safe Work Australia on behalf of its Members.

## Awareness and use of the Strategy

There is a strong level of awareness of the Strategy among key stakeholders. It has influenced their strategic planning and helped shape the activities they have undertaken.

### Awareness

Awareness of the Strategy is high among WHS regulators, academics and large industry associations. This is to be expected. Safe Work Australia Members are parties to the Strategy and contribute to the annual progress reports.

For the smaller industry organisations, community bodies and practitioners consulted as part of the mid-term review, awareness of the Strategy varied. Some were broadly aware of the Strategy and had taken it into consideration in planning their activities. Others had no awareness of its existence.

Among those consulted, the majority perceived the Strategy as providing direction and guidance for preventing injury and illness in the workplace. The comment was made that it appropriately provides the train tracks and then allows stakeholders to 'drive their own trains'.

### Impact on strategic planning

For WHS regulators, the impact of the Strategy on their own strategic planning has been mixed. For some jurisdictions, the Strategy has been central to their planning. For example:

- In New South Wales, the *Work health and safety roadmap 2022* and *Strategic business plan 2016–17* align with the Strategy and new initiatives are assessed against how they align with the Strategy.
- In Queensland, the Strategy is a key driver of strategic planning, resource allocation and targeted compliance campaigns. Key work programs are aligned with the Strategy.

For other Safe Work Australia Members, the Strategy has helped to inform their agenda and activities. In the Australian Capital Territory, it has informed education, compliance and enforcement activities. SafeWork SA has redesigned its internal functions, creating a new industry advisory service focused on national priority industries which align with many of those in the Strategy. The Australian Chamber of Commerce and Industry has used the Strategy as a reference point on which to build industry and economic policy platforms, and the Australian Industry Group has used the Strategy as a tool to shape communication with their members. For WorkSafe Tasmania, the Strategy was not finalised in time to inform their current plan, but will be a key input into a new strategic plan which will span 2018 to 2023.

Of the non-Member stakeholders consulted, the majority said that the Strategy had not informed their organisation's strategic planning. Where it did have an impact, respondents said its value lay in raising awareness about the broader issues impacting safety, such as through supply chains, and in providing a useful reference to consider their own plans against.

### Impact on activity

Among Safe Work Australia Members, the extent to which the Strategy shapes activities varies. For example, the Strategy directly influenced Workplace Health and Safety Queensland's action plans. For other jurisdictions, the Strategy has had a less direct influence. Examples of activities undertaken by Safe Work Australia Members are outlined in Table 1.

**Table 1** Examples of activities Safe Work Australia Members have/are undertaking consistent with the Strategy

Jurisdiction/Member	Activity
Queensland	<ul style="list-style-type: none"> <li>• <i>Priority disorders strategy 2016–2022</i></li> <li>• <i>Mental health at work action plan 2016–2020</i></li> <li>• <i>Road freight industry action plan 2014–2017</i></li> <li>• <i>Horticulture industry action plan 2014–2017</i></li> <li>• State-wide plan for improving quad bike safety in Queensland 2016–2019</li> <li>• Healthy worker initiative to prevent chronic disease in the workplace</li> <li>• Small to medium enterprises program, providing free WHS advisory services to small businesses</li> <li>• Young worker program, engaging young people to build awareness of workplace safety</li> <li>• Zero harm at work leadership program, using the power of peer to peer influencing to reduce the number of deaths and injuries at Queensland workplaces</li> <li>• Campaigns: Preventing workers falling from trucks; Manage risks of mobile and operational plant in the construction industry; Agricultural safety; Manual handling of plasterboard; Stay safe up there, Switch off down here (ceiling spaces and electrical safety)</li> <li>• <i>Principles of good work design: A work health and safety handbook</i> in conjunction with Comcare</li> <li>• Guides: <i>Labour hire agencies: Managing the safety of on-hired workers; Host employers: Managing the safety of labour hire workers; Safe use and design of cattle crates</i></li> </ul>
New South Wales	<ul style="list-style-type: none"> <li>• <i>Work health and safety roadmap 2022</i></li> <li>• <i>Strategic business plan 2016–17</i></li> <li>• <i>NSW road freight transport industry action plan 2013–14</i></li> <li>• Focus on industry program, targeting industries including sheep and cattle farming, house construction, wood manufacturing and production and wholesale nurseries</li> <li>• Focus on workplace health program, including the <i>Recover @ work strategy</i>, focusing on priority illnesses and disorders such as mental health and musculoskeletal disorders</li> <li>• Get healthy at work program, aiming to prevent lifestyle-related chronic disease by changing workers' eating practices, weight, smoking habits and alcohol consumption</li> <li>• Quad bike safety research project, examining the dynamic handling of quad bikes</li> <li>• Mentoring program, where safety leaders gave their time to freely assist over 300 businesses</li> </ul>

Jurisdiction/Member	Activity
	<ul style="list-style-type: none"> <li>• Close the loop program, follow up meetings with workplaces to ensure risks and hazards that gave rise to a recent prosecution have been eliminated or controlled</li> <li>• <i>WorkCover: Making it easier strategy</i> helping small businesses make more informed choices about equipment purchases, better manage WHS and return to work</li> <li>• Safety coach program</li> <li>• Campaigns: Alive and well (featuring farmers' experiences of serious injuries and near misses); Working safely with horses</li> </ul>
South Australia	<ul style="list-style-type: none"> <li>• <i>Farmers' guidebook to work health and safety</i></li> <li>• Road transport initiatives, including falls from heights and manual handling</li> <li>• Online small business assistance</li> <li>• <i>Mental health in the workplace</i> project, raising awareness about practical actions to promote a mentally healthy workplace</li> <li>• Campaigns: Share your reason (encouraging the community to value and take responsibility for safe and healthy work practices)</li> </ul>
Victoria	<ul style="list-style-type: none"> <li>• Plant and machinery suppliers project working with designers, manufacturers and suppliers to improve controls for hazardous plant and machinery</li> <li>• Work health improvement networks focusing on the intersection of mental wellbeing and musculoskeletal disorders</li> <li>• OHS essential program, providing free and independent safety consultation services to small and medium organisations</li> <li>• Campaigns: Not sure ask (social media campaign encouraging young workers to speak up)</li> </ul>
Australian Capital Territory (ACT)	<ul style="list-style-type: none"> <li>• Getting home safely initiatives in the construction industry, responding to the <i>Getting Home Safely</i> report</li> <li>• Educational activities, including HazardMan for children</li> <li>• Campaigns: Be a workplace hero; Speak up about safety</li> </ul>
Western Australia	<ul style="list-style-type: none"> <li>• <i>Agricultural action plan 2012–16</i></li> <li>• Workplace bullying working group</li> <li>• ThinkSafe small business assistance, targeting high risk industries and not-for-profit organisations</li> <li>• Internal ergonomics/industry team knowledge sharing initiative, bringing industry inspectors together with ergonomics inspectors and scientific officers</li> <li>• Campaigns: Don't DIY (dangers of DIY electrical work)</li> </ul>
Northern Territory	<ul style="list-style-type: none"> <li>• Small business safety program, improving the capacity and capability of small businesses to manage their own health and</li> </ul>

Jurisdiction/Member	Activity
	<ul style="list-style-type: none"> <li>safety systems</li> <li>Heavy vehicle sector supply chain initiative</li> <li>Aged care industry initiatives</li> <li>Campaigns: Cattle stations WHS awareness</li> </ul>
Tasmania	<ul style="list-style-type: none"> <li><i>Safe farming Tasmania</i> program and the <i>Farming safely in Tasmania</i> guide</li> <li><i>Better work Tasmania</i>, a virtual meeting place for collaboration on WHS</li> <li>Body stressing injuries project to reduce injuries associated with hazardous manual tasks in the health care and social assistance industry</li> </ul>
Comcare	<ul style="list-style-type: none"> <li><i>Principles of good work design: A work health and safety handbook</i> in conjunction with Queensland</li> <li>National collaborative project on improving work participation through recovery at work</li> <li><i>Operation Austrans</i>, annual multi-agency collaboration targeting heavy vehicle road transport sector</li> <li><i>Working together: promoting health and wellbeing at work</i> guide, a collaboration on building inclusive public service workplace cultures</li> <li><i>People @Work</i>, providing access to a psychosocial risk assessment tool, risk management strategies and assistance with evaluation</li> </ul>
Safe Work Australia	<ul style="list-style-type: none"> <li><i>National agriculture activity plan 2014–2019</i></li> <li>Special report: <i>Work-related injuries and fatalities on Australian farms</i></li> <li>Special report: <i>Work health and safety in the road freight transport industry</i></li> <li><i>National road safety partnership program</i>, using case studies to highlight the importance of national collaboration and action to save lives</li> </ul>
Australian Chamber of Commerce and Industry	<ul style="list-style-type: none"> <li>Examined safety culture in different organisations and industries</li> <li>Refinement of lead indicators and prevention strategies</li> <li>Collaborated with Safe Work Australia on a virtual seminar series panel discussion <i>Facts and fallacies behind mentally healthy workplaces</i></li> </ul>
Australian Industry Group	<ul style="list-style-type: none"> <li>Initiative on supply chains in heavy vehicle transport</li> <li>Engagement with state regulators on their activities to support the Strategy</li> </ul>
Australian Council of	<ul style="list-style-type: none"> <li>Campaigns: asbestos and asbestos importation; diesel fumes;</li> </ul>

Jurisdiction/Member	Activity
Trade Unions	<p>WHS in supply chains; safe rates for truck drivers</p> <ul style="list-style-type: none"> <li>• Participation in Australian Standards addressing mental health risks and occupational violence in the health sector</li> </ul>

Only a few non-Member stakeholders nominated areas where the Strategy has informed their activities. One respondent said it was a useful tool for initiating a discussion among board members and managers of contemporary WHS issues. Another said it guided the development of action areas and targets within their own organisation.

Many of the researchers consulted said they refer to the Strategy when seeking funding for their research agenda, implying that WHS research is also consistent with the direction set by the Strategy.

Overall, stakeholders consider that having a document that articulates the key priorities for WHS nationally is important and valuable.

### **Finding 1**

Awareness of the Strategy is high among key stakeholders. It is being used as intended – influencing the key WHS influencers. It has informed the strategic agendas of Safe Work Australia Members and others and has helped shape a range of WHS initiatives across Australia over its first five years.

### **Finding 2**

The Strategy is appropriately broad and flexible to meet the needs of stakeholders. Key influencers adopt and adapt elements of the Strategy to tailor initiatives to meet their local circumstances.

## Performance against targets

The Strategy sets three targets to measure progress towards achieving the vision:

- a reduction of at least 20 per cent in the number of worker fatalities due to injury (fatalities target)
- a reduction of at least 30 per cent in the incidence rate of claims resulting in one or more weeks off work (serious injuries target), and
- a reduction of at least 30 per cent in the incidence rate of claims for musculoskeletal disorders resulting in one or more weeks off work (MSD target).

### Progress against national targets

Progress against all three targets in the Strategy is on track. The reduction in worker fatalities to date has exceeded the reduction required to meet the target and, if current trends continue, the reduction in serious injury and MSD claim rates will exceed the reduction required to meet the injury targets well ahead of 2022.

The targets are all measured against a base period (for the fatality target, the average of four years from 2007 to 2010; for the injury targets, the average of three years from 2009–10 to 2011–12). A three-year rolling average is used to track progress against the fatality target, while the latest single reference year is used for the injury targets. The latest data available show:

- the number of traumatic injury fatalities decreased by 27 per cent between the base period and 2013–2015 (270 fatalities to 197 fatalities)
- the incidence rate of serious injuries decreased by 22 per cent between the base period and 2014–15, and
- the incidence rate of musculoskeletal claims decreased by 24 per cent between the base period and 2014–15.

Greater detail on progress against the targets is at Appendix C.

### The rationale behind the national targets

*Measuring progress towards targets: reducing the incidence of work-related death, injury and illness* is an accompanying volume to the Strategy that explains the rationale behind the selection of the three national targets.

The fatalities target was chosen because measuring the number of fatalities is easily understood and does not hide increases in the actual number of deaths (this can occur with fatality incidence rates which can decrease despite a higher number of fatalities if there is an accompanying growth in the number of workers).

The 20 per cent reduction fatality target was set to bring Australia into line with the best performing countries internationally, which had average fatality rates of around 2.0 deaths per 100 000 workers when the Strategy was being formulated. The three-year average Australian fatality rate for the period 2008–2010 was 2.5 fatalities per 100 000 workers. A 20 per cent reduction would see Australia achieve a rate of 2.0 fatalities per 100 000 workers.

The serious injuries and MSD targets were set to encourage a continuation in improvements in serious injury rates recorded in the three years prior to the Strategy. A 30 per cent improvement was considered ambitious but achievable.

## Perceptions of the national targets

The feedback from Safe Work Australia Members is that they consider the national targets an essential component of the Strategy. The general view is the targets provide means to measure progress and encourage national effort on areas of critical importance. In many jurisdictions the targets have been incorporated into state and territory strategy and action plans. Some jurisdictions have set themselves more ambitious versions of the national targets. For instance, South Australia has set a state target of a 50 per cent reduction in serious injury claims by 2022, rather than adopt the Strategy's 30 per cent<sup>1</sup>.

Given the extent of progress already achieved against the targets, some Safe Work Australia Members discussed the merits of resetting them as part of the mid-term review to provide more of a challenge. Views on this are mixed. While one Member thought the value of a target is undermined if everyone has reached it before the end of the Strategy, others believe the targets should not be altered at this mid-point, in part because they are ingrained into their own long-term strategies.

A range of stakeholders suggested a number of amendments to the national targets. Foremost for many was the desirability of having lead indicators, such as the number of inspections completed or the percentage of resourcing decisions made in consultation with a WHS expert. These lead indicators would be additional to the current lag indicators for measuring WHS performance<sup>2</sup>. There was recognition though that reaching national agreement on lead indicators would be difficult, particularly for a high-level national strategy. This is discussed further under *Performance measurement*.

Many of those consulted noted the limitations of relying on the workers' compensation claims data to measure progress against the injury targets. The comment was also made that the targets, in counting all injuries requiring a week or more away from work, capture only half the picture because they measure the frequency of such injuries, not necessarily their long-term impacts which can continue once a worker has returned to work.

### Finding 3

There is support for the existing targets to remain unchanged.

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<sup>1</sup> The South Australian target is measured slightly differently to the Strategy's target: they use serious injury claims of 10 or more days off work rather than any serious claim of one or more weeks off work used in the Strategy and use a different approach to determine their base period.

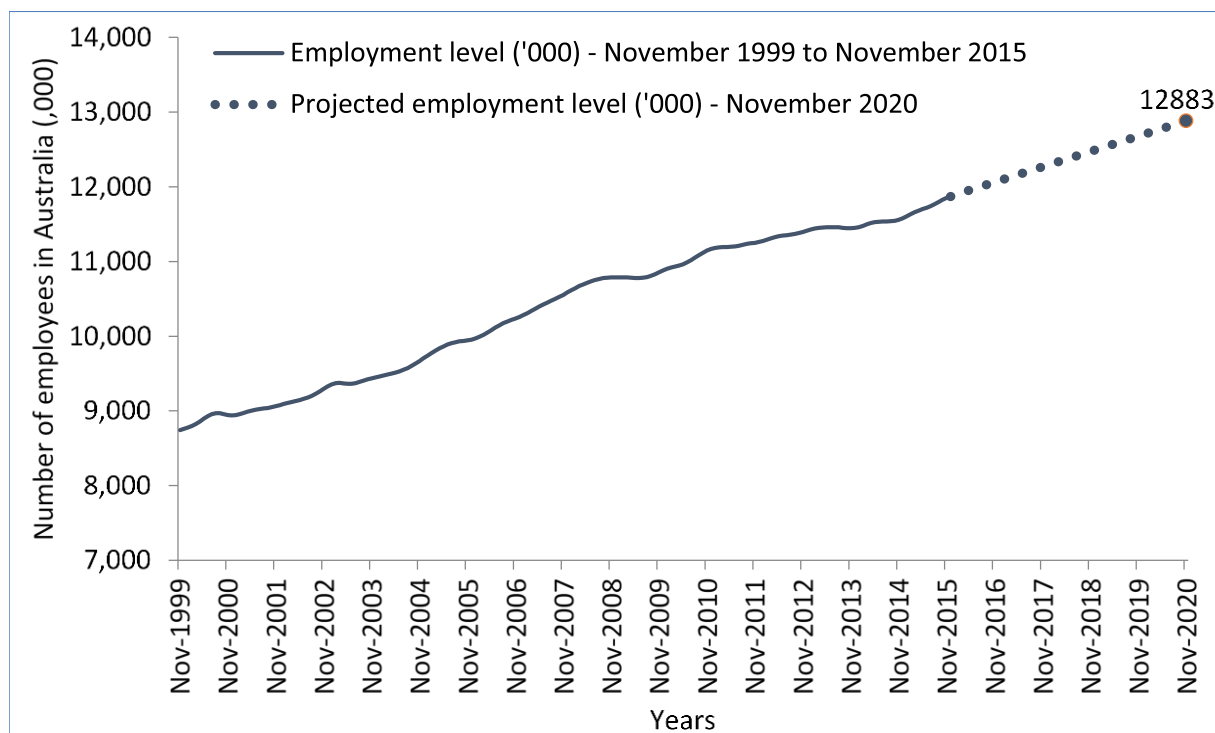
<sup>2</sup> Lead indicators take account of active steps towards incident prevention and can take the form of any action, behaviour, or process undertaken to actively improve WHS, for instance training or risk management.



## How the landscape has changed since 2012

The Strategy was developed in 2012 to improve the work health and safety of all Australian workers across all the different kinds of work they do. But Australian jobs and the make-up of the workforce are always changing. The CSIRO report *Tomorrow's Digitally Enabled Workforce: Megatrends and scenarios for jobs and employment in Australia over the next twenty years*, presents evidence that the changes over the coming twenty years will have more far-reaching implications for work than previously experienced<sup>3</sup>. Some of the most significant trends relate to the growth in information and communications technology, digitalisation, artificial intelligence and robotics and the associated rise of new economic structures and business models which utilise those advances. These trends are likely to introduce new WHS risks as well as opportunities to reduce existing ones.

Since the Strategy was launched in 2012, the Australian workforce has grown from 11.4 million employees to 11.9 million in 2016<sup>4</sup>. Average annual growth over the period was softer (1.1 per cent per annum) compared to over the five years to 2012 (1.7 per cent per annum). The Department of Employment projects that growth in the workforce will be stronger over the five years to 2020, averaging 1.6 per cent per annum.



**Figure 1** Employment level, actual and projected, November 1999 to November 2020, Australia

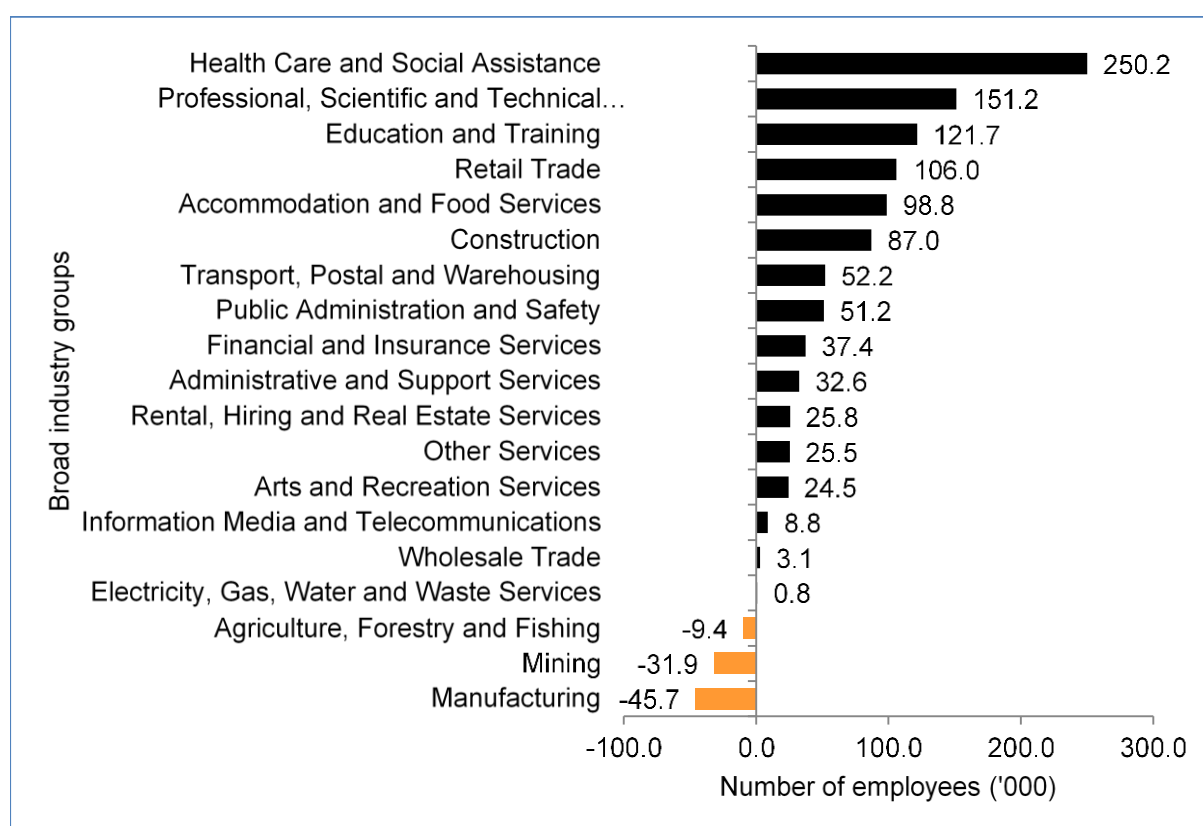
**Source:** Department of Employment (2016), *Employment Outlook to November 2020*, page 2.

<sup>3</sup> Hajkowicz, SA et al (2016), *Tomorrow's Digitally Enabled Workforce: Megatrends and Scenarios for jobs and employment in Australia over the next twenty years*, page 7.

<sup>4</sup> Department of Employment (2016), *Employment levels and change with projections by industry sector*.

The distribution of employment growth over the past five years varies across industries and occupations. Between 2012 and 2016, Health Care and Social Assistance (up 14.2 per cent), Construction (up 11.5 per cent) and Professional, Scientific and Technical Services (up 11.5 per cent) accounted for two-thirds of employment growth. By contrast, employment in Mining fell by 21.6 per cent, largely reversing the strong employment growth prior to 2012. Manufacturing employment fell by 6.1 per cent, continuing its long-term contraction<sup>5</sup>.

Looking ahead, the Department of Employment projects employment in 16 of the 19 broad industry groups will grow over the five years to 2020<sup>6</sup>. Contraction is projected in Manufacturing (down 5.3 per cent), Mining (down 14.1 per cent), and Agriculture, Forestry and Fishing (down 3.1 per cent). Health Care and Social Assistance is projected to grow the most (up 16.4 per cent), accounting for a quarter of the overall projected growth. This growth is considered to be underpinned by Australia's ageing population and increasing demand for childcare and home based care services, as well as being stimulated by the implementation of the National Disability Insurance Scheme.<sup>7</sup> Professional, Scientific and Technical Services had the second largest contribution (up 14.8 per cent), reflecting ongoing strength in demand for business services, strong housing construction activity and infrastructure investment.<sup>8</sup>



**Figure 2** Projected employment growth by industry—five years to November 2020

**Source:** Department of Employment (2016), *Employment Outlook to November 2020*, page 3.

<sup>5</sup> Department of Employment (2016), *Employment levels and change with projections by industry sector*.

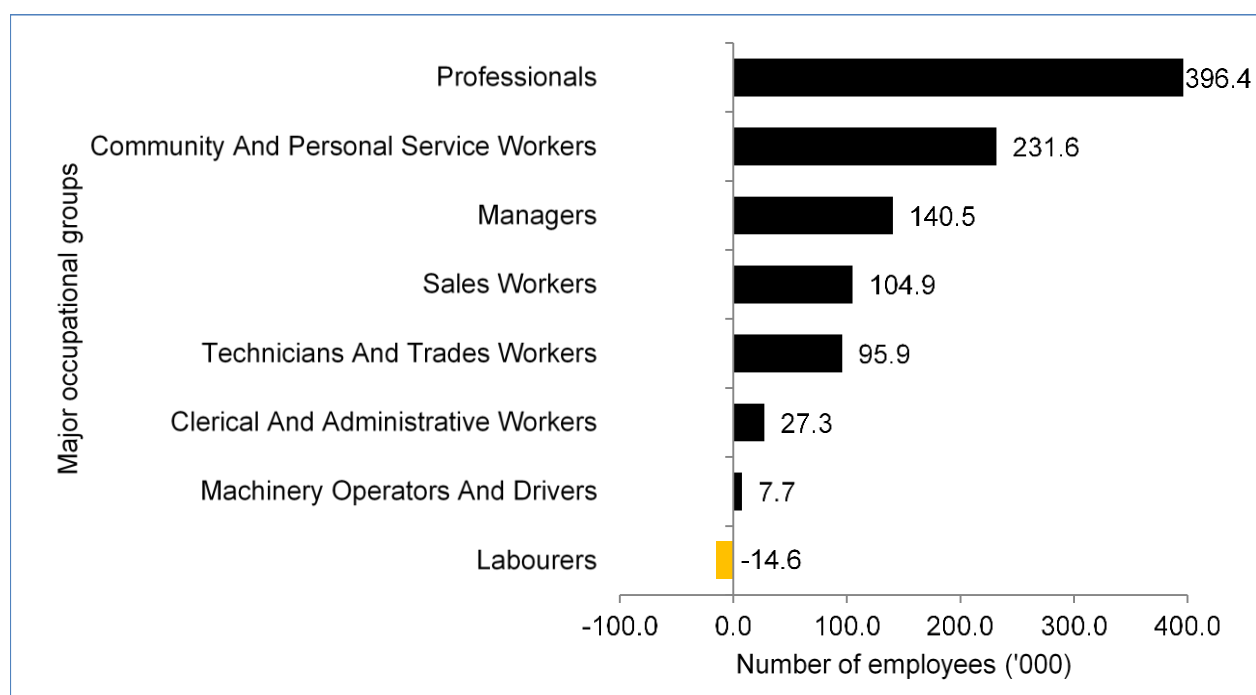
<sup>6</sup> Department of Employment (2016), *Employment levels and change with projections by industry sector*.

<sup>7</sup> Department of Employment (2016), *Employment Outlook to November 2020*, page 3.

<sup>8</sup> Department of Employment (2016), *Employment Outlook to November 2020*, page 3.

For industries like Health Care and Social Assistance, the expected growth in employment over the remaining life of the Strategy will create a challenge to sustain or improve reductions in incidence rates. For industries like Manufacturing, the decreasing number of workers will mean that the number of fatalities and serious injuries will need to continue to decrease at a greater rate in order to maintain the rate of improvement in the incidence rate of fatalities and serious injuries.

According to the Australian Bureau of Statistics' Labour Force Survey, there has been little change in the eight major occupational groups since 2012<sup>9</sup>. There has been a slight growth in Professionals and Community and Personal Service Workers (1.7 per cent and 0.8 per cent respectively). This is consistent with longer term trends in these two occupations, which are both projected to continue to grow over the five years to 2020 (14.5 per cent and 19.0 per cent respectively).<sup>10</sup> Labourers are the only major occupational group projected to reduce in size over the five years to 2020 (down 1.3 per cent), which is also consistent with longer term trends.



**Figure 3** Projected employment growth to November 2020, by major occupational group

**Source:** Department of Employment (2016), *Employment Outlook to November 2020*, page 6.

These changes may have a mixed effect on WHS outcomes and priorities. In 2014–15, Community and Personal Service workers had the second highest frequency rate of serious claims of injuries or disease (12.2 per million hours worked).<sup>11</sup> With strong employment growth projected in this occupation, continued effort will be required to sustain improvements in injury rates. In the same period, Labourers had the highest frequency rate of serious claims of injuries or disease (17.8 per million hours worked). The projected decline in the number of Labourers could see a reduction in the number of serious claims. Professionals have among the lowest frequency rate of serious claims (2.5 per million hours worked), so the significant growth in the occupation is not expected to substantially increase the number of serious claims.

<sup>9</sup> Australian Bureau of Statistics, 6291.0.55.003 - *Labour Force, Australia, Detailed, Quarterly*, Feb 2017.

<sup>10</sup> Department of Employment (2016), *Employment levels and change with projections by industry sector*.

<sup>11</sup> Safe Work Australia (2017), *Australian Workers' Compensation Statistics 2013–14*, page 12.

Compared with 2012, overall the workforce is now older. The number of employees aged under 55 years has increased by 5.3 per cent, while the number aged over 55 years has grown three times faster (up 17.0 per cent).<sup>12</sup> This trend is worth noting because worker fatality rates generally increase with age, from 0.8 fatalities per 100 000 workers in those aged under 25 years to 8.3 in workers aged 65 years and over.<sup>13</sup> Workers aged 50 years and over also have a higher frequency rate of serious claims (7.1 per million hours worked) than younger workers (5.5 per million hours worked).<sup>14</sup>

#### **Finding 4**

The employment and industrial landscape has changed since 2012, however, the direction and extent of change witnessed across many industry sectors and in employment trends were largely evident at the time the Strategy was developed. The Strategy is sufficiently robust to accommodate these ongoing trends over the remaining five years.

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<sup>12</sup> Australian Bureau of Statistics, 6291.0.55.003 - *Labour Force, Australia, Detailed, Quarterly*, Feb 2017.

<sup>13</sup> Safe Work Australia (2016), *Work-related Traumatic Injury Fatalities 2015*, page 7.

<sup>14</sup> Safe Work Australia (2017), *Australian Workers' Compensation Statistics 2014–15*, page 22.

## Continued relevance of the action areas

The action areas in the Strategy categorise where interventions can be directed. There remains broad support for the Strategy's action areas.

### The action areas

The Strategy identifies seven action areas:

- healthy and safe by design
- supply chains and networks
- health and safety capabilities
- leadership and culture
- research and evaluation
- government, and
- responsive and effective regulatory framework.

### Appropriateness of action areas

Stakeholders support the identification of action areas and consider the Strategy's action areas align with their organisation's activities.

The comment was made that the action areas represent a nationally agreed consensus on where WHS attention should be prioritised, particularly for regulators. The breadth of the action areas is seen as helping regulators focus strategically, rather than narrow in on enforcement. Having multiple action areas was viewed as helping to ensure campaigns are designed to influence the breadth of factors that impact on managing workplace risks. Several stakeholders commented that they have found the Strategy's action areas provide a valuable justification as to why a course of action should be taken.

While there is support for all of the action areas, stakeholders most frequently cited Healthy and safe by design, Supply chains and networks and Leadership and culture as being especially valuable in shaping their activities.

## Case study

### Principles of Good Work Design

Comcare and Workplace Health and Safety Queensland led work in 2013–14 to develop the *Principles of Good Work Design: A work health and safety handbook* on behalf of Safe Work Australia Members. Developed collaboratively across jurisdictions, the handbook met an identified gap in existing resource materials under the Australian Strategy's action area of healthy and safe by design.

The handbook outlines 10 principles for good work design and explains how they can be successfully applied to any workplace, business or industry. It describes how design can be used to set up the workplace, working environment and work tasks to protect the health and safety of workers, taking into account their range of abilities and vulnerabilities.

The target audience for the handbook are those with a role in designing work and work processes, including: persons conducting a business or undertaking (PCBUs); people responsible for designing organisational structures, staffing rosters and systems of work; and professionals who provide expert advice to organisations on WHS matters.

Regulators have been very positive about the handbook and the collaborative process through which it was developed. One commented that it provides a framework for an integrated holistic risk management approach that addresses the work, the worker and the environment.

### Finding 5

There is support for the existing action areas to remain unchanged.

## Continued relevance of the priority industries

To help focus efforts on the areas of highest need the Strategy identifies national priority industries. The review found a high level of support for the national priority industries.

### The priority industries

The Strategy identifies seven priority industry groups:

- Agriculture
- Road transport
- Manufacturing
- Construction
- Accommodation and food services
- Public administration and safety, and
- Health care and social assistance.

The agriculture and road freight transport industries were identified as two areas for additional focus over the first five years of the Strategy in recognition of the high number of fatalities in each.

### Appropriateness of priority industries

The priority industries listed in the Strategy are supported by all stakeholders consulted, particularly Safe Work Australia Members, as they continue to reflect areas that require national focus. The data also support this. In 2014–15, the seven priority industries accounted for 45 per cent of all employees but 60 per cent of all serious injury claims and 66 per cent of all work-related fatalities.

Over the last five years, WHS regulators have tailored their activities to the priority industries that are relevant to them. In the larger jurisdictions, where industry make-up is typically diverse, regulators have tended to focus on many of the Strategy's priority industries. Four of the six priority industries in the New South Wales *Work Health and Safety Roadmap 2022* align with the Strategy. Queensland's *Priority Industries Strategy 2016–2022* is closely aligned with the Strategy, while Victoria is undertaking activities in agriculture, manufacturing and construction. In comparison, in the Australian Capital Territory, the focus has been on construction as many of the other priority industries are under-represented.

## **Case study**

### **Small jurisdictions improving safety in agriculture**

#### **Tasmania**

The Safe Farming Tasmania program aims to reduce farm-work related death, injury and disease and improve the health and safety of workers in the farming industry by:

- raising awareness of farm safety issues, including packing and processing, and
- working with industry stakeholders to provide training and education on farm safety issues.

The program is a joint initiative of WorkSafe Tasmania and the Department of Primary Industries, Parks, Water and the Environment. It is supported by a reference group of key industry stakeholders including: Primary Employers Tasmania; Fruit Growers Tasmania; DairyTas; Wine Tasmania; Tasmanian Farmers and Graziers Association; and the Tasmanian Agricultural Productivity Group, among others.

The program offers farmers practical tools and assistance, including free farm visits to identify safety issues, a facilitated discussion or information session with farm workers on safety topics specific to a particular farm and practical resources such as hazard checklists, safe work procedures and safety awareness videos.

#### **Northern Territory**

Beef cattle farming has had some of the highest rates of workplace incidents in the territory over recent years, leading NT WorkSafe to make the industry the focus of its agricultural campaign.

To support business, NT WorkSafe has been visiting beef cattle farms across the Territory to explain WHS laws and the important role of NT WorkSafe, help farmers identify areas that need improvement and provide practical advice and follow-up support.

Initially the NT Cattlemen's Association raised some concerns about the regulator visiting properties. NT WorkSafe worked with the industry body to make sure people were clear about the campaign purpose and what they would get out of it. This was an important part of the NT message—that they were there to provide practical advice to businesses on how they could meet their legal obligations.

The visits have helped build more positive relationships between farmers and NT WorkSafe. Among the stations that NT WorkSafe visited, many already had good risk management systems in place and were keen to hear about practical controls that other farmers use. Station managers and owners welcomed the opportunity to speak face-to-face with someone about their WHS issues.



## Case study

### ACT – a focus on construction

In 2012 the ACT construction industry experienced three workplace fatalities and a number of other serious safety incidents. At this time, the ACT's serious injury rate for the construction industry was 31 per cent higher than the national average<sup>15</sup>.

In response, the ACT Government established an inquiry into compliance with and application of WHS laws in the ACT's construction industry. The resulting *Getting Home Safely Report* contained 28 recommendations, including calls for the ACT Government to endorse the targets and priority action areas identified in the Strategy and work with relevant industry sectors to achieve the Strategy's goals.

The ACT Government accepted all of the recommendations where it had direct control. The changes introduced following the inquiry include an increase in the number of WHS inspectors and targeted compliance, awareness, training, and stakeholder engagement activities focusing on construction risks. Government procurement processes now require contractors to demonstrate a commitment and capacity to meet their WHS obligations. Peak industry bodies have been working closely and cooperatively with government to address the areas of concern highlighted by the inquiry.

As a result of coordinated effort, lost time injuries in the ACT construction industry reduced by 34 per cent in the two injury reporting years since the initiative began.

While the Strategy does not include specific targets for the priority industries, the latest data show since the base period, the incidence rates of serious injuries and fatalities have reduced in nearly all of the priority industries. However, the priority industries continue to have higher rates of fatalities and serious injuries than the overall national average<sup>16</sup>. Stakeholders commented that more needs to be done in the priority industries to build on progress made to date and to drive real improvements.

## Case study

### Queensland – improving safety in the road freight transport sector

In response to the Strategy's focus on the road freight industry, Queensland developed the *Road freight industry action plan 2014–2017*. The plan identifies the main cause of injuries, the trend in injury rates and the financial cost of injuries. The plan adopts the action areas from the Strategy and articulates a broad range of commitments against action areas.

Through the development and implementation of the plan, strong relationships have been made with industry. Collaboration has helped to develop, pilot and implement interventions focused on high-risk activities and injury mechanisms (safe loading and unloading, falls from trucks, coupling and decoupling, safely immobilising vehicles).

<sup>15</sup> Briggs, L and McCabe, M, (2012), *Getting Home Safely Report*, page 6.

<sup>16</sup> Between the base period and 2014–15, the reduction in the incidence rates of serious injuries and traumatic injury fatalities across all industries (down 22 per cent and 34 per cent respectively) was slightly better than for priority industries as a group (down 20 per cent and 32 per cent respectively).

## Key focus for the next five years

Some stakeholders suggest the number of priority industries could be reduced, in part to help focus and coordinate efforts. Other stakeholders valued the flexibility that the current list of priority industries provided, particularly in areas of Australia that do not have all priority industries. It was also noted that while it is important to prioritise industries with high numbers and rates of fatalities, the Strategy should also continue to prioritise industries with high numbers and rates of injuries, such as Accommodation and food services, Public administration and safety, and Health care and social assistance.

There was support for maintaining a heightened focus on reducing fatalities in agriculture and road freight transport for the final five years of the Strategy. There was also some support for including construction.

Stakeholders consider the elevation of agriculture and road freight transport has enabled some gains to be made, while acknowledging that there is more work to do. The data show that since the base period, all priority industries recorded a decrease in the incidence rate of serious injuries (per 1000 employees), including agriculture (down 11 per cent) and road freight transport (down 33 per cent). The traumatic injury fatality rate (per 100 000 workers) in agriculture increased slightly (up 2 per cent). The number of worker fatalities in the industry reduced over this time (down 9 per cent), however the industry workforce contracted faster (down 11 per cent), pushing up the fatality rate. All other priority industries recorded a reduction in fatality rates, including road freight transport (down 37 per cent).

The specific focus on road freight transport was questioned by one Safe Work Australia Member on the grounds it may detract from other areas of the transport sector that could also benefit from national attention. Nevertheless, the majority of stakeholders considered maintaining the national focus on road freight transport was appropriate given it accounted for 95 per cent of the worker fatalities in the road transport industry across 2013–15.

Overall, identifying seven priority industries in the Strategy provides stakeholders with flexibility to respond to local circumstances. There is strong stakeholder support to retain them in the Strategy. Data on fatalities and incidence rates in these industries also support their continued inclusion.

There are mixed views on the value of calling out subsectors for particular focus over the final five years of the Strategy. Agriculture and road freight transport continue to experience some of the highest fatality rates across all industries. The addition of construction to this list as supported by some stakeholders, would effectively divide the priority industry list in two: 'regular priorities' and 'particular priorities'. This distinction could undermine the scope for improvements in the 'regular priorities' and may prove counterproductive.

Stakeholders also commented that greater improvements need to be made across all priority industries, not just those called out for particular focus. Rather than calling out subsectors to focus efforts on over the final five years, there could be merit turning greater attention to investigating the drivers of workplace fatalities, injuries and illnesses across all priority industries. Given the breadth of the industries, this approach would inform the design and targeting of interventions.

## **Finding 6**

There is support for the existing priority industries to remain unchanged. In listing seven priority industries, the Strategy provides the flexibility for influencers to focus their efforts on those areas of highest local need and relevance.

The value of identifying particular subsectors for particular focus over the final five years of the Strategy is limited. There is broad recognition that more needs to be done to drive greater improvements across the priority industries over the next five years. Deeper analysis of the causes and controls of injuries could support the design and targeting of effective interventions to be implemented during the remainder of the Strategy.

## Continued relevance of the priority disorders

The Strategy identifies national priority disorders for concentrated effort. Stakeholders remain supportive of the disorders identified in the Strategy, though suggest some changes in terminology.

### The priority disorders

The Strategy identifies six disorders as national priorities for the first five years:

- musculoskeletal disorders (MSDs)
- mental disorders
- cancers (including skin cancer)
- asthma
- contact dermatitis, and
- noise-induced hearing loss.

These disorders were chosen based on the severity of consequences, the numbers of people estimated to be affected and the existence of known prevention options.

### Appropriateness of priority disorders

The existing set of priority disorders is supported by the majority of stakeholders consulted. There was general agreement they are important to focus national effort.

MSDs remain the most commonly compensated work-related conditions, making up 90.0 per cent of the total number of serious claims in 2014–15. Musculoskeletal disorders continue to be a priority for all stakeholders.

After MSDs, mental disorders are the second highest compensated work-related condition and have the highest compensation paid with a median payout of \$25 800, nearly three times higher than musculoskeletal disorder claims with a median of \$9300. A number of stakeholders also suspected that the workers' compensation claim data underestimate the number and impact of work-related mental disorders for reasons such as the stigma of mental health concerns leading to underreporting.

Identifying mental disorders as a national priority was particularly welcomed by many of those consulted—though the use of 'disorder' in this case was criticised by some ('mental health conditions' was nominated by beyondblue as preferable terminology).

## Case study

### South Australia – focusing on mental health in the workplace

SafeWork SA's *Mental health in the workplace* project was a partnership with beyondblue and the Edwardstown Region Business Association, a local small business association, to engage South Australian businesses to learn about simple, practical actions to promote a mentally healthy workplace.

The initiative provides support tools that enable workplaces to foster positive psychological health by creating a mentally healthy workplace.

One element of the project is the *Mental health in the workplace toolbox* training package. This is a free resource to assist workplaces in ongoing engagement with workers about mental health. The package includes a 90-minute training session which is delivered to managers by a nominated professional or educator. After the session, managers are equipped to deliver toolbox talks and better support workers who may be experiencing or are at risk of mental health conditions. Materials such as brochures and posters are included for display in a workplace.

Industry representatives indicated the inclusion of mental disorders to be especially important. Several commented that being able to point to mental health in the workplace being a national priority in the Strategy had helped them garner management support for taking forward initiatives in their workplaces.

The degree to which WHS regulators focus their activities towards the Strategy's priority disorders varies. In New South Wales and Queensland, there is a strong focus on the priority disorders. Queensland has developed the *Priority Disorders Strategy 2016–2022* and action plans reflecting the Strategy disorders. New South Wales has developed the *Focus on Workplace Health* program which focuses on six of the seven Strategy priorities (leaving out contact dermatitis). Other jurisdictions have focused on some, but not all of the identified disorders. While this flexibility was valued, several regulators thought that greater coordination between jurisdictions on initiatives to tackle priority disorders could help leverage efforts and increase overall impact.

## **Queensland: Priority Disorders Strategy 2016–2022**

The *Queensland Priority Disorders Strategy 2016–2022* (Priority disorders strategy), developed by the Office of Industrial Relations, aligns with the Strategy but adds chronic disease to align with Queensland's focus on promoting worker health and wellbeing.

The Priority disorders strategy aims to coordinate activities and drive improvement in WHS outcomes for priority disorders. Interventions have been implemented focussing on the management of mental health injury risks in the manufacturing and transport sectors. In the construction sector, funding for Mates in Construction has been provided to expand services that aim to reduce suicide rates of construction workers and expand the initiative to regional Queensland and into smaller businesses. In collaboration with the Australian Institute for Suicide Research and Prevention at Griffith University, the impact of expanding the service will be evaluated.

Seven priority disorder action plans sit under the Priority disorders strategy. They also align with the Australian Strategy and focus on: asbestos-related disease; ultraviolet radiation and heat-related injuries; noise induced hearing loss; chemical, dust and infectious related injuries; musculoskeletal injuries; mental health disorders; and chronic disease.

The principles underpinning the Queensland action plans are closely related to the action areas in the Strategy.

A couple of stakeholders questioned the focus on asthma rather than respiratory disorders more generally as well as the inclusion of contact dermatitis. However, other stakeholders commented that both asthma and contact dermatitis remain significant and under-reported problems and that more needs to be done to reduce workplace sensitisers and irritants.

A few stakeholders suggested including chronic disease as a priority disorder. They believed there is a relationship between chronic disease and injury rates and that employers are already facing additional costs associated with their employees having chronic health conditions, typically through the workers' compensation system. Other stakeholders considered this a contentious approach and thought it would be difficult to convince employers to improve the chronic health issues of their workers, even if there might be benefits for them in doing so.

One stakeholder suggested expanding on the discussion of priority disorders to identify the key hazards that contribute to each priority disorder. For example, despite considerable regulatory efforts, asbestos remains one of the leading causes of occupational cancers in Australia and yet it is not mentioned in the Strategy. A reference to asbestos in the Strategy could help to focus attention on asbestos risks and ensure continued effort to reduce exposures to asbestos.

Overall, the majority of stakeholders strongly supported not changing the existing priority disorders. However, there was broad recognition that more could be done to address the priority disorders during the remaining five years of the Strategy. MSDs were widely regarded as an area where more effort is needed, including targeting the specific causes of MSDs at an industry—rather than economy-wide—level. In this regard, as with the priority industries, there could be merit in investigating more deeply the causes, treatment and implications of all the priority disorders to inform the design and targeting of effective interventions able to be implemented during the remaining period of the Strategy.

## **Finding 7**

There is support for the existing six priority disorders to remain unchanged. There is some support to update the language and terminology of the priority disorders list to read:

- a. musculoskeletal disorders (MSDs)
- b. mental health conditions
- c. cancers (including skin cancer and asbestos-related cancers)
- d. asthma
- e. contact dermatitis, and
- f. noise-induced hearing loss.

There is broad recognition that more needs to be done to drive greater improvements across the priority disorders over the next five years. Undertaking deeper analysis of the causes, treatment and implications of the priority disorders, including MSDs, could inform the design and targeting of effective interventions to be implemented during the remainder of the Strategy.

## Gaps and emerging issues

Stakeholders have varying views about the existence of gaps in the Strategy and differing perspectives on emerging trends in the labour market that have the potential to impact on workers' safety.

In relation to gaps, stakeholders discussed both gaps in implementation (i.e. where greater efforts could be invested in priority areas already identified in the Strategy) and gaps in coverage (that is, additional areas that could be added to the Strategy). While there is scope to address some gaps through the mid-term review, the more significant additions are likely to be better considered in the development of the next 10-year strategy. On the question of how to respond to emerging issues, stakeholders do not consider substantial amendments to the Strategy are required at this point in time.

### Areas for greater attention

Stakeholders identified a range of areas where greater efforts could be invested to support the existing priority areas in the Strategy. Mental health was mentioned by many as an area, which although already identified in the Strategy as a national priority, requires much greater focus. Additional suggestions were for greater action on MSDs and more effort invested into preventing slips, trips and falls at level. The suggestion was also made that to address a current implementation gap, greater support should be given to employers and industry to manage workers affected by drugs and alcohol, particularly methylamphetamine (ice).

Business and employer representatives expressed a broader perspective, calling for a greater understanding of how workplace actors think and learn about safety and investment in building the business case for leveraging safety to drive business improvement and build stronger organisational development culture.

On the health and safety capability action area, stakeholders emphasised the importance of widely accessible and high quality general WHS education being readily available for all workers. Some raised the quality, consistency and cost of vocational education as significant issues. Several stakeholders also called for improved oversight of training providers. Some felt that the quality of competency training (for instance for high risk work licensing or construction induction) is inconsistent, and at times low, making it more difficult for employers to assess the competency of workers engaged to operate plant and machinery.

### Opportunities for strengthening the current Strategy

Consultations identified two areas which could be incorporated into the Strategy now, or considered for inclusion in the next 10-year strategy: greater focus on vulnerable workers, and the emergence of occupational violence as a safety hazard.

#### Vulnerable workers

Several stakeholders suggested the Strategy could be enhanced through the addition of an explicit focus on vulnerable workers. However others considered that explicitly calling out vulnerable workers in the Strategy is not necessary given the Strategy covers all workers, not certain groups.

Vulnerable workers are typically considered to be young workers, migrant workers, workers in insecure jobs and those employed by labour hire companies. These workers are considered vulnerable because they can lack experience, they may be fearful of raising safety concerns, and if injured they may not be aware of workers' compensation arrangements.



Defining what constitutes a ‘vulnerable worker’ is a sensitive issue. Feedback from stakeholders is that many groups are averse to the label. The suggestion was made that the Strategy could be amended to include a broad statement about vulnerable workers, without defining exactly who they are. This would also provide flexibility to respond to rapid changes in the workplace that affect which workers are vulnerable and allow jurisdictions to prioritise different groups.

Professor Tony LaMontagne from Deakin University has researched vulnerable workers. He suggested focusing on the vulnerabilities associated with certain work conditions rather than workers. He believes that while certain workers have worse working conditions (i.e. with greater exposure to hazards), educating these workers is only part of the solution—interventions are also needed to change their conditions of work.

## **Finding 8**

There is support for including vulnerable workers as an additional area for national focus over the remaining five years of the Strategy, or in the next 10-year strategy.

### **Occupational violence**

Occupational violence is an emerging issue which several stakeholders suggest needs to be covered explicitly by the Strategy. Emergency responders, health professionals and teachers are the professions usually identified as targets of occupational violence. Jurisdictions have also warned that ‘client violence’ is also increasingly being encountered by those in government service delivery roles.

There is a question, however, over how to appropriately reflect occupational violence in the Strategy. It does not readily fit under the current formulation of the Strategy as it is a hazard rather than a disorder. It does however have relevance to many of the Strategy’s action areas, priority industries and priority disorders.

Some stakeholders suggest that references to occupational violence could be added under the mental disorder priority. This is because in addition to any injuries resulting from an act of violence in the workplace, occupational violence is frequently linked to mental health issues. One Safe Work Australia Member suggested that occupational violence could be raised in the context of the Healthy and safe by design action area, which is perceived as critical in preventing occupational violence.

## **Finding 9**

There is support for including occupational violence as an additional area for national focus over the remaining five years of the Strategy, or in the next 10-year strategy.

## **Ideas to be considered in the development of the 2022–2032 Strategy**

Several of the stakeholders interviewed noted the absence of a focus on employee health and wellbeing in the Strategy and advocated its inclusion in the next 10-year strategy. Employee health and wellbeing, while previously regarded as solely a public health issue, is increasingly being perceived as within the remit of employers. While increasing wellbeing was seen as a means to drive long-term improvements in physical and psychological injury outcomes, or to

address musculoskeletal disorders and fatigue, several stakeholders consider employee health and wellbeing as integral to workplace safety in its own right.

Dr Sharon Newnam, from the Institute for Safety Compensation and Recovery Research and the Monash Injury Research Institute, considers the lack of focus on health promotion to be a significant gap in the current Strategy. In her consultation, Dr Newnam noted the growing body of evidence linking good health promotion with productivity gains.

Professor Alex Collie, Monash University, expressed a similar opinion, claiming that while employee health and wellbeing may not be part of a black letter interpretation of an employer's obligation under WHS laws, they should be promoted as part of creating a safe workplace. During the consultations he noted that many large organisations in Australia, and internationally, are already leading the way in the health and wellbeing space. He notes there is a growing body of evidence indicating financial benefits for employers associated with integrating health, wellbeing and safety.

## **Case study**

### **New South Wales – Get Healthy at Work**

Get Healthy at Work is joint initiative between SafeWork NSW and NSW Health that aims to prevent lifestyle-related chronic disease in workers by changing their eating practices, weight, smoking habits and alcohol consumption.

The program provides businesses with free support, tools and resources to address workplace factors that contribute to poor health, promote better health in a workplace setting and support workers in achieving their personal health goals. There are two aspects to the program:

- Workplace Health Program, which has practical tools, templates and resources for businesses to develop simple action plans to address a priority health issue at their workplace.
- Brief Health Checks, a free and confidential service for workers, completed either online or by a health professional at the workplace. It provides immediate feedback about an individual's health and risk of developing type 2 diabetes and heart disease. It also provides advice on how to make changes for better health.

In 2014/15 under the program there were:

- 3500 completed health checks
- 250 work health programs delivered
- 17 service providers delivering the Get Healthy at Work service across NSW with increased promotion of face-to-face services, and
- 950 registered businesses, 12 000 worksites, and 630 000 employees participating.

While the word 'health' is frequently mentioned in the Strategy, according to Professor Collie, it is narrowly conceived and does not encompass broader wellbeing. Dr Newnam and Professor Collie suggest that the addition of a health and wellbeing focus would fit neatly under the Strategy's Leadership and culture action area. This action area highlights the important role of leaders in communities and organisations to drive and promote a positive culture for health and safety.

### **Finding 10**

There is support for a more explicit focus on worker health and wellbeing in the next 10-year strategy. This should reflect the role business leaders play in driving a positive culture for health and safety, while ensuring that health and wellbeing initiatives are not a substitute for compliance with work health and safety duties.

### **Adaptability of the Strategy to capture emerging labour market trends**

Stakeholders were in general agreement that changes in technology and the labour market have occurred since the Strategy was released in 2012 and will continue through to 2022. While acknowledging that emerging labour market trends will increasingly impact regulators, employers and workers over time, feedback from stakeholders did not indicate an urgent need to substantially amend the Strategy as part of the mid-cycle process review.

Digital disruption, the growth of the sharing or gig economy and the increasing globalisation of supply chains were the emerging issues identified as being especially relevant to contemporary WHS policy.

For example, the growth of the sharing economy has seen individuals engaging individuals to perform work, and more diffuse responsibilities between 'employer' and 'employee'. The prospect that anywhere can now effectively be a workplace has implications for regulatory reach while the potential for more isolated workers, more contract-type relationships, and more non-traditional hazards could have an impact on future safety outcomes. According to several stakeholders, while this creates challenges for education and enforcement, it does not require any immediate changes to be made to the priority areas in the Strategy.

Research commissioned by Safe Work Australia in 2017 on the future of work and implications on WHS covers these emerging labour market trends, and the findings may feed into elements of the next 10-year strategy. In addition, these emerging issues are expected to be considered as part of the 2018 review of the model WHS laws.

### **Finding 11**

There is support for considering the impact of emerging labour market trends on WHS regulation in the next 10-year strategy.

## Performance measurement

Progress against the national targets is currently measured using fatalities and workers' compensation claims data. Many stakeholders consider that there are limitations associated with using these data, particularly the workers' compensation data. For example, the incidence targets both represent lag indicators with a focus on injuries rather than illness.

Many of the concerns expressed extend beyond the Strategy—rather they are concerns with the data currently used to inform the development and implementation of WHS and workers' compensation policy and interventions more generally.

Stakeholder concerns and possible ways forward are outlined below. The value of developing lead indicators and performance indicators to monitor progress against all areas of the Strategy are also examined.

### Workers' compensation data

Several stakeholders spoke of the problems associated with relying solely upon workers' compensation claims data to measure progress against the serious injuries target and the MSD target and improvements in WHS more generally. These data are dependent on people reporting incidents and injuries and some stakeholders consider that they do not necessarily reflect what is happening in the workplace. Some groups, for instance those in casual work, are likely to be under-represented in the claims data. In response, some suggested using health system data or a range of performance variables, including rehabilitation, health costs and labour force size and composition. Some saw merit in developing innovative ways to measure what employers and industries do to reduce risk.

Several academics said that the workers' compensation data do not provide a good measure for all disorders and believe that some disorders may be more commonly experienced than the claims data imply. There are numerous injuries and illnesses that go unreported or uncovered by workers' compensation schemes (for example, where workers change occupations to resolve a health issue). They noted that changes in the coverage of workers' compensation schemes can create false reductions in incident and fatality rates as well as affecting the ability to make data comparisons over time.

Researchers noted multiple data sources need to be examined to understand the true impact of the priority disorders on the workforce. There are also lessons that can be learned from how other countries measure occupational diseases. It was suggested that performance evaluation could consider longer time periods, along the lines of cost of injury and illness reports that examine short term damage, medium term damage, short term disability, long term disability, partial and permanent disability.

### Performance indicators

The Strategy states that *a range of performance indicators will be developed to monitor progress against all areas of the Australian Strategy including the reduction of exposures to hazards and improvements in the control of hazards.*<sup>17</sup>

There are currently no nationally agreed performance indicators to measure progress against the Strategy. While there are high level targets, it is widely acknowledged that the development of such measures would be very difficult and unlikely to be achieved during the life of the Strategy. The Strategy could be updated to reflect this.

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<sup>17</sup>Safe Work Australia (2012), *Australian Work Health and Safety Strategy 2012–2022*, page 7.

The need for improved national WHS data was raised during consultations. Data on the incidence of work-related disease are not readily available and are usually in the form of estimates of how much a disease in a population may be caused by exposure to a hazard (which are not useful as a measure over time). In addition, measures of the incidence of many work-related diseases (such as respiratory diseases, cancer and many of the MSDs) are not a useful measure of improvements made during the life of the Strategy because of the long latency periods—extending well beyond the Strategy—of many diseases.

To overcome these constraints, WHS indicators often focus on activities to improve controls and reduce exposure to hazards on the assumption that this will reduce injury and disease in the future. However, collecting useful data on exposure to and control of hazards is difficult. Surveys are often relied upon, but they can be expensive to conduct and can have significant limitations.

Reaching agreement on new measures and data sources is broadly recognised as challenging. Some suggested that rather than attempting to measure all areas of the Strategy, one or two could be identified for concerted effort.

Several Safe Work Australia Members spoke of the time lag and resource investment needed to determine new measures. Many reflected on the internal struggle to achieve data consistency (with individual inspectors measuring and logging activities differently) and often internal data systems have limited interrogation capabilities.

The difficulties of achieving data consistency and comparability at a national level are magnified. The idea of developing a national dataset, drawing from a range of data sources was raised. Another suggestion was to support and guide jurisdictions to aid consistent performance reporting, including definitions of data collection, measurement and analysis.

Greater consideration needs to be given to determining what should be measured in order to drive behavioural change. Several stakeholders suggested that work should begin now to progress the development of new, broader measures in advance of the next national strategy.

## **Lead indicators**

Several Safe Work Australia Members discussed the desirability of having a set of nationally agreed lead indicators, in addition to lag indicators, included in future strategies. Lead indicators measure activities that prevent and control injury and can include things like risk reduction, safety training and safety audits. The Strategy currently only includes lag indicators—the national targets on fatality and injury rates. These are relatively easy to measure, but happen ‘after the event’. The benefit of lead indicators is that they improve understanding of the factors that contribute to workplace injury and illness and in doing so inform prevention strategies.

There was general consensus among Safe Work Australia Members that short term solutions to improve the measurement of national targets are not readily available and reaching agreement on a set of lead indicators, particularly those suitable to be national targets, would be difficult to achieve. Safe Work Australia Members suggested work could commence into lead indicators now with the goal of having them agreed for inclusion in the next 10-year strategy.

The researchers consulted also support the development of lead indicators. Several suggested the development of lead indicators begin now so that they can be piloted over the next five years and be ready for the next 10-year strategy. Consistency in data collection and coding across jurisdictions was also seen as important.

## **Finding 12**

There is support to update the Strategy to reflect the challenge of requiring performance indicators for all areas of the Strategy.

Separate to the Strategy, there is support for improving the measurement of WHS outcomes more broadly. Reaching national agreement on new data sources, measurement tools and reporting mechanisms would be lengthy and resource intensive.

Opportunities to undertake more sophisticated analyses of existing fatality and workers' compensation claims data may deepen understanding of workplace fatalities, injuries and illnesses.

## Workers' compensation

The primary focus of the Strategy is on workplace injury and illness prevention. The review explored stakeholder views on whether it would be useful for the Strategy to be broadened to include some priorities on work-related early intervention and rehabilitation and return to work following injury.

Most businesses do not perceive a demarcation between prevention and rehabilitation and return to work following injury. Several stakeholders commented that in businesses with good WHS and workers' compensation practices, early signs such as discomfort or pain of workers are dealt with immediately to prevent injury or further injury by both treating the individual and addressing the cause in the workplace. If a worker is injured, these businesses support and assist the worker to recover and return to work. Injuries are also used as intelligence to improve safety performance.

There is growing recognition of the health benefits of good, meaningful work and that there are benefits for returning to safe work as part of the recovery process. Workers' compensation insurers and rehabilitation specialists play a key role in supporting workers and employers and stakeholders see them as potentially making a valuable contribution towards the vision of the Strategy.

Results from Safe Work Australia's Return to Work survey show that return to work outcomes, as measured by the current return to work rate (the proportion of workers back at work 7–9 months post claim), have shown little improvement over nearly two decades<sup>18</sup>. Including a target to improve the current return to work rate may focus attention on improving performance in this area.

In this context it is also worth noting that the *Safe Work Australia Act 2008* was recently amended to enable Safe Work Australia to develop proposals to improve workers' compensation arrangements and to promote national consistency in such arrangements.

### Stakeholder feedback

Stakeholder views on the inclusion of workers' compensation and return to work priorities in the Strategy were mixed. There is little support for incorporating them in the Strategy at this mid-way point.

### Support for including return to work

While all WHS regulators and practitioners want to prevent illness and injury, despite their best efforts illnesses and injuries will occur. In recognition of this, some Safe Work Australia Members believe that the Strategy should extend beyond the prevention of priority disorders to the management of disorders where they do occur, with an emphasis on reducing their severity and minimising their impact.

One stakeholder suggested that there would be value in having a series of national priorities for workers' compensation and return to work, focused on: early and durable recovery and return to work; capability of key stakeholders to understand and perform their role in the workplace rehabilitation process; the health benefits of work; a national approach to the implementation of certificates of capacity; and consistent approaches to developing performance measures and targets. Another suggestion was to focus on the proportion of serious injury claims (i.e. five or more days incapacitated) that remain in receipt of weekly benefits for 10 to 13 weeks with a target reduction of around 30 per cent to be consistent with the other prevention targets.

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<sup>18</sup> Safe Work Australia (2017), *Return to Work Survey: 2016 Summary Research Report (Australia and New Zealand)*, page 19.

Where there was some support for broadening the Strategy, stakeholders wanted to know more about what form any return to work priorities would take before making a final decision. Some stakeholders suggested that particular workers' compensation priorities could be referenced in the Strategy with more detail provided in an appendix or addendum to the main document. Alternatively, it could take the form of increased national data collection and analysis to help establish where return to work strategies could be focused.

The main argument against including return to work priorities in the Strategy is that doing so may comprise the primary focus on the prevention of workplace injuries or illness. The general feedback from stakeholders was that incorporating return to work meaningfully into the Strategy would be particularly complex. The perception is that the rules and regulations focus in WHS may not translate for workers' compensation where premiums are also a factor for consideration.

In addition, development of priorities and indicators would require time to engage with the medical profession, the insurance industry and employers, ahead of setting any actions and targets for jurisdictions.

Overall, stakeholders suggested that any investigation of the merits of including elements of workers' compensation such as return to work in the Strategy should be undertaken as part of the development of the next 10-year strategy.

### **Finding 13**

There is limited support for considering how elements of workers' compensation (such as return to work) could be included in the next 10-year strategy. Any action in this area can be pursued through the development of separate proposals to improve workers' compensation arrangements.



## Implementation and data sharing

Stakeholders are calling for greater information about what actions are being undertaken to support the Strategy. In particular, people want to know about initiatives that are considered to be successful and what factors have led to their success. There is also interest in the less successful initiatives and identifying why they have fallen short.

### Annual progress reports

The existing annual progress report process is largely supported by stakeholders. It is perceived as a useful means of showcasing achievements against the Strategy and can act as a prompt for people to assess activities and, if necessary, refocus prevention efforts.

Several stakeholders said the current reports suffered from a lack of analysis or effective monitoring of progress. The general view was that further discussions about monitoring, evaluation and measuring performance could deliver enhancements to the annual progress report. Some also commented that the annual progress reports do little to provide public visibility of progress against the Strategy and can be difficult to find.

There is recognition that the annual progress report could be enhanced and have greater impact if jurisdictions coordinated which initiatives were to be showcased and provided information on outcomes of any related evaluations.

### Greater information sharing and collaboration

Many Safe Work Australia Members spoke of a desire for greater information sharing between the jurisdictions about activities being undertaken in line with the Strategy, beyond the annual progress report. The smaller jurisdictions are particularly keen to hear what others are doing so that they can replicate successful initiatives. Similarly, another regulator expressed a strong interest in being able to tap into what WHS regulators are doing to improve safety outcomes in their sector, and beyond, so that they can leverage initiatives and replicate the factors central to success in their own projects.

In this context they suggested that references to evaluation in the Strategy be strengthened to emphasise the importance of assessing the effectiveness of interventions and identifying the factors that either add to or detract from their success.

Evaluation of initiatives was a theme raised in several consultations. Several stakeholders questioned whether initiatives are being evaluated and there was a call for Safe Work Australia to assume a more prominent role in fostering evaluation, for instance through developing an overarching evaluation framework or strategy and through offering advice to jurisdictions.

A desire for greater coordination of initiatives was also expressed by several Safe Work Australia Members.

In terms of mechanisms to improve communication and coordination, the addition of a standing item at Safe Work Australia Members' meetings was raised as a possibility. A further suggestion was for Safe Work Australia to develop a five-year communications strategy to assist jurisdictions to align their activities with a national approach (to overcome what was perceived as a disconnect between national and state activities). It was suggested that Safe Work Australia's focus could provide an enabling framework for all to gain from synergies of a multijurisdictional approach.

In considering these suggestions, consistency with Safe Work Australia's legislative functions will need to be examined. The *Safe Work Australia Act 2008* specifies three relevant functions, under section 6:

- Evidence: to
  - a. collect, analyse and publish relevant data; and
  - b. undertake and publish research;to inform the development and evaluation of WHS and workers' compensation policies and strategies;
- Education and communication to develop and implement national education and communication strategies and initiatives:
  - a. to support improvements in WHS outcomes and workers' compensation arrangements; and
  - b. to promote national consistency in such strategies and initiatives; and
- Collaboration: to collaborate with the Commonwealth, the States and the Territories, and other national and international bodies, on WHS and workers' compensation policy matters of national importance.

In considering the establishment of any new reporting mechanisms it will also be important to find a balance between sharing useful information while not placing a significant administrative burden on respondents. Reporting requirements under the previous strategy were perceived as onerous and producing little information of value to others.

#### **Finding 14**

There is support for greater sharing of information about effective interventions between stakeholders and some support for greater cross-jurisdictional coordination of initiatives for the remaining five years of the Strategy.

## Appendix A – Terms of reference

1. *The Australian Work Health and Safety Strategy 2012–2022* (the Strategy) was launched on 31 October 2012, replacing the *National OHS Strategy 2002–2012*.
2. The Strategy states that it ‘will be reviewed in 2017 to ensure it continues to generate sustained improvements in work health and safety’.
3. The Strategy was developed following nearly two years of consultation with regulators, governments, unions, employer organisations, industry groups, safety organisations and the general public.
4. With its vision of ‘healthy, safe and productive working lives’, the Strategy was intended to be a high-level, forward looking document capable of being implemented by governments, unions, industry and other organisations across Australia.
5. The mid-term review of the Strategy (the review) will be undertaken by the Safe Work Australia Agency.
6. The review will examine and report on:
  - a. Whether the Strategy continues to be relevant to generate sustained improvements in work health and safety in Australia through to 2022, having regard to its specific components:
    - i. Purpose and Principles
    - ii. Vision
    - iii. 2022 outcomes
    - iv. Targets and performance indicators
    - v. Action areas
    - vi. Priority industries
    - vii. Priority disorders
    - viii. International collaboration
    - ix. Implementation
    - x. Reporting
  - b. The extent to which the Strategy has informed work health and safety planning, strategies, approaches and activities in Australia
  - c. Considerations of whether the Strategy should be broadened to capture workers’ compensation and return to work priorities, and
  - d. Areas in which greater priority could be given in the last five years of the Strategy to drive the achievement of the 2022 outcomes.
7. The review will draw on a range of evidence sources in the conduct of the review, including:
  - a. consultation with regulators, unions, industry and other organisations and individuals as appropriate
  - b. research undertaken by Safe Work Australia, Australian organisations and academic institutions, and
  - c. national workers’ compensation and fatality data held by Safe Work Australia.

8. The review will be finalised in the second half of 2017. Should the review recommend significant changes to the Strategy, the Strategy will be updated accordingly and a new version will be made available on the Safe Work Australia website and disseminated widely.

## **Appendix B – Stakeholders consulted in the mid-term review of the Australian strategy**

### **Safe Work Australia Members**

- Diane Smith-Gander (Safe Work Australia Chair)
- Australian Chamber of Commerce and Industry
- Australian Council of Trade Unions
- Ai Group
- Commonwealth Department of Employment
- NT WorkSafe
- SafeWork NSW
- SafeWork SA
- Workplace Health and Safety Queensland
- WorkSafe ACT
- WorkSafe Tasmania
- WorkSafe Victoria
- WorkSafe Western Australia

### **Academic**

- Professor Alex Collie, Director of the Insurance Work and Health Research Group, Faculty of Medicine Nursing and Health Sciences, Monash University
- Dr Carlo Caponecchia, Senior Lecturer, School of Aviation, University of New South Wales
- Professor Ken Takahashi, Director of the Asbestos Diseases Research Institute, University of Sydney
- Dr Kirsten Way, Senior Lecturer, Peter Faber Business School, Australian Catholic University
- Professor Robin Burgess-Limerick, Professorial Research Fellow, Minerals Industry Safety and Health Centre, Sustainable Minerals Institute, University of Queensland
- Dr Sharron O'Neill, Senior Lecturer, School of Business, University of New South Wales (Canberra)
- Professor Tony LaMontagne, Professor of Work Health and Well Being, School of Health and Social Development, Deakin University

### **Community based organisation**

- beyondblue
- National Road Safety Partnership Program

## **Educational institution**

- Australian OHS Education Accreditation Board
- Institute for Safety, Compensation and Recovery Research
- Monash Centre for Occupational and Environmental Health
- National Safety Council of Australia

## **Employer association**

- Air Conditioning and Mechanical Contractors Australia
- Australian Hotels Association
- Australian Logistics Council
- Australian Paint Manufacturers Federation
- Business Council of Australia
- Business South Australia
- Master Builders Australia
- National Electrical and Communications Association
- National Farmers' Federation
- NSW Taxi Council
- Victorian Automobile Chamber of Commerce

## **Individual**

- Adjunct Prof David Caple
- Professor Dennis Else
- Robin Stewart-Crompton

## **Professional body**

- Australian Hearing
- Institution of Chemical Engineers Safety Centre
- Safety Institute of Australia

## **Government**

- Australian Building and Construction Commission
- Comcare
- Office of the Federal Safety Commissioner
- National Transport Commission
- National Heavy Vehicle Regulator
- Office of the National Rail Safety Regulator
- ReturnToWorkSA

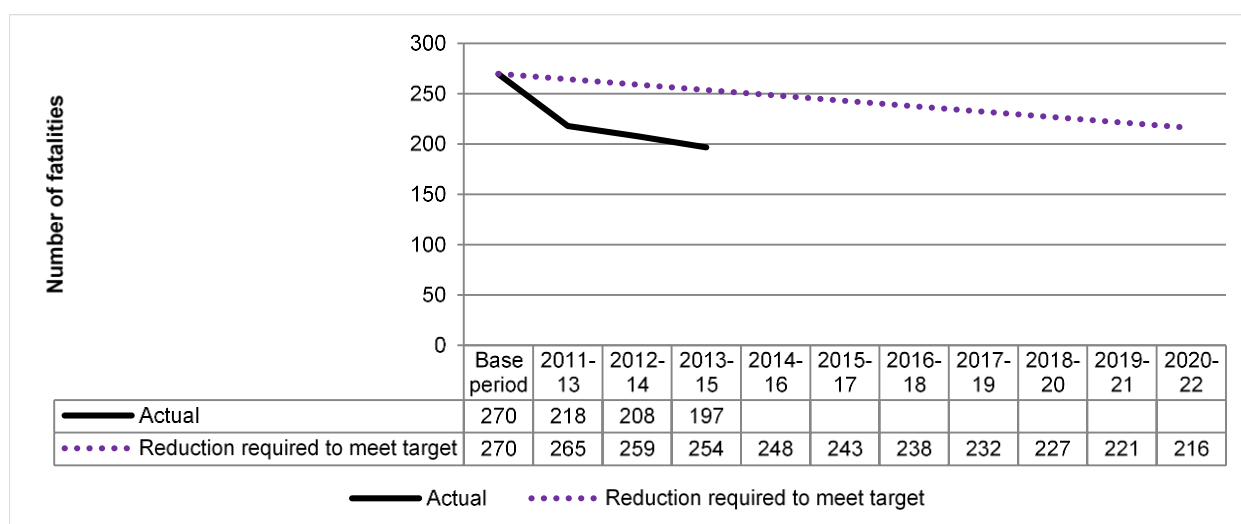
## Appendix C – Detailed progress on targets

The guide *Measuring progress towards targets: reducing the incidence of work-related death, injury and illness* explains how progress on the Strategy's targets are measured. Given the nature of the datasets and the time involved in processing workers' compensation claims, these data generally have a two to three-year lag.

### Fatality target

The annual number of work-related deaths due to injury is volatile, so a three-year rolling average is used to track progress each year. The base period for measurement is the average of the four years from 2007 to 2010.

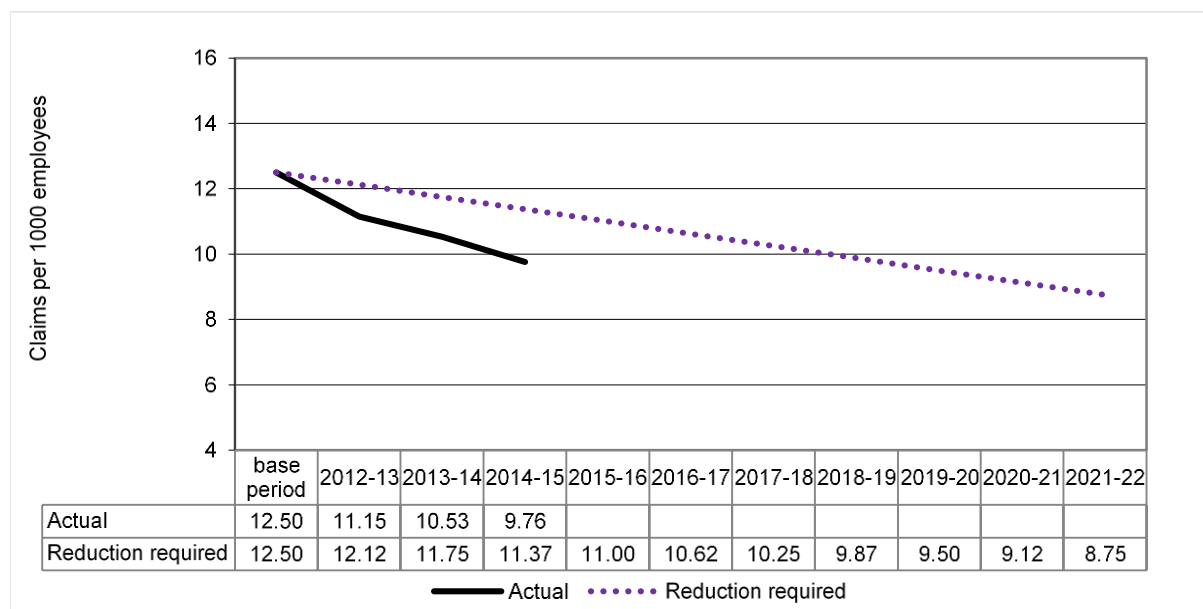
Figure 4 shows that there has been a 27 per cent decrease in the number of traumatic injury fatalities, from 270 fatalities in the base period to 197 in 2013–2015. This shows that the 2022 target of a 20 per cent reduction in work-related deaths has already exceeded the reduction required to meet the target.



**Figure 4** Number of traumatic injury fatalities, Australia, base period (2007 to 2010) to 2020–22

## Serious injury target

Figure 5 shows a 22 per cent decrease in the incidence rate of serious injuries between the base period and 2014–15. The current rate is 9.8 serious claims per 1000 employees down from 12.5. This decrease is more than twice that required to meet the target of a 30 per cent reduction by 2022.



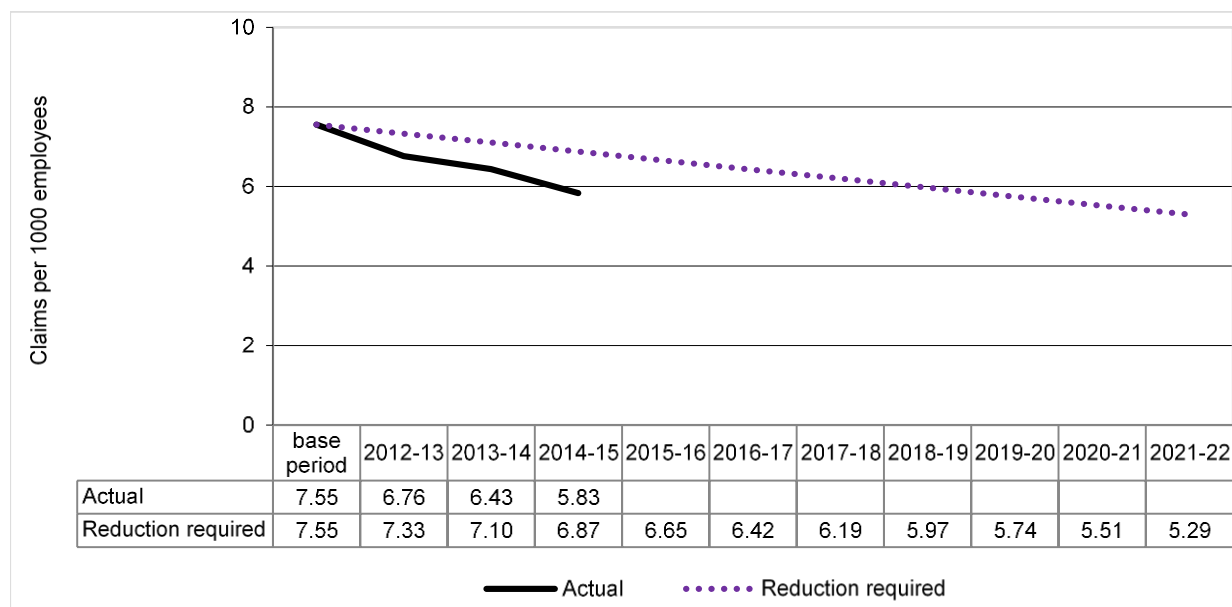
**Figure 5** Incidence rate of serious compensated claims, Australia, base period (2009–10 to 2011–12) to 2021–22

The serious injury target is measured by the incidence rate, which is the number of serious compensated claims resulting in one or more weeks off work, per 1000 employees. A three-year average is used as a baseline for the injury target (2009–10 to 2011–12) and the data are gathered on a financial year basis. The latest available data is for 2014–15, which covers only the first three years of the Strategy.



## Musculoskeletal disorders target

Figure 6 shows a 24 per cent decrease in the incidence rate of musculoskeletal claims between the base period and 2014–15. The current rate is 5.8 claims per 1000 employees, down from 7.6 claims. This decrease is close to three times the rate needed to meet the target of a 30 per cent reduction by 2022.



**Figure 6** Incidence rate of serious compensated musculoskeletal claims, Australia, base period (2009–10 to 2011–12) to 2021–22

Musculoskeletal claims include serious claims of musculoskeletal and connective tissue diseases plus serious claims of traumatic joint/ligament and muscle/tendon injury. The approach followed for the serious injury target is also applied to the musculoskeletal disorder target.