Needs Analysis of the Indigenous Worker/Employer Population in Relation to OHS&W and Injury Management in South Australia.

Sponsored by the

WorkCover Corporation

In conjunction with the

Aboriginal and Torres Strait Islander Access and Equity focus group

Study conducted by:

Nangkada Tjikarna Council Inc.

and

The Regency Institute of TAFE (SA).

December 1999
It’s not a ‘shame job’ to report a workplace injury
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>4</td>
</tr>
<tr>
<td>Background</td>
<td>5</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>6</td>
</tr>
<tr>
<td>1. Overview of the project</td>
<td>7</td>
</tr>
<tr>
<td>1.1 Methodology</td>
<td>7</td>
</tr>
<tr>
<td>1.2 Needs raised by the Communities</td>
<td>8</td>
</tr>
<tr>
<td>1.3 Summary of Recommendations</td>
<td>9</td>
</tr>
<tr>
<td>2. Cultural Awareness</td>
<td>11</td>
</tr>
<tr>
<td>Introduction</td>
<td>11</td>
</tr>
<tr>
<td>Terminology</td>
<td>11</td>
</tr>
<tr>
<td>Underlying issues</td>
<td>12</td>
</tr>
<tr>
<td>Protocol</td>
<td>12</td>
</tr>
<tr>
<td>3. Findings and Recommendations</td>
<td>14</td>
</tr>
<tr>
<td>3.1 Recommendation 1</td>
<td>14</td>
</tr>
<tr>
<td>3.2 Recommendation 2</td>
<td>14</td>
</tr>
<tr>
<td>3.3 Recommendation 3</td>
<td>15</td>
</tr>
<tr>
<td>3.4 Recommendation 4</td>
<td>16</td>
</tr>
<tr>
<td>3.5 Recommendation 5</td>
<td>16</td>
</tr>
<tr>
<td>3.6 Recommendation 6</td>
<td>17</td>
</tr>
<tr>
<td>3.7 Recommendation 7</td>
<td>17</td>
</tr>
<tr>
<td>3.8 Recommendation 8</td>
<td>17</td>
</tr>
<tr>
<td>3.9 Recommendation 9</td>
<td>17</td>
</tr>
<tr>
<td>3.10 Recommendation 10</td>
<td>17</td>
</tr>
<tr>
<td>4. Community Feedback</td>
<td>19</td>
</tr>
<tr>
<td>5. Conclusions</td>
<td>21</td>
</tr>
<tr>
<td>6. Disclaimer</td>
<td>22</td>
</tr>
<tr>
<td>7. References</td>
<td>22</td>
</tr>
<tr>
<td>8. Acronyms</td>
<td>22</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

The WorkCover Corporation under the auspices of an Aboriginal and Torres Strait Islander Access and Equity focus group funded and managed this study.

Nangkada Tjikarna Council Inc conducted the study.

During this study extensive interviews and meetings were held, involving numerous respondents (approximately 200). The help of all people who assisted in any way in this study is gratefully acknowledged.

In particular, acknowledgments are noted for the following who contributed to this project, in many cases the affirmation is to the Community Council, the CDEP, the Health Centre and management of:

- Ernabella Community
- Mimili Community
- Amata/Tjurma Community
- Umoona Community
- Indulkana Community
- Freegon Community
- Camp Coorong
- Murray Bridge Community
- Nepabunna Community
- Copley Community
- Iga Warta Community
- Marree Community
- Kenmore Community
- Ceduna Community
- Yalata Community
- Goreta Aboriginal Corporation
- Oak Valley Community
- ASTIC - State Office Adelaide.
- ASTIC - Ceduna
- Davenport Community
- Bungala (Pt Augusta) CDEP
- Koonibba Community
- Jerry Mason Centre
- Ngarrindjeri Lands & Progress Assn.
- Ngarrindjeri Lands & Progress Assn. CDEP
- South East Nungas
- Gerard Aboriginal Community
- Riverland Aboriginal Alcohol Program
- Pt Mcleay Community Corp
- Kainggi Yuntunwarrin
- Nurrunga Aboriginal Progress Assoc.
- Nulta Ruwe Aboriginal Corp.
- Adelaide CDEP
- Statewide Group Training Scheme
- Aboriginal Prisoner and Offender Support Services
- Aboriginal Health Council
- Kaurna Plains School
- Aboriginal Education Curriculum Unit
- Tandanya Aboriginal Cultural Inst.
- Yaitya Warr Wodli Language Centre
- Division of State Aboriginal Affairs

Other Aboriginal organisations and individuals were interviewed, but they either requested not to be identified in this report, or chose not to represent the organisation in which they were employed.

Members of the Workcover Corp Access and Equity Aboriginal & Torres Strait Islander Focus Group:

Bob Wright; Sonia Waters; Marg Mibus; Luisa O’Connor; Ian Dempster; Peter Newman; Matt Rigney; Lenore Chantrill; Ivan Copley; Italia Mignone; Lucy D’Aloia.

The views expressed are those of the participants. Where information could lead to the possible identification of participants or Community organisations, such information has been deliberately excluded. This has been done at the request of the organisations and inline with a commitment made by the consultants, prior to open discussion, that no identifying information would be submitted.

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BACKGROUND

In February 1999 tenders were called to conduct a study addressing a:


The project objectives were as follows to:

1. **To provide an opportunity for Indigenous people, Aboriginal Community leaders, Employers, Employees, regional leaders and Aboriginal liaison officers in relevant organisations to provide:**

   - Information about their experience and knowledge of the accessibility of the OHS, rehabilitation and compensation system in South Australia for Indigenous peoples.
   
   - Information about addressing any barriers to OHS information and injury management processes.
   
   - Ideas for how WorkCover Corporation should provide information about OHS and injury management to Indigenous people throughout South Australia.
   
   - Information about injury type and injury reporting behaviours by Indigenous peoples.

2. **To identify gaps in knowledge about WorkCover Corporations role, OHS and Injury Management processes.**

3. **To document the current employment services and brief profile of their role for Indigenous people including injury management services eg CDEP, CRS Australia etc**
EXECUTIVE SUMMARY

THE PROJECT

The intention of this project is to conduct an analysis to address:

The needs of the Indigenous worker/employer population in relation to OHS&W and injury management in South Australia.

The study verified that in the majority of Communities OHS&W and injury management has scant priority.

In most Communities WorkCover Corporation is no more than a levy they have to acknowledge and pay.

The WorkCover Corporation is deemed a financial liability with nothing in return.

The majority of the Communities had little to no contact from WorkCover Corporation, had no idea of their nearest office, and totally ignorant of the legal liabilities they face.

It appears that there are two distinct levels of awareness of WorkCover.

- The northern communities have scant knowledge and WorkCover bares little significance or influence.
- In the southern areas closer to larger towns the awareness is greater, but problems of understanding WorkCover and access to it are similar.

When consulting communities closer to larger towns the awareness factor is in some cases raised to a higher level because of State and Federal Government employment training initiatives. The researches believe that another factor is the mobility of such people to Adelaide or large population centres, where they may have been employed or attended some form of training.

There was little evidence of Communities ever receiving literature from the WorkCover Corporation, and if it did appear it bore little resemblance to Communities needs or objectives.

From the numerous discussions it strongly appears that the Northern Communities of the State are the most disadvantaged. In general terms WorkCover was just a budget line. The Communities received sparse information on WorkCover legislative requirements. This has resulted in WorkCover having no priority at the administrative or Community level.

Indigenous organisations in the metropolitan regions operated in a feigned environment where WorkCover is concerned. They realise there is an obligation, but don’t really understand what is required.
Injury management

It is difficult to discuss injury types in depth because of the confidentiality and Communities were reticent to discuss details. The authors have no expertise in the identification of injuries other than general comments.

It was apparent from discussions that injuries are common. Many were related as quite severe receiving treatment in a local clinic often with no follow-up treatment. A few people displayed old injuries that were ‘patched-up’ at the time receiving no physiotherapy or post care. It was related that people would leave the Community or ‘disappear’ making follow-up treatment difficult.

The authors would take this opportunity to summarise the project objectives.

The range of information in this report provides a comprehensive picture of Indigenous peoples knowledge of OHS and injury management.

The evidence on injury types and reporting behaviour was difficult to obtain directly. The general process was that the health centres used a simple book entry of the trauma/injury when a person visited the clinic and it was rarely treated as a workplace injury. Few if any of the northern Communities were aware of or have used the correct reporting procedure for injury management. In larger southern towns there is an awareness of the process, but it was rarely used. In most cases the person injured did not report the incident as a workplace injury. There was evidence of the correct process being followed, but this was definitely in the minority to be counted as insignificant.

In general terms injury management and control is non-existent as compared with what should be occurring hence documentation and evidence is scant.

In regional and remote communities, there were no structured “injury management services”, a point we have clearly indicated within the report. This has also been clearly outlined as part of the need for OHS&W training for communities.

Injuries sustained in regional and remote communities are normally addressed by the local clinics. These clinics are often the sole provider of medical attention, and seldom do they link injuries to being ‘work related’. As such, they don’t see a need to keep a register of workplace injury reports; their priority is to assist the injured person.

CDEP Role

There are 34 CDEPs in South Australia with approximately 2,600 participants.

CDEP stands for Community Development Employment Projects. The CDEP scheme is a community based employment initiative which is a major component of the Aboriginal Employment Development Policy (AEDP). Under CDEP, Aboriginal and Torres Strait Islander Commission (ATSIC) provides grants to Aboriginal and Torres Strait Islander communities and groups in areas where there are limited employment opportunities. CDEP participants forgo their right to Newstart/Youth allowances and in return are paid wages to undertake training and work to develop and improve their community.
The scheme provides work for unemployed Indigenous persons in community managed activities which assist the individual in acquiring skills which benefit the community, develop business enterprises and /or lead to unsubsidised employment.

The CDEP role is to provide employment objectives within communities where they are isolated from recognised labour markets. This is done by offsetting unemployment benefits against a pre determined range of vocational areas within the community, and are often seen as “the jobs that Local Government don’t provide”.

*Employment within these areas is mainly low level labour intensive jobs, while non-indigenous people, who don’t consider injury management issues a priority, hold the management positions.*

Again limited OHS&W training is provided, and what is provided in the “induction” process when joining CDEP, is normally not followed up, because there is no “culture” of OHS&W within the management or community councils of the communities.

Communities and groups benefit from the CDEP scheme because projects can directly improve a community’s infrastructure and facilities, communities can establish income generation projects, participants learn new skills and existing skills are enhanced and participants become more involved in developing and improving their community.

**Work Activity types**
Each participating community determines its own work activities. Any activity that benefits the community can be a CDEP activity. Common types of work activities include
- Support and development of community infrastructure and housing
- Support and development of community based enterprises, such as tourism, retail and contracting
- Community services, such as administration and broadcasting
- Arts and crafts
- Market gardening, farming, fishing
- Out station development
- Land care, and
- Support of cultural activities, education and sport.
• OVERVIEW OF PROJECT

1.1 Methodology of the project

The project interviews were initiated through letters, telephone or facsimile confirmation to the respondents.

Meetings in general were conducted in Community facilities ie council meeting rooms, community health centres and CDEP offices. Some however due to ‘business’ on the day were less formal in some instances on an outside venue or in a workshop environment. Typical of this qualitative methodology is interviewing the respondent in their natural environment.

The study was conducted interpretively (grounded theory; Glaser and Strauss), where respondents were interviewed and the conversations taped. The majority of interviews were taped. This methodology allowed for maximum respondent participation and the generation of new ideas/responses that aid in the accuracy and relevance of the data.

Typical of such a methodology is that the theory or conclusions evolve from the data is then thus grounded in the data rather than based on any theoretical hypothesis. (Lincoln & Guba, 1985; Patton 1990).

The theory emerges from the data it is not imposed on the data (Patton, 1990)

The project recommendations are drawn directly from the evidence of respondents. The main input into the recommendations is based on audiotaped evidence from face-face interviews. However some general notes were made from telephone conversations, where face to face was not readily available.

The respondents interviewed may be classified into the following broad categories.

- Community Councils
- Community CEO’s
- Community Health Workers
- Community CDEP managers
- Community financial controllers
- Community employees
- CDEP participants
- Indigenous Organisation Management
- Indigenous Organisation employees
- Other interested parties.

In the FINDINGS AND RECOMMENDATIONS section to uphold the philosophy of the methodology direct respondent quotations are presented in unedited form. This enables the reader to form an opinion based on the candid data as it is presented.
1.2 Extra needs raised by the Communities

Many of these needs are based on anecdotal evidence or direct requests from the Communities.

They have been included because for many Communities this has been their **first opportunity to discuss OHS&W** and related issues openly. In some cases the views expressed have a direct reference to some of the recommendations however the authors believe they add to the overall feeling of the report.

- Some Communities claimed an agent of WorkCover has never visited them.
- Stress management is a critical requirement of several Communities. Many Communities related of serious issues allied to poor stress management. They related that it is a major cause of alcoholism and the termination of employment. Many people take their problems home causing peripheral stress in the home.
- Many Communities arrange OHS&W Training using a ‘local training provider’ for instructing the new workers, but management, supervisors and administration staff is generally overlooked.
- Most Communities interviewed made it clear that OHS&W training for Staff was not given due priority, and was therefore not addressed in annual budgets.
- The Communities are not aware of the rehabilitation processes, the use of or what is available for mental health injuries.
- A few communities have been audited by WorkCover and therefore now know what their obligations are, but the funding is not available to address the issues raised in the audit.
- As previously identified, most workplace injuries are handled by the local hospital as outpatients, or, where a community had its own clinic, the injuries were handled by the clinic.

The authors would like to emphasise that the following hypothesis was discussed with most communities.

*If audits were conducted would communities have the funds to address the OHS&W issues raised?*

Most communities stated they did not have sufficient funds to address fundamental issues raised by an OHS&W audit and if they did use their current funding other priority areas of housing maintenance, health and community services would suffer.

Communities stated that ATSIC have been approached for special consideration to address OHW&S issues but the Communities were told it had to be allocated within existing community budgets.
1.3 Summary of Recommendations

Recommendation 1

That WorkCover as a priority immediately distribute existing WorkCover literature to all Communities in a culturally appropriate manner.

The literature should include the following:

- Workplace Amenities and Accommodation
- Violence in the Workplace
- Drugs, Alcohol and the Workplace
- A list of Australian Standards OCCUPATIONAL HEALTH & SAFETY

Recommendation 2

As a matter of urgency conduct in all Communities a training/information forum in the areas of:

- Legal liability and obligations of Community Council Members, Managers and employees,
- Injury management,
- WorkCover procedures and documentation, including report form completion.

It should be noted that the study identified some Communities have a high priority need.

A provider must conduct any contact and or training in the Communities in a culturally appropriate manner and have a predetermined credibility in the Communities.

The provider must be able to sustain the cultural protocol required.

Again, any training or dissemination of information MUST be done in a Culturally appropriate manner.

Recommendation 3

That WorkCover Corporation monitors the strategies proposed by this study by coordinating the efforts of Federal and State Government bodies who fund a range of services in the Communities ensuring OHS&W policies are paramount.

Recommendation 4

As a long-term strategy WorkCover should consult with state government education authorities with the view of implementing in the Communities a general education program at primary and secondary level. Ensuring that OHS&W is a mandatory part of the curriculum.
Recommendation 5

Conduct a culturally appropriate ‘Audit’ of Communities to identify the urgent needs of Communities to enable them to comply with the OHS&W Act.

Recommendation 6

That WorkCover Corporation implements a strategy to immediately benefit the Communities in a practical sense by addressing the urgent OHS&W needs identified by the audit.

Recommendation 7

Through a formal training program advise the Communities on the structures required to establish and maintain an OHS & W policy in their Communities.

Recommendation 8

Provide a workable service to the Communities by telephone or e-mail by providing a dedicated line. It is strongly advised that the person answering the telephone is known and or has a relationship with the communities and understands their needs.

Recommendation 9

That WorkCover Corporation produces and distributes culturally appropriate literature, brochures, posters and pamphlets on legislative requirements and rehabilitation services.

Recommendation 10

That WorkCover address the mental anguish raised by work related stress.
ABORIGINAL CULTURAL AWARENESS

Introduction

Throughout this report the authors refer to a ‘culturally appropriate manner’, they would like to take this opportunity to define in general terms what is regarded as culturally appropriate.

In brief it is inappropriate to talk of an Aboriginal culture.

Thus formulating policy in reference to the idea that there is an Aboriginal culture is to immediately limit any effectiveness of the policy implementation. Trying to develop a single policy action thinking it will provide answers on a broad scale to address Aboriginal issues is totally unwise. Like most other cultures, Aboriginal culture has a broad reference base, but when dealing with individuals or individual communities a more profound understanding of individual differences must be considered. Each community has to be individually judged and strategies implemented on individual merit. Albeit often many will be very similar, the opportunity needs to be provided by the policy makers to individualise at least at a community level.

When attempting to understand what Aboriginal Culture is about, one has to also understand what are the underlying issues which Aboriginal people have lived with, in the past and present.

Terminology

To be able to understand the fears, distrust, cynicism and general feeling of inferiority, one has had to have lived as an Aboriginal, or, has to understand and come to terms with words and phrases like:

- **Colonisation**: the establishment by one nation of colonies in another nation’s lands.
- **Cultural Genocide**: the acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group.
- **Protectionism**: the term given to the official government policies which existed prior to the 1950’s when Aboriginal people were restricted to specific areas, like reserves and missions.
- **Assimilation**: a practical term that, in the course of time, it is expected that all persons of Aboriginal birth or mixed blood in Australia will live like white Australians do.
- **Prejudice**: the superiority one feels in one's own group which leads to negative feelings and actions against members of another group.
- **Ethnocentrism**: the way people automatically use their own culture as the standard for all cultures.
- **Patronisation**: the evocation of condescending attitudes towards other cultures or groups of people.
- **Stereotyping**: the ability of people to ignore, or rationalise away anything that does not fit the image, while highlighting every small incident or experience that does.
- **Racism**: the ideology that expresses social myths about the natural inferiority of other racial/ethnic/cultural groups and the superiority of one's own.
- **Discrimination**: the act of treating someone unfavourably because of some characteristic whether race, age, sex, cultural, religion or other grouping.
Underlying Issues

To understand Aboriginal issues fully one must then understand the method by which infrastructure services and facilities in the past have been provided to Communities, how it is maintained, how it is replaced and how it is funded.

In most Communities, Aboriginal people do not have a say in what is provided, and simply use what turns up. They have learnt to accept whatever it dealt out to them and make the most of the presented situation.

The receipt of infrastructure is not questioned, but once it arrives, it is used until it fails or is again replaced without reference to the Community involved. Thus there is no feeling of ownership.

It is important that any strategies implemented from this report have a consistent and effective Aboriginal input.

Protocol

Therefore, in consulting with Aboriginal people or their Communities it is imperative to respect and follow a recognised protocol, in effect demonstrating respect for the people, their culture, their input to negotiations, ie:

- Initial contact by phone, facsimile, etc, introducing the subject matter, making it relevant to the community.
- Organise a meeting with the community leaders.
- Attend a face to face meeting and relate the information.
- Follow-up any requests.

It is prudent to have an Aboriginal person make the initial contact and accompany the (non-indigenous) field officer to any meetings.

When consulting with Aboriginal people the person must have the respect of, and for, the Aboriginal peoples and have gained credibility with the Community. Only by following a patient consultative process will there be an equal exchange of ideas.

...great patience is required, especially on the non-Aboriginal side; the process may falter at times; appear to get lost; but it can be pulled up again and survive if we are cool and negotiate with open minds as equals. (Elliot Johnson QC, RCADC vol2 p450).

When posting information to a Community it would be advisable to know someone in the community, ring them and explain why the information is being sent.
For central office to provide a workable service to the communities by telephone or e-mail the authors would strongly advise that the department provide a dedicated line. It should have a person answering the telephone who is known and or has a relationship with the communities and understands their needs. It would be advisable for this person to have visited many of the Communities and in doing so formed a workable relationship. To be known to a community and maintain continuity is paramount.

If training is a policy direction resultant from this report, the importance of selecting a suitable training provider cannot be stressed too highly. It will need careful consideration and Aboriginal community input as to the provider’s suitability. If the provider is not suitable, Aboriginal people will not respond to the training.

One should bear in mind that Aboriginal people are, in the main, polite and courteous, and do not make direct complaints against a service provider. The main reason for this is simple, in the past this was not an acceptable practice, and a person making a complaint usually found themselves deprived of future rations, services or respect.

Therefore, the normal method of retaliation by an Aboriginal person is simply not to attend. If later questioned why an absence was recorded, illness or some other reason will be offered as an excuse, but never the direct reason.
3. FINDINGS AND RECOMMENDATIONS

In basic terms the majority of Communities have no concept of WorkCover its legal liabilities, obligations or services. Thus the recommendations are given a level of priority.

The recommendations fall into three categories

- Critical
- Urgent
- Requires addressing as the need arises

It is critical that ALL dealings with the Communities be effected in a Culturally appropriate manner.

Critical issues should be addressed immediately and have been proposed with the idea that they may be addressed within existing budgets.

Recommendation 1 (Critical)

*That WorkCover as a priority immediately distribute existing WorkCover literature to all Communities in a culturally appropriate manner.*

*The literature should include the following:*

- Workplace Amenities and Accommodation
- Violence and the Workplace
- Drugs, Alcohol and the Workplace
- A list of Australian Standards linked to Occupational Health, Safety and Welfare

The majority of the Communities have not received the literature referred to above.

Few Communities had any knowledge of a visit by a WorkCover representative.

The issue of having scant knowledge of the WorkCover legal liabilities and obligations is so critical that the existing literature in its current form is required immediately. A culturally appropriate cover letter should accompany the mail out explaining the requirements in brief and the plans to redistribute in a more suitable form to follow.

The authors have a database of reliable contacts who will distribute the literature supplied to the relevant people.

The issue of culturally appropriate literature is a difficult issue. It is the authors' opinions that a few illustrative posters using Aboriginal colours and graphics would be very valuable.

It is difficult to perceive the Act and some of the legislative documents being made culturally appropriate. These documents would best be presented in a comprehensive education program.
I've received no information from WorkCover what-so-ever.

We don't receive any support and I don't have any paper-work information either.

They need to provide to the Communities what it is all about before they begin enacting the rules and regulations.

They do not know who the Communities are and unless we over come this we have a problem

They are city people

Setup structures in regional areas

The government must devolve and put it back into regional areas

The big glossy brochures are not really addressing the issues

How do you address stress management.

More user friendly explanation of services

send some friendly pamphlets to organisations.

The community does not have a copy of current regulations.

The current concept of OHS&W is not culturally appropriate enough. It does not consider aspects like mental health.

staff are too scared to come into the community.

Workcover takes nearly a quarter of our annual budget...and we don’t see any Workcover people...we don’t get any training...
Recommendation 2 (Critical)

As a matter of urgency conduct in all Communities a training/information forum in the areas of:
- Legal liability and obligations of Councils, Managers and employees
- Injury management
- WorkCover procedures and documentation

It should be noted that the study identified some Communities have a high priority need.

Few Communities have any idea of its responsibilities; OHS&W is deemed as irrelevant.

Few Communities have any expertise in the area of OHS&W and injury management and those that have an appreciation cannot implement any basic strategies. All are deemed as necessary because of the legal requirements and understanding required at each level.

Not one Community understood their responsibilities, even vaguely; at each level ie Community Council, manager and employee.

There was a very apparent ignorance of individual responsibilities at all levels in the Community. Most of the Community Councils had no idea of their overall legal responsibilities and or the implications for the Community and individual.

A few manager supervisors were partially aware of their responsibilities but had not the Community Council backing to consistently implement OHS&W strategies. Most were piece meal approaches and in some case at odds with the Community Council.

Many employees in Communities have had some training via a training provider, but it generally bore little relevance and was not subject to reinforcement or follow-up.
Recommendation 2 - Community Responses.

- I would not know what to say in court
- The fines would be totally disregarded.
- OHS&W bear no relevance, tokenism given it.
- We are not meeting the legal responsibilities if our funding agreements in OHS&W etc
- We have no injury management procedure
- Are mental injuries covered
- The Council needs to be trained, key workers, big responsibility for themselves.
- Cannot remember any previous training in OHS&W
- WorkCover is not well known, a starting point is there needs to be what WorkCover is there to do... and then you need to train people by being there and going through what is not safe for these reasons.
- They should go out there any tell the people of the services they are meant to be providing and how they can be accessed
- There are potential deaths, without the knowledge it’s a real danger zone
- It’s essential that some form of training occur after this meeting
- People must know what the rules are.
- Presentation to staff and Board.
- Provide education to prevent workplace accidents
- Ensure employees meet their safety obligations
- Awareness of prevention of accidents
- Need training and further assistance
- Desperate for OHS&W management.
- We have money for employment but not for training to catch up with current regulations
- There’s a difference between the information needed for workers and what’s needed for management...... usually management misses out
- What’s being delivered does not inform Management about their rights or obligations. It has to be done at a higher level.
- If we, as management, don’t know, how can we make the workers understand OHS&W?
- Community Councils don’t realize how much pressure is puts onto management and staff...... because the workers are given OHS&W training and then they know more about it than us
- We have been set up to fail in delivering our duty towards the people we are working with.
- We don’t have any reporting systems for injury...
- We need help to set up a system to work within OHS&W regulations....
Recommendation 3 (Requires Addressing)

That WorkCover Corporation monitors the strategies proposed by this study by coordinating the efforts of Federal and State Government bodies who fund a range of services in the Communities ensuring OHS&W policies are paramount.

It was apparent in many Communities that OHS&W was not directly addressed or supervised as part of the funding agreements for salaries and infrastructure development. There was evidence of recent developments that did not adhere to the basics requirements of OHS&W. Similar developments would not be considered in Adelaide.

Although not a directive of this study there adequate anecdotal evidence for it to become apparent that many Federal and State funding bodies have been derelict in their responsibilities toward addressing OHS&W issues on an on-going basis. There appears to be the over looking of many OHS&W issue that would not be allowed in a capital city.

Thus the recommendation that WorkCover take a pro-active role in ensuring that future funding by Federal and State Governments address and maintain the required training and responsibilities required under the OHS&W Act.

- Good question no one really wants to know about it, responsibility is passed around
- As a landlord they are liable, because they put you in sub-standard facilities.
- Organisations are told to stretch their budgets in addressing OHS&W issues.
Recommendation 4 (Requires addressing)

As a long-term strategy WorkCover should consult with state government education authorities with the view of implementing in the Communities a general education program at primary and secondary level. Ensuring that OHS&W is a mandatory part of the curriculum.

A few respondents raised this idea. This relates to the approach of starting with the young people in the schools to acquaint and practice in the Community the responsibilities of OHS&W. This approach is seen as long-term and requires its inclusion in the curriculum to enable recognition and funding allocation.

- It’s a problem
- The risk in homes is huge from dogs, broken glass, fires a lot of risk
- OHS&W officers are usually treated as “dogs” because if they put a “sticker” on a piece of machinery, if its faulty, everyone then calls him “sh_i” names for doing it.
- Most OHS&W officers chuck it in after the one year stint because they can’t hack it...
- We provided workers with safety equipment but they take them home at night, next morning, 'oops, forgot them'...or ... 'Left them at home', ... we don’t have and endless supply of equipment...

Recommendation 5 (Urgent)

Conduct culturally appropriate audits of Communities to identify the urgent needs of Communities to enable them to comply with the OHS&W Act.

There are incidents of facilities being condemned but no funding allocated to correct the problem.

Most communities related that there is a need to upgrade but there is not the funding available to address any OHS&W issues.

A culturally appropriate audit needs to be conducted in all communities. However the authors would like to state that this will in effect condemn many community facilities and equipment. This will then impede any community progress as in many cases employment would then cease.

The authors would like to suggest that an audit does take place in all communities, however it will have to be very sensitively handled and major issues raised immediately addressed. The funding will need to be allocated before the audit.
The problem is very widespread; it is not the direct fault of the communities; many have tried to maintain basic services under very difficult circumstances.

- We don’t want people (Workcover) coming into our place and laying down the law, if they don’t know the background issues...
- We need someone to come in and help point out what changes we need to make without looking to shut us down...
- No one knows about Workcover until an injury happens, then it becomes a stressful exercise trying to find out about it (Workcover) . . .
- It’s one of those things you don’t worry about until you need it . . .

Recommendation 6 (Urgent)

That WorkCover Corporation implement a strategy to immediately benefit the Communities in a practical sense by addressing the urgent OHS&W needs identified by the audit.

As discussed in the executive summary, some communities have been audited, but have no funding to address the issues raised by the auditor.

It appears OHS&W is not a significant issue for ATSIC. Community needs require extra funding to immediately address OHS&W issues.

Much of the OHS&W issues that now require urgent attention have been allowed to occur under numerous government initiatives. Not one department has taken the overall responsibility for addressing OHS&W issues in a holistic manner.

- To put it in a nutshell, all the OHS&W can be identified but it gets back to money
- Needs have to be identified and a commitment made to the whole process
- People do not participate because it gets them nowhere
- ATSIC (response). organisations need to stretch their budgets to include them.
- We are in breach of the regulations and he could close down our workshop
- ATSIC funds do not go anywhere near the amount needed to develop the community to overcome current OHS&W problems.
- We can’t make changes without funds to cover costs.
Recommendation 7 (Urgent)

*Through a formal training program advise the Communities on the structures required to establish and maintain an OHS & W policy in their Communities.*

The training should include the following:

- OHWS committees
- Policy management
- Policy implementation
- Injury/rehabilitation management

**On-going education and policy management.**

- *Workcover should come out here and run short courses on how they can support us.*
- *Most of the workers wouldn't know anything about Workcover and how it operates.*
- *Workcover is a bit slack ..... they are not talking to community people.*
- *We pay big bucks to Workcover .... but you don't know anything about them till you damage yourself and try and get support.*
- *They don't tell you the full benefits that are available to you ...... you finish up out of a job and going around broke....
- *They should tell us how they can get us back into the workforce and how they can do that ......let us know some of the secrets ......
- *We don't get enough information, even from when we get people to do the training for induction of workers, they don’t tell us the right information.*
- *Who ever does training has to be able to do it with Cultural Awareness that’s done by Aboriginal people who understand the issues behind why its not done properly.*
- *Should the OHS&W officer we have go to a training course?*
- *Workcover needs to run courses that are free, or very cheep, because communities can’t afford to pay for training.*
- *I've been working in this department for 4 1/2 years, and I have not received any OHS&W training, not even an induction.*
- *We only get training in OHS&W when we start...it is never followed up again.*
- *The training we get when we start really doesn't mean much because most of the stuff they talk about doesn't make sense..... if they came back after, or the supervisors kept us in line, it would have more meaning.*
- *Training should be cultural and mean something to Aboriginal people.*
Recommendation 8 (Urgent)

Provide a workable service to the Communities by telephone or e-mail by providing a dedicated line (even 1800... Number?)

A culturally appropriate strategy to address this issue is to provide a service to the communities by telephone or e-mail either from regional or from central office. It is strongly recommended that a dedicated line is provided with suitably aware people in place to answer it.

It is recommended that the person answering the telephone should be known or has a relationship with the Communities and understands their individual needs. It would be advisable for this person to have visited many of the Communities and in doing so formed a workable relationship. To be known to a community and maintain continuity is paramount.

- WorkCover claims take too long to process, it stresses Aboriginal people, most don’t bother.
- I do not know where the WorkCover office is.
- A lot of people chuck their jobs in rather than try and contact WorkCover.
- Most who access WorkCover are white fellas. They know how ...you know ...
- Too many people trying to “rort” the system cause Aboriginals to be over scrutinised when they make claims ..... it makes it difficult for people who do get genuinely hurt.
- ...you finish up arguing over the phone with them ...... then you find the “b____’s” have ripped you off......it’s best to just forget it......
- Filling out all the forms is enough to stop some fella’s from making claims, then you get the investigators come in the check it out.... They don’t take your word for it...they try to prove that the injury didn’t happen. ...
- ...when I got injured, I spent 2 weeks being jerked around filling out forms and making phone calls. In the end I just gave up.......

5/05/2003 Page 24
Recommendation 9 (Requires addressing)

That WorkCover Corporation produces and distributes culturally appropriate literature, brochures, posters and pamphlets on the legislative requirements and rehabilitation services.

The production and distribution of suitable literature will need to be done in close cooperation with Aboriginal people. A few recommendations by the authors discerned from comments made during the consultation process. It is recommended that the material be:

- In Aboriginal colours
- Use pictorial presentation rather than words.
- Use case studies from Aboriginal Communities
- Use posters were possible.

In discussions with Communities it was generally agreed that the Occupational Health, Safety and Welfare Regulations 1995 would remain intact because of the difficulties of ‘Aboriginalising’ the details. However complementary brochures, posters and literature should refer to this document.

The detailed information is better distributed through a training program using a suitable provider.

- The information is too much, it would not get my interest
- Should be presented in Aboriginal colours in pictorial form.
- WorkCover sign could be made more Aboriginal .... with the colours .... people then will take notice.
- The poster needs to say its not a 'shame job' to report an accident
- The big glossy brochures are not really addressing the issues.
- More user friendly explanation of services
- send some friendly pamphlets to organisations.
- We get these circulars sent to us, but because we don't know the basic information, the circulars mean nothing . . .
Recommendation 10 (Urgent)

That WorkCover address the mental anguish raised by work related stress.

Aboriginal people rarely report work-related stress. It is generally ignored this causes mental anguish for the individual involved.

Mental health is a big issue in Aboriginal Communities that is rarely addressed. It was related how work stresses often precipitates home violence and alcoholism.

Instances of violent threats to managers, supervisors and office workers initiate the dilemma. The problem is not understood in Communities and thus not immediately addressed. Often the worker resigns as a solution to the on-going problem. It is rarely formally reported.

- Does WorkCover deal with stress? It is a big issue in our Communities.
- Health workers are under stress their work hours do not stop.
- A lot of our people just go to the hospital and get patched up ....
- If anything happened who is responsible.
- Rather than talk about stress Aboriginal people take their problems home causing alcohol problems.
- To some people it would be shame to use WorkCover.
- Aboriginal people do not identify they are stressed out.
- That's another thing about Aboriginal people .... they are shamed to report an injury.
- For our levy we do get nothing back.
- I think WorkCover would mean nothing to traditional people.
- We go to the clinic ... they cover it rather than going to WorkCover.
- WorkCover is our highset operational cost.
- Aboriginal people try to hide issues like stress, they just don't go to work in the hope that the issue will go away . . .
- For stress, lots of Aboriginal people use their 'sick leave' and 'rec. leave' and take 'leave without pay' when they really should be on Workcover!
- They just go “off” for a few weeks hoping that the job will be there for them when they return . . .
4. COMMUNITY FEEDBACK

As far as the authors can determine all the respondents of the project received a draft report. At least one copy was sent to the Communities/Department or interested parties who participated in the research.

A questionnaire was submitted as a simple means of comment and feedback. The authors thought that a simple feedback sheet as an extra adjunct to the report was logical. The response was not as high as the authors anticipated, but the 15% response is above average for a postal survey.

The questions were exactly as presented below.

Numerous Communities/Departments faxed their replies to Nangkada Tjikarna Council Inc.

The Communities/Departments prioritised the research Recommendations. These priorities have been summarised and placed in order based on Community input. The authors however have left their recommendations as originally proposed in the draft report.

Question 1

In your opinion do you believe the report addresses the critical issues you raised?

- The report has demonstrated clearly the need for specific training, funding and support to Communities.
- The report I believe is quite accurate.
- Not all. There should be a process of advertising organisation/companies of the ways to manage staff who return from sickness/injury caused by work related activities.
- Yes/yes/yes
- I believe that the report has touched base on most of the critical issues
- In the case of CDEP participants working on the community – “CDEP does not belong to our community, therefore, CDEP will pay workcover & our community would be sued for unsafe work conditions”.

Question 2

If training were addressed as a result of this report, would your Community wish to be involved?

- I believe it would be critical for all Aboriginal Communities to be involved in appropriate training.
- Yes-culturally sensitive, but able to ensure that WorkCover are flexible, adaptable to indigenous cultural practices.
- If WorkCover is inflexible in applying the ACT and Regulations this will be a continuing problem.
- Most definitely
- Yes, especially CEO, managers and coordinator as well as Boards of management.
- ASAP and have it open to Community as well potential members.
• Yes. Our community would be interested if it is financially supported by your organisation – Nangkada Tjikarna Council Inc.
• Yes. No further comments.

Question 3

If you generally agree with the recommendations, can you list them in priority order as you see them?

• Training in a manner that assists organisations to implement the appropriate procedures and processes. (URGENT)

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<th>Response</th>
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<td>5 10</td>
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<td>2 5 10</td>
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Please make further comments:

• We as an organisation are pleased that this issue has at last been addressed.
• Aboriginal organisations wish to be responsible and accountable for the safety of employees however as is highlighted support is required to assist this process. All acknowledge the priority of this issue.
• This paper makes no recommendations regarding rehabilitation and return to work management. This is a high stress time and requires enlightened and culturally sensitive management.
• Like to know if WorkCover has had any serious allegations against organisations re mental health anguish to highlight need for projects like this (unknown factor/incidents that go unreported) ie Aboriginal/Islander workers against all work places (not .. Aboriginal organisations)
• I personally think that OH&S in a workplace is very important for the worker and clients.
• O.H.S. & Welfare can close down our community at a snap of a finger. O.H.S. & Welfare reports should be a tool to attract additional grant funding to improve work conditions & not wait for an accident to happen & legal issues arise.
5. CONCLUSION

In essence, the overall views of the Communities during the research phase remained reasonably constant.

1. Most accidents are dealt with at the local health clinic or nearby town hospital without thought for Workcover reporting or claim processing.

2. Few Organisations had any report recording system.

3. CDEPs do not have first-aid kits or injury recording systems associated with work-gang vehicles or locations.

4. None were aware of the WorkCover forms for reporting injuries.

5. None had designated OH&S representatives or OH&S Committees.

6. There needs to be urgent training to provide an understanding of the need for recording and reporting workplace injuries.

7. The implementation of OH&S principles may have some measure of success in organisations closely aligned to larger towns and country centres.

8. Few Communities knew how to contact a WorkCover officer.

9. Many Communities asked a range of questions about WorkCover, demonstrating the lack of basic understanding - this requires addressing immediately.

10. Communities were unaware of how to lower their WorkCover levy. (CDEPs were relying on the ATSIC negotiations)

11. It appears to the authors that few Aboriginal people have made WorkCover claims. Those who have are either residing in or near a major country centre where the information is more readily available or have at some stage been made aware of their rights when living in a town or city environment.

12. From a traditional perspective one respondent related “what’s an injury when you have been through an initiation”.

13. They appear to be penalised because office workers are levied at similar rates to people working in more dangerous situations.

14. Because Aboriginal people have had to fend for themselves for so long, it is not a natural reaction to seek assistance from ‘the system’ (which includes Workcover).

15. It was never a part of ‘the system’ to offer ‘comfort benefits’ to Aboriginal people. This is why today, they tend to make do with whatever they can attain within their own means and ability, regardless of what, or how poor, the end result may be.
6. DISCLAIMER

The authors have to the best of their knowledge accurately presented the facts to the WorkCover Corporation.

Because the authors cannot categorically state some facts we have used terms like most, many, few etc to relate the scant knowledge on OHS&W in the Communities

7. REFERENCES


8. ACRYONYMS

<table>
<thead>
<tr>
<th>ACRYONYMS</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANTA</td>
<td>Australian National Training Authority</td>
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<tr>
<td>ATSIC</td>
<td>Aboriginal &amp; Torres Strait Islander Commission</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>Community Development Employment Program</td>
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<td>DOSSA</td>
<td>Dept of State Aboriginal Affairs</td>
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<td>Occupational Health, Safety and Welfare</td>
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<td>RCADC</td>
<td>Royal Commission into Aboriginal Deaths in Custody</td>
</tr>
<tr>
<td>TAFE</td>
<td>Technical and Further Education (Dept of Education Training &amp; Employment SA)</td>
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5/05/2003 Page 30