



**WORK
SHOULDN'T
HURT**

Work Shouldn't Hurt

**The state of work health
and safety in Australia 2021**

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About this Report

Background

Work Shouldn't Hurt is an annual, quantitative, longitudinal tracking program for Work Health and Safety (WHS)/ Occupational Health and Safety (OHS), conducted by the ACTU Centre for Work Health and Safety and the ACTU Insights Team.

This report summarises the results of the benchmark (first) wave of surveys, conducted in June-July 2021. Note that this benchmark was therefore established in the context of the COVID-19 pandemic, but at a moment of relatively less impact in Australia (i.e. before the major Delta variant outbreaks in New South Wales and Victoria).

The longer-term aim of this research program is to evaluate any shifts or stagnations in work health and safety issues, so the union movement can determine where best to deploy effort to create healthier and safer workplaces.

This first wave delivers insights into work health and safety challenges right now and uncovers areas of potential focus for unions.

Methodology

An external panel was used to survey a broadly representative sample of Australian workers, with quotas for age, gender, and state. 1540 respondents completed the survey in June-July 2021. 17% of respondents were union members.

Insecure Workers

Throughout the report, there will be references to insecure work and workers. For the purposes of this research, insecure work was defined as fixed-term contractors (including full-time and part-time), independent contractors, casuals, and gig workers. Permanent work refers to full-time and part-time permanent paid work.

In this report 15% of the sample are classified as insecure workers. For the purposes of this research a definition of insecure workers was based solely on their self-reported main source of income and corresponding employment status. Insecure work is often associated with certain forms of employment, including casual work, fixed-term work, seasonal work, 'gig work', sham independent contracting and labour hire. However it is also increasingly a problem faced by workers employed as permanent part-time but with fluctuating hours and rosters, and workers in non-traditional workplaces, such as home-based outworkers. The underemployed and those working multiple low paid jobs must also be considered insecure. These factors mean that the genuine proportion of insecure workers in Australia is substantially higher.

Industry and gender breakdowns

Throughout the report, some data is broken down by industry. Six 'major' industries are featured, because these are the industries which had a large enough sample of respondents for the data to be statistically useful. This is the only reason why some industries are shown and not others.

Data is also broken down by gender, with females and males compared. Data was captured for workers who identify as non-binary, but this sample was too small for statistical comparison.

Executive Summary

The first annual ACTU Work Shouldn't Hurt survey provides a benchmark snapshot of the Health & Safety (H&S) conditions in Australia's workplaces. It reveals a number of challenges to the wellbeing of workers, and particularly those more vulnerable such as young workers, insecure workers, women, and those in frontline industries. It also quantifies how union members achieve a range of superior H&S outcomes through improved empowerment and representation.

Three in ten (29%) workers sustained at least one injury or ailment due to work in the 12 months before the survey. This included 12% who suffered a physical injury and 22% who had a mental health issue (5% of workers had both types).

A concerning low proportion of workers agreed they had sufficient training (64%), sufficient support (60%), enough time (53%) or enough staff (49%) for work to be performed safely.

The major industries with the highest rates of work-related mental health issues were health (28%) and retail (27%). One third of all workers were either regularly or always exposed to stress at work in the past 12 months.

28% of workers with a work-related mental or physical injury did not take time off work when they needed to, and more than half of these didn't take time off because they feared negative consequences for their job.

One in five (20%) respondents experienced some form of gendered violence or harassment at work in the past 12 months. Only 31% of workers who took some action (such as making a formal complaint) after experiencing an incident were satisfied with the response. Worryingly, around three in ten workers who experienced either sexual assault or unwanted sexual attention took no action, citing reasons such as fear of a backlash or lack of faith in the process.

Union members reported superior Health & Safety (H&S) outcomes than non-members on a range of measures, including having clear H&S policies, regular hazard inspections, and the presence of key H&S personnel.

There was a strong positive correlation between Health and Safety Representatives (HSRs) being present and better reported H&S compliance

and culture. For example, 79% of workers with an HSR at their workplace said their workplace complies with its own H&S policies, compared to just 51% of workers with no HSR present.

Younger workers were generally more likely to be exposed to risky practices and scenarios at work than older workers. Insecure workers reported poorer than average outcomes on measures of H&S culture and compliance, and worker empowerment.

Three in five (60%) of insecure workers who did not take time off work during an injury or illness said they pushed through because they had no paid leave available (cf. 11% permanent workers). 53% of insecure injured workers kept working because they could not afford to stop working (cf. 31% permanent).

Less than half of health workers agreed that they have enough time to perform work safely in their workplace. Three in five (61%) say staff skip rest breaks that they are entitled to at least some of the time.

Only 64% of retail workers felt their workplace complies with its own H&S policies and procedures. Yet 28% of retail workers agreed that workers in their workplace are intimidated or bullied by management for raising H&S issues, compared to 18% of all workers.



Profile of Respondents

1

Profile of Respondents

The sample aligned fairly closely with Australian Bureau of Statistics data¹, although median income (\$68,500) was higher than the national median (\$50,861).

Workers in the Work Shouldn't Hurt sample were also more likely than the national average to be a current union member (17% cf. 14%).

Characteristic	ABS	Work Shouldn't Hurt sample
Age (median)	40.8	40.7
Gender (female)	48%	48%
Personal income (median)	\$50,861	\$68,500
Union member	14%	17%
Australian citizen	85%	91%
LOTE at home	8%	8%
Person with a disability	5%	3%
LGBTQIA+	4%	6%
Labour hire	3%	13%

Table 1. Demographic comparison of Work Shouldn't Hurt sample with ABS benchmark

Industry sector

Admin and professional services was the most common industry (16%), followed by Health (13%), Education and Retail (both 10%), Transport (9%), and Public services (7%). Only these top six industries are used for comparison throughout this report because they were deemed to have a large enough sample of respondents to be statistically useful in this study.

¹ The ABS data shown here is drawn from various Census, labour, community and health reports, adjusted where required to reflect a working population, aged 18-65 years.

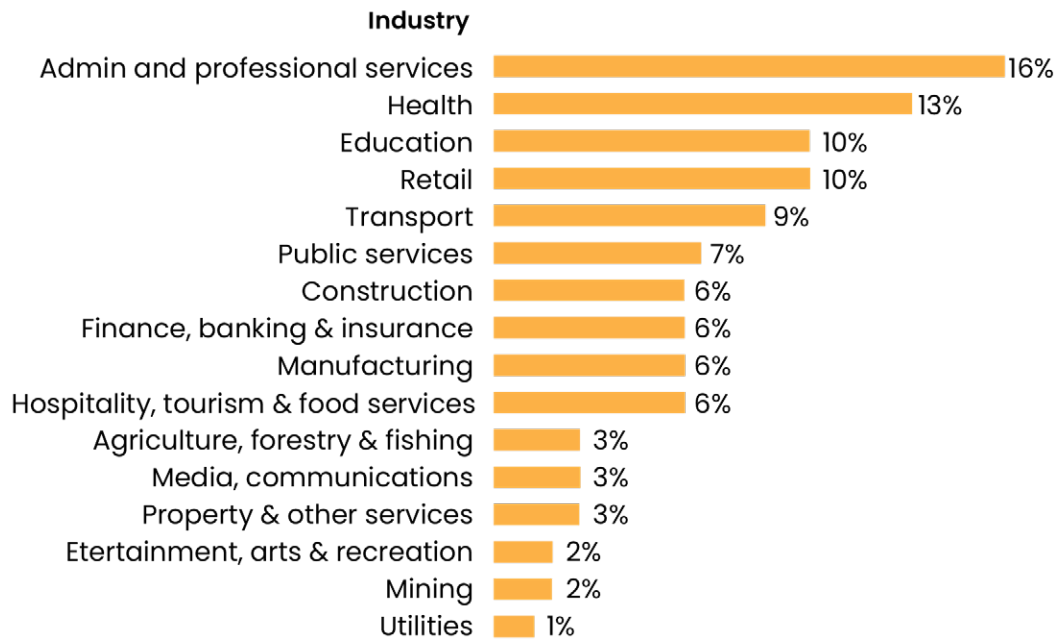


Figure 1. Work Shouldn't Hurt sample by industry

Work status and employer size

The sample had 15% of workers in insecure work (which is less than the national average; see Insecure Work under About this Report). This was defined in this research as fixed-term contractors, independent contractors, casuals, and gig workers. Two thirds (66%) were in full-time permanent paid work. The balance was made up of workers in permanent part-time paid work.

Several subsets of insecure workers were found to be working a significant proportion of unpaid hours. Independent contractors reported that 27% of their hours worked were unpaid, along with 25% for part-time workers on fixed-term contracts and 23% for gig workers.

Just over two third (36%) of workers worked for employers with over 500 staff, and 16% worked for employers with 101-500 workers.



2

Indices

2

Indices

What are the indices?

Several indices were created to assess the overall state of workplace health and safety. All the indices are on a 5-point scale, where 4-5 is regarded as positive, 3-4 is neutral, and 1-3 is negative. Three key indices were calculated by taking an average score from several different modules:

- Worker Engagement and Empowerment Index
- Employer Compliance and Culture Index
- Workplace Incidents Index

These three index scores contribute to an overall WHS Index. This is the 'single number' which best reflects the overall results of the survey. Given this is the first wave of an annual survey, the 2021 indices give us benchmarks against which to track and assess performance in future years.

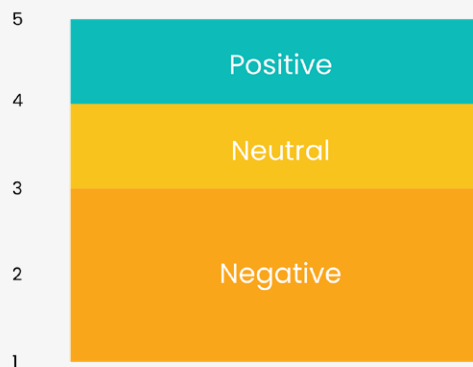


Figure 2. Interpretation for 5-point scale

WHS Index results

The overall WHS Index was 3.52, in the 'neutral' range of between 3 and 4. This suggests room for improvement and provides a useful benchmark for future years.

WHS Index by industry

Retail (3.40) and health (3.50) were the two industries with the lowest WHS Index scores out of the six industries with the most respondents. Admin and professional services (3.58) scored the highest. The differences between the top and bottom industries was statistically significant at the 90% confidence level or above.

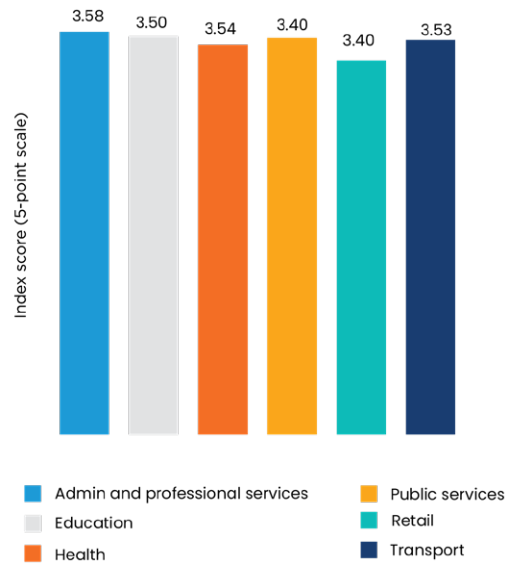


Figure 3. Overall WHS Index by industry

WHS Index by age

Younger workers tended to have lower WHS Index scores than older workers. This reflects the heightened vulnerability and lack of empowerment many younger workers experience in the workplace, which also coincides with a higher proportion of young workers in insecure work.

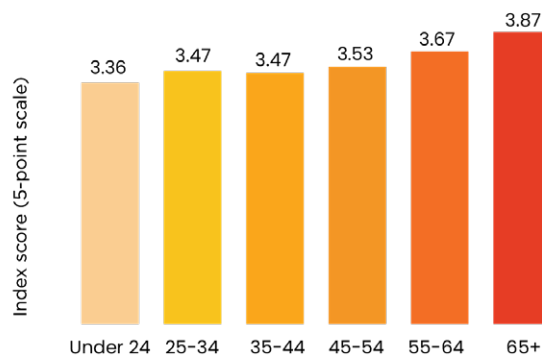


Figure 4. Overall WHS Index by age

WHS Index by gender

The difference in WHS Index scores between female and male workers was not statistically significant (see About this Report section for note about non-binary workers).

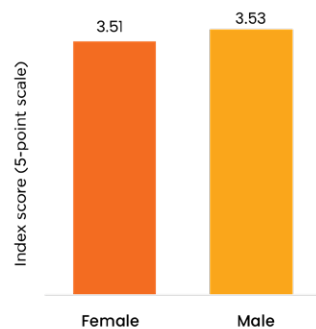


Figure 5. Overall WHS Index by gender



3

Mental health

3

Mental health

Snapshot

More than one in five (22%) of workers said they had suffered a mental health issue due to work in the past 12 months. The major industries with the highest rates were Health (28%) and Retail (27%).

One third of all workers were either regularly or always exposed to stress at work in the past 12 months.

28% of workers with a work-related mental or physical injury did not take time off work when they needed to, and more than half of these did so because they feared negative consequences for their job. Two in five of these workers kept working because they felt pressured by management.

Less than half of health workers agreed that they have enough time to perform work safely in their workplace. Three in five (61%) say staff skip rest breaks that they are entitled to at least some of the time.

Hidden epidemic of work-related mental health issues

The Work Shouldn't Hurt survey revealed that millions of Australians are suffering mental health issues as a result of their work, and that a high proportion are not seeking the help they need due to fear of negative consequences for their employment.

The major industries where respondents were most likely to say they suffered a mental health issue due to work in the past 12 months were health (28%), retail (27%), education (24%), and public services (23%). Transport and admin had lower than average rates (17%).

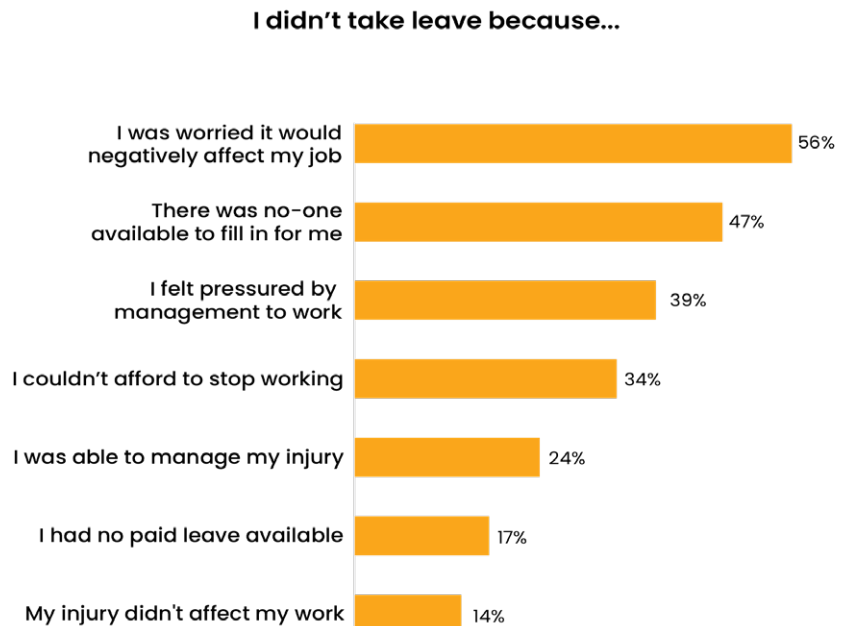
Young workers were the most susceptible; 30% of workers aged under 25 have suffered a mental health problem due to work. Young workers tracked poorly throughout the survey. For example, young workers were the most likely to report working unsafe hours at least sometimes (42% cf. 33% of all workers).

More than a quarter (28%) of workers with a mental or physical injury from work said they did not take time off when they needed to. The top reason for pushing through, cited by a majority (56%) of unwell workers, was being worried that taking time off would negatively affect their job. The industry where injured workers were most likely to give that response was retail (72%).

The second most common reason for not taking time off when needed was that there was no-one available to fill in. Education workers were much more likely (58%) to give this reason than the average (47%).

One third of all workers were either regularly or always exposed to stress at work (for them or their colleagues) in the past year. However, these frequencies of stress at work were even more prevalent in two of the sectors which have been hit hardest by the pandemic: health (46%) and education (42%).

Figure 6. Reasons why injured workers didn't take time off when they needed to



Employers failing to provide safe conditions

Workers reported that employers are failing to provide a psychologically safe and healthy working environment on a range of fronts.

Less than half of workers (49%) felt that their workplace has enough staff for work to be performed safely, and only 56% agree their workplace sets realistic demands and targets. One in ten workers were exposed to regular or constant bullying at work and one in five workers experienced some form of sexual violence or harassment at work in the past year. Three in ten workers aged 24 and under said they experienced at least one form of sexual violence or harassment in the past 12 months, a higher frequency than any other age group.

Retail was the only industry where less than half of workers felt that targets and demands are realistic enough for work to be performed safely in their workplaces. Retail disproportionately employs young and insecure workers.

Of workers who didn't take the necessary time off after an injury sustained at work, two in five (39%) said they kept working because they felt pressured by their management.

Just 71% of workers thought their workplace complies with its own health and safety (H&S) policies, and only 56% feel their employer puts H&S ahead of service, output or production. Nearly one in five workers (18%) said that workers are intimidated or bullied by management if they raise H&S issues. This figure was even higher in industries with younger and less secure workforces, such as retail (28%).

Health workers already at breaking point

Health workers reported particularly concerning standards in their workplaces. Only 48% agreed that they have enough time to perform work safely in their workplace. Three in five (61%) say staff skip rest breaks that they are entitled to at least some of time. One third of health workers suffered a mental or physical injury due to work in the past year, lower only than retail workers (36%) in the six largest industries examined.

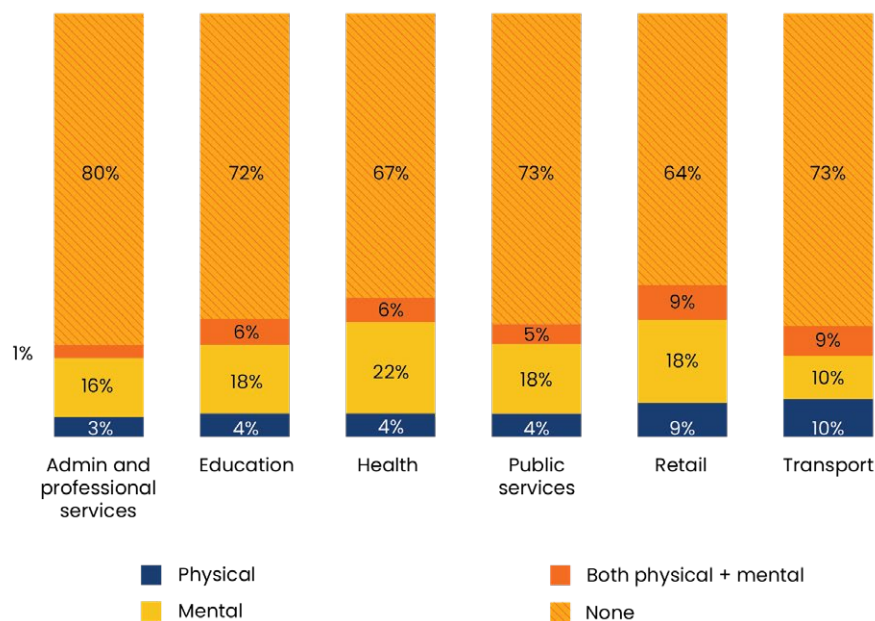


Figure 7. Injury type by industry

While the work of health workers is inherently challenging, the results of the survey suggest that they are being let down by a system to which they have given so much. Just 58% feel they have sufficient support to perform work safely, and less than half (49%) agree there is appropriate recognition and reward.

In order to perform work safely, workers in my workplace have...

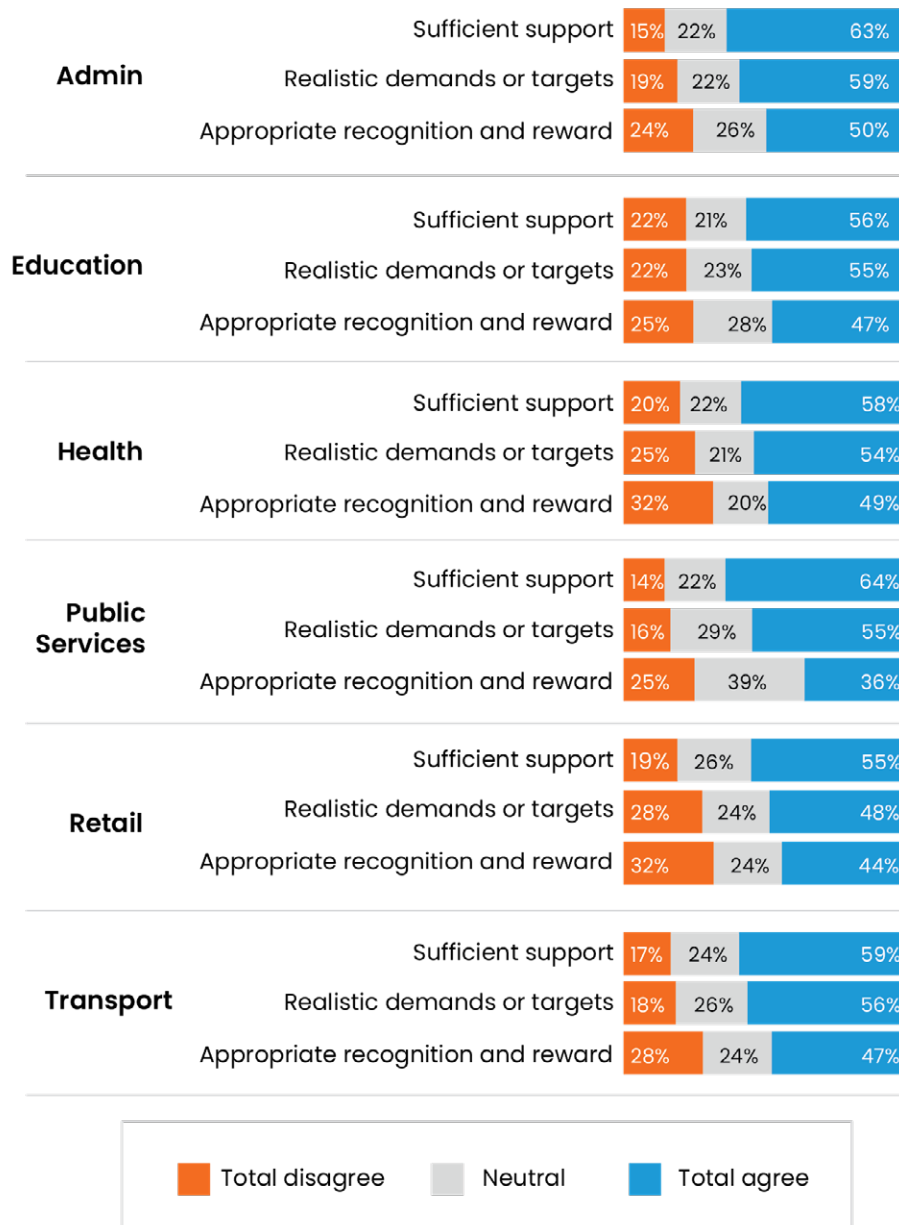


Figure 8. Agreement with workplace provision of selected resources for safe work, by industry



4

Insecure Work

4

Insecure work

Snapshot

In this report 15% of the sample are classified as insecure workers. For the purposes of this research a definition of insecure workers was based solely on their self-reported main source of income and corresponding employment status. Insecure work is often associated with certain forms of employment, including casual work, fixed-term work, seasonal work, 'gig work', sham independent contracting and labour hire. However it is also increasingly a problem faced by workers employed as permanent part-time but with fluctuating hours and rosters, and workers in non-traditional workplaces, such as home-based outworkers. The underemployed and those working multiple low paid jobs must also be considered insecure. These factors mean that the genuine proportion of insecure workers in Australia is substantially higher.

So, it is important to note that the negative health and safety outcomes experienced by insecure workers, as outlined below, affect an even greater proportion of Australian workers than they did in this study.

Insecure workers were defined as fixed-term contractors (including full-time and part-time), independent contractors, casuals, and gig workers. Permanent work refers to full-time and part-time permanent paid work.

Insecure workers reported a lower frequency of many types of WHS incidents and risks, including injuries. At first this might seem counterintuitive, but this was likely because insecure workers, on average, spend less time at work and work in smaller workplaces than permanent workers. Gig workers are also less likely to work in a traditional workplace with colleagues.

When we dig deeper, we see the ways in which insecure workers were indeed more vulnerable to workplace risks and exploitation. For example, 60% of insecure workers who did not take time off work during an injury or illness said they pushed through because they had no paid leave available (cf. 11% permanent workers). 53% of insecure injured workers kept working because they could not afford to stop working (cf. 31% permanent).

Insecure workers with no choice but to work through the pandemic

The Work Shouldn't Hurt survey revealed the pressures which force insecure workers to keep working when they are sick or injured, a trend which has put their health and wellbeing at heightened risk during the pandemic and potentially undermined Australia's ability to contain COVID-19.

One in four insecure workers (24%) suffered a work-related injury or illness in the 12 months to the June–July 2021 survey, less than permanent workers (29%).

However, of workers who reported working through an ailment which required time off, insecure workers were more likely than permanent workers to say it was because they worried that taking time off would negatively affect their job (67% cf. 55%), and much more likely to say they had no paid leave available (60% cf. 11%) or couldn't afford to stop working (53% cf. 31%).

In fact, 40% of all insecure workers said they had worked while unwell because they didn't have access to paid leave. Half of all insecure workers, including three in five female insecure workers (61%), were concerned about losing their job or having their hours cut at the time of the survey.

Furthermore, just 25% of injured or unwell insecure workers who did take leave felt they had adequate support from their workplace to return to work, compared to 61% of permanent workers. Only 5% of injured insecure workers made a workers compensation claim, compared to 18% of injured permanent workers. Of those who didn't make a claim, 43% of insecure workers didn't think they were entitled to, compared to 26% of permanent workers.

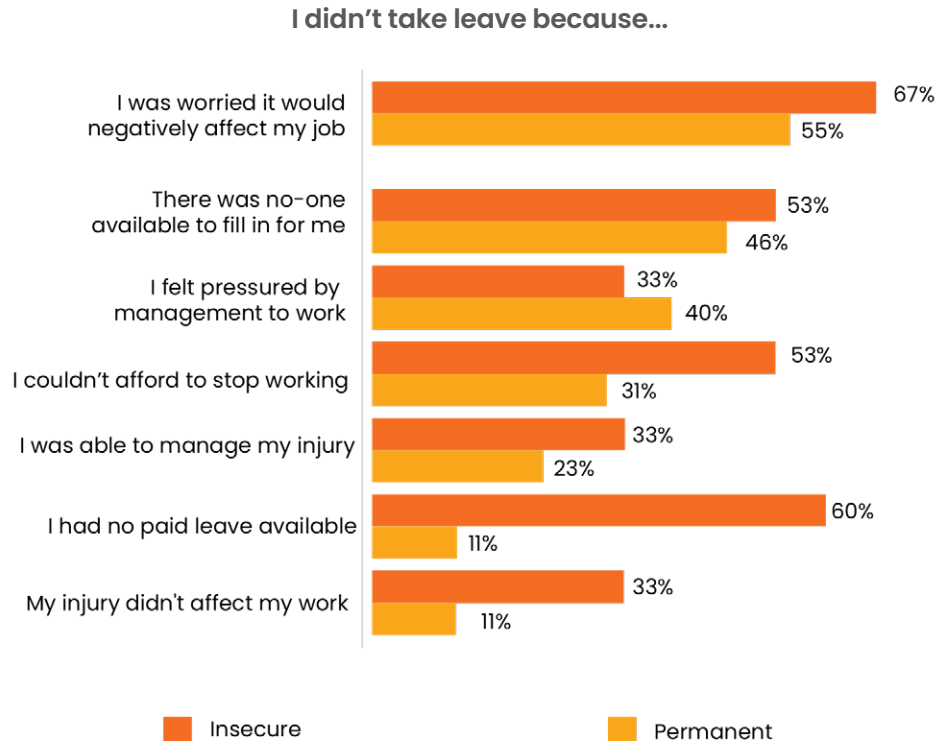


Figure 9. Reasons why injured workers continued to work, by work status

Women and minorities left vulnerable and exposed

The demographic profile of insecure workers shows that their fragile employment and poor conditions further entrench existing inequalities in society.

Insecure workers were more likely than permanent workers to be female, under 25 years old, or born overseas. Insecure workers are also more likely to identify as LGBTIQ+, or to have a disability.

Two thirds of insecure workers (65%) earned under \$52,000, compared to just 23% of permanent workers. Due to the nature of their work, insecure workers tended to work more for less reward; as a proportion of their total work hours, independent contractors (27%), and part-time contract workers (25%) were unpaid for at least a quarter of their work hours. Gig workers were not far behind, with 23% of their work hours being unpaid.

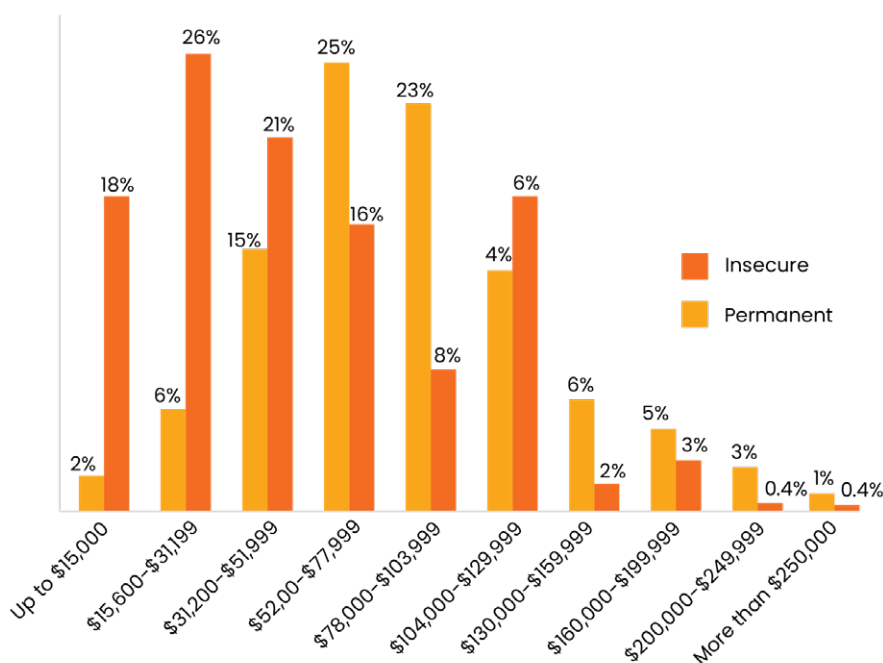


Figure 10. Income by work status

In addition to this income disparity, insecure workers are overrepresented in some of the industries with workplaces most affected by the pandemic. Insecure workers were more likely than permanent workers to work in hospitality/tourism (10% cf. 5%), health (15% cf. 11%), retail (13% cf. 9%), and the arts/entertainment (5% cf. 2%). They were less likely to work in admin/professional services (11% cf. 17%) or finance (2% cf. 7%).

Even within insecure work, there was a gender difference with how workers perceived their level of vulnerability at work. Female insecure workers were much more likely (61%) than males (37%) to be concerned about losing their job or having their hours cut.

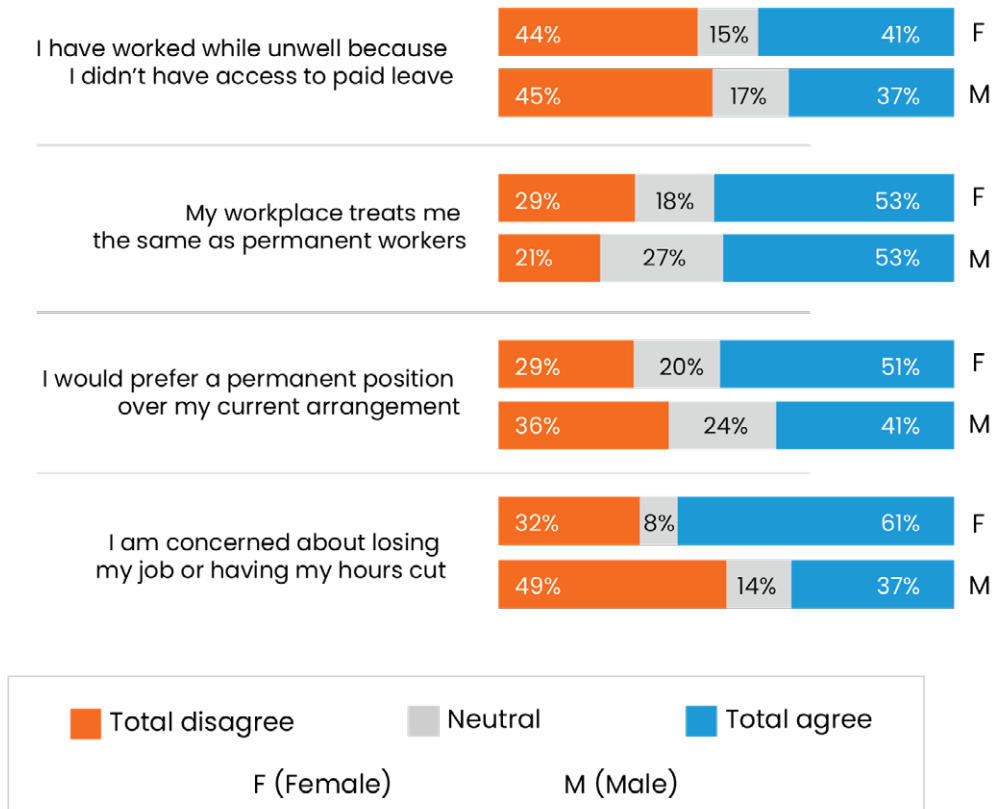


Figure 11. Insecure workers' agreement towards statements regarding job security, by gender

Less empowered in the workplace

Insecure workers reported generally poorer workplace health and safety cultures, leading to less employee empowerment and the potential for more exploitation by employers.

Less than half of insecure workers (48%) felt their workplace puts as much importance on mental health hazards as physical hazards, compared to 54% of permanent workers. 18% of insecure workers did not feel comfortable raising H&S issues with management, compared to 14% of permanent workers.

This dynamic is exacerbated by the fact that insecure workers in the Work Shouldn't Hurt study were only about half as likely as permanent workers to be current union members (9% cf. 19%).

Insecure workers (12%) were less likely than permanent workers (21%) to have been the victim of gendered violence or harassment in the past 12 months, but as with injuries at work, this is probably because insecure workers simply spent less time in the workplace. When it came to what happened after these incidents, the vulnerability of insecure workers appeared once again.

Of those who took no action after experiencing an incident, insecure workers were more likely than permanent workers to say it was because they feared negative consequences for themselves (50% cf. 32%), that they had no confidence in the confidentiality of the process (43% cf. 24%), that they didn't have enough support (29% cf. 18%), or that they didn't know how the process worked (14% cf. 8%). One in seven insecure workers who suffered harassment said they took no action because they had already left the workplace, compared to one in thirty permanently employed workers, indicating the additional transitory vulnerability of insecure employment.

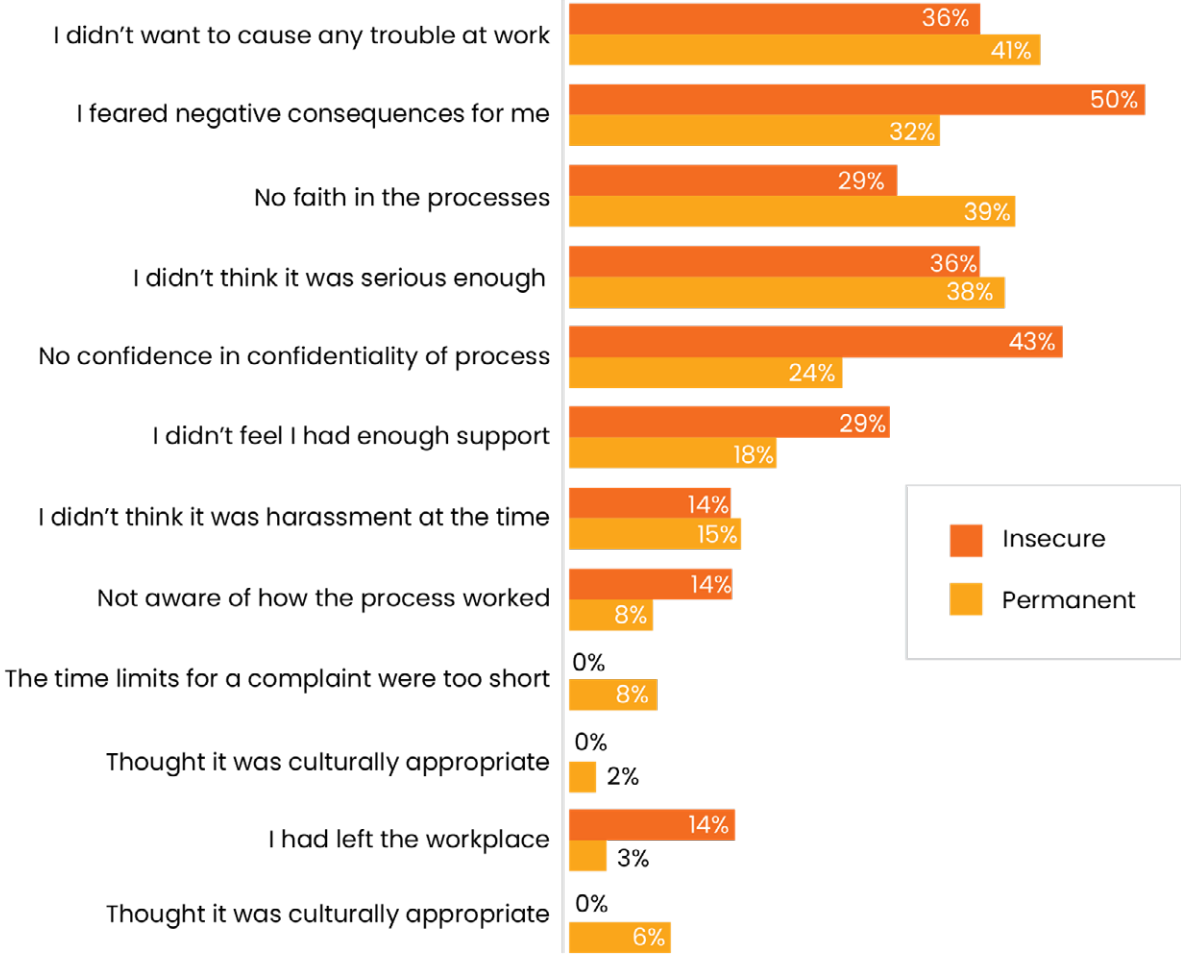


Figure 12. Reasons for taking no action after experiencing sexual harassment, by work status



5

Gendered violence and sexual harassment

5

Gendered violence and sexual harassment

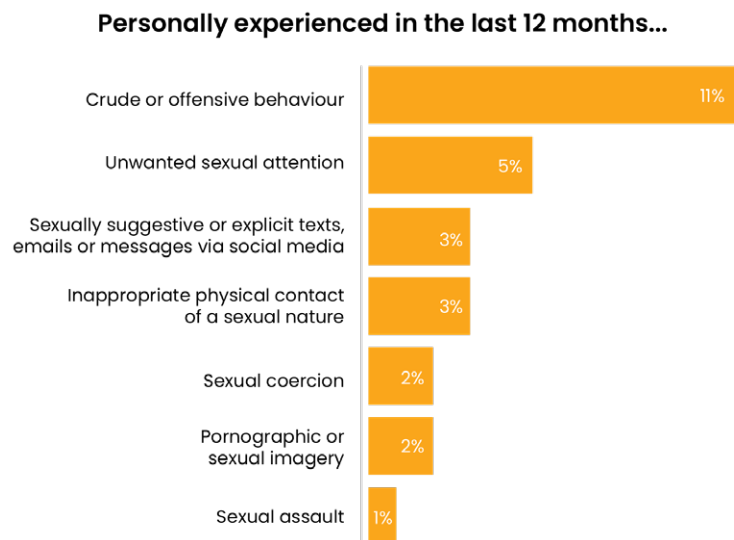
Snapshot

One in five (20%) respondents experienced some form of gendered violence or harassment² at work in the past 12 months³. Workers aged 24 and under were more likely to experience sexual violence or harassment at work (30%), and young female workers were even more likely (37%).

Only 31% of workers who took some action (such as making a formal complaint) after experiencing an incident of gendered violence or harassment were satisfied with the response.

Many workers decided to not take any action at all, for reasons such as fear of negative repercussions and lack of faith in the process (more below). Worryingly, around three in ten workers who experienced either sexual assault or unwanted sexual attention took no action.

Figure 13. Proportion of workers who experienced gendered violence or harassment in the past 12 months, by incident type



2 Gendered violence and harassment' means violence and harassment directed at, or disproportionately affecting, employees because of their sex, gender, sexual orientation or gender identity, and includes sexual harassment. In this study, respondent experiences of seven different examples of harassment were canvassed, and respondents could also nominate other experiences.

3 This is in line with the results of the Australian Human Rights Commission's most recent survey in 2018. Source: <https://humanrights.gov.au/our-work/sex-discrimination/publications/everyones-business-fourth-national-survey-sexual> Last accessed: 07/09/2021

Incident type	Took no action
Crude or offensive behaviour	48%
Unwanted sexual attention	29%
Sexually suggestive or explicit messages	40%
Inappropriate physical contact	35%
Sexual coercion	17%
Pornographic or sexual imagery	50%
Sexual assault	31%

Table 2. Proportion of respondents who took no action after experiencing sexual harassment incident, by incident type

Worse outcomes for women

Women were more likely than men to take no action (such as a formal complaint or police report) following an incident of gendered violence or harassment, including unwanted sexual attention (31% of women cf. 25% of men), and crude or offensive behaviour (53% cf. 43%).

Women workers who did not act were more likely than men to say they feared negative repercussions (41% cf. 28%), had no faith in the processes (40% cf. 36%), had no confidence in the confidentiality of the processes (31% cf. 21%), or didn't feel they had enough support to take any action (26% cf. 13%). Insecure workers were more far more likely than permanent workers (50% to 32%) to take no action because they feared negative consequences for themselves.

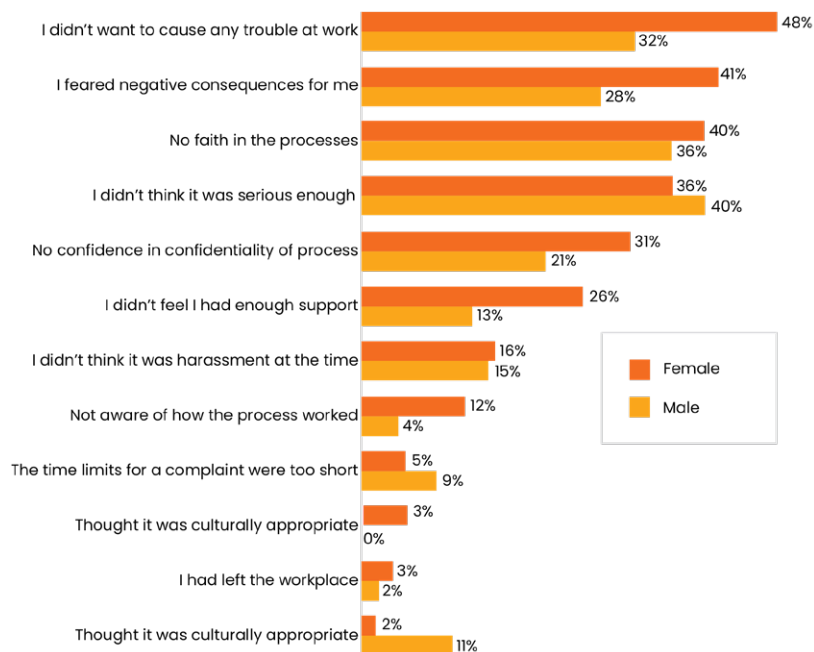


Figure 14. Reasons for taking no action after experiencing a sexual harassment incident, by gender

For those workers who did take some action, women (25%) were much less likely than men (39%) to be satisfied with the response.

All workers were asked about the general culture towards sexual harassment in their workplaces. Women (86%) were more likely than men (82%) to agree they could recognise sexual harassment if they saw it, but more likely to disagree that their workplace had enough education for all staff (16% cf. 12% of men) or clear policies for preventing harassment (13% cf. 8%). There is clearly a need for women workers to inform health and safety policies, yet only 45% of women agreed that their workplace involves workers in decision-making, compared to 54% of men.

Frontline workers in the firing line

Sexual harassment was an issue in all industries, but those with higher-than-average rates of incidents tended to be those involving high levels of contact with customers, clients or patients. Retail and health are particularly high-risk industries for all genders, and even more so for women. A quarter (26%) of retail workers, including 32% of women working in retail, and 22% of health workers, including 24% of women health workers, experienced at least one type of incident, compared to 20% of the overall sample.

It is notable that these industries are characterised by high rates of insecure work. This is consistent with the Respect@Work Report,⁴ which finds that insecure work is a risk factor for experiencing sexual harassment, as well as working in public-facing sectors.

4 Australian Human Rights Commission, Respect@Work: Sexual Harassment National Inquiry Report (2020), 2020. Source: <https://humanrights.gov.au/our-work/sex-discrimination/publications/respectwork-sexual-harassment-national-inquiry-report-2020>. Last accessed: 29/10/2021.

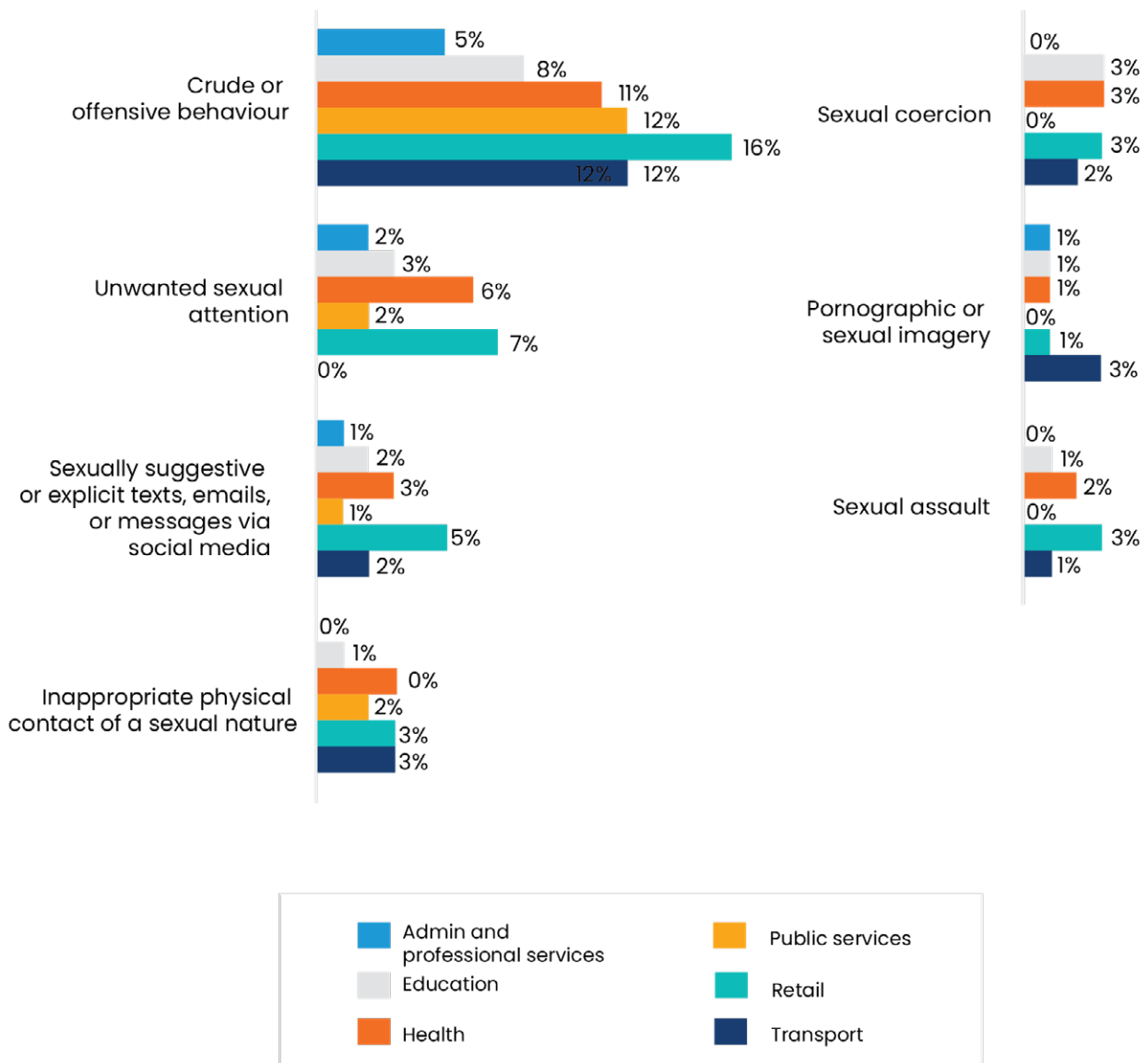


Figure 15. Frequencies of sexual harassment incidents by industry

The workplace culture of retail workplaces, specifically in relation to sexual violence and harassment, was rated by its workers as the poorest out of the major industries. They were more likely than average to disagree that their workplace took sexual harassment seriously (10% cf. 7% all workers) or had enough education for all staff on preventing sexual harassment at work (17% cf. 14% all workers).

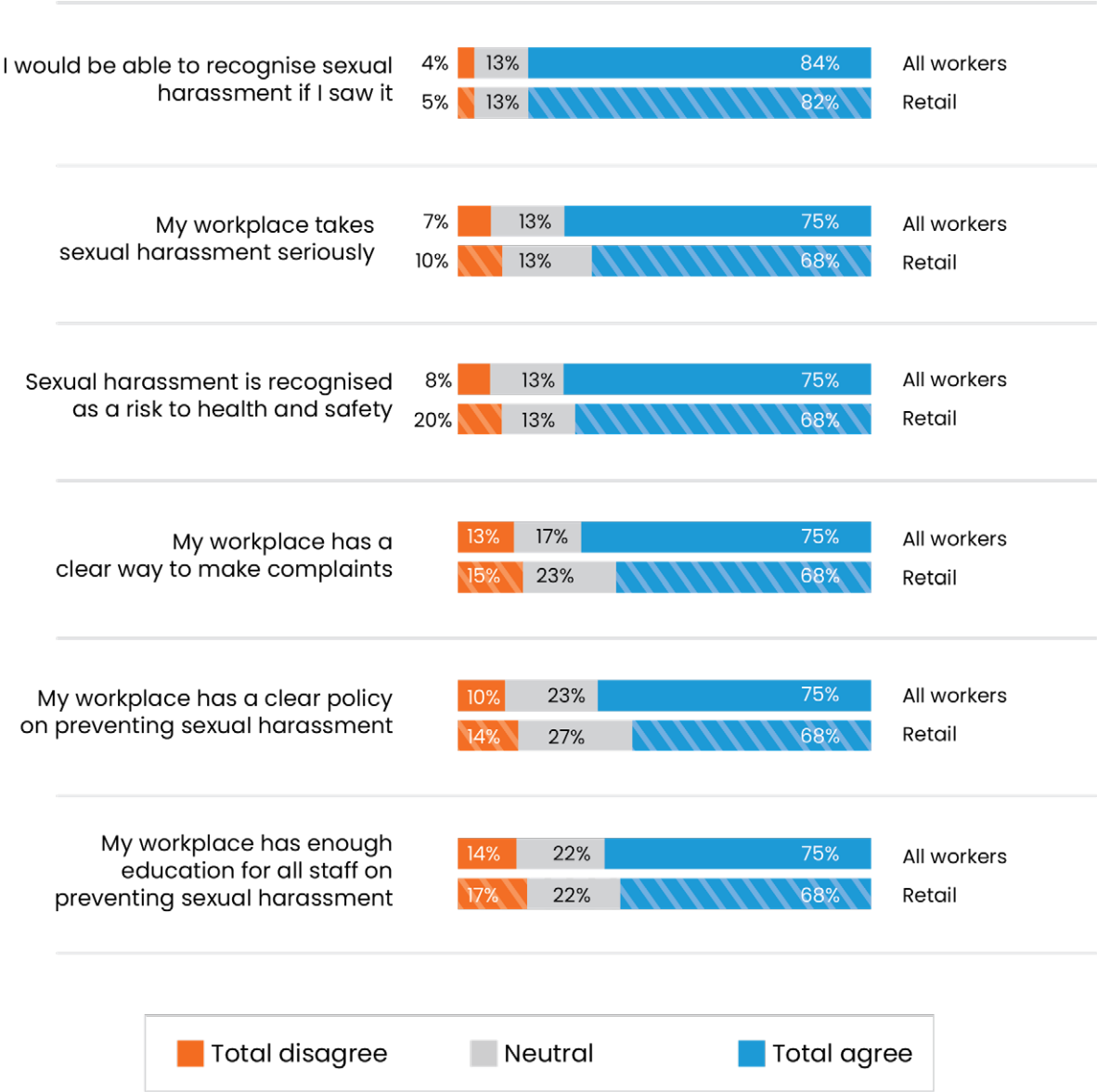


Figure 16. Agreement with statements regarding sexual violence and harassment at work, comparing retail with all workers



6

Compliance, culture and worker empowerment

6

Compliance, culture and worker empowerment

Snapshot

Respondents were asked about their level of agreement with 16 statements which reflected their workplace's H&S culture, and nine statements which reflected aspects of worker engagement and empowerment where they work.

Some of the most notable findings showed that a relatively low proportion of workers agreed they had sufficient training (64%), sufficient support (60%), enough time (53%) or enough staff (49%) for work to be performed safely.

Union members reported superior H&S outcomes than non-members on a range of measures, including having clear H&S policies, elected health and safety representatives (HSRs), and regular hazard inspections.

Only 64% of retail workers felt their workplace complies with its own H&S policies and procedures. Yet 28% of retail workers agreed that workers in their workplace are intimidated or bullied by management for raising H&S issues, compared to 18% of all workers.

Insecure workers reported lower empowerment than permanent workers on seven out of nine measures.

Union membership tied to better H&S outcomes

Union members reported superior results for several key measures of H&S culture and compliance. 82% of union members agreed their workplace had clear H&S policies, compared to 70% of non-members. 82% of union members said their workplace had an HSR, compared to 59% of non-members.

Members were also more likely to say their workplace regularly inspects for hazards and problems (66% cf. 57% of non-members), and had clearly assigned responsibilities to perform work safely (73% cf. 66% of non-members).

Union members were more likely to be comfortable raising H&S concerns with management (73% cf. 68%). A concerning finding of the study was that 23% of all workers were not consulted about issues or change which may affect their safety at work, but only 15% of union members reported this result, compared to 24% of non-members.

The final section of this report, on Health and Safety Representatives, reveals the positive correlation between union membership and the presence of key H&S personnel in workplaces. The link between union membership, H&S staff, and the positive outcomes mentioned here is a key finding of this study.

Compliance and culture by industry

12% of transport workers felt their workplace does not have clear H&S policies and procedures, and 15% reported their workplace does not comply with its own H&S policies and procedures, the highest disagreement for both questions. 81% of health workers agreed that their workplace complies with its own H&S policies, the highest agreement of the major industries.

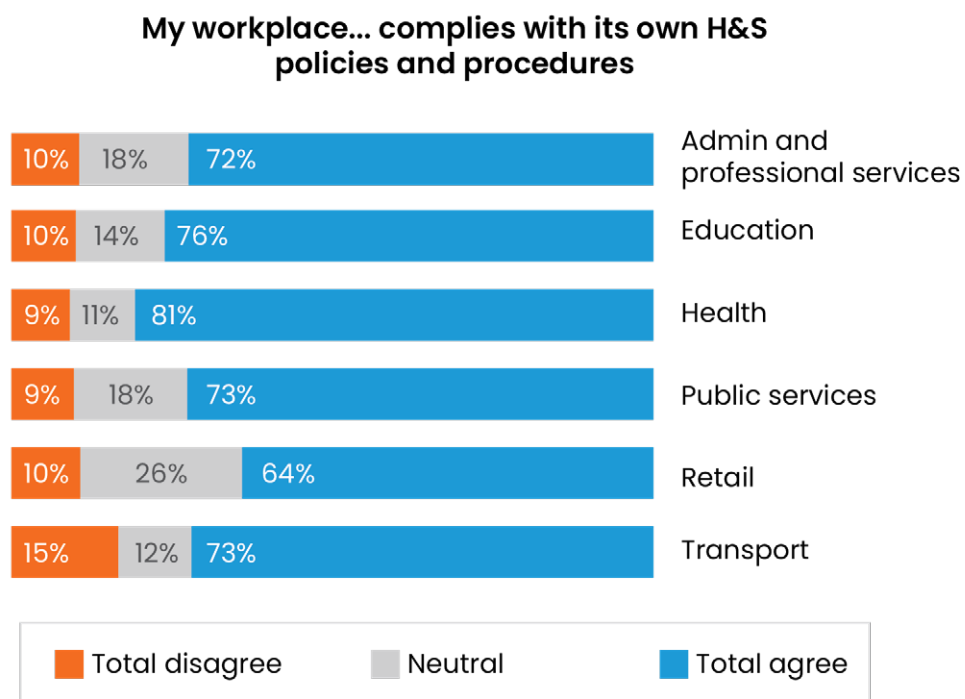


Figure 17. Agreement that workplace complies with its own H&S policies and procedures, by industry

Health and education were industries where workers indicated they were stretched thin. Only 44% of health workers felt their workplace had enough staff for work to be performed safely, the worst industry for this measure, and significantly less than the overall proportion of 49%. 34% of education workers disagreed that they have enough time for work to be performed safely, closely followed by health (32%).

Retail performed worse than average on every aspect of resourcing for safe work, from tools to training and support. It was the only industry where less than half of workers (48%) felt that targets and demands were realistic enough for work to be performed safely in their workplace.

In order to perform work safely, workers in my workplace have...

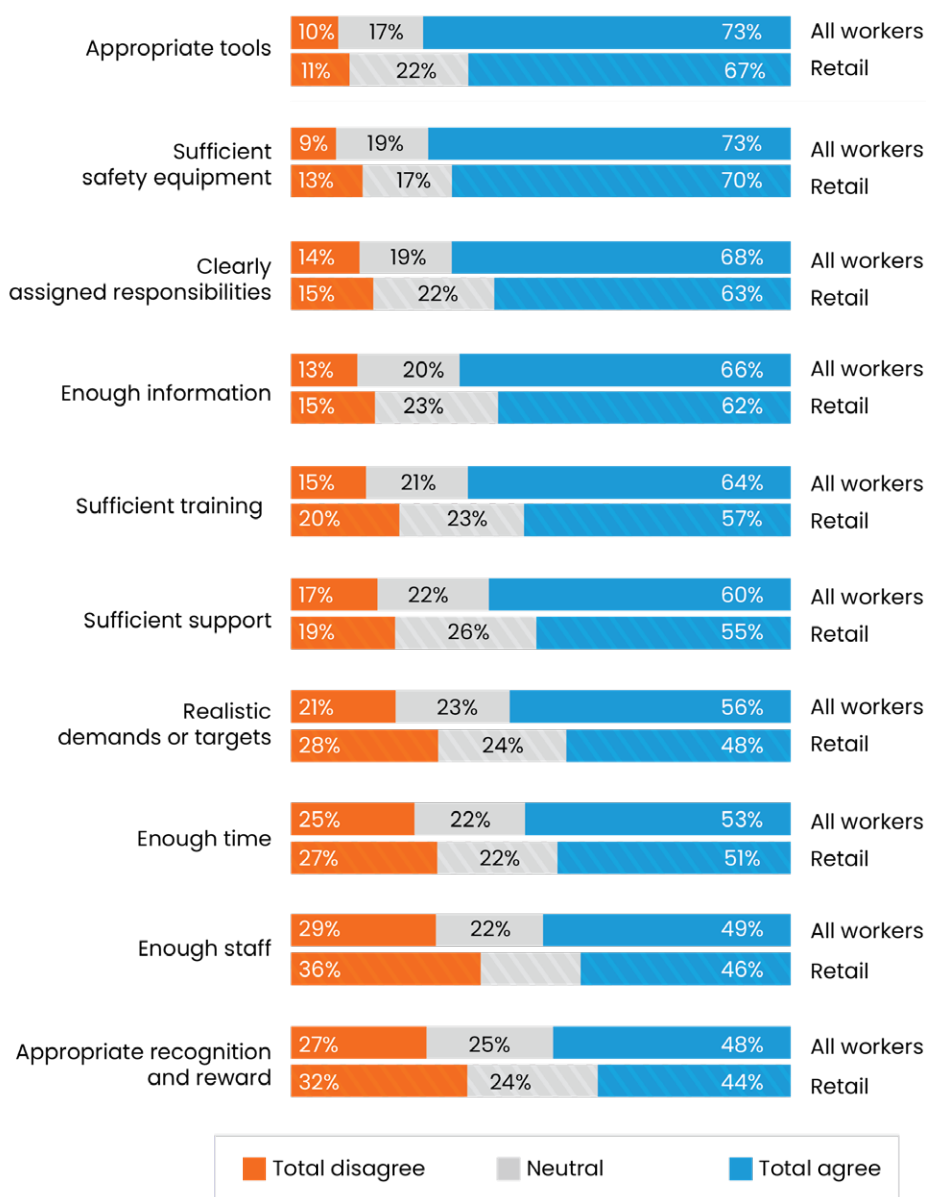


Figure 18. Agreement with workplace provision of resources for safe work, all workers v retail

Worker empowerment – insecure workers at mercy of employers

Retail performed poorly on measures of worker empowerment. For example, 28% of retail workers agreed that workers in their workplace are intimidated or bullied by management for raising H&S issues, compared to 18% of all workers. Only half of all workers agreed their workplace involves workers in decision-making about the work they do, yet this was even lower (45%) for retail workers.

It is no coincidence that retail had the lowest index for worker empowerment and the highest proportion of insecure workers (20%), as well as the highest proportion (48%) of workers aged 34 and under. The other major industries with a higher-than-average proportion of insecure workers were health (18%), education (17%) and transport (16%). Public services (13%) and admin (10%) had lower-than-average proportions of insecure work.

Considering the entire sample, insecure workers reported lower empowerment than permanent workers on seven out of nine measures.

Only 46% of insecure workers felt they were consulted about issues or changes which may affect H&S, compared to 52% of permanent workers. Just 65% of insecure workers felt comfortable raising H&S concerns with management, compared to 69% of permanent workers.

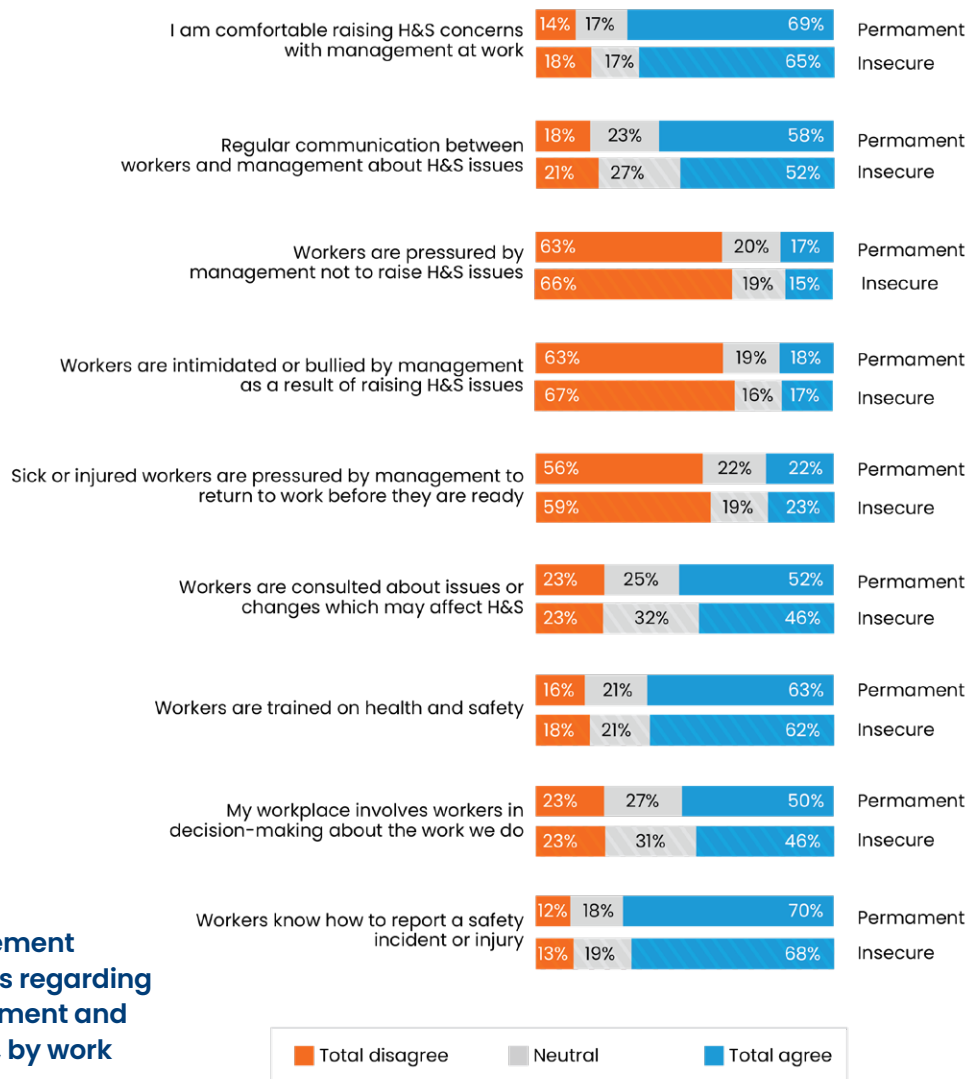


Figure 19. Agreement with statements regarding worker engagement and empowerment, by work status



7

Workplace injuries and incidents

7

Workplace injuries and incidents

Snapshot

Three in ten (29%) workers sustained at least one injury or ailment due to work in the 12 months before the survey. This included 12% who suffered a physical injury and 22% who had a mental health issue (5% of workers had both types).

A worker's gender and industry impacted the types of risks they were more likely to experience at work. Men were generally more likely to experience and undertake physically risky incidents and practices, while women (who make up the majority of health workers) were more likely to experience trauma, stress, and harassment at work.

Younger workers were generally more likely to be exposed to risky practices and scenarios at work than older workers.

28% of workers who were injured or made ill at work said they needed to take time off work but didn't. This was most commonly due to a fear of negative consequences or because there was no cover.

Most injured workers did not put in a workers compensation claim, including 95% of injured education workers. More than half of injured workers who did not make a claim said it was because of reasons other than that their injury was minor, such as fear of backlash, employer pressure, and lack of faith in the process.

Injuries and incidents by industry

The types of injuries (physical or mental) were distributed somewhat as expected between the major industries. Only 4% of (mostly desk-bound) admin workers sustained a work-related physical injury, compared to 18% of retail workers and 17% of transport workers. The worst industries for mental health issues were health (28%), retail (27%), and education (24%); these industries are typically high stress environments, majorly exacerbated by the COVID-19 pandemic.

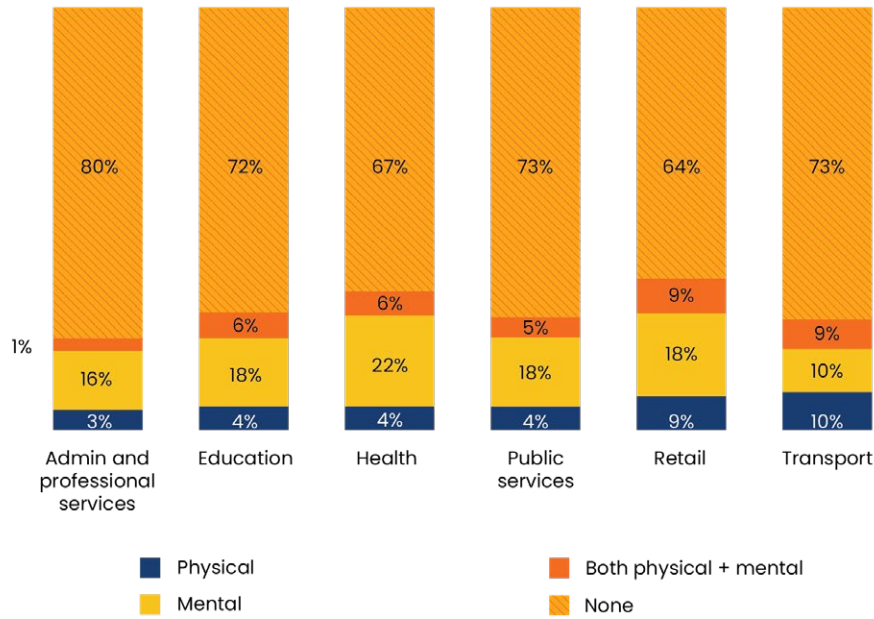


Figure 20. Injury type by industry

The frequency of workplace incidents and risks varied by worker age, gender, and industry. Men were generally more likely to undertake physically risky incidents or practices, such as standing for long hours (40% at least sometimes cf. 34% of women) or working with harmful chemicals (25% at least sometimes cf. 21% of women).

Women were more likely than men to at least sometimes experience stress at work (74% cf. 66%), traumatic events or aggressive clients (40% cf. 30%), bullying at work (26% cf. 22%), or discrimination or harassment (22% cf. 17%).

Young workers tended to experience more frequent risks and incidents than older workers. Respondents aged 24 and under were more likely than workers aged 55-64 to report a wide range of incidents.

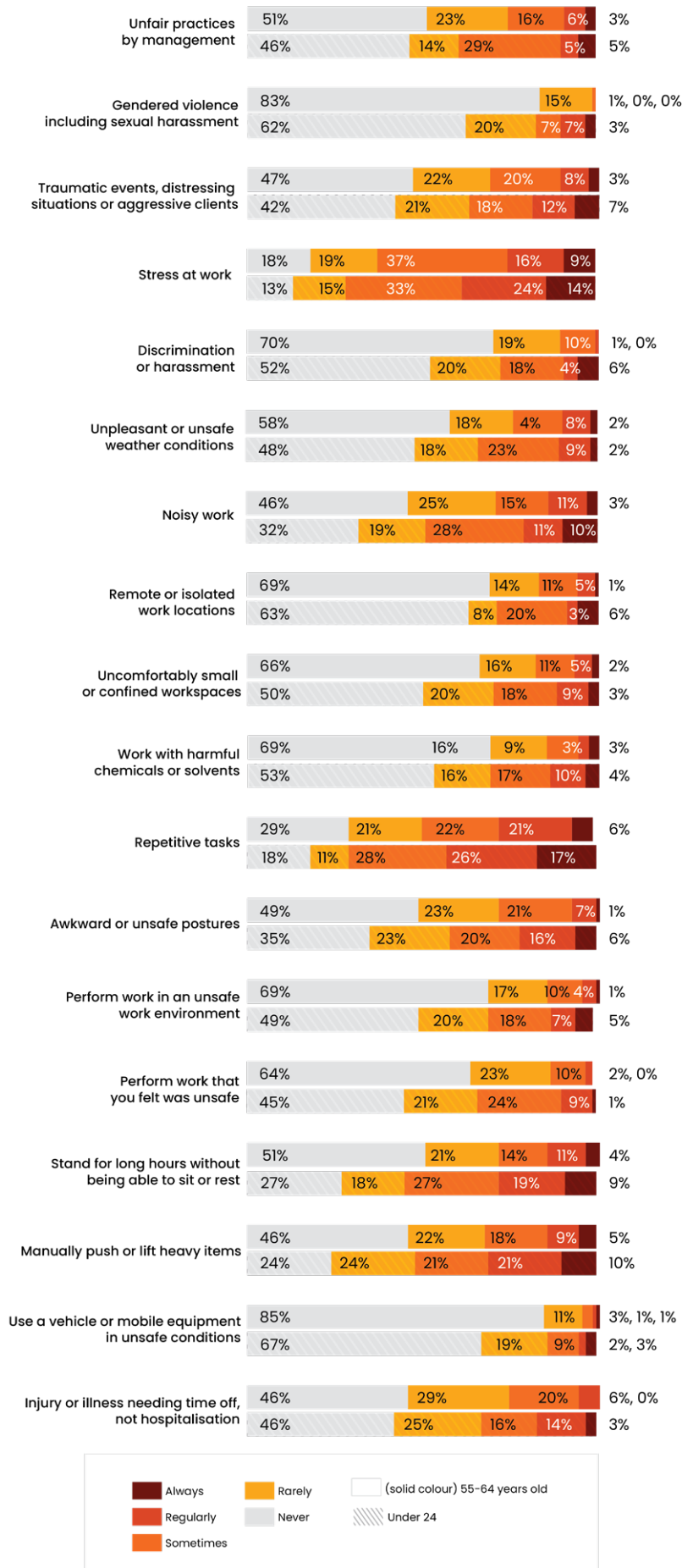


Figure 21. Frequency of selected risks at work, age comparison

Health workers are among the most susceptible to dangerously repetitive work, traumatic events and aggressive clients, stress at work, and violence at work, with 47% witnessing violence or threats at work at least once. Transport workers tend to experience serious injuries more than the other industries. Admin and public service workers tend to experience the lowest frequency of risky incidents at work.

Response to injuries

52% of workers with a work-related injury or mental health issue saw a doctor, and 39% took time off work. However, 28% reported they needed to take time off work but didn't, a figure which was even higher for retail (33%), health (32%), and admin (31%).

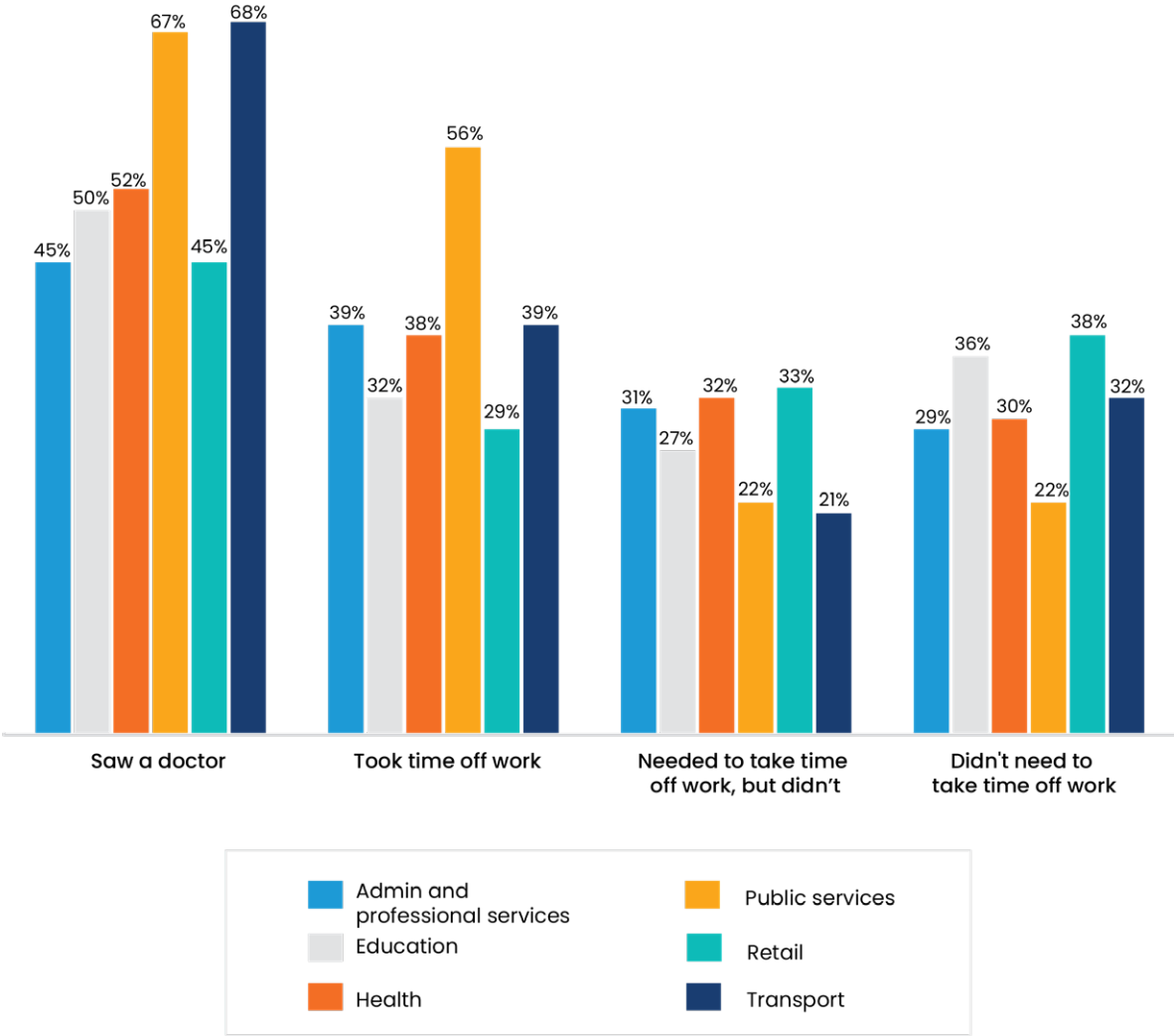


Figure 22. Worker response to work-related injury or mental health issue, by industry

The workers who continued working when they needed time off were asked why they pushed through. The most common reasons were that they were worried taking time off would negatively affect their job (56%), there was no-one available to fill in (47%), they felt pressured by management to work (39%), and they couldn't afford to stop working (34%).

It is notable that unwell retail workers were much more likely than average to say they were worried time off would negatively affect their job (72%), while 58% of education workers said there were no-one to fill in for them. 53% of admin workers said they couldn't afford to stop working and that there was no-one available to cover, indicating the different workplace and lifestyle pressures faced by different cohorts of workers.

Workers compensation claims

Public services workers were most likely to make a workers compensation claim when injured (23%), while education workers were least likely (5%).

For those workers who did not put in a claim, 42% said they didn't bother because the injury was minor. This means that more than half (58%) of injured workers did not make a claim due to other reasons, such as fear of negative repercussions or challenges with the process, giving unions an insight into where they can better support workers.

I didn't make a workers compensation claim because...

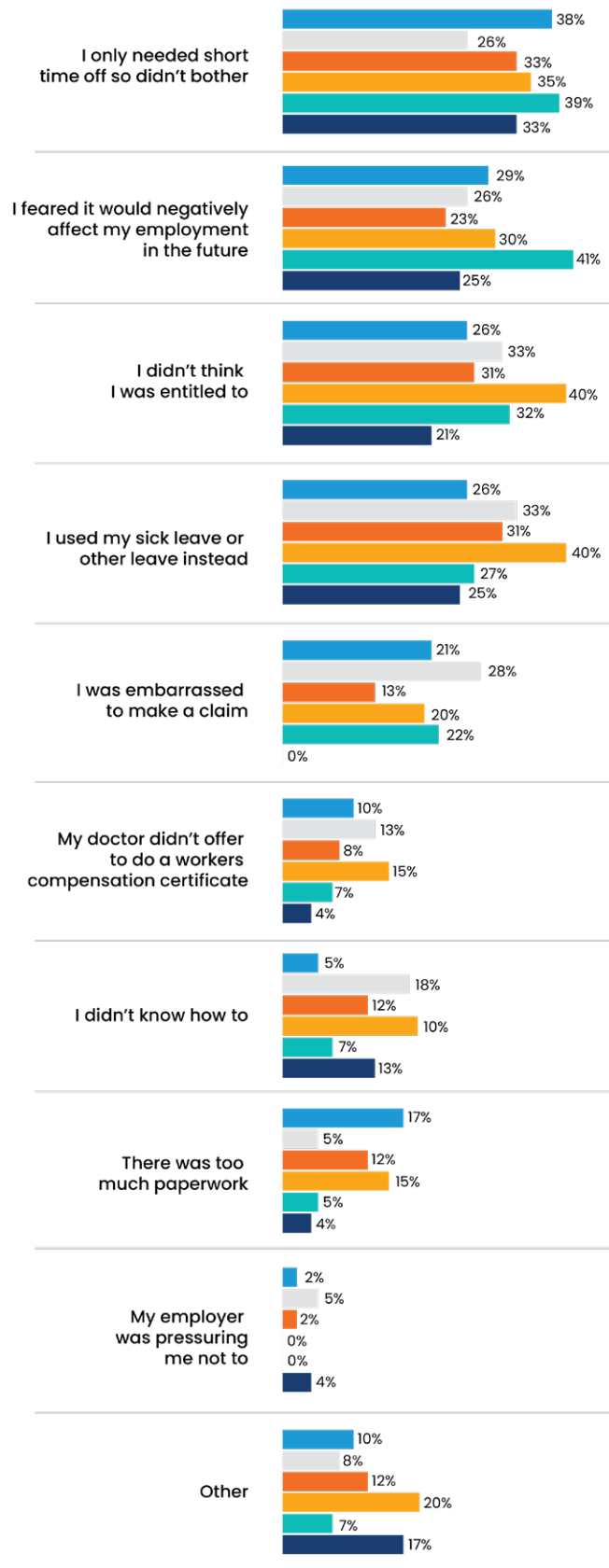
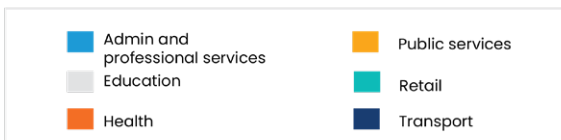


Figure 23. Reasons for not making a workers compensation claim when injured, by industry





8

Health & Safety Representatives

8

Health & Safety Representatives

Snapshot

Just under two thirds (63%) of workers were found to have Health and Safety Representatives (HSRs) in their workplaces. Half (49%) had Health and Safety Committees and 65% reported that their workplace had an employer-nominated first aid officer or safety officer.

There was a strong correlation between HSRs being present and better reported H&S compliance and culture. For example, 79% of workers with an HSR at their workplace said their workplace complies with its own H&S policies, compared to just 51% of workers with no HSR present.

There was also a strong correlation between union membership and H&S personnel being present. 82% of union members had an HSR at their workplace, compared to 59% of non-members.

Put together, this section provides strong evidence of the relationship between union membership and workplace safety through the influence of formal H&S structures.

Industry comparison

Transport (51%), public services (49%) and education (46%) workers were most likely to have all three listed types of H&S personnel at their workplaces. Transport workers were also most likely (15%) to have none of these, followed by workers in retail (12%), admin (11%), and health (10%). Transport, public services and education are also the three industries with the highest proportion of current union members in this sample.

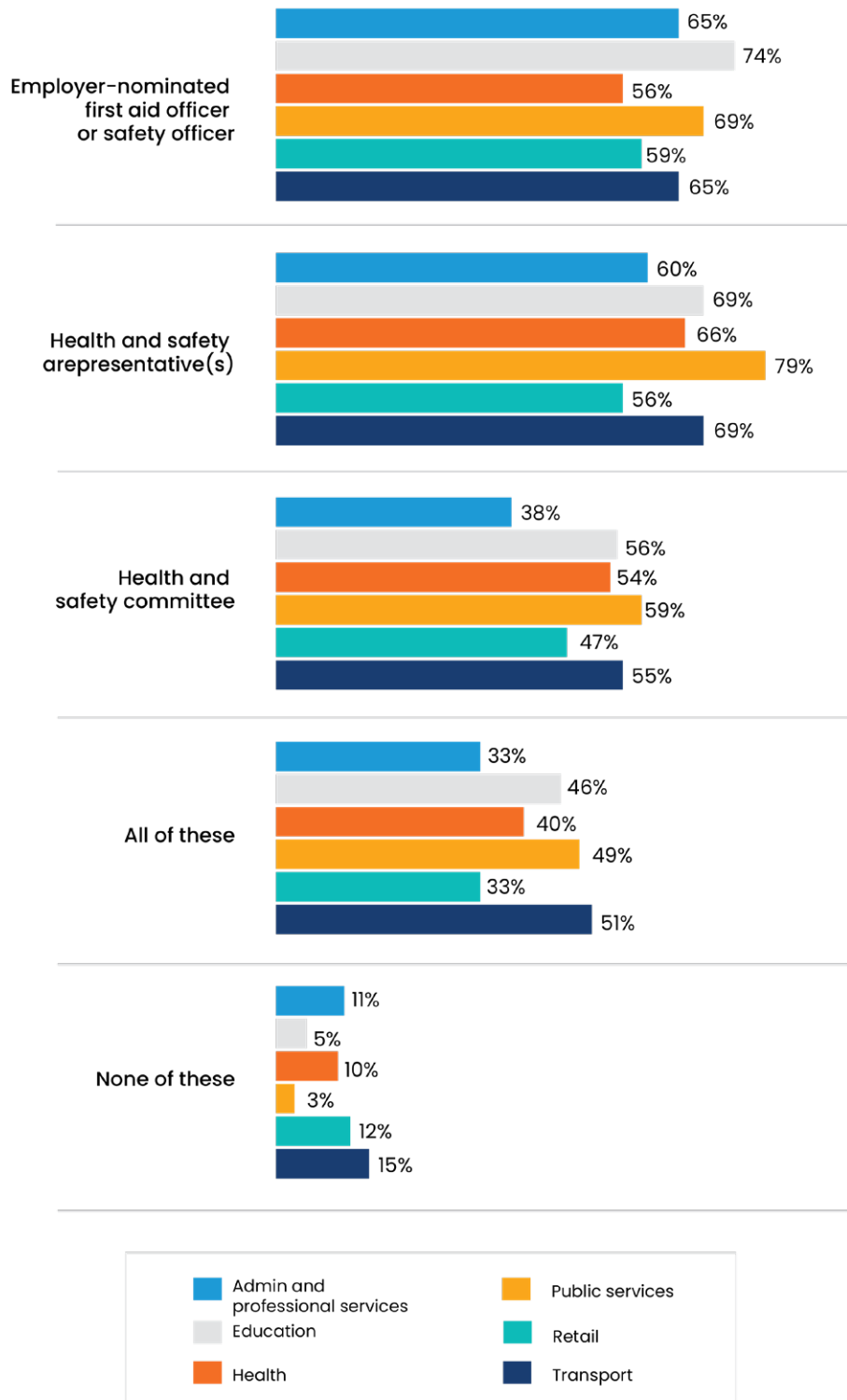


Figure 24. Proportion of workers with H&S personnel at their workplaces, by industry

Impact of HSRs on WHS

There was a clear, positive correlation between HSRs being present and workplaces having better WHS culture and compliance. For example, 85% of workers in a workplace with an HSR agreed that their workplace has clear H&S policies and procedures, compared to 45% of workers where there was no HSR.

The presence or absence of an HSR is not the only factor contributing to WHS compliance, but the presence of an HSR does appear to be an indicator of a workplace which is more likely to take H&S seriously; the inverse is also true.

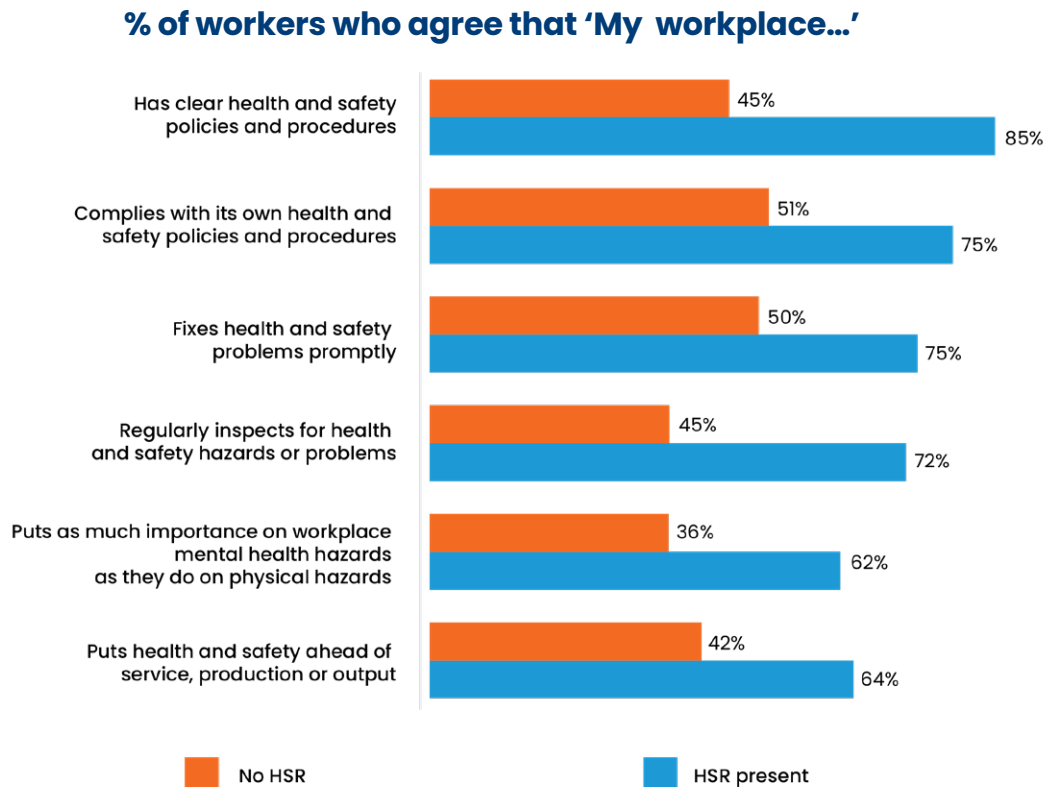


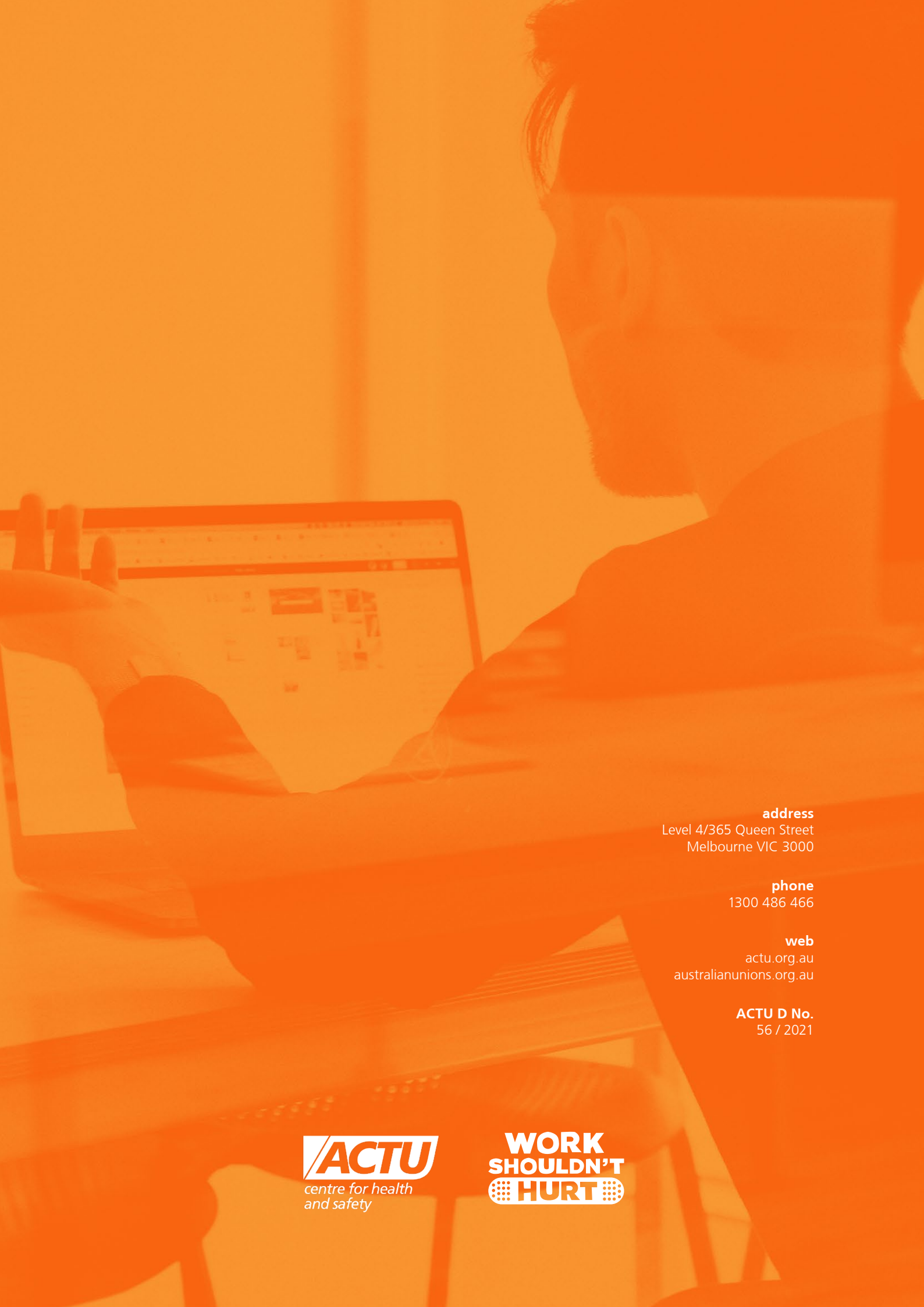
Figure 25. H&S culture and compliance, comparison of HSR presence

Union members and H&S personnel

Union members were more likely than non-members to report that H&S personnel were present at their workplaces.

82% of union members said their workplace had an HSR, compared to 59% of non-members. 67% of members' workplaces had a H&S committee, and 74% had an employer-nominated first aid officer or safety officer, compared to 45% and 63% of non-members respectively.

These results tie in with the superior outcomes reported by union members which are explored in the Compliance, Culture, and Worker Empowerment section of this report.



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