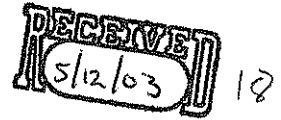


4 December, 2003.



Rural and Regional Services and Development Committee,
Level 8, 35 Spring Street,
Melbourne, 3000

Dear RRSDC Secretariat,

Enclosed please find a submission to your committee's "Inquiry into fatalities and injuries on Victorian farms".

We look forward to hearing more about your committee activities.

Thank you,

Yours sincerely,



Greg Murphy (Dr)
Associate-Professor in Rehabilitation Psychology.

Submission to the Rural and Regional Services and Development Committee's Inquiry into death and injury on Victorian farms

1 SUBMISSION SUMMARY

While the terms of reference of the Inquiry cover both the causes of and consequences of fatality and injury on Victorian farms and the reporting of any strategies to reduce the incidence of farm injury and fatality, this submission from the School of Public Health at La Trobe University addresses the rates of disabling injury, the provision of rehabilitation services post-injury and the rehabilitation outcomes achieved by injured Victorian agricultural workers, i.e., parts 2 and 5 of the terms of reference for the Committee's Inquiry.

Information is provided about (a) the matter and type of disabling injury among agricultural workers (part 2 of the terms of reference for the Committee's Inquiry); and (b) the financial and social cost of injury on Victorian farms (part 5 of the terms of reference for the Committee's Inquiry). The submission concludes with a recommendation that a community-based service initiative (Victorian AgrAbility), based on a proven international model and aimed at improving the rehabilitation and employment outcomes of those in rural and regional Victoria who suffer disabling injury, would benefit rural communities in Victoria.

The submission material is based on findings of researchers from the School of Public Health's Rehabilitation Research and Training Unit (RRTU). The initiative proposed follows from findings of La Trobe RRTU researchers and the achievements of a similar program in the United States. It is anticipated that not only would the proposed initiative result in more of those with impairments in rural areas being able to return to agricultural work and undertake post-injury employment, it would also mean that those working in the industry would be able to undertake a broader range of work activities. As well the economic benefits that would flow from the implementation of the proposed initiative, there will also accrue positive social consequences including a reduction of the isolation experienced by many people with disabilities living in country areas and increased community cohesion. With these benefits realised, the proposed Victorian AgrAbility initiative has capacity to enhance the vibrancy and sustainability of rural and regional Victoria.

2 HISTORY OF THE SCHOOL OF PUBLIC HEALTH'S INVOLVEMENT WITH THE AREA OF OCCUPATIONAL INJURY.

The School of Public Health at La Trobe University through its Rehabilitation Research & Training Unit is recognised as a national leader in research into tertiary prevention of chronic illness and disabling injury. The School's Rehabilitation Research and Training Unit was established in 1988 to undertake research, provide consultancy, and deliver training in the field of rehabilitation. Clients to date have included:

- Yooralla
- Work Solutions Pty Ltd
- City of Kingston
- Commonwealth Rehabilitation Service
- Transport Accident Commission
- Comcare
- Victorian WorkCover Authority
- Rural Water Commission
- The Paraplegic and Quadriplegic Association of Victoria

The mission of the Rehabilitation Research and Training Unit (RRTU) is to be instrumental in maximising the quality of life of those living with a disability. Researchers from the RRTU have an established program of research into disabling injury among agricultural workers (see Appendix A for details of some relevant publications).

3 THE RATE OF DISABLING INJURY AMONG VICTORIAN FARM WORKERS

Most industries have seen a consistent decline in their occupational injury and death rates since the early days of industrialisation, yet in agriculture there is evidence of only a small decline (see Kelsey, 1994; Johnson, 1997). Research findings suggest that even though there have been many attempts (both within Australia as well as overseas) to decrease the incidence of farm injuries, rates remain high. Concomitantly, with advances in medical technology resulting in fewer fatalities following serious injury, the number of agricultural workers who go on to survive with lasting physical impairments has increased. In a recent study of agricultural workers in south-eastern Australia (predominantly Victorian workers) researchers associated with La Trobe's RRTU found that agricultural industry workers had five times greater risk of suffering a spinal cord injury (SCI) than did employees in industries other than agriculture, and that the agricultural workers were found to be at close to twice the risk of suffering a work-related SCI (see Young, Murphy & Strasser, 2001). More generally, figures analysed by Young et al. (2001) indicate that over the 1990-1996 study period, 31.3% of Victorian agricultural workers sustained an injury for which they could have lodged a workers' compensation claim, had all been covered by this system. This contrasts with the 2.7% claim rate by other industry workers. Young's research also indicated that, holding aside the detail of the occupation held, rural Victorians had 25% higher rate than did metropolitan peers of incidence of the disabling injuries studied.

The situation with respect to farm injury prevention and rehabilitation is obviously one that calls for actions both to prevent injury and to effectively rehabilitate those agricultural workers who suffer disabling injury.

4 THE FINANCIAL AND SOCIAL COST OF DISABLING INJURY AMONG VICTORIAN FARM WORKERS

While it is obviously best to prevent injuries from occurring, the contribution of effective injury rehabilitation in reducing the costs of an injury is substantial. If those with an impairment are able to return to work they are once again contributing to the nation's business productivity. Further they will not use social welfare or medical care at the same rate as they would were they out of the workforce. For a severe disabling injury, the cost-benefit analyses for effective vocational rehabilitation require complex calculations, however one local study (see Beggs, 1989) suggests that on average effective vocational rehabilitation yields a benefit-cost ratio of 6.2, i.e., for every dollar spent on rehabilitation there was an increase in client wages of \$6.20. Further, the return to the government purse was calculated at \$2.25 for every dollar expended, based on the increase in taxation revenue and savings in social security benefits.

Current services for the treatment and rehabilitation of those with disabling injuries are not being fully accessed by rural residents, as is evidenced by the fact that only a small minority of agricultural workers interviewed by Young (1999) maintained on-going contact with rehabilitation personnel, and indeed many avoided health professionals altogether. Unfortunately, mainstream rehabilitation services do not well meet the rehabilitation needs of those from rural locations or those employed in agriculture, as is suggested by a verbatim quote from one of the RRTU's research subjects

"During rehabilitation country people need access to people with rural knowledge and experience so they can at least form a vision and start basic planning. There is nothing more frightening than lying in a hospital in Melbourne and wondering how you will ever cope again" (Murphy & Young, 1998)

5 A PROPOSED NOVEL INITIATIVE TO ASSIST THOSE SUFFERING INJURY ON VICTORIAN FARMS

In North America there is an organisation (AgrAbility) which maintains a directory of people, and their caregivers, who have chosen to return to farming with a disability. The directory is freely available, accessible via the Internet, widely distributed and well utilised throughout the United States and Canada. The AgrAbility service has been most successful in facilitating the return to farming of many individuals with disabling injuries. Based on our research findings and our knowledge of overseas rehabilitation services for those from rural communities, this submission urges that consideration be given to the development of a specialised rehabilitation and return-to-work service for injured Victorian

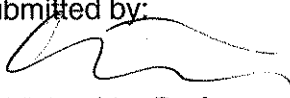
farm-workers, including the facilitation of access to AgrAbility resources. In our research we have found that many of the most seriously injured made unexpected return to work achievements, largely through the assistance provided by their peers; further, many other agricultural workers interviewed also expressed the desire to talk to other farmers and see their workplaces. They believed that through doing so they would be able to learn more about possible options open to them (see Young, 1999). This request for peer interaction is not isolated to the Australian population. Indeed peer support is commonly requested by those involved in the agricultural industries who acquire an impairment, as is evidenced by the broad penetration in North America of the AgrAbility service. Based on the findings from our earlier research, we would suggest that an AgrAbility-type resource, similar to that provided to farmers in North America, would be beneficial to Victorians attempting to work in an agricultural setting with an impairment. While AgrAbility resource material exists in Australia at a national level, it appears there are some issues associated with the way the resource is being administered that deters interested farmers from using it.

Currently AgrAbility resource material can be accessed via the Agricultural Health Unit located in central New South Wales. However, In order to receive information on other similarly injured farmers, interested parties are asked to register on the network. In all, 13 of the 50 agricultural workers participating in Young's study requested information to be sent to them concerning the AgrAbility Network (Young, 1999). Yet, when staff from AgrAbility Australia were last contacted, it was found that only three of the people to whom the information had been sent had registered on the network. So while it would appear that peer-support could assist farmers with a disability, currently those who could benefit from such services are not optimally accessing the resource.

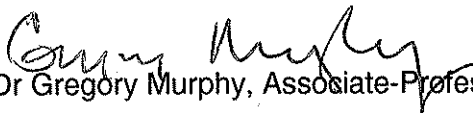
Proposal for consideration by the Committee: That resources be allocated to support the development of a Victorian AgrAbility service to facilitate the access of Victorian injured agricultural workers to AgrAbility and related peer-support services. The new service would involve a combination of self-managed and peer-support services overseen by specialist rural rehabilitation staff, skilled in information technology to assist with access to web-based resources as well as being knowledgeable of rural communities and of the agricultural industry. The facility could be based in metropolitan Melbourne as it would need to form close working relations with Trauma Centres or specialist hospital staff. Most importantly, staff of the new facility would need to have access to Trauma Centre and Hospital patient information systems so that appropriate rural rehabilitation services could be targeted at injured farm workers or others from rural locations.

Such a service facility would enhance the rehabilitation outcomes achieved by the population of Victorian agricultural employees suffering a disabling injury. The principal role of the service would be to increase the benefit that injured Victorian agricultural workers gain from AgrAbility resource material and from net-working with peers. In turn, this will result in the enhanced employment of those with a disability in rural areas. As a result of this initiative, the state of Victoria would be in a position to be a leader in the development of a culturally applicable and accessible rehabilitation resource aimed at assisting country Australians to maximise their post-injury vocational achievement and increase their economic independence.

Submitted by:



Dr Vivian Lin, Professor and Head of School, School of Public Health;



Dr Gregory Murphy, Associate-Professor in Rehabilitation Psychology, School of Public Health.

APPENDIX A

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