RURAL AND REGIONAL SERVICES AND DEVELOPMENT COMMITTEE

Inquiry into cause of fatality and injury on Victorian farms

Warrnambool – 10 March 2004

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Ms V. Ahearn, Project Manager, Glenelg Outreach Primary Health (sworn).
Welcome, and thank you for coming along today. Valerie, would you mind providing your full name and address for the purposes of receiving a transcript and advise us whether you are attending in a private capacity or, if you are representing an organisation, in what capacity and what it is?

Ms AHEARN — My name is Valerie Ahearn. My home address is 4 Shaughnessy Court, Mount Gambier. I am here as a project manager of Glenelg Outreach Primary Health.

The CHAIR — You might like to speak to us for 5 or 10 minutes, and then we will ask some questions.

Ms AHEARN — I thought I would start by telling you what the outreach program is and what we do and where we are located. I will also make brief reference to rural injuries and fatalities. Finally, I will make reference to STEPS, which is a program that we are undertaking to assist in preventing future accidents.

The Glenelg outreach program was commenced about four years ago. Our administration centre is at Heywood. We are funded by the commonwealth Department of Health and Ageing under rural health services. There are 222 similar programs located in rural and remote Australia, with 21 in rural Victoria.

Our program is based upon providing services directly to small rural towns. The commonwealth government believes in populations of 5000 or more the population normally has access to a number of services. When you move out to the small rural towns with populations of very small numbers they often have difficulty in accessing the services of the bigger provincial towns. Hence our role is to deliver services directly to those small areas. In our region, which is the Glenelg region, due to the population of 5000 or more Portland is excluded and the towns that we cover are Nelson, Casterton, Merino, Dartmoor, Heywood, Narrawong and Tyrendarra and all the smaller towns within those areas. Our service is made up of community health nurses and allied health services. We provide clinical services and we spend a lot of time with health education and health prevention programs.

I am sure that by now all of you are well aware of the statistics on farm accidents and farm fatalities. I will take a few seconds just to outline a few more figures, but I will refer my comments to children’s fatalities and children’s injuries. In Victoria in a 12-month period a five-year-old child was killed by being crushed to death by a trailer, a three-year-old boy fell from a utility driven by his father, and a seven-year-old boy was killed when he fell under the back wheel of a tractor. In Australia 570 children are admitted to hospitals each year from farming accidents. Those accidents result from tractor accidents, dam drownings, toxic poisoning and electrocutions. In Australia one child is killed every 10 days as a result of a farm injury. Each week in excess of 10 children are admitted to our hospitals due to farm injuries. Each year children up to four years of age die due to drowning. Children 5 to 14 years die from farm equipment, motorcycles and animals — horses in particular. The three most prevalent causes of injuries and deaths to children on farms are motorbikes, ATVs, and other vehicles and horses.

I have put together a brief report that I will read from. As grim as those statistics are, I still do not believe they reflect the true picture of the pain, the suffering, the loss of income, the degree of injury and illness and the total hardship caused to families and rural communities as a result of those accidents and fatalities. The figures represent only a small portion of the injuries which actually occur locally. Many injuries are sustained in farming, including long-suffering back injuries, reduced hearing, and cuts and fractures which are never reported to hospitals. Apart from personal pain, these injuries can often affect the operating profit of the farm business. It is estimated that only 15 per cent of all farm injuries are registered as workers compensation claims, due to self-employment. Other injuries sustained on farms occur to unpaid family members, including young children. The National Occupational Health and Safety Commission estimates that, as a conservative figure, the cost of workplace injury to the farming industry in Australia is between $500 000 and $1.29 billion per annum.

The problems we know, but what could provide some of the answers? The biggest risk is to walk away and ignore the problem because it is too hard. Future programs and strategies must emphasise the importance of addressing health and safety as an integral part of effective farm business management. Farms are unique places, in that they
are not only work environments but living home environments as well. The ‘Managing farm safety’ resource package developed by Farmsafe Australia is a practical tool to assist in the management of health and safety risks on farms and will also assist primary producers in meeting their legal requirements. The package contains specific health and safety hazards associated with farming in Australia and many other resources to assist in operating a farm successfully. Glenelg Outreach Primary Health would like to recommend that primary health be endorsed as complementary to the farm safety package. We believe the health issues of early intervention and prevention can be achieved if primary health can be identified as an integral part of the package. The health issues that we have identified in our area and that we are working towards achieving are focused upon two models of operation. Bear in mind that our involvement directly in these programs has been in only the last few months.

The first part of our program relates to children. Our rural health and safety program is based upon two principal factors: first, early intervention of health and safety issues with young children, focusing upon prevention through education and direct participation by children. Current figures relating to children’s health issues are alarming and the need to address these issues is a priority. The increasing incidence of accidents and fatalities of children on farms continues to grow. In 1998, 20 per cent of people killed on farms in Victoria were under five years of age; 32 per cent were under 15 years of age. A major focus of our program is directed towards making a difference by educating children in acceptable farming practice that will assist in developing appropriate behaviour patterns for them now and into their future.

The program develops innovative processes through the primary schools’ direct participation, and planning and ongoing input by the school classroom teachers. The program promotes health within the Glenelg region by working with all our rural primary schools, focusing on health education through individual health checks, participation in health and recreation activities, nutrition and promoting healthy lifestyles. The program includes all aspects of rural safety, especially directed towards farm safety for children. The success of our Farmsmart for Kids will be achieved through combined efforts —  namely, the direct approach and participation with primary-age rural children and primary schools to access their parents —  farmers, of course, through the children —  and utilising services and programs provided by Kidsafe Victoria, the Royal Children’s Hospital, Workcare and other safety organisations, the police department, ambulance and CFA.

In December 2002 Senator Kay Patterson, the then federal Minister for Health and Ageing, stated:

We all have a responsibility to try to ensure those injuries which are preventable simply do not happen, particularly to those most vulnerable in our society —  our children.

The other part of our program relates to farmers, and especially to male farmers, and attracting male farmers to health programs. Reaching out to them on farms is difficult, I can tell you! However, our program does go out to them with the assistance of the Victorian Farmers Federation, Workcare, Farmbis and other rural organisations. Health and safety measures are provided co-jointly on the farm, at farming expos, hardware store displays and saleyards. The outcomes of the program will be achieved through and by a collective approach in addressing broadly based rural health and safety issues relevant to rural areas. A regional rural health and safety group is to be established shortly to plan and overview relevant issues with those agencies and farmers.

The specific primary health issues we are addressing with farmers are: encouraging regular health checks with a GP; techniques in lifting practice to protect their backs; regular hearing tests; regular health checks of blood pressure, cholesterol, blood glucose; spot checks for skin cancer; regular eye tests with an ophthalmologist; stress management; relaxation techniques, with emphasis upon mental health and wellness; specific men’s health programs; and supporting first-aid training in the workplace —  on the farm.

All these health issues are equally important; however, I will comment upon mental health, as I believe it is the most difficult to assess the degree of need. The VFF states that suicide rates of male farmers and farm managers aged between 15 and 64 years in Victoria are 50 per cent above the male working-age population as a whole. The VFF goes on to say that, although they are not experts on this issue, they feel that financial pressure and isolation clearly must be the factors behind these disturbing figures. I would go further and suggest that the identity of the male as being the main breadwinner and the lack of finances to continue this role, accompanied with the stigma of mental health as something not of a general health issue is seen as a weakness, isolate the needs and aggravate the problem. I recall attending a VFF workshop at Avoca last year and having contact with a middle-aged male farmer, who expressed his need to talk to someone —  anyone —  but who could he go to? The support and counselling services available need to be promoted in rural media and need to be identified as a health issue.

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In conclusion, our focus is directed towards education and increased health awareness, preventive measures and supporting rural communities in maximising their health, thereby assisting to reduce future farm accidents. I recall Nelson Mandela saying that singly we can do little to make an impact on the world, but together collectively, with many small steps, we can start to make a difference.

The CHAIR — Thanks, Valerie.

Dr NAPTHINE — In your submission there is a handout entitled, ‘Glenelg children’s rural safety program: playing it safe’. One of the headings is ‘Rural safety for kids’. What do you actually do at a day like this to make children more aware of farm safety issues?

Ms AHEARN — We try and combine a number of things. It is really not so much different to what we do with farmers. If we advertised for farmers that said, ‘Got a mental health problem? Come along today!’, you would get no-one there. You really have to play a bit of a con job with them. You try and work out what it is that farmers will come to, or where they are already. The days we have gone to saleyards have been so successful, because the farmers cannot get away from us. The first time we did it there was reluctance to come forward because it was something a bit warm and fuzzy and not quite real, but the more we kept on going back, the more acceptance and understanding there was that hearing tests, cholesterol tests and skin cancer tests are important. I suppose also there was the backing from their partners as well that this is something they had to do. Often it is just breaking the ice — that is the process with the adults.

With the children we work very much with schools, and we do it very much with the classroom teachers, because we do not want to go into a school and it to be a show-and-tell time, because all that is happening is that kids are getting out of schoolwork and they think that is pretty terrific. But as far as awareness that we are trying to create, it is not going to happen. So the classroom teachers are a very important part of the whole program. We concentrate on children in grades 5 and 6 because the educationalists say that is the age to start.

In the little schools, where there are only about 12 students, we would do the whole school. But where you have got a number of students attending grades 5 and 6, we will come in and make it a fun time. We will have games involved. We will have the kids participating in some sort of quiz operation. We might have something there in relation to healthy eating. It could be making milkshakes, something like that. Then we would incorporate specific messages of health.

At the moment we are working at Dartmoor school. Our dietitian there has purchased plants for the children, and the children have taken responsibility for those plants. It will continue over months, and each week we go back they have to check those plants. Some of those plants have been fed well and been looked after, others are a bit mediocre, and others have been forgotten. So she is just using the plants as an illustration of your own body. It is those sorts of things that we try and do so that the kids are not just sitting there, listening to adults talk and thinking, ‘This is really the most boring thing,’ but very much with their participation.

We will also bring out the CFA, and they have programs now for children. We will bring out the police department as far as firearms are concerned, those sorts of issues, which are important on the farm. So it is whatever we can package together as a parcel and keep on building onto that. At the end of so many weeks we will have an evaluation process, and the kids need to complete an evaluation form in relation to what they have learnt. This is going back about four or five weeks ago, therefore you get an indication. We also use the school newsletter, and we certainly have contact with the parents as well. If we are there for real, it has to be that sort of approach that really is starting to make a difference, and the children are starting to talk about issues that have been identified.

Dr NAPTHINE — But how do you say to a child in grade 5 or 6 that they should not be riding an ATV on their farm? How do you get that message across?

Ms AHEARN — We can only say that they should not be doing it under 16 years of age, and then it is up to the parents. Parents will say, ‘Look, it is too hard’. That is the problem, is it not? They must not be riding it. It is quite illegal. The accidents and fatalities are there saying, ‘They should not be riding those bikes’, but unless the parents are reinforcing it as well, of course it is not going to work. We can only do it from an aspect of highlighting it as an issue, providing information to them and bringing the bikes out and having the bikes at the school and saying to the kids, ‘This is a dangerous weapon. You cannot use this’. That is part of it. The other part has to be up to the families, the parents, to reinforce it and be unpopular in doing so. There is no other easy answer around it.
Just as a postscript to that, in the folders I have handed out there is a flyer that we have used in promotion and so forth in trying to get that message out. But it does not happen in one application, unfortunately.

Dr NAPTHINE — Does the state government assist in any way?

Ms AHEARN — No.

Dr NAPTHINE — Is that a shortfall?

Ms AHEARN — Yes.

Dr NAPTHINE — Is that something that is missing, that the state government should be involved with programs like this?

Ms AHEARN — I think so. We are not funded as far as programs are concerned. We are funded for staff and infrastructure. So we are forever trying to supplement with additional funds in order to do more. Three of our staff are half time and three are full time and we have that region to cover. On your comments, ‘Are you making a difference?’, you will only make a difference if you have a depth to what you are trying to provide. If you are superficial, that is good work, but I question how effective it will be. So resources are important. Even though we are funded by the commonwealth, it is a rural issue we are talking about. Whether that be local government, state government or commonwealth government, again a collective approach is just so important. If we had extra money, of course it would add to our resources. We would be able to contract a physio or an occupational therapist as far as back injuries are concerned. We would be able to be on the road more often, with resources. Anyhow, we will just keep on applying for funds.

Dr NAPTHINE — Does Worksafe provide any funds?

Ms AHEARN — Yes, it does; it provides some ‘in kind’ and the VFF provides some financial support, as far as specific functions are concerned.

The CHAIR — Thanks very much, Valerie, and thanks for all the extra information. It is good to see what you are doing in the area. You will get a copy of the transcript in about a fortnight. Any obvious errors of fact or a grammar may be corrected, but not matters of substance.

Ms AHEARN — Thank you.

Witness withdrew.