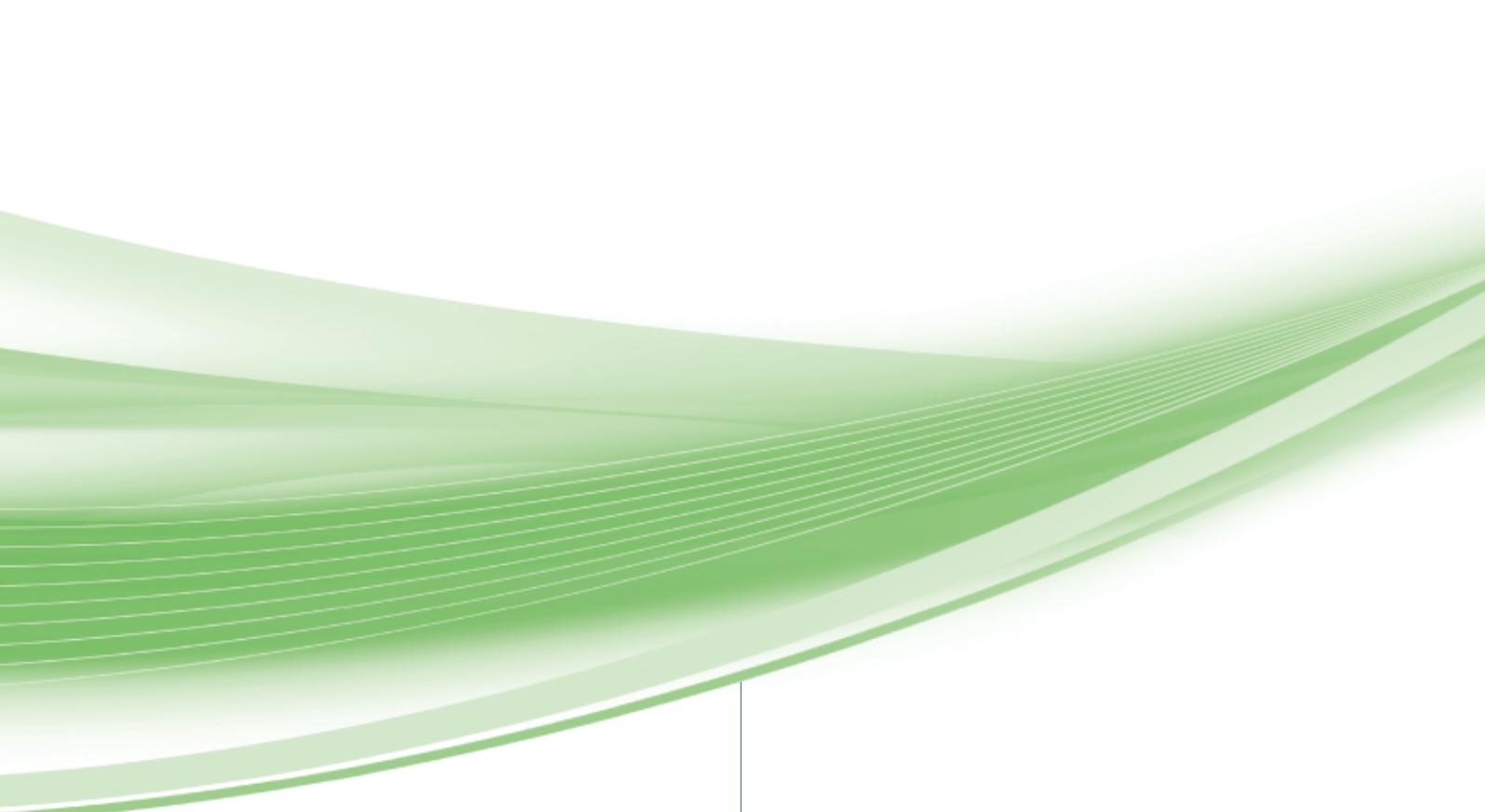




**Duty of Care
and Travel Risk Management
Benchmarking Study
AUSTRALIA and OCEANIA**



An employer's Duty of Care
is the obligation of an
organisation to assume its
responsibility for protecting
its employees from risks
and threats when working
around the world.

Introduction

In today's globalised world, the number of business travellers, international assignees and expatriates continues to rise. While working abroad, these employees often find themselves in unfamiliar environments that pose increased risks and threats to their health, safety, security and well-being.

An employer's Duty of Care is the obligation of an organisation to assume its responsibility for protecting its employees from risks and threats when working around the world. The responsibility of organisations to look after their employees is now widely, although not uniformly, protected by legislation in many countries. Australian employers and global companies operating in Australia must take into account the new (2012) Commonwealth Model Workplace Health and Safety Laws¹ (the Model WHS Laws) that harmonise the different health and safety laws for different Australian jurisdictions.

The purpose of the *Duty of Care and Travel Risk Management Global Benchmarking Study*² is to enable organisations around the world to benchmark their own Duty of Care practices with others, and to develop best practices to protect and support globally mobile employees and their dependents.

The Global Benchmarking Study, available at www.internationalsos.com/dutyofcare, provides worldwide Duty of Care findings based upon:

- Perceived high-risk locations in which global companies operate;
- Risks and threats faced by employees;
- Awareness by company, industry, key stakeholders and departments;
- Primary, coordination and decision-making responsibilities within companies;
- Employer motivation for assuming responsibility;
- Legal and moral obligations; and
- Company and respondent characteristics.

Additionally, the study explores three fundamental questions:

1. What types of Duty of Care activities are companies currently undertaking?
2. How do global companies benchmark against each other in regard to these activities?
3. What does a Duty of Care concept really mean to organisations needing to apply their obligations to employees?

The purpose of this in-depth report is to compare responses from employees working in Australia and Oceania (sample size N=86)—who work in different countries and for different companies, and represent different departments within those companies—against worldwide employee responses from the Global Benchmarking Study (N=718). This report also:

- Benchmarks Duty of Care activities within organisations in the same geographic area (Australia and Oceania) as well as worldwide; and
- Provides specific best practice recommendations for employers in Australia and Oceania.

¹ To review the 2012 Australian Health and Safety Legislation, please visit <http://pages.email.internationalsos.com/WHSRESOURCES/recording/>.

² Claus, L.. *Duty of Care and Travel Risk Management Global Benchmarking Study*. London: AEA International Pte. Ltd., 2011. The first comprehensive and authoritative research publication on the topic, which is available for download at www.internationalsos.com/dutyofcare.

Executive Summary: Australia and Oceania Region

Overview

The findings for Australia and Oceania (comprised of 86 respondents mainly from Australia and New Zealand) demonstrate that Duty of Care is much more developed in this region than in other developed and developing countries. The notion of Duty of Care is firmly established in Australian legislation, especially in its extra-territorial workers' compensation laws, and the workplace health and safety legislation. As a result of the Australian legal framework, this region not only operates above the worldwide baseline, it also leads North America and Europe in most Duty of Care practices.

Key Findings

Key findings for the region reveal that companies from Australia and Oceania:

- Have the highest Duty of Care industry and company awareness in the world, although that awareness is considered average;
- Have greater Duty of Care awareness among most stakeholders, with the exception of HR compensation and benefits and HR global mobility;
- Engage more often in Duty of Care practices than the rest of the world (Australia engages in more practices than New Zealand);
- Score higher on every one of the 15 Duty of Care indicators compared to the worldwide results;

- Score higher than North America and Europe on every step of the Duty of Care Risk Management Model, and above the worldwide baseline, except for risk assessment;
- Have an overall Duty of Care score of 68, which is the highest of any region in the world. Australia scores even higher, with a score of 69;
- Have a high legal and moral Duty of Care obligation;
- Consider more functional groups as having Duty of Care ownership responsibility than any other region of the world. Beyond the five key worldwide groups (HR, security, senior management, travel and risk management), this region also views workers' compensation, operations and project management as owners;
- Perceive similar countries as 'dangerous' locations, but perceive Papua New Guinea as the highest-risk location for employees;
- Have slightly less employees (of all types) who work in high-risk locations;
- Perceive the risks and threats to their globally mobile employees, in general, to be lower than respondents from other regions, but have slightly higher risk ratings for natural disasters, illness, infectious disease and personal crime, and slightly lower ratings for human-made disasters; and
- Report significantly higher occurrences over the past three years of lawlessness, lack of access to Western-standard medical care, natural disasters and illness while on assignment. There is also a significantly lower occurrence of violent crime than the rest of the world.

Why is Duty of Care Important?

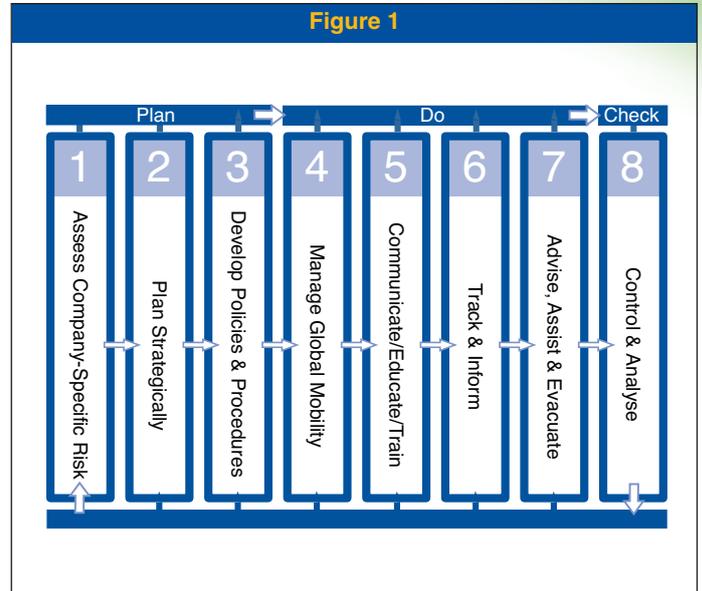
Companies in Australia and Oceania undertake Duty of Care activities for these compelling reasons:

1. **Risk**—Independent of a company’s performance, mitigating medical and security risk is an integral part of a global business. Employee, business and societal expectations regarding Duty of Care are rising rapidly around the world and companies need to continuously review their risk mitigation activities, improve their practices and be disciplined in their execution to maintain vigilance.
2. **Ethical/moral obligations**—It is firmly established in the developed world that employers carry the ethical and corporate social responsibility obligations for taking care of their employees and protecting them from harm.
3. **Legal compliance**—Duty of Care is much broader than non-negotiable compliance with workers’ compensation and workplace health and safety laws. The legal framework, especially in Australia with the new Model Work Health and Safety Laws, is a compelling factor for Australian companies (and global companies operating in Australia) to engage in Duty of Care practices at home and abroad.
4. **Business reasons**—Failure to assess travel risk and/or failure to educate and protect employees results in harm with far greater costs than preventive maintenance. Continuously improving and proactively striving to reach high Duty of Care standards also provides companies with a competitive human capital advantage (e.g. the ability to differentiate their value proposition to employees).

Recommended Duty of Care Best Practices

Companies in the Australia and Oceania region must:

1. **Implement Duty of Care best practices**—The Global Benchmarking Study identified worldwide best practices and compared how companies in Australia and Oceania are doing vis-à-vis best practices. Some companies in the region are not yet embracing these practices and must make Duty of Care an organisational reality by implementing them.
2. **Put a comprehensive Duty of Care framework into place**—The Global Benchmarking Study proposes an eight-step integrated Duty of Care model according to a ‘Plan-Do-Check’ risk management approach and companies must operate at a minimum threshold in each step of the model to fully assume their obligations (see Figure 1). Companies must embed their Duty of Care activities in a broader thought leader framework.



3. **Link the various Duty of Care internal stakeholders together**—The findings also indicate that there are multiple owners of Duty of Care and that no one designated individual can assume organisational responsibility, making Duty of Care very much a governance issue.
4. **Integrate Duty of Care into everything**—Duty of Care is not assumed simply by checking off all the elements of the Duty of Care solution or by delegating the responsibility to outsourced entities. Without integration and coordination, service gaps and blind spots are likely to occur, and may result in negligence and unnecessary litigation.

The following 10 best practice recommendations from the Global Benchmarking Study are derived from the important Duty of Care gaps:

1. Increase awareness
2. Plan with key stakeholders
3. Expand policies and procedures
4. Conduct due-diligence
5. Communicate, educate and train
6. Assess risk prior to every trip
7. Track traveling employees at all times
8. Implement an employee emergency response system
9. Implement additional management controls
10. Ensure vendors are aligned

At the conclusion of this regional report (see page 13), employers in Australia and Oceania will benefit from specific best practices identified based upon gaps found between the regional and worldwide responses.

Detailed Findings

Respondents identified perceived *high-risk locations* where their companies currently operate, and the perception and occurrences of threats that their employees face when they travel and work abroad. The respondents also reported the various levels of *Duty of Care awareness* that employers have within their company and industry, among various stakeholders and for different areas of Duty of Care responsibility. In exploring who has *Duty of Care ownership* in companies, a distinction was made between primary, coordination and decision-making responsibilities. Duty of Care practices were benchmarked against both company and respondent characteristics. Finally, employer motivations for assuming Duty of Care responsibility were explored and contrasted with the *legal and moral obligations* for these responsibilities.

Perceived High-Risk Locations

Based on the question, “*What are the most dangerous countries in which your company currently operates?*,” respondents in Australia and Oceania perceive certain countries as more high-risk than others. However, their responses must be considered ‘perceptions’ and may (or may not) coincide with the actual risk as rated by country risk experts.

The rank order of high-risk locations is slightly different for the Australia and Oceania region when compared to the Global Benchmarking Study. Respondents from Australia and Oceania perceive three countries within their own region (Papua New Guinea, Fiji and the Solomon Islands) among the top perceived high-risk countries, yet these countries (with the exception of Papua New Guinea) do not make the worldwide list (see Figure 2).

Figure 2

Top Perceived High-Risk Countries for Australia and Oceania Respondents	
1 Papua New Guinea (7)	5 South Africa (11), Australia* and the Philippines (13)
2 Indonesia (10)	8 Thailand*, Mexico (1), Fiji* and Pakistan (5)
3 India (4)	12 Nigeria (2) and the Solomon Islands*
4 China (8)	

(Global Benchmarking Study ranking of country)

* Countries not included in the top 20 Global Benchmarking Survey ranking

Independently of the region, the locations perceived as high-risk tend to be the ‘bottom 60’ countries. This is mainly due to the extreme political, economic, social and environmental situations and the limited rule of law in these countries. In addition, the BRIC (Brazil, Russia, India, and China) also rate among the top 20 high-risk locations. This is likely due to many companies operating in these fast growing emerging markets. Yet, each region includes locations in close geographic proximity on the same continent among its top 10 high-risk countries. This is the case for North America (where Mexico and Haiti rank high); Europe (where Russia ranks fifth); Asia (ranking only Asian countries among the top seven); Australia (placing Papua New Guinea number one); and sub-Saharan Africa (including mainly African countries among the top 10).

Compared to the worldwide respondents, Australia and Oceania regional respondents have slightly lower percentages of all types of employees working or travelling to these high-risk locations: Local employees (60% versus 74%); international assignees (66% versus 70%); dependents (41% versus 45%); and international business travellers (93% versus 95%).

Risks and Threats—Companies with globally mobile employees must manage many different threats. The Global Benchmarking Study identifies a wide variety of risks and threats that employees face when travelling and working abroad, and documents the perception of risks associated with these threats: *“How do you rate the specific threat to your employees in terms of perception?”* along with their actual occurrence *“Have your employees experienced the threat in the past three years?”*.

Perception of Threats—The general trend is that respondents from Australia and Oceania perceive the risk of threats to be lower than respondents from other regions. In comparison to the Global Benchmarking Study, regional respondents rate 11 threats slightly higher, 12 about equally and 14 slightly lower. Slightly higher risk ratings are for natural disasters, illness, infectious disease and personal crime; slightly lower ratings are for organised crime and human-made disasters (terrorism, war, hijacking and insurgency).

Occurrence of Threat—For several of the 37 identified threats, Australia and Oceania differ in the actual occurrence of incidents to their employees. Australia and Oceania respondents reported a number of threats to have occurred to their employees in much higher or lower frequency during the past three years, as compared to the Global Benchmarking Study (see Figure 3). Yet, when compared to worldwide respondents, regional occurrence of the threats only reaches statistical significance for the following incidents: lawlessness; lack of access to Western-standard medical care; natural disasters (e.g. earthquakes, floods, hurricanes/typhoons/tsunamis); illness while on assignment (which occurred significantly more often); and violent crime (which occurred significantly less often).

Figure 3

Percentage of Likelihood of Threat to Occur	
Threat	More or less likely to occur (Australia and Oceania versus Global Benchmarking Study)
Travel-related infection	18%
Rural isolation	17%
Lawlessness*	13%
Lack of access to Western-standard medical care*	12%
Remoteness of location	11%
Earthquake*	10%
Flood*	7%
Hurricane, typhoon, tsunami*	6%
Opportunistic crime	4%
Infectious disease	4%
Illness while on assignment*	2%
Terrorism	-45%
Kidnapping	-41%
Loss of passport	-36%
Road accident	-26%
Workplace accident	-22%
Pickpocketing	-21%
Pandemic	-17%
Violent crime*	-1%

* Indicates that a threat is reported to have occurred significantly more (or less) to regional respondents compared to worldwide respondents.

Duty of Care Awareness

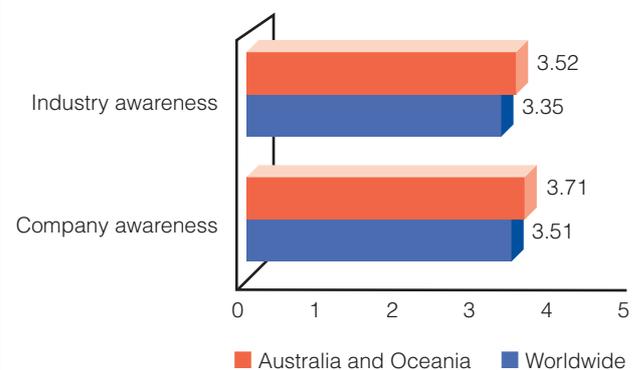
In general, respondents from developed countries have greater Duty of Care awareness than those in other less developed regions. With regard to overall awareness, regional respondents rate their company and industry Duty of Care awareness significantly higher than worldwide respondents. On a Likert scale from 1 (very unaware) to 5 (very aware), regional respondents rate their Duty of Care industry awareness (3.52) and company awareness (3.71) as average, but above the worldwide sample (3.35 and 3.51 respectively), and the highest of any region in the world (see Figure 4).

In reviewing the eight steps in the Duty of Care Risk Management Model, regional respondents have higher awareness than the worldwide average for four of the eight steps (assess risk; develop policies and procedures; manage global mobility; and control and analyse) and have similar awareness for the other steps. As is typical around the world, they have higher awareness of the need to manage employee incidents (e.g. advising, assisting and evacuating employees when necessary) than any other area of Duty of Care responsibility.

There are also differences in how regional respondents rank stakeholder awareness. The top three functional groups with the greatest awareness are: occupational health and safety, security/risk management and workers' compensation. This is slightly different from the worldwide ranking, where travel management takes third place rather than workers' compensation. In Australia and Oceania, all stakeholders are perceived to have greater Duty of Care awareness than the worldwide sample, with the exception of HR compensation and benefits and HR global mobility where there is slightly lower awareness than similar stakeholders worldwide.

Figure 4

Australia and Oceania Versus Worldwide Industry and Company Awareness of Duty of Care



Duty of Care Ownership

When reviewing who ‘owns’ Duty of Care, a distinction is made organisationally between primary, coordination and decision-making responsibility. Each ownership measurement is conceptualised in two ways: actual practice (as is) and the wish list ‘should be’, which allows for comparing reality versus what is valued.

According to the Global Benchmarking Study, five key functional groups currently own Duty of Care: HR, security, senior management, travel and risk management. In Australia and Oceania, many other groups are perceived as having responsibility for Duty of Care. This expansion of responsibility is quite unique compared to other regions of the world.

In terms of primary responsibility, regional respondents view senior management as the number one owner of Duty of Care. Occupational health and safety as well as workers’ compensation also rank among the top five stakeholders. For coordination responsibility, travel takes on a primary role while other functional groups also have coordination responsibility: risk management, senior management, project management HR and operations. Security falls to number seven in the ranking. With regard to decision-making responsibility, HR and risk management have the lead in Australia and Oceania, followed by risk management, project management, security, and occupational health and safety (see Figure 5).

Figure 5

Australia and Oceania Versus Worldwide Duty of Care Ownership						
Rank	Primary Responsibility		Coordination Responsibility		Decision-Making Responsibility	
	Worldwide	Australia and Oceania	Worldwide	Australia and Oceania	Worldwide	Australia and Oceania
1	HR	Senior Management	HR	Travel	Senior Management	HR* and Risk Management*
2	Security	Occupational Health and Safety	Security	Risk Management*, Senior Management* and Project Management*	HR	
3	Senior Management	Workers’ Compensation*, Travel* and HR*	Travel		Risk Management	Security
4	Travel		Senior Management	HR* and Operations*		Risk Management
5	Risk Management		Travel		Security* and Occupational Health and Safety*	

* Equal ranking.

Duty of Care Benchmarking

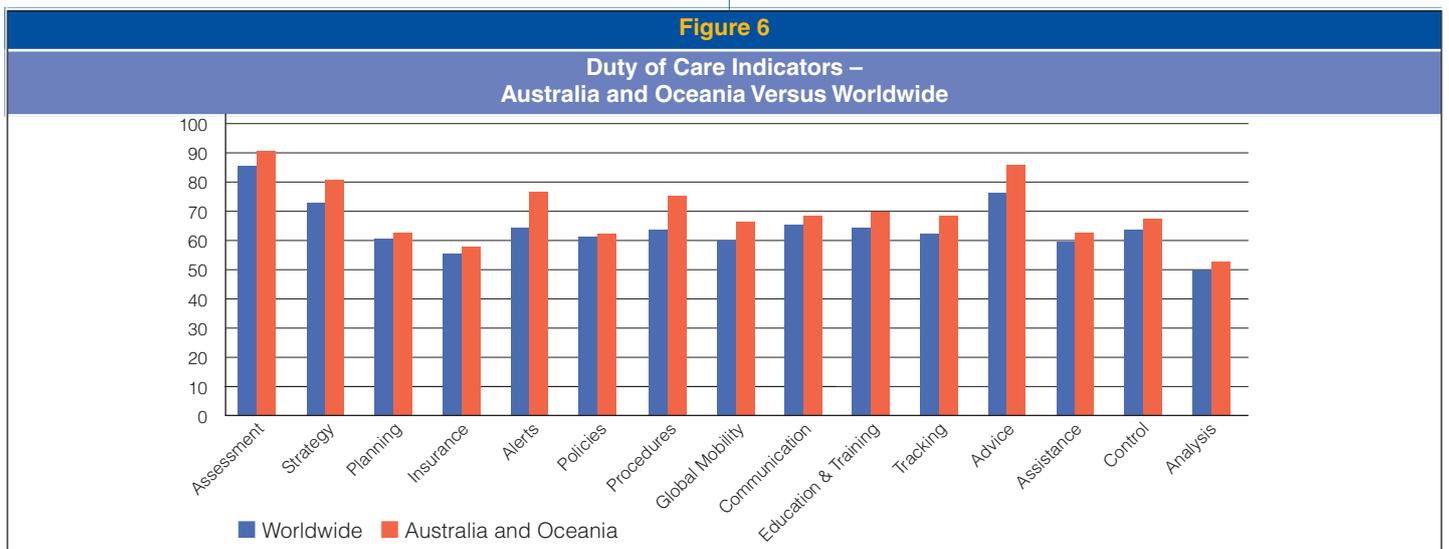
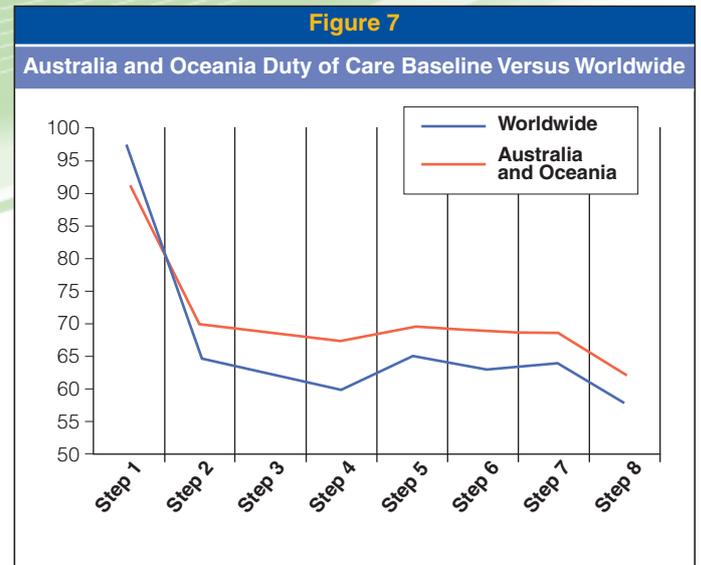
One hundred Duty of Care practices were grouped into 15 indicators, which roll up into the eight steps of the Integrated Duty of Care Risk Management Model to create a baseline and overall Duty of Care score (see **Sample Profile and Methodology, page 14**).

Duty of Care Practices—According to regional respondents, companies are more likely to engage in most Duty of Care practices compared to their worldwide counterparts. Yet, there is a considerable range in the region when it comes to company engagement. Some Duty of Care practices are not commonly used (as low as 21%), while other practices are engaged in by most companies (as high as 96.5%). Average worldwide engagement in 100 different Duty of Care practices ranges from 13 to 92%.

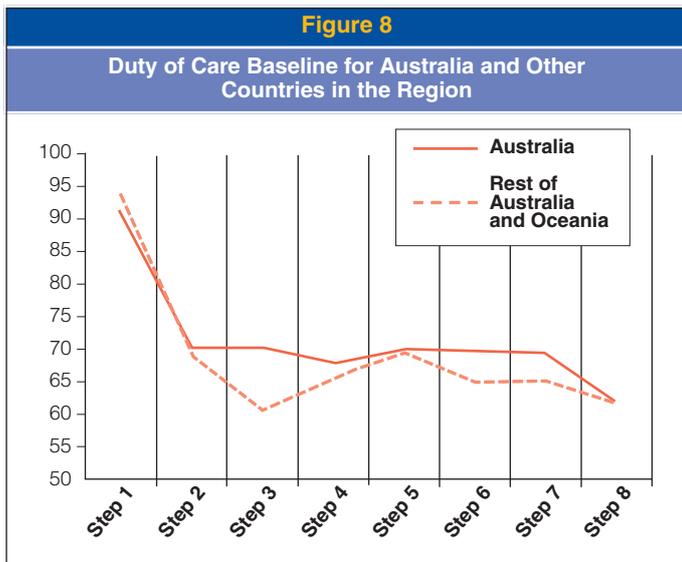
There are a few differences in engagement practices between Australia and New Zealand. According to Australian respondents, six of the 100 Duty of Care practices are engaged in significantly more often compared to New Zealand respondents. These practices include having a transportation policy; a travel risk review after the international assignee has been selected; a travel registry for employees; a 24-hour advice and assistance number for employees to call; an ability to track employees through a travel tracking system; and regular travel policies and procedure updates.

Duty of Care Indicators—Australia and Oceania score higher on every one of the 15 Duty of Care indicators compared to the worldwide results (see **Figure 6**).

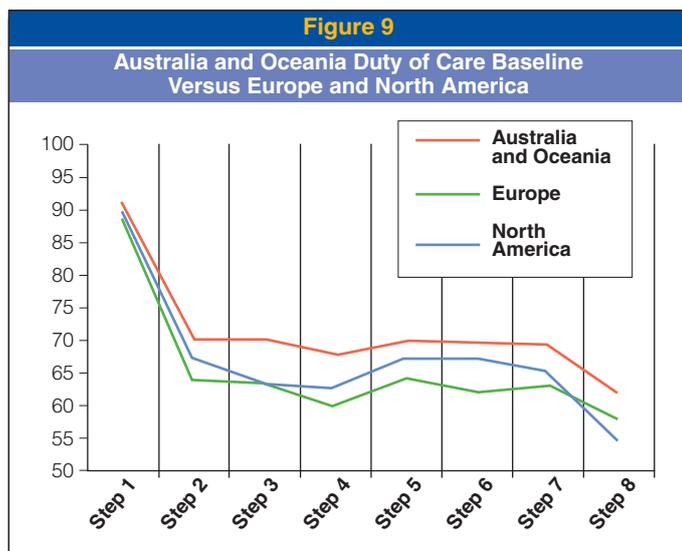
Duty of Care Baseline—Australia and Oceania is above the worldwide baseline on every step of the Duty of Care Risk Management Model, except for risk assessment (see **Figure 7**).



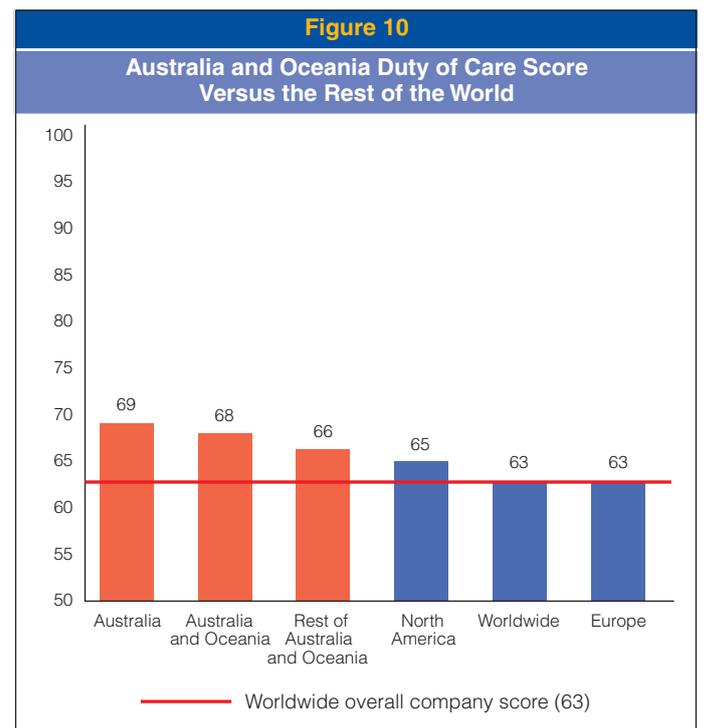
As shown in **Figure 8**, Australia scores slightly higher than the rest of the region (mainly New Zealand) on every step of the Duty of Care Risk Management Model.



Compared to other developed regions, Australia and Oceania consistently score higher on every step of the model than North America and Europe. As a result, the region has the most advanced Duty of Care practices in the world (see **Figure 9**).



Overall Duty of Care Score—The overall Duty of Care score for Australia and Oceania is 68 out of 100, higher than the Global Benchmarking Study baseline of 63. Within the region, Australia has a higher score (69) than the rest of Australia and Oceania (mainly New Zealand, with a slightly lower score of 66). Yet, both regional areas rank above North America (65), Europe (63) and the worldwide baseline of 63 (see **Figure 10**).

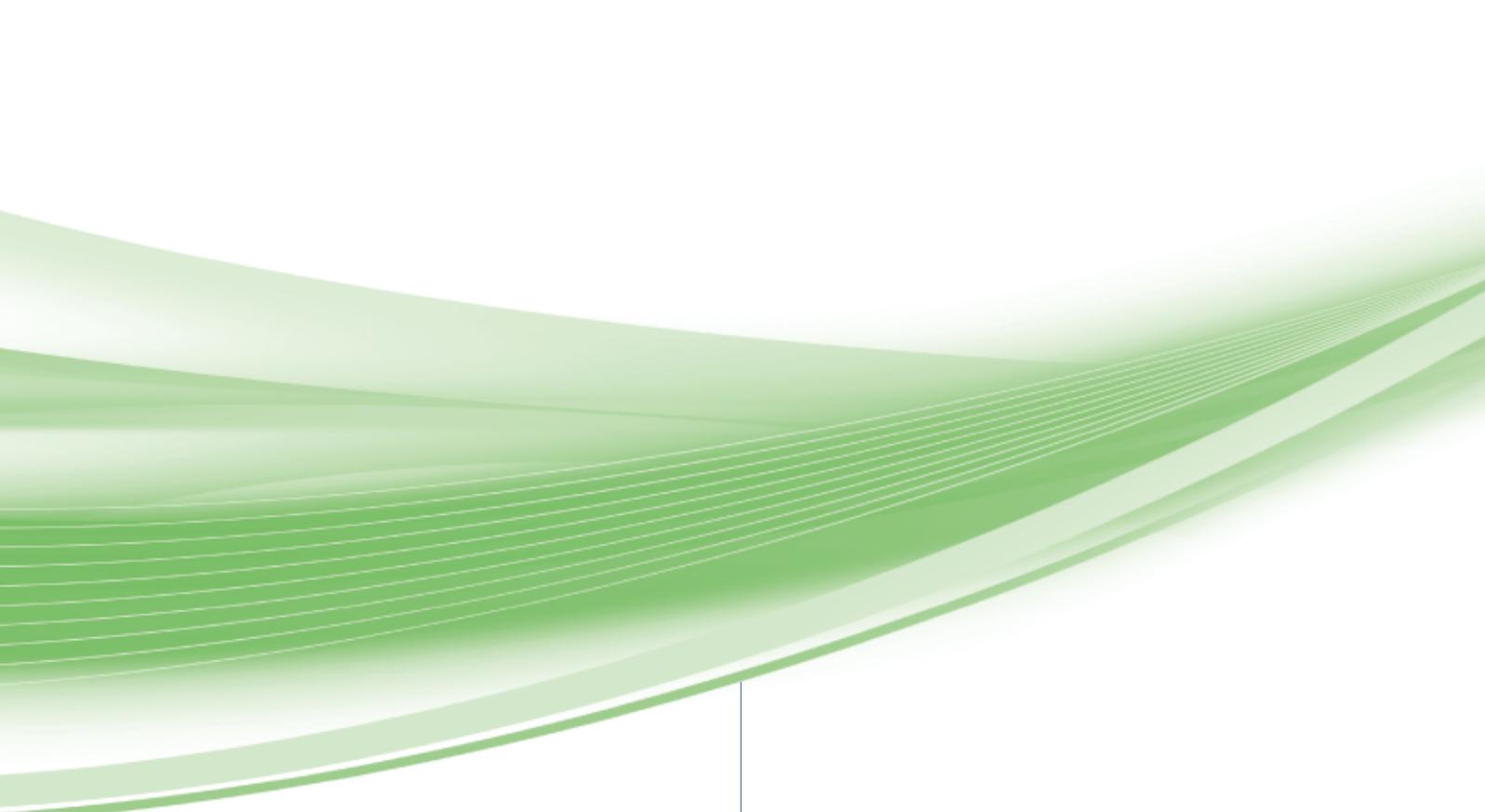


Motivators, and Legal and Moral Obligations

In response to the question, “My company is concerned about Duty of Care and travel risk management because...,” respondents from Australia and Oceania indicate the same top three corporate social responsibility-type motivators as their worldwide counterparts, but with greater intensity.

1. “We care about the health, safety and security of our employees,” (a mean rating of 4.5 on a scale from 0 to 5, versus 4.4 worldwide).
2. “It’s the right thing to do for employees,” (a mean rating of 4.4 versus 4.3 worldwide).
3. “Prevention is less costly than taking care of incidents,” (a mean rating of 4.2 versus 3.9 worldwide).

As for legal responsibility, regional respondents are more likely than their worldwide counterparts to agree with the statement that “It is the law” (a mean rating of 3.9 versus 3.5 worldwide).



Recommended Duty of Care Best Practices

Australia and Oceania have the most advanced Duty of Care practices compared to any other region in the world and can be considered world-class in this regard. Despite this high performance, there are still many areas for continuous improvement. Below in **Figure 11** are 10 proposed best practices based on the findings in the Global Benchmarking Study. In the right column, there is special emphasis for organisations in Australia and Oceania that wish to improve their activities.

Employer Duty of Care—and for that matter, employee engagement—has not yet become a central feature of an organisation's responsibility in managing global mobility worldwide. Yet in this regard, the Australia and Oceania region is the most advanced in the world, and can be considered a model for others. Despite having world-class status, the gaps indicate that there is still room for improvement for regional employers.

Sustainable talent management requires more than just hiring the right talent for the right job, in the right place and at the right price. It also encompasses “doing the right thing” in protecting the health, safety, security and well-being of globally mobile employees.

Duty of Care is important because it's about “doing the right thing” and taking care of employees. It is also about complying with increasingly stringent Duty of Care legislation that is strong in Australia and New Zealand and now developing around the world. By protecting their most important assets (employees) first, organisations may also realise that it is actually less costly to prevent and manage risk than having to take care of incidents after the fact.

Organisations that effectively manage and mitigate business, financial and reputational risks are in a position to develop smart, sustainable business operations. This constitutes an ideal “sweet spot” where the needs of employees also meet the needs of employers.

Figure 11

Duty of Care Best Practice Recommendations	
10 Best Practices	Australia and Oceania Regional Focus
1 Increase awareness	Focus on increasing Duty of Care awareness among HR compensation and benefits and HR global mobility. Although regional respondents have greater Duty of Care awareness among most stakeholders, their awareness is still only average, and the awareness among HR is considerably lower. In Australia, Duty of Care is only one part of the larger risk management paradigm; therefore, the obligation for the health, safety and security of employees is firmly embedded in workers' compensation legislation. Hence, HR needs to step up its own awareness.
2 Plan with key stakeholders	Integrate the Duty of Care team and coordinate activities among different stakeholders. Considering that many more functional groups are considered owners of Duty of Care than in any other region of the world, it requires an integrated team to develop and deploy a Duty of Care risk management strategy.
3 Expand policies and procedures	Base additional Duty of Care policies and procedures on a risk rating framework. Regional respondents reported significantly higher perceptions and occurrences of certain risks (especially medical-related). Therefore, Duty of Care policies and procedures (e.g. planning, training and education) should be based on a risk rating framework for the different kinds of risks (e.g. medical, security and political) facing business travellers and/or international assignees and their dependents.
4 Conduct due-diligence	Implement a vendor due-diligence discipline with regard to Duty of Care. Employers cannot delegate their Duty of Care responsibility to others. Therefore, in countries with stronger Duty of Care legislation, this is even more important in order to mitigate litigation. Organisations must ensure control of their outsourced processes. The ISO 9001:2008 clause 4.1 provides guidance to organisations and emphasises that the processes needed for the quality management system must include outsourced processes performed by an external party. It also states that ensuring proper control over the outsourced processes does not absolve organisations of their responsibility of conformity to all customer, statutory and regulatory requirements.
5 Communicate, educate and train	Encourage employee buy-in and create a Duty of Care engagement culture. While Australian employers enjoy a high employment rate, the notion of employee loyalty—especially among the “Y” generation—has been put into question. To maintain world-class Duty of Care status and create an engagement culture, regional companies must gain employee buy-in by expanding awareness and ownership beyond management, which will require additional communication, education and training.
6 Assess risk prior to every trip	Conduct a thorough risk assessment prior to every employee's international departure. Conduct travel risk assessments for all employees (including international business travellers) before departure. When conducting a risk assessment, the source of information is extremely important. Companies need to use legitimate sources for risk analysis that are specific for the business community. Leisure travel, news media or government sources only provide broad and general information at the country level, and tend to have a political bias. Hence, the use of unreliable or incomplete sources reduces risk assessment to the lowest common denominator.
7 Track traveling employees at all times	Go beyond an employee tracking system and inform employees of changing risk. Companies in Australia and Oceania tend to focus more heavily on policies and procedures rather than the actual tracking of employees.
8 Implement an employee emergency response system	Implement an “I’m okay” policy. Four out of 10 regional respondents (41.5%) report that their companies have an “I’m Okay” policy, compared to only one-third worldwide. Organisations in the region could benefit from a broader definition of incident management and a process to review how a travel disruption is managed by their organisation, and whether there is potential for particular situations to have been handled better (or worse). The key to proper incident management is the ability to determine whether an employee is “okay” during an emergency.
9 Implement additional management controls	Involve the accounting department to implement additional management controls. There is a general lack of control and analysis with regard to Duty of Care. Yet, there are important organisational liabilities associated with paying for employee travel. Accounting departments should institute greater controls on these activities and become active stakeholders in upholding Duty of Care obligations.
10 Ensure vendors are aligned	Unravel the chain of custody in vendor management. Companies using multiple vendors for Duty of Care must unravel the chain of custody and understand the importance of control and visibility over the care of the travelling employee. This means identifying whether the assistance company (vendor) works directly for the employer, whether the work is outsourced or whether the vendor reports directly to the insurer. In the chain of custody, there are many options that can be taken in regard to the patient's wellbeing. Hence, the employer needs to know what decisions are being made (and why) as well as any associated risks for each option. If a vendor is making those decisions on behalf of an employer, then breach of Duty of Care may occur.

Sample Profile and Methodology

Of the 718 employees surveyed around the world, 86 of them represent three countries in Australia and Oceania—almost 12% of all Global Benchmarking Study respondents. Due to the small number of respondents (14) originating outside of Australia—most of them in New Zealand and a few from Papua New Guinea—no country differences will be reported in this regional report (see Figure 12).

Figure 12

Respondents from Australia and Oceania	
Australia	72
Remainder of Australia and Oceania	14
Total	86

The respondents from Australia and Oceania work in a variety of industries, and for small, medium and large companies. The majority of them are employed at for-profit organisations (84%), while the remaining work in the educational sector (6.4%), at non-governmental organisations (5.3%) and governmental organisations (4.3%). There are fewer regional respondents from Global 500 companies than in the Global Benchmarking Study (11.7% versus 15.2%). Additionally, the regional sample has slightly more respondents from governmental organisations (4.3% versus 2.4%) than the Global Benchmarking Study.

A benchmarking instrument was developed and validated to compare employer Duty of Care activities based upon a checklist of 100 Duty of Care practices. These 100 practices were subsequently grouped into 15 indicators, then rolled up into the eight steps of the Integrated Duty of Care Risk Management Model, and overall company scores. These scores created a Duty of Care baseline which allows for benchmarking based on company and respondent characteristics. In this report, the baseline for Australia and Oceania (overall Duty of Care score of 69) is compared with the worldwide benchmarking score (63). For the detailed benchmarking methodology, please refer to the Global Benchmarking Study.

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For a full copy of the White Paper, please contact us at DutyofCare@internationalsos.com or visit www.internationalsos.com/dutyofcare and/or www.dialoguesondutyofcare.com.

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