Health and Safety Representatives as enablers of workplace mental wellbeing

Paula MacKenzie, Ali Whitton, Ruth Pink

Nā tō rourou, nā taku rourou ka ora ai te iwi

With your food basket and my food basket, we can feed the people

This chapter covers:

- The role of a health and safety representative

- The challenges health and safety representatives face

- How businesses and organisations can support and enable health and safety representatives

- How health and safety representatives can use their role to support mentally healthy work

Health and Safety Representatives (HSRs) are workers who have been elected to represent other workers in their workplace under Health and Safety at Work Act 2015 (HSWA). From at least 1974, and more formally in 1992, New Zealand's legal framework has acknowledged the importance of consulting workers, or people who can represent the worker voice about health and safety concerns (Health and Safety at Work etc. Act 1974; Health and Safety in Employment Act 1992; Peace, Lamm, Dearsly, & Parkes, 2019). An experienced worker will be the best source of information about how to do their job. This is because a worker will often change and optimise their behaviour to suit the situation, whether that be time pressures, the equipment available, how the workplace is designed, or what resources they have access to. This can result in differences between how work was imagined by designers or decision-makers, and the reality that workers face when doing the job. Involving HSRs in conversations about health and safety can result in better identification of hazards and risks, practical and effective health and safety solutions, safer systems, increased reliability, and higher engagement (Human Performance Oil and Gas, 2021).

The Health and Safety at Work Act (2015) states the role of a HSR includes:

- Representing workers in health and safety matters

- Investigating complaints from workers

- If requested, represent a worker about a specific health and safety concern

- Inquire into anything that appears to be a risk to the health and safety of workers

- Make recommendations about work health and safety

- Promote the interests of workers who have been harmed at work, which includes rehabilitation and return to work matters

While HSRs can help other HSRs, their role is limited to representing the workers in their team, or defined work group. Under the Act, they are given specific rights such as being able to request information, attend interviews, inspect workplaces, and make recommendations. If HSRs are adequately trained, they can also halt work and issue Provisional Improvement Notices under the Act. The business or organisation is required to consult HSRs and ensure HSRs have the resources to complete their role. This includes time, training, and information about hazards or risks in the workplace (Health and Safety at Work Act 2015).

Given 'health' means both physical and mental health under HSWA and its predecessor the Health and Safety in Employment Act (1992), the role of an HSR has included assisting businesses to manage the risks to mental health for a number of years. However, the theoretical role of an HSR looks very different to the 2021 reality of HSRs' experience day to day.

WorkSafe New Zealand recently completed the HSR Discovery project where WorkSafe design researchers and selected independent research agencies connected with over 400 HSRs across New Zealand, through a range of interviews, workshops, webinars, site visits and conferences. Discussion was conducted in smaller groups (approximately 15–20 people) to ensure a range of industries and regions were represented. While the structure was flexible, HSRs were asked about their experience in the role. This included how they became a HSR, their motivations, what their role entails, the challenges they face and their thoughts on the future for HSRs. Specific questions about mentally healthy work were asked only if the HSR brought up mental health at work. The project team reviewed the content from all HSR initiatives and collated the key findings. Findings, messaging, and conclusions were reviewed by HSRs through additional workshops and are discussed below.

Based on Statistics New Zealand data regarding the number of workers in New Zealand, WorkSafe estimates that there are 35,000 – 72,000 HSRs in the country. Rather than being elected to the role, which implies a formal election with several candidates, the majority of HSRs are either self-nominated, peer-nominated, tapped on the shoulder by their employer or told that they have volunteered. HSRs often take on additional responsibilities on top of the role that they are employed to do. For some, this aligns with full-time health and safety roles, and for others this is additional work that they must balance with their primary role. Some HSRs are given small pay increases as an incentive for taking

on the role, but most HSRs take on the role without receiving additional tangible rewards or incentives. Therefore, it is not surprising that most HSRs are intrinsically motivated. They typically believe in advocating for and supporting the people around them and are driven to affect positive change. Several have witnessed or experienced health and safety incidents and understand the knock-on effects of such an incident to whānau and communities.

The role and experience of an HSR depends on the tasks they are asked to do, the support and resources they are given to do it, and the organisation they work for. Across the work system, there appears to be a lack of consistency and clarity about what the HSR role entails. In general, HSRs need more time and more support to do their job. The reason an HSR needs more time to perform their HSR duties is because they are undertaking duties that are wider than the HSR role is intended to be. These duties are often the responsibilities of other roles within their workplace. In this way, HSRs almost become akin to unpaid Health and Safety Advisors.

When asked what would assist their role, HSRs mentioned simple and reasonably sized role descriptions, shared understanding of the role across their organisation, and being valued and respected by their peers and leaders. They needed a time and a place to do their HSR work, simple and easy reporting systems, and timely feedback loops.

One of many examples of ambiguity within the duties of the HSR role are audits. If an HSR is *leading* an audit in their workplace then they are seen by their peers to be 'policing compliance'. This negatively affects the same peer-to-peer relationships that they need to be strong in order to have the trust of the workgroup they represent. The clarity needed is that HSRs should be *invited in* to *participate* in audits, but *never* lead them. The same applies for Standard Operating Procedures (SOPs) and delivering training – they can be invited in to represent workers but should never be leading those activities as they are actually the responsibilities of frontline leaders, Health and Safety Managers, or even fellow workers.

How can businesses or organisations support HSRs?

The legislative purpose of an HSR is to ensure the worker voice is represented. Having support from the business or organisation is crucial to the HSR's ability to create change and make the workplace safer. To be effective, they require support and openness from leaders, managers, and fellow workers. It appears that a mentally healthy work approach could help HSRs thrive. Psychosocial or mental health risks can be grouped into three categories: work design, relationships or social factors, and work environment (ISO, 2021). When we use this framework to consider the experiences of HSRs it becomes understandable why HSRs experience challenges in their roles. The table in Appendix A details the psychosocial risks listed in *ISO45003:2021 Guidelines for managing psychosocial risks,* how these link to HSR experiences, and actions businesses could take to support HSRs through these challenges. The estimate of 35,000 – 72,000 HSRs represent a significant number of individuals who could assist in promoting mentally healthy work. If we can support HSRs in managing their role and own wellbeing, this will assist them in putting their own (metaphorical) oxygen mask on before helping others.

HSRs and mentally healthy work

A range of opinions emerged from HSRs about how they thought their role should respond and be involved in mental health at work. Some HSRs took the role to promote healthy work and believe their role should take a more holistic approach, with statements including "for me, the core value is to care for people...it's my job to identify if the workplace is doing that (i.e., support the mental health of workers)." Others said they did not want to become 'wellbeing officers' and would no longer be interested in the role if it includes mental health. Some felt uncertain about the idea with statements including "I wouldn't expect them (other workers) to come to me about mental health, (I) wouldn't know what to do." Most HSRs felt that there needed to be more training and resources to assist HSRs in navigating risks to mental health in the workplace. The health and safety managers consulted felt mental health is very personal, too complex, too complicated, and should be reserved for mental health professionals rather than HSRs.

However, to promote mentally healthy work, we need to empower people to talk about wellbeing and workplace challenges. Mental health professionals play an important role in diagnosing and supporting people through mental illness and distress. However, mental illness and distress is only one part of mental health. The World Health Organization (2018) defines mental health as, "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." This holistic perspective of mental health also aligns with Te Whare Tapa Whā, a Māori model of health which includes taha tinana (physical wellbeing), taha wairua (spiritual wellbeing), taha whānau (family and social wellbeing), taha hinengaro (mental and emotional wellbeing) and whenua (land, roots) (Durie, 1984). A broader, holistic perspective of mental health means that every single person has the skills to talk about mental health, including HSRs.
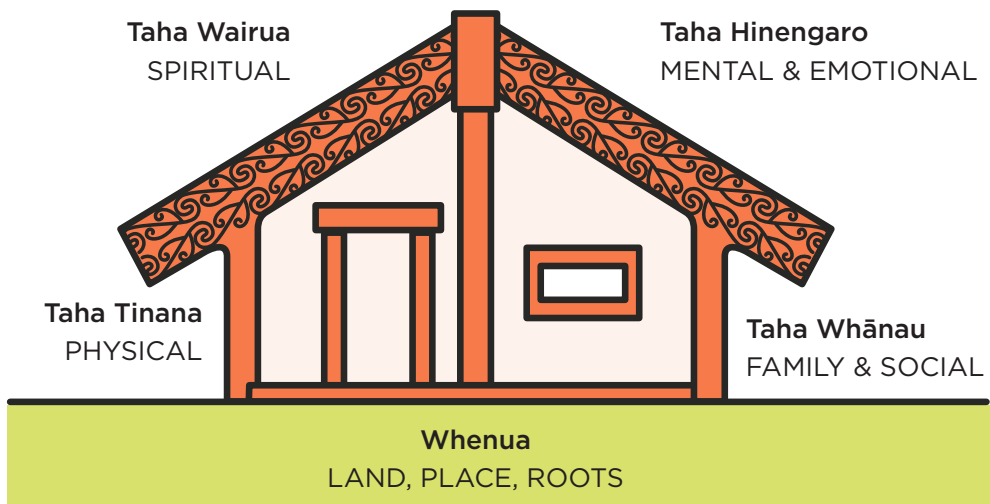
Figure 1

An example of how Te Whare Tapa Whā could be used to assist HSRs

Te Whare Tapa Whā: Considering wellbeing as an HSR

TAHA TINANA (PHYSICAL WELLBEING)	TAHA WAIRUA (SPIRITUAL WELLBEING)
• What could cause injury in our workplace?	• Do we promote bringing your whole self to work?
• Are we at risk of any long-term health issues because of our work?	• Does our workplace promote inclusion and diversity?
• What are the hazards or risks to physical health in this role?	• Could we incorporate cultural practices into our work more?
• How do we manage the risks to physical health?	• Do we have resources to support people's beliefs or religious practices e.g., prayer rooms?
• Do we have any initiatives that promote physical wellbeing?	• Is our PPE suitable for all our team members?
• Do our habits support healthy eating?	• Could we learn more about each other's backgrounds?
• How does work affect our sleep?	• Do we promote activities that help people connect with who they are?
• Do our team experience any physical signs of stress?	

Taha Wairua — SPIRITUAL
Taha Hinengaro — MENTAL & EMOTIONAL
Taha Tinana — PHYSICAL
Taha Whānau — FAMILY & SOCIAL
Whenua — LAND, PLACE, ROOTS

TAHA WHĀNAU (FAMILY AND SOCIAL WELLBEING)	TAHA HINENGARO (MENTAL AND EMOTIONAL WELLBEING)
• Do we have a positive workplace culture? • Do we have good relationships within our team? • How could we connect and build better relationships? • Could we work together more? • Do we have supportive managers? • Does our workplace promote discussing and reporting risks to mental health? • Do our policies support healthy work? • Do we have policies for managing conflict, e.g., bullying? • Do I know where to direct people if they want to report an issue that affects their wellbeing? • Do we get behind mentally healthy work initiatives e.g., mental health awareness week, pink shirt day?	• Does work affect workers' mental health? • Are there changes that could be made that would support wellbeing? • How do I support my own wellbeing? • Do I ask for help when I need it? • Do I feel comfortable talking to people who are struggling? i.e. I know I am not a counsellor but are happy to listen and refer people to support. • If not, what training could I complete to build my confidence? • Who can I refer to if people need support from a trained mental health professional? E.g. 1737, employee assistance programmes, supervision programmes, Mental Health Foundation.

HSRs play a core role in promoting a positive workplace culture, a key element of a mentally healthy workplace. They are often selected for the role as they already have good relationships with team members, are respected as a leader or someone the team is willing to listen to and are perceived as being approachable. They often appeared to be "a good fit for the role". If we can help HSRs connect the dots between the skills they already have, and the practical elements of psychosocial risk, they can become champions for mentally healthy work. While each workplace is different, the Te Whare Tapa Whā model could be used as a way to assist HSRs in building confidence and capability in this area. Figure 1 provides an example of how the Te Whare Tapa Whā model could be used to help HSRs identify psychosocial risks.

In a society where there is a higher expectation from employees to participate and co-design workplace initiatives (Heimans & Timms, 2014) HSRs will remain a crucial part of a collaborative, productive, and time efficient health and safety system.

Nā tō rourou, nā taku rourou ka ora ai te iwi (with your food basket and my food basket, we can feed the people). This whakataukī (proverb) speaks to community, collaboration, and a strengths-based approach where different parties have important things to offer in a shared goal of ensuring everyone flourishes. HSRs can be champions of mentally healthy work and help build positive workplace cultures. But they cannot do it alone. They need support and openness from managers, workplace systems and initiatives that support healthy work, and a proactive approach to managing risks to health (physical and mental) and safety from businesses and organisations. However, working together, business and organisations, managers, supervisors and HSRs can promote workplaces where everyone can realise their own abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their community.

References

Durie, S. M. (1984). *Te Whare Tapa Whā.* Mental Health Foundation. Retrieved November 2021, from Mental Health Foundation: https://mentalhealth.org.nz/te-whare-tapa-wha

Health and Safety at Work Act (2015). Retrieved from New Zealand Legislation: https://www.legislation.govt.nz/act/public/2015/0070/latest/DLM5976660.html

Health and Safety at Work etc. Act (1974). Retrieved from Legislation.gov.uk: https://www.legislation.gov.uk/ukpga/1974/37/resources

Health and Safety in Employment Act (1992). Retrieved from New Zealand Legislation: https://www.legislation.govt.nz/act/public/1992/0096/latest/DLM278829.html

Heimans, J., & Timms, H. (2014, December). *Understanding "New Power".* Retrieved from Harvard Business Review: https://hbr.org/2014/12/understanding-new-power

Human Performance Oil and Gas (2021). *Work-as-Imagined vs Work-as-Done (WAI v WAD).* Retrieved October 12, 2021, from Human Performance Oil and Gas: https://www.hpog.org/assets/documents/HPOG-FS02-WAIvWAD.pdf

International Standardization Organization (2021). *ISO 45003:2021 Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks.* Retrieved from ISO: https://www.iso.org/obp/ui/#iso:std:iso:45003:ed-1:v1:en

New Zealand Qualifications Authority (2020, March 26). *NZQA Unit Standard 29315: Describe the role and functions of the health and safety representative in a New Zealand workplace.* Retrieved from NZQA: https://www.nzqa.govt.nz/nqfdocs/units/pdf/29315.pdf

Peace, C., Lamm, F., Dearsly, G., & Parkes, H. (2019). The evolution of the OHS profession in New Zealand. *Safety Science, 120,* 254–262.

World Health Organization (2018, March 30). *Mental health: Strengthening our response.* Retrieved from World Health Organization: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Appendix A

Psychosocial Risks and Learnings from WorkSafe's HSR Discovery Project

PSYCHOSOCIAL RISKS OUTLINED IN *ISO45003:2021 GUIDELINES FOR MANAGING PSYCHOSOCIAL RISKS*	EXAMPLES OF CHALLENGES AND COMMENTARY FROM WORKSAFE'S HSR DISCOVERY PROJECT	KEY POINTS FOR BUSINESSES TO CONSIDER WHEN SUPPORTING HSRS
How work is organised:		
• Roles and expectations • Job control or autonomy • Job demands • Organisational change management • Remote and isolated work • Workload and pace • Working hours and schedule • Job security and precarious work	Time considerations: • *"Doing my paperwork through smoko or in the evening in my own time"* • *"I do it in smoko hours as that is the only time we're all together. I turn off the radio to talk to everyone"* • *"I've got heaps of people under me so I need a couple of hours to get through the work vs someone who only has a couple of people might only need 30 mins"* Resourcing considerations: • *"I'm often too understaffed to go to toolbox meetings"* • *"Often I'm not able to send an HSR to meetings because we're down people and can't physically get off the line"*	Could the role be designed, structured, or organised better to enhance worker engagement, participation, and representation? Considering: • The best way to structure HSRs to ensure representation and access to HSRs by all workers. • Processes, frequency, and timeframes for feedback and engagement with HSRs. • How HSRs contribute to risk identification and management, organisational policies, and decision-making. • When HSRs are expected to do HSR duties and if this competes with their primary role.

PSYCHOSOCIAL RISKS OUTLINED IN *ISO45003:2021 GUIDELINES FOR MANAGING PSYCHOSOCIAL RISKS*	EXAMPLES OF CHALLENGES AND COMMENTARY FROM WORKSAFE'S HSR DISCOVERY PROJECT	KEY POINTS FOR BUSINESSES TO CONSIDER WHEN SUPPORTING HSRS
How work is organised (continued):		
	Structural/Design considerations: • *"Can we cut out some of the paperwork?"* • *"We just need a computer"* • *"Some guys can't read and write"* • *"Why don't we get all the Standard Operating Procedures translated so everyone can read it?"* Workload considerations: • *"$10 a week extra is not enough because of all the added stress I'm dealing with, it's so much work on top of my primary role".*	• Whether tasks and duties an HSR is expected to complete align with representing the worker voice. • The resources and accessibility of resources available for HSRs to use and share with others. • The confidence and training needs of HSRs. • The needs of HSRs at different stages in their HSR Journey.

PSYCHOSOCIAL RISKS OUTLINED IN *ISO45003:2021 GUIDELINES FOR MANAGING PSYCHOSOCIAL RISKS*	EXAMPLES OF CHALLENGES AND COMMENTARY FROM WORKSAFE'S HSR DISCOVERY PROJECT	KEY POINTS FOR BUSINESSES TO CONSIDER WHEN SUPPORTING HSRS
Social factors at work		
• Interpersonal relationships • Leadership • Organisational/ workgroup culture • Recognition and reward • Career development • Support • Supervision • Civility and respect • Work/life balance • Violence at work • Harassment • Bullying and victimisation	Relationships with Leaders: • *"If you don't have top level manager support and buy-in you're wasting your time"* Relationships with Managers • *"Training our managers, we need them to understand our role better"* • *"Management needs to walk the talk"* • *"I need management to take this seriously and follow through"* Relationships with workers: • *"I feel like a policeman. Reporting on your own guys can have a large effect on your relationship with the guys"* • *"They have glossy posters on bullying but honestly, I want to rip them off the wall. I've had two men holding me by the neck, up against a wall, shouting at me"* • *"You have to be easy to talk to and not take sides"* Support/Training for HSRs: • *"Should have refresher training every 1–2 years like first aid"*	How do leaders, supervisors and workers support HSRs? Does the culture and team activities enhance social connections? Considering: • How workers find out who their HSRs are • The opportunities HSRs have to network and collaborate with other HSRs • How Health and Safety teams and senior leaders support HSRs • Whether supervisors and managers understand and support the HSR role • How the business or organisation promotes wellbeing and social connection

PSYCHOSOCIAL RISKS OUTLINED IN *ISO45003:2021 GUIDELINES FOR MANAGING PSYCHOSOCIAL RISKS*	EXAMPLES OF CHALLENGES AND COMMENTARY FROM WORKSAFE'S HSR DISCOVERY PROJECT	KEY POINTS FOR BUSINESSES TO CONSIDER WHEN SUPPORTING HSRS
Work environment		
Work environment, equipment, and hazardous tasks	Physical and social work environment: • *"It would be good to have a location to log these incidents like an office, desk, with a computer"* • *"Me, a 23-year-old walking up to a 50-Year-old builder and telling him to put a guarding on his grinder is never going to go down well"* • *"Do you talk about health and safety? No. You talk about production…the guys think that is the priority"* • *"They want to bring it (mental health) up but don't know how to do it, so it seems like a joke at first"*	How does the work environment affect the HSR role? Considering: • The resources and training HSRs have access to • How the tasks and feedback mediums (i.e., computer work, paper based, verbal communication) align with HSRs primary roles • The access of HSRs to the work environment and the workers in it