CONSULTATION DOESN’T HAPPEN BY ACCIDENT
A Report to SafeWork SA on successful consultation about work, health & safety

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The views and opinions expressed in this report are those of the author.
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**Executive Summary**

**Background**

This research was funded by SafeWork SA as part of the 2012 Commissioned Research Grant Programme. It was conducted by the Centre for Work and Life, University of South Australia with the guidance of an advisory group representative of employers, unions and academia. The purpose of this research was to identify practice, culture and strategies used in effective work health and safety (WHS) consultation. The research explored this question in three industries with high rates of WHS incidents: aged care, construction and hospitality.

The research involved three stages:

» the conduct of a review of recent relevant literature;
» meetings with stakeholders including input from WHS representatives;
» the conduct of interviews and observations of practice in three case study organisations within the different industries.

**What does the literature say?**

Existing literature identifies the importance of meaningful consultation, in which workers have input into decisions prior to them being made. In other words, the genuine nature and quality of consultation matters to WHS outcomes. Two key issues influence the quality of consultation:

» what is discussed - the relevance and importance of the topics of conversations;
» at what point consultation about work design, processes, equipment, or changes occur, at the planning and design stage or later at the implementation stage.

Whilst there is growing focus on consultation with individual workers, the evidence points to the important role of representative and collective processes in ensuring that workers have confidence to raise issues. Four key factors underpinning effective consultation are:

» a positive regulatory environment, that clearly establishes rights for WHS representatives and supports union right of entry;
» a positive management culture;
» engagement of trade unions in supporting WHS representatives and addressing issues that are not resolved through consultation;
» WHS representatives who are trained, knowledgeable and actively represent and engage other workers.

Fragmentation of employment relationships through casualisation, labour hire, agency work, sub-contracting and outsourcing, erodes consultation impacting on organisation and communication. This undermines the confidence of workers to raise issues and collectively address them. Workers’ lack of involvement in consultation processes is more affected by job insecurity than by their age or gender.
What did stakeholders say?

Prior to conducting interviews at a workplace level a series of meetings was held with representatives of unions, employer bodies and advisors at SafeWork SA.

There were different views on the meaning of consultation amongst those involved. Some emphasised the need to get information to workers. Others believed that consultation involved input into decision making, which means real listening and action arising from discussion.

At a regulatory level all workers have access to the same rights to consultation, but this varies in practice. Factors that affect consultation are:

» the role of different managers in setting WHS culture;

» size - larger organisations were likely to consult more effectively, though some small business had effective informal processes.

Issues to be aware of in relation to WHS consultation include:

» mistaking ‘ticking the box’ paperwork for meaningful consultation;

» a focus on immediate concerns, “slips and trips”, rather than long term issues or input into planning processes;

» responsibility for WHS is shifted through outsourcing and reliance on agency labour;

» growing fragmentation of work through sub-contracting drives responsibility for WHS down to smaller and smaller organisations.

Stakeholders indicated that in some cases it takes a serious accident or incident to shake complacency and lead to effective consultation.

The biggest challenge to effective consultation is lack of time for workers to participate. This is an issue across all sectors and is caused by business pressures such as:

» funding;

» deadlines;

» staffing levels and workloads.

The real challenge is to carve out time and resources for effective WHS consultation in the face of business models that create substantial opposing pressures.
What did we learn from case study organisations?

Why Consult?

Benefits of meaningful consultation identified by managers include:

» better outcomes when involving people with practical knowledge who ‘do the job’;
» more creative solutions as you hear different points of view;
» increase ownership of WHS decisions by workers;
» improvement in workers’ commitment to implementing change.

Examples were cited of organisations having to re-do things at some cost, because they had not effectively consulted in the first place.

Workers and unions value consultation where they feel it is genuine and meaningful, occurring before a decision is made and having taken into account the input of workers.

Informal and formal processes

Effective consultation involves both informal and formal strategies rather than a reliance on one at the exclusion of the other.

Informal processes:

» assist with building relationships between managers and workers,
» enable issues to be raised immediately;
» assist with creating a culture that prioritises WHS.

Formal processes:

» recognise the power imbalance in the employee and employer relationship;
» are a means by which longer term and more complex issues are addressed;
» provide a mechanism by which issues rise from a small group team to a local worksite, an organisation wide committee or to an industry body.
Examples of formal consultation structures

<table>
<thead>
<tr>
<th>Level</th>
<th>Process</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate work area</td>
<td>Meeting of a small group of workers in immediate area.</td>
<td>Immediate issues that can be resolved at this level.</td>
</tr>
<tr>
<td>Department, section or sub-contractor</td>
<td>Safety Committee or Tool Box</td>
<td>Issues affecting a group of workers for example the plumbers on site.</td>
</tr>
<tr>
<td>Worksite</td>
<td>Safety Committee attended by representatives from different areas.</td>
<td>Issues affecting all workers on site or issues raised by groups at other levels.</td>
</tr>
<tr>
<td>Organisation</td>
<td>Safety Committee attended by representatives from different sites.</td>
<td>Where there is more than one worksite an organisation wide committee deals with issues that cross sites.</td>
</tr>
</tbody>
</table>

WHS Representatives are key

Indepedently elected and trained WHS representatives play a fundamental role in ensuring that workers are able to effectively participate in consultation processes. They play a particularly vital role in voicing the concerns and representing the interests of vulnerable or less confident workers.

WHS representatives contribute to effective consultation when they are:

» approachable;

» confident in their role

» solutions focused;

» persistent in the face of opposition;

» able to engage other workers in the identification and resolution of issues;

» knowledgeable or able to access knowledge they require.

Training is essential in building, confidence, knowledge and strategies for effective representation.
**Unions make a difference**

The unions make a difference by:

» promoting WHS cultures;

» providing advice and assistance to WHS representatives;

» assisting with resolution of difficult issues.

SafeWork SA is also used by WHS representatives and managers for advice.

**Managers matter**

Managers play a pivotal role in establishing the culture and enabling effective consultation to take place. Effective consultation occurs when managers build positive relationships and when they:

» plan and resource WHS consultation;

» engage workers;

» listen to issues workers raise;

» involve workers in problem solving processes;

» act on agreed strategies;

» provide feedback to workers;

» are present in the workplace.

This requires managers to have a high level of communication and planning skills and a preparedness to empower workers and develop their skills in meetings and problem solving.

**Consult on significant issues that matter to workers**

Workers and managers often have different views about what is important and sometimes have different interests in relation to an issue. Effective consultation requires a commitment to discuss the difficult issues.

Consultation mostly:

» occurs at the point of implementation of change rather than at the design or planning stage,

» addresses more immediate safety issues.

Effectiveness of WHS consultation is improved if it addresses change at an early stage in the process.

Conversely, time should not be spent consulting on issues of a trivial nature, as this can lead to frustration and downplaying of the importance of WHS.
Use interactive and problem solving processes

Effective consultation processes require a high degree of interaction and empowerment of workers. In cases where workers have a real say they are engaged not only in identifying issues but in working out possible solutions.

Make sure everyone has a say

Some groups of workers are less likely to be heard and to be present in consultative processes, including workers who are:

» from culturally and linguistically diverse (CALD) backgrounds;
» younger;
» insecure;
» low paid;
» care or service workers;
» shift workers.

Ensuring all workers are involved requires:

» an analysis of worker representation across a range of demographics and types of work;
» identification of barriers that particular groups might face;
» consultation with workers affected about processes which might improve their involvement;
» trial and review of strategies to improve involvement.

Security at work increases people’s confidence to participate in WHS consultation. WHS representatives play a key role in representing more vulnerable workers.

It doesn’t happen by accident

Effective WHS consultation does not happen by accident. It takes planning, resourcing and requires a high level of skills of both managers and WHS representatives.
BACKGROUND

This research was funded by SafeWork SA as part of the 2012 Commissioned Research Grant Programme. It was conducted by the Centre for Work + Life, University of South Australia. The purpose of this research was to identify practice, culture and strategies used in best practice WHS consultation, within aged care, construction and hospitality. These industries have high rates of workplace injury and illness and employ significant number of young people and women.

The research involved three stages:

» the conduct of a review of recent relevant literature;
» meetings with stakeholders including input from WHS representatives;
» the conduct of interviews and observations of practice in three case study organisations within the different industries.

The Project Managers were Professor Barbara Pocock and Associate Professor Sara Charlesworth from the University of South Australia.

An Advisory Group was established to provide advice and guidance throughout the research. The advisory group members, drawn from employer, union and academia, included Verna Blewett, Queensland Central University; Phil Bohle, University of Sydney; Megan Corlis, Helping Hand; Janet Giles, SA Unions; Robin Shaw, Self-Insured South Australia; provided invaluable advice, support and thoughtful input. The Advisory Group was concerned about the use of “best practice” and the project therefore focused on “effective” or “successful” consultation.

INTRODUCTION

This report summarises the key themes and issues identified in relation to WHS consultation, broadly, in recent literature, with some exploration in relation to aged care, construction and hospitality the industries focused on in this research. The themes and issues identified in this review informed the interviews held with key stakeholders.

Interviews were held with stakeholders from the three industries focused on in this report and some with cross-industry responsibility. These interviews provided valuable context enabling the identification of both specific and common issues. The findings from these interviews are summarised in the report.

The primary interest of this research was what was happening on the ground in organisations from the three industries. The issues raised in both the literature and interviews informed the development of questions used in the interview process and provided the lens through which consultation processes were observed. These case studies confirm the value of consultation, the challenges in doing it effectively and some key factors present in effective process.

The conclusion of this report draws together the findings from this research with those in the literature review.
Methodology

This project was built largely around a case study methodology, working with three organisations in three different sectors: aged care, hospitality and construction. Ethics approval was granted for the processes used in this research.

In the first phase of the project, an advisory group was established and meetings were held with 16 industry stakeholders (six employer; five union; five Safework SA (SWSA) representatives) to identify major issues in relation to WHS consultation. These meetings also established which organisations were operating at the more positive end of the spectrum from ‘do nothing’ to ‘effectively consulting’ in relation to WHS according to stakeholders. The selection of the organisations (who remain anonymous in this report) was influenced by a number of factors. First, the project objectives and advisory committee required the researcher to talk with WHS representatives as part of this process. Second the case study methodology required the involvement of organisations that were large enough to support interviews of people in a range of positions, whilst protecting individuals’ confidentiality. Whilst the organisations selected for the project were all large employers, issues relating to consultation in small business were raised at stakeholder meetings and are noted in this report.

Whilst none of the selected organisations claimed to be perfect at effective consultation, all expressed a positive commitment to consultation and an interest in learning about the consultative process. The objective of this research was to identify positive practice, culture and strategies and many positive processes as well as critiques, challenges and barriers were identified by those interviewed. These comments have been reflected on and have largely been used to identify or reinforce positive strategies, as it was not our purpose to evaluate or assess the participating organisations.

The research in the case study organisations involved the conduct of 31 interviews with 9–12 interviews in each organisation. These interviews consisted of 11 managers at a range of levels, four WHS specialists, 16 WHS representatives and workers. Access to worker representatives was primarily through the key contact person in the organisation, though in a limited number of cases referral was through a union organiser. The responses of interviewees remained confidential and were often very frank. The interviews were conducted using a set of established questions with some adaptation as required based on interviewees’ responses.

Fifteen women were interviewed and 16 men. In the case of interviews in the aged care sector, these were predominately with women and in construction, exclusively with men. Interviewees ranged from age 18–62 with most people in construction aged 35 or under; in aged care, most were aged over 49. In the hospitality sector most interviewees were between 26-49 years old. All hospitality workers worked shift work, as did four of those from the aged care sector. Eight were part-time workers and five were either casual workers or apprentices.

In addition to the interviews, observation was made of a range of meetings, including safety committee meetings at different levels within organisations and a pre-start meeting, held at the start of the day before construction work commenced. These observations enabled an analysis of the dynamics and interactions between people in consultative forums.
Some opportunities arose to gain additional input into the research at an early stage. Firstly, at the SA Unions conference ‘Stand Up for Health and Safety’ held on 21 June 2013, (attended by 87 delegates of whom 80 were elected WHS representatives) participants were asked to respond to four questions by table. The responses were limited to three or four agreed points for each question. This provided the project with insight into issues for WHS representatives from a range of sectors. In addition, a focus group on consultation in aged care was held with three organisers and three active members from the union, United Voice. A facilitated discussion was held with seven safety advisors from SafeWork SA on 25 June 2013, which assisted in identifying challenges which different sectors face in consulting on WHS.

The generous support of the participating organisations and the openness and input of those interviewed and observed in this process is greatly appreciated. Ideally, the case studies would have been held over a longer period of time enabling access to more input from workers and further observations of process and practice.

A Review of Recent Literature

Introduction

This is a targeted review considering relevant new studies from 2010 in relation to consultation in work health and safety (WHS). It draws primarily on work from Australia, United Kingdom and Canada. The review explores the meaning and quality of consultation generally and examines more specific research in relation to vulnerable workers, exploring age, gender and employment status. The review also identifies research in the area of WHS and consultation in three specific industries; namely aged care, construction and hospitality. Whilst there is significant literature identifying the factors affecting WHS consultation at a broad level and some more detailed industry studies in relation to the construction industry and to a lesser extent hospitality, there is little in relation to aged care. There are few studies which identify practical examples of effective consultation at a workplace level.

Consultation matters: but the quality is critical

Involvement of workers in WHS has been linked with improved health and safety management systems in relation to audits; risk assessments and reporting systems (Quinlan, Bohle & Lamm 2010), and the reduction of injury and illnesses (Walters & Nichols 2009). The absence of worker involvement in these processes can lead to paperwork for the sake of compliance rather than as a means to achieve improved outcomes (Blewett & O’Keeffe 2010). Consultation is associated with these improved outcomes as it provides access to critical knowledge held by workers to inform health and safety solutions and strategies; and leads to increased trust and ownership (Blewett & Dorrian 2011; Quinlan, Bohle & Lamm 2010). Eaton and Nocerino suggest that the extent and nature of the consultation is critical to the effect on illness and injury outcomes; it is not just whether you have a committee or not but the meaningful involvement of workers in the process (Walters 2010).
Defining consultation

Consultation is used in the common vernacular to mean anything from manager controlled provision of information to meaningful input into decision making processes. Indeed there is some question as to whether different interpretations of the meaning of consultation can in itself lead to misunderstanding and dissatisfaction. What is meant by consultation in the context of WHS is resolved at a regulatory level in the South Australian Work Health and Safety Act 2012, which makes it clear that workers are not only to be informed (S48 (1) a.) but given the opportunity to express their views and contribute to the decision-making process (S48 (1) b i and ii). The experiences of health and safety representatives at a workplace level seems to vary from those who feel that they have meaningful input to those who feel frustrated and unable to voice their concerns (Blewett & Dorrian 2011).

There is increasing discussion of the form that consultation takes; namely direct (individual) or representative consultation. Individual consultation, involves the employer consulting with workers individually rather than through a representative process. There is an argument that the effectiveness of consulting individuals is limited in an industrial context where there is a difference in power between the employer and employees, especially where workers feel vulnerable as a consequence of the precarious nature of their employment (Quinlan, Bohle & Lamm 2010) or age. Indeed, Tucker and Turner found that young Canadian workers were more likely to remain silent than raise a safety issue at work. They were more likely to raise a problem if they felt it was serious and if other co-workers shared their concerns (Tucker & Turner 2013). Walters and Frick argue that there is a body of evidence to support the effectiveness of representative participation (Quinlan, Bohle & Lamm 2010). The SA Work Health and Safety Act 2012 envisages both direct and representative consultation, and where there is an elected health and safety representative they must be involved in consultation (S48 (2)).

The scope, power and level of consultation

The meaningfulness and extent of consultation also raises a question about which health and safety matters are dealt with through consultative processes. The evidence suggests that this is often limited to immediate, directly apparent, safety matters rather than issues of health or occupational disease (Blewett & Dorrian 2011). Recent research in the Victorian construction industry confirms this:

> the overall level of influence and input of all the OHS representatives who participated in the project was primarily restricted to what is commonly described as day-to-day and or trouble shooting issues. These are sometimes described as the job execution stages, as opposed to the job or project design and planning stages. (Ayers et al. 2012)

This is inherently linked to the question of who controls the agenda. If employees do not have meaningful input into the content of consultation the level of commitment to the process and outcomes is likely to diminish. Further, if the issues that are being addressed are at the trouble-shooting end of the spectrum they are unlikely to be addressing the ‘methods of work that give rise to and encourage unsafe work practice’ (Walters 2010). This also suggests that, depending on the nature of the work and industry, some issues will need to be resolved through consultation at different levels: workplace, organisation and industry.
What helps make it effective?

There is significant evidence linking four key factors to effective WHS consultation:

» the regulatory environment;
» the role and culture of management;
» the role of trade unions and
» the role of WHS representatives.

A strong regulatory environment that places consultation at its heart, which provides external inspectorial powers and supports union right of entry is identified as critical to ensuring effective consultation on WHS (Quinlan, Bohle & Lamm 2010; Underhill & Quinlan 2011b). The need for clear consultation rights for WHS representatives, ie covering time, training and protection from discrimination in legislation were seen as critical to their effectiveness. The need for clear responsibility in relation to consultation was particularly identified for labour hire and where sub-contracting existed. This has been addressed at a regulatory level in the recent SA Work Health and Safety Act 2012 with responsibility to consult now being held by the person conducting business or undertaking and with the requirement that they consult with other duty holders (S46). Union right of entry was seen as critical to supporting representatives facing discrimination and in cases where workers did not feel able to raise safety issues. Indeed where employers are not effectively addressing WHS issues through consultation the capacity of representatives to take actions such as employing provisional improvement notices (Division 7) and where necessary to cease work (Division 6), are important mechanisms. The importance of trade union membership and involvement in WHS committee processes was established by Walters and Nichols:

judged by serious injury rates in manufacturing, it is significantly better to have health and safety committees with at least some members selected by trade union, which suggests that there is a mediated trade union effect on safety; and that the presence of health and safety representatives also has a beneficial effect (Walters, et al. 2012).

Given the strong role unions play in ensuring effective consultation on WHS there is concern about the impact of declining union membership.

The presence of a strong regulatory framework and involvement of trade unions were seen as an essential basis for effective consultation. However, a positive management culture and commitment to participative processes was also fundamental (Blewett & Dorrian 2011; Walters, D 2010). Blewett and Dorrian identified the importance of a sincere and honest approach to consultation by managers and employees and the existence of respectful relationships (2011). Ayers et al. (2012) identify the importance of trust in a partnership relationship with high levels of trust reflecting organisational maturity. They also identified the need for creative or functional mistrust, a scepticism that ensures one questions health and safety (2012) avoiding as Blewett and Dorrian identifies ‘constant agreement or group-think’ (2011). Indeed the capacity to openly express different views and suggest alternatives is at the heart of respectful relationships and meaningful consultation.
Effective Representatives

There is a relationship between the role of health and safety representatives and committees in improving WHS. However, there is a clear indication that their effectiveness is linked to the extent to which their role is understood; representatives are informed; time is allowed for the role; the training that is received by the representatives; and the support they receive from a union. Blewett and Dorrian (2011) indicate that there is still some confusion around the role of WHS representatives with some people thinking they are safety police or hold responsibility for safety (Blewett & Dorrian 2011). The Work Health and Safety Act 2012, (S70), identifies significant powers and rights for representatives including: involvement in inspections, safety audits, attending interviews of workers (with agreement) on issues relating to health and safety. None of this is meaningful unless representatives have the time and support to undertake these roles. There is also a very clear link between the effectiveness of representatives and their participation in training, not dissimilar to findings related to the effectiveness of union representatives which show a strong correlation between activism and training (Peetz & Alexander 2010). Blewett and Dorrian (2011) also identify characteristics or attributes about the representative themselves that contribute to their effectiveness. A Canadian study identified the importance of a combination of knowledge and activism amongst effective representatives (Hall et al. 2006).

Quinlan, Bohle, and Lamm (2010) summarise meaningful participation as follows:

meaningful participation must involve some form of joint decision making where the issues raised are not trivial, workers involved are representative of workforce opinion (not those least liable to offend). Their views are treated seriously and their input can materially affect the outcomes... Representative structures, including how members are selected, the balance of power between managers and workers, designated functions and meeting times, budgetary and other resources, training of members and the procedural aftermath of decisions reached will all help to determine whether the committee offers genuine input or is largely symbolic. Legislative frameworks and union input set important baselines for committee operations.

Though the regulatory framework for WHS is built around consultation, Blewett and Dorrian (2011) reference ACTU surveys that highlight a significant disregard for the legislation in practice. Disturbingly in Blewett and Dorrian’s study some health and safety representatives (HSR) reported that the role was ‘career limiting’ and that others experienced harassment and abuse. Whilst the legislation empowers representatives this has to be seen in the context of the hierarchical power relationship between employees and employers. In the absence of an employer who acknowledges and values consultation and the role of a HSR, the representative remains vulnerable if they are operating in isolation, irrespective of the legislation. Power and workers’ location in the labour market raise further issues about both health and safety outcomes and consultation.

... a strong correlation between activism and training
Job security, Forms of Employment and Effective WHS Voice

Casual workers (as defined by the Australian Bureau of Statistics (ABS) i.e., those not receiving paid sick or annual leave) are 50% more likely to experience a work related injury than permanently employed workers (Safe Work Australia 2012). The rise of contingent or precarious employment in the form of casual, short term contract, or agency work (Gallagher & Underhill 2012), raises specific challenges as these workers are more likely to experience poor health and safety outcomes and less likely to participate in consultative processes. Quinlan, Bohle and Lamm, (2010) group underlying factors as pressure, disorganisation, and regulatory failure. ‘Economic and reward’ pressure refers to insecurity of employment and income, and an intense competition for work, which leads workers to cut corners; accept more hazardous work; work when they are injured and hold more than one job.

Workforce instability arising from insecure employment arrangements creates disorganisation undermining rules, processes and role clarity. Further, vulnerability and fear prevent these workers from acting collectively and raising issues that may jeopardise their job or future employment. Finally they point to regulatory gaps and weakened compliance where workers are less aware of their entitlements and less likely to raise them (Underhill & Quinlan 2011a). Underhill and Quinlan’s (2011a) study of temporary agency workers indicates that whilst sharing some factors with other precariously employed workers the triangular nature of their employment casts some new and specific risks, namely; a greater fragility in security as the agency could dismiss injured workers on the basis that there was no host employers seeking workers. Rather than risking this, these workers would work with injuries.

The disorganisation identified for all precariously employed workers was further exacerbated in the case of agency workers as they were often mismatched for the job; unfamiliar with the work environment and faced communication barriers. As indicated above agency workers have also suffered from a legislative environment which enabled the host and agency to ‘pass the buck’ (Underhill & Quinlan 2011a). Some agencies also felt that the competitive nature of the industry led to situations in which some ‘intentionally avoided their legal obligations in relation to protecting agency workers’ health and safety’ which they saw as damaging to the industry both in terms of its reputation and in their capacity to compete on cost (Underhill & Quinlan 2011a).

In the study of Queensland agency organisations there were few examples of formal consultation processes, though mechanisms like tool box meetings were identified. In cases where there was a long term relationship between the agency and the workers there were examples of informal consultation in the form of casual conversations. Where there was a longer term relationship between the agency and the host employer there were some examples of improved WHS systems. Whilst agency workers’ input into consultative
forums would be an effective way to improve health and safety outcomes, the fear of losing employment and thus income operates to silence workers acting as a direct barrier to their involvement in consultation (Underhill & Quinlan 2011b).

Fragmentation of the employee relationship is also identified as a problem in workplaces where there are sub-contracting arrangements, as discussed above. An ILO report on the construction industry indicates breakdowns in communication between the principal contractor and workers employed by sub-contractors can blur safety rules and practices and cause confusion over responsibility (Walters 2010). In unionised sites, health and safety representatives were seen to ameliorate this problem acting as a ‘conduit’ between the principal and sub-contractor (Walters 2010). In other industries, employers shift risk over health and safety by outsourcing areas of work. These trends to break up work and fragment employment relationships have resulted in a growth of smaller companies, work intensification and declining levels of unionisation (Quinlan, Bohle & Lamm 2010), all of which have negative implications for consultation on WHS. Shift work is another form of work that is linked to poor health and safety outcomes (Quinlan, Bohle & Lamm 2010) and creates challenges for communication, consultation and representation.

Worker characteristics, form of employment and rates of injury
The complex interaction of the nature of the work, employment tenure, work intensification and power (or the lack of it) to voice issues of concern in relation to WHS, creates a potent mix which leads to some groups of workers being more likely to be injured at work. ABS data identifies young workers and women workers as groups with higher levels of injury (Safe Work Australia 2012).

Twenty per cent of all injuries in Australia in 2009-10 were experienced by young workers under the age of 25. Young workers had an injury rate 18% higher than other workers (Safe Work Australia 2013). Price refers to Anderson et al. noting that studies of the relationship between young workers and WHS have tended to focus on ‘blaming and/or changing the behaviour of young workers’ rather than exploring the links between young workers injuries’ and broader socio-economic and political factors (Price 2011; Tucker & Turner 2013), including the nature of their employment. Fifty per cent of young workers are employed casually (Safe Work Australia 2013). As discussed above, Tucker and Turner’s (2013) study of young workers in Canada found that they were more likely to remain silent than to raise health and safety issues, being mindful of the precarious nature of their employment and a sense of powerlessness. The data indicates a clear need to focus on improving WHS outcomes and consultation processes for young workers. When framing the problem Anderson et al. suggest there should be some recognition given to the complex interplay between factors of vulnerability identified by Sargent and Tucker as quoted in (Price 2011), rather than a focus solely on individual behaviours. There needs to be recognition of the ‘realities of the work context and power relations between workers and supervisors’ (Tucker & Turner 2013).

Gender segmentation in Australia’s workforce is reflected in the differentiation of injuries and hazards experienced by men and women (Quinlan, Bohle & Lamm 2010). There are some risks experienced mostly by women, for example sexual harassment. However for the most part, to understand the WHS story for women requires an examination of the types of work in which women are employed in conjunction with an analysis of the nature of their
employment and thus their level of vulnerability. Women had a higher frequency rate of injury than men in all categories of employment, except those who were full-time non-shift workers where rates were similar. In all categories those employed casually or on shift work arrangements had significantly higher frequency of injury rates, and women are more likely than men to be employed on a casual basis (Safe Work Australia 2012). Further, women, working as part-time shift workers, had the highest frequency rate of injuries for all types of employment groups (Safe Work Australia 2012).

Industry differences: Construction

It is clear from the discussion above that there are some key factors that underlie effective consultation leading to improved health and safety outcomes. It is also true that different sectors and industries face different challenges, and thus potentially look for and require different strategies and solutions. Some of these challenges and differences are identified in an examination of the literature in relation to construction, aged care and hospitality.

The construction industry, both in Australia and internationally is recognised as a dangerous industry. ILO analysis suggests that it accounts for 100,000 fatalities annually (Walters 2010). In Australia it is estimated that workers in the construction industry ‘are twice as likely to be killed at work compared to the Australian all industries average’ (Safe Work Australia 2011, quoted in Ayers et al 2012). In addition to the hazards arising from the nature of work in the construction industry there are some very particular challenges to consultation arising from the structure of the industry. The industry is characterised by a significant proportion of small companies, sub-contracting, use of casual, labour hire, and ‘self-employed’ (including sham contracting arrangements) (Ayers et al. 2012; Walters 2010). The study of consultation in the construction industry, conducted by Walters (2010), indicates that these challenges call for ‘innovative’ approaches to workers’ representation and consultation. It identifies regional representatives as one possibility, and ‘agreements between unions and the employers that allow worker representatives, usually employed by principal contractors, to gain access to workers employed by sub-contractors’.

A model of safety cultures

Case studies of five construction companies in Victoria, conducted by Ayers, applied Hudson’s safety culture model. This study explored the different approach to WHS consultation based on the level of ‘cultural maturity’ of the organisations. Hudson’s model identifies higher levels of information provision and trust at higher levels of cultural maturity.

To determine the extent and meaningfulness of consultation this study explored three questions:

1. the issues that were discussed, were they ‘trouble shooting’ or long-term strategic issues;

2. the environment, duration and contribution of participants in the consultative processes; and

3. the approach to third party involvement and assistance, particularly the involvement of unions in assisting WHS representatives.
The research established a relationship between increased level of cultural maturity and improved involvement and consultation, described as ‘consultation capability’. However, disturbingly, as indicated above, irrespective of the cultural maturity the content or topic of the consultation remained at ‘troubleshooting’ or ‘execution’ rather than strategic long term systems, or design level (Ayers et al. 2012). This study posits that at the heart of the limited nature of the consultation is a “power-based control inertia” (Ayers et al. 2012).

**Figure 3 – Illustrated capability relationship between organizational maturity and consultation and lack of relationship between maturity and consultation topic**

![Figure 3](image)

**Source:** Ayers et al. 2012

**Industry differences: Residential Aged Care**

Residential aged care is characterised by a high proportion of women workers, although an increasing number of men work in this area. Workers are older than the national average (median age of 48 years) with an increasing number of workers born overseas (King et al. 2013). This is a sector in which workers work a range of shifts and where many people are employed part-time. Common injuries in this sector result from manual handling, largely related to lifting residents and making beds; slips, trips and falls; or being hit by aggressive residents. The latter reflects the increasing complexity of care in residential environments with more residents having dementia and mental health issues (King et al. 2013). In King, Mavromaras & Wei’s analysis, 21% of workers report stress or other mental conditions and 45% of care workers did not think they had enough time to provide care (King et al. 2013), suggesting a level of work intensification that may contribute to injuries.

Whilst not directly related to WHS, Kaine’s study (2012) of three aged care providers explored the question of consultation in the industrial relations field. This study identified a complex interaction of factors that contributed to and limited the voice of workers. In the three case studies there was little union involvement and the employers’ attitude to voice was identified as a significant factor in the extent and nature of consultation. Other factors that contributed to voicing of issues were the social meaning connected to care work, that is, workers valued the caring nature of the work; location; and availability of other employment options; and the level of external regulation (Kaine 2012). The level and extent of voice was seen as a complex interaction of factors, though clearly remaining largely in the control of the employer.
Industry differences: Hospitality

Hospitality covers a range of quite distinct component sectors: cafes and restaurants; accommodation; and pubs and clubs. These vary significantly in size, from very large employers in accommodation and multi-national food chains to small family businesses in cafes and restaurants with differing demographics. The accommodation and food services area of hospitality is a large employer of young people, the median age for waiters is 22 and for bar attendant and baristas 24 (DEEWR 2012). Accommodation and food services account for the ‘largest proportion of injured young workers (29%)’ (Safe Work Australia 2012). Other sectors of hospitality, employ a high proportion of women with a median age of 42 (housekeepers) and 47 (commercial cleaners) (DEEWR 2012). Components of hospitality employ a high proportion of casual workers (McNamara, Bohle & Quinlan 2011).

Exploring the impact of precarious employment on workers’ health in the hotel industry, McNamara, Bohle and Quinlan (2011) found that employment status did not equate to perceptions of job security. In an industry in which there were often changes and processes such as outsourcing occurring, an ongoing contract of employment did not lead to a sense of security. Further, whilst those employed permanently had greater control over their hours, they were working longer hours with high levels of work intensification (McNamara, Bohle & Quinlan 2011) and those employed casually reported higher levels of interpersonal conflict and violence.

A study of young workers in the fast food industry, working for a large multinational company found that a Fordist production system had positive WHS outcomes and suggested that ‘a tightly controlled system with repeated on-the-job training (incorporating OHS) is a worthwhile expenditure for employers hiring large numbers of young temporary workers’ (Mayhew & Quinlan 2002). However, there were concerns about the poor level of understanding workers had about their rights if they were injured, compounded by:

...management practices, including discouragement of union presence...
Not being unionised, young casual workers lacked an alternative source of information and advice. This reflected their vulnerability, lack of job security and bargaining power more generally (Mayhew & Quinlan 2002).

These studies suggest a complex picture for WHS in the hospitality industry with diverse challenges and needs, which may require different strategies and solutions.

Summary

A small number of research projects relating specifically to consultation in WHS have been completed in Australia, Canada and Europe since Blewett and Dorrain’s review of the literature was published in 2011. Key issues evident from this literature, which the current research project needs to reflect and build upon include:

» management culture in relation to consultation and decision making;
» the relationship between representative and individual processes of consultation;
» the stages at which consultation occurs and the meaningfulness of the topics addressed;
» the support provided to representatives that enable effective and meaningful consultation;
» the role of unions in the consultation process;
» strategies to ensure all workers are consulted in environments where people are employed under various arrangements (sub-contractors, labour hire, shift work; or casual employment);
» mechanisms to involve younger workers.

Whilst the literature identifies key challenges to consultation in the current structure of the labour market and identifies a number of key factors that underpin successful examples of consultation, there are few practical examples that provide insight from organisations that are effectively consulting workers in relation to WHS. There are a few studies of WHS consultation in construction but limited research in relation to aged care and hospitality. These different industries face specific WHS issues and have different challenges in relation to consultation.

The problem of fractured employment relationships is identified in the literature, however there is very little evidence of mechanisms used by employers to engage those workers in indirect or precarious employment. At one level this simply reflects the reality of the problem and there is strong argument that the resolution lies in reducing the use of precarious employment; nevertheless it leaves the question of what effective consultation of workers in fractured employment relationships might look like.

Much of the literature in relation to young workers and WHS focuses on their behaviour and age. The issue of their employment status and position in the labour market is raised as a critical issue in some of the literature. This suggests that assessing effective consultation of young workers and indeed all workers requires an approach that explores the complex interaction of a range of factors.

**What the stakeholders had to say**

In the first stage of the project, meetings were held with key stakeholders in the three sectors and more broadly. These meetings were designed to identify key factors in the sectors, particularly in relation to WHS consultation and provided the basis for the decision about which organisations should be chosen for the interviews and observations.

**About the sectors**

**Aged Care**
The aged care sector has high levels of manual handling injuries particularly amongst personal care workers (PCW) who do the ‘hands on’ work. There has been increased complexity in care demands with regard to residents in care, with a greater proportion requiring higher levels of care. Aggression from residents linked to dementia and mental
health was identified as a particular issue by some respondents, as was the increased proportion of residents who are overweight requiring bariatric equipment. One quality assurance and safety co-ordinator indicated:

Manual handling is a problem with heavier people as residents throughout the sector, they are also more frail when they enter care as they are staying longer at home. Intensity of work has changed.

(Manager, Aged Care)

This was reflected in the view, expressed by both managers and workers, that there was no longer ‘low care’ and that the increasing complexity of care leads to both physical and emotional issues for workers.

The sector relies heavily on public funding and one of the issues raised by both employer and union representatives was the need to increase staffing levels. This point was highlighted recently by the CEO of an aged care service:

The funding formula just doesn’t allow for the appropriate numbers of staff to care for residents with complex care needs that are both physical and behavioural. If we have an average day, for example, in a high care area, you might have two carers looking after 15 residents with complex care needs. Very tricky to do that ...
So these are the sort of complexities that exist in an underfunded chronic system.

(John Kelly, CEO, Aged and Community Services Australia, ABC Lateline, 16/7/13)

There was also concern about the dissociation of funding from staffing levels, with union representatives seeking a formula that was based on a staff to resident ratio. At the time of the interview they held some hope for improvement through the (then) Federal Government’s Living Longer Living Better Compact which included not only improvements in wage levels but also ‘non wage elements including good health and safety systems; safe workloads; training of paid workforce’. There was some concern expressed as to the extent of take-up in the industry as it required employers to self-fund a three per cent above award wage increase.

Staffing levels were seen as contributing to risk as people ‘rush’ through their work. There was acknowledgement that pressure on staffing levels could vary over different shifts and at different times of the year with changes in resident needs. Increased funding was also seen as necessary to improve equipment. Time pressure arising from inadequate staffing levels was identified as a key factor in the lack of personal care workers’ involvement in WHS consultation

There was a perception that the WHS requirements in the aged care auditing process drove WHS systems. However there was also some concern that the compliance based processes did not lead to the most effective or meaningful practice.

The aged care sector has a high use of agency staff. One agency worker identified that with agency employment there was a shift of responsibility from the agency, as the employer, to the worker, with workers covering the costs of training that would normally be covered by an organisation. This was endorsed by an agency manager who explained this in terms of agency workers being ‘their own boss now’. Whilst there was a suggestion that agency staff often bore the ‘blame’ when things went wrong on a shift, and faced hostility from permanent staff, there was also recognition of the increased workload for permanent staff when inducting numerous agency staff.
One worker, who had worked across a range of organisations, described the difficulties with the agency and host employer relationship that can arise for a worker when they have WHS issues. This worker had experienced an incident with a mental health resident that he described as ‘full on’. When he went to report this ‘the agency was telling me one thing and the organisation another… it was horrible and there was no follow-up’. The agency manager interviewed advised that his/her agency encouraged workers to report WHS issues and identified the process used to follow-up incidents or concerns raised by agency staff in a host organisation. Whilst they discussed the strategies that the agency used to engage workers in relation to WHS, such as through focus groups and email, there was little evidence of agency employees’ involvement in any formal, structured consultation process.

The profile of workers in aged care was reported as changing, with a growing number of men working in the sector and an increased number of workers from culturally and linguistically diverse backgrounds (CALD), particularly working as personal care workers.

... there was little evidence of agency employees’ involvement in any formal, structured consultation process

Construction

The construction industry is divided into different segments and different sized organisations with large tier one builders working on and managing major construction sites and tier two working as sub-contractors for tier one builders or on smaller jobs. Residential building was seen as a distinct area. Stakeholder participants considered that these segments have very different structures around WHS and differing WHS cultures, with tier one builders more likely to have formal structures in place for consultation.

There are a wide range of hazards in this industry associated with working at heights, with electricity and operating plants, power tools, and activities requiring heavy lifting. As one construction stakeholder participant indicated ‘It can be a dangerous job if you don’t do it properly’. Tier one builders who are principal contractors then sub-contract work to a large number of companies employing different tradespeople, such as plumbers, electricians, roofers, tilers and labourers. It was also noted that sub-contracting businesses were getting smaller and there was concern that cost and time pressures were being passed down to the sub-contractor. There was also a concern about the growing use of interstate companies, impacting on the viability of local companies and putting pressure on the tendering process.
The principal contractor was seen as pivotal in setting the WHS culture and systems at a building site:

   Need a strong principal contractor, that includes smaller business in the consultation process, if you don't have a good principal contractor to push the whole site then consultation and safety systems are affected.  
   (Advisor, SWSA)

Sub-contractors work at different times and for different periods over the life of the construction project, which creates two challenges in the industry. Firstly, in terms of mobility:

   One of the difficulties is that it is a mobile workforce. A large site will have different trades and sub-contractors may only be there for 3 days, and then come back at a later stage.  
   (Advisor, SWSA)

Secondly, it creates the need for effective communication between different companies and their employees. There is a need for:

   Vertical and horizontal consultation; consult; cooperate, co-ordinate, for example, concreters and steel fixers need to consult with each other to avoid putting each other at risk. The principal contractor needs to set up the system.  
   (Advisor, SWSA)

In addition to sub-contractors there are people employed by labour hire companies and apprentices employed by training organisations, who are hosted with both Principal and sub-contractors.

The tendering process was identified as a problem, with companies with good safety practice at a cost disadvantage to those tendering without taking account of safety. It was noted however that there were often unseen costs with sites closed as a result of safety problems and work days lost when good practice is not in place.

WHS was seen to come under pressure in this industry when unrealistic deadlines are set for the completion of a building. Stakeholders considered that the main pressures were the cost of the job and the delivery date and this affects everything down the line. An example of this is cited by the Secretary of the CFMEU, in relation to a workplace death:

   It was common knowledge right through the industry that the practices that were going on at the Desal such as the rushed timeframe and workers having to work over the top of each other - it was an accident waiting to happen.  
   (CFMEU Website)

This is an example of an issue that is industry-wide and highlights the importance of industry level consultative processes to address issues that may require a whole of industry approach or change in government regulation. One reported example of such a structure is an industry committee which:

   ...has acted as an overarching consultative forum of a tripartite nature, with government, business associations and union. There is robust discussion at the
meetings but it is a very effective forum that can get ministers to change their minds and get action; produces guidance material and established the green card that then became the white card.
(Advisor, SWSA)

Fundamental to effective consultation is security for workers to raise issues in their workplace and take on the role of WHS representative without fear of adverse effects on their employment. Concern that WHS representatives were targeted by management and dismissed unfairly was identified by the CFMEU as a problem with some employers in the construction industry, and reported by the ABC on 31 October 2013.

Hospitality

The hospitality sector has a highly casualised workforce and in some areas young workers make up a large proportion of the workforce. It is a diverse sector made up of small family run businesses, such as cafés and restaurants; middle sized organisations such as pubs and clubs; and large national and international hotels and entertainment facilities. WHS consultation was felt to vary considerably across the different segments. The larger organisations such as accommodation and entertainment providers were more likely to have formal safety processes and consultative mechanisms, where WHS was ‘taken more seriously’ and employers were more ‘proactive.’ This was not likely to be the case in pubs, clubs and cafes, though pubs and clubs have a peak body Australian Hotels Association (AHA) which plays an educative role in relation to WHS, and has recently run joint information sessions with SafeWork SA across metropolitan and regional areas. There was a view that WHS consultative practices amongst smaller organisations would vary from ‘really good informal, know what is going on, chatting over coffee to organisations in which people are precariously employed and feel vulnerable’ (Safety Advisors Meetings).

One union expressed concern that WHS is:

… not really a priority, focus is on getting the work done. Even less of a priority in smaller workplaces, tiny licensed venues ‘getting it done.’ Boss wouldn’t want anyone to get hurt, but what training do they provide? Get drinks to the table, plate to the table; slipped! We didn’t mean it to happen, motherhood statements but nothing put into place: we believe in safety we care but 6-8 rush; what then?
(United Voice)

Many of the injuries in this sector arise from repetitive strain, manual handling, slips, cuts and burns. Concern was raised about growing security problems in pubs and clubs. The seasonal nature of hospitality work was identified as a factor in WHS with peak trading periods creating an environment with heightened risk, particularly for new staff, at a point when they are still learning safe processes.

The twenty-four hour a day nature of the industry with its related shift work and rotating rosters raised issues of fatigue and work life balance as well as the difficulties in involving staff in consultation. One of the major challenges in consulting workers was ‘getting people together in one place at one time’ and this suggested consultation required ‘staggered processes to meet needs.’ An employer association also pointed out the importance of making more than one attempt at communication: ‘it takes a couple of efforts to make sure people are effectively communicated with due to differences between people’.
Where there was a focus on WHS consultation it was likely to relate to immediate problems. The union participant indicated:

But I think OHS is mostly focused on short term, slip, trips and fall on your face, not on long term planning, design where we are moving to, what could go wrong, what have we learnt from the existing situation.

(United Voice)

There was a suggestion that some employers attempt to shift responsibility for WHS through outsourcing:

… outsourced back of house, where there has been increased work intensification with the time provided to clean rooms out. In doing this they outsource the WHS responsibility. Back of house has a high level of manual handling issues. An area in which the physical nature of the work and increasing time pressure was seen as contributing to back problems.

(United Voice)

**Shared challenges**

Across the sectors there were some shared themes on challenges faced in ensuring effective consultation.

**Different views about consultation**

When people spoke about consultation they did not all have the same emphasis on what was important. For some the focus was on getting information to workers using a range of mechanisms, whilst others clearly saw consultation as providing an opportunity to have input into decisions and reliant on an independent and effective WHS representative.

The key ingredients for effective consultation were identified by one interviewee as follows:

» Genuine buy-in from workers;
» Functioning committees considering all issues no matter how difficult;
» Resolutions that everyone can live with, might not be happy about but can live with;
» Action list - that sees issues addressed and resolved.

Others stressed the importance of independently elected representatives who were ‘truly elected not pretend’ and the importance of ‘time to consult as part of their normal work’.

It was stressed that consultative processes should be used to monitor the workplace, investigate and address issues. It was stated that this should involve long term issues not emergency issues which ‘should be addressed automatically’. Whilst not feeling that this was the case currently, one interviewee identified the importance of consulting on ‘issues at design [stage]’.
Size matters

In all sectors there was a view that larger organisations were more likely to have consultative processes, such as WHS committees and WHS representatives, in place, though many people were less certain about the quality of the consultation. It was also noted that changes in organisations could lead to changes in the practice around consultation, for example, a change in management could lead to significant change in culture. Change of ownership of the business could change both culture and practice. This research focused on larger organisations but the questions about effective consultation in small to medium sized businesses remain critical as they employ a large number of people in the South Australian economy.

Paperwork doesn’t always match practice

There were many instances when interviewees were sceptical about the relationship between what was on paper in relation to WHS consultation and what happened in practice. There was a suggestion that the focus was on compliance rather than on WHS outcomes.

SafeWork SA advisors raised a related concern that many organisations were purchasing WHS systems ‘off the shelf,’ rather than developing their own practices and processes.

Workplace cultures make a difference

Whilst the regulations ensure all workers have access to the same rights to consultation in relation to WHS it is clear that there are very different practices within industries and indeed within the same organisation. Effective consultation was considered to be as much about the culture of the workplace and managers played a key role in this. This also highlights the need for organisations to develop processes that best meet their culture and their needs.

Every organisation is a living entity that needs to structure their own processes – must be relevant to them: a Holden in one plant is very different to a Woolworths with hundreds of shops.

(Manager, SISA)

... it is clear that there are very different practices within industries
Slips and trips not design
Most people when discussing WHS consultation felt that this was more likely to take place in relation to immediate problems rather than in terms of long term design or planning stages. Given the extent to which WHS issues can be effectively addressed at the start of planning and design stages or prior to workplace processes being established, this seems a missed opportunity and should be prioritised.

Incidents trigger improved practice
Sadly there was a view that there was more likely to be an improvement in WHS practice following an incident or near miss. Union representatives indicated that when an incident occurs there is a heightened focus on WHS and managers attitudes are more co-operative and focused on resolving issues.

Shifting responsibility
There were a range of examples of employers shifting responsibility to other organisations through outsourcing or to workers, for example agency workers indicated that they were expected to cover training costs.

The pressure of profit and the business model
Given the underlying business models with high workloads, deadlines and a lack of flexibility, the lack of time was seen as a critical barrier to effective consultation in all three sectors.

» In aged care - staffing levels, workload, and the nature of care work created difficulties in finding time to release people for consultation;

» In construction - the pressure of deadlines and costs were identified as impacting on WHS processes, particularly towards the end of construction projects;

» In hospitality - the service nature of the work and getting things done in time to meet peak demand was seen as creating consultation timing difficulties.

... more likely to be an improvement in WHS practice following an incident or near miss
Case Studies

About the organisations in this study

As the organisations remain anonymous in this study they have been referred to throughout with a pseudonym that represents the nature of their sector, namely: AgedCo; BuildCo and HosCo.

AgedCo (the case study organisation) was a large multi-site, not for profit organisation. Eighty-eight per cent of its workers are women and more than half (51%) of workers are over 46 years of age. There was a large number of permanent part-time workers (53%) and casual workers (33%) and work was carried out across several shifts. There was a WHS specialist and a strong focus on consulting individual workers through one-on-one communication and the use of hazard and incident forms as a means of identifying issues. Managers indicated that it was difficult to find staff prepared to step into the role of WHS representatives, although there was a renewed focus on encouraging this. The WHS meetings at site level were overwhelmingly comprised of staff holding higher level positions within the organisation. In most cases participants were at the Registered Nurse (RN) level or above with some Enrolled Nurses (ENs). There was representation at team leader level from kitchen, housekeeping and maintenance staff. Whilst this picture varied from site to site there was little evidence of Primary Care Worker’s (PCW) involvement in these formal processes. People in this organisation reported an increase in the number of workers from culturally and linguistically diverse backgrounds (CALD), especially as PCWs. There was little representation of these workers in the formal processes and there were no specific strategies in place to engage these workers. However, the organisation was involved in separate, specific research in this area which may lead to targeted strategies to engage workers from CALD backgrounds, who find it particularly difficult to raise WHS issues.

BuildCo (the case study organisation) is a large tier 1 principal contractor with a large number of sub-contractors (approximately 50), which meant that at peak there were approximately 800 workers working on site. The workforce was predominately male. A number of safety advisors were employed by the principal Contractor. Consultation on WHS takes place at a number of levels. At site level a safety committee meeting is held once a week and each sub-contractor is expected to send a representative. Who actually attends varies and in some cases it may be a safety officer or an elected WHS representative. In other cases the person is simply someone selected to represent the sub-contractor at the meeting, with some choosing those who were seen as “dispensable.” There were also a number of individuals who identified as being both the WHS representative and the safety officer. In addition sub-contractors hold weekly tool box meetings (where workers from across the site come together to identify WHS issues, learn about changes occurring at the site and plan for the next week), and daily pre-start meetings. At the time that this research was being conducted BuildCo, had initiated a new process requiring all sub-contractors to ensure teams complete Job Hazard Analysis cards at the immediate work location, and introduced a new policy and process on exclusion zones. These zones were created to resolve the issue of different sub-contractors working over the top of each other and require anyone wishing to work in an exclusion zone to reach agreement with the workers who have established the zone.
The hospitality case study organisation, HosCo, was a large site with a range of different departments with staff working across several shifts, seven days a week. Forty per cent of employees were women and more than half (58%) are under 35. There was significant employment of people on a part-time (37%) or casual (23%) basis. Whilst we do not have specific data on numbers employed, there were workers from CALD backgrounds. The organisation was large enough to employ a specialist in WHS. At this site there were structured WHS committees at department level, which were attended by elected and trained WHS representatives. The representative structure of these committees varied from department to department. There was also an organisation-wide committee with representatives from different departments.

**What do we mean by consultation?**

Because we can consult, we can provide feedback, but if in fact that’s all it is and people aren’t encouraged to participate, then it is only information sharing.

(Manager, AgedCo)

Consultation can mean different things to different people. Whilst some people spoke of consultation as a means of sharing information, a significant number of both workers and managers identified consultation as ‘meaningful input into decision making’. This was described further as follows:

Experience tells a lot and has a lot of input, or should have a lot of input, into some of these decisions. It shouldn’t just be people who have theory and textbook … In the workplace it should … include staff and I’m not meaning management staff. I’m actually meaning the staff that do; the carers that look after the residents; the cleaner; the housekeeping; those in the kitchen because there are a lot of injuries come from the confined spaces …; laundry because you talk about wet clothes, heavy baskets, bending and stooping all the time, actually people who are actually working in the facilities.

(Worker, AgedCo)

Before any decision is made we should be bringing in the people who potentially are going to be affected by the decision and seeking their input and feedback and then hopefully working together to come up with a final solution.

(Manager, HosCo)

Consultation is to talk and communicate and find out what are the good points and the bad points.

(Worker, BuildCo)
Doesn’t Happen by Accident

Workers have a strong sense of real consultation as opposed to ‘token’ consultation as described here:

I think sometimes you will deal with managers who perhaps are just going through the motions when it comes to Occ Health and Safety. They’ve already designed whatever they’re going to do or they’ve already made something happen, made the alterations already and they’re going ‘by the way guys, just letting you know we’ve done this,’ which there’s virtually no point. … I feel that that really is tokenistic. I don’t think that’s really conducive to any sort of consultation or at least to getting an outcome that’s useable. I think if consultation is going to be effective it has to be actually consultation prior to making any kind of alterations. (Worker, HosCo)

Perhaps this is best summarised in the comment by a worker that effective consultation occurs, ‘before, during and after!’ and by a manager who says, ‘it’s involving people ... as an equal, like as a partner.’

Consultation in the WHS Act SA envisages two things occurring: the sharing of information and input into decision making. Consultation needs to encompass but extend beyond information sharing and communication to a process that involves meaningful input into decision making. (South Australian Work Health and Safety Act 2012, Section 48. Consultation is also described in section 3 of the Code of Practice, December 2011)

Why Consult?

Consultation ensures that the people ‘doing the work’ who know the problem or potential problem have a say and that will lead to a solution that is more likely to work. A manager and worker both highlight the need to consult those directly involved:

We can make these decisions but we’re not actually on the floor, working on the floor to know how it’s going to work. That’s the idea of the huddles [meetings held at workstations], you consult, try it and see, if it doesn’t work then we can go back to the drawing board again and try something different. But if the staff are involved it’s more likely to work. (Manager, AgedCo)

… they can make a decision but if you haven’t consulted with the rep then ..., the decision could be counterproductive to actually what the business might require because sometimes the managers, whilst they see everything from like a helicopter overview, they don’t kind of see it from our perspective on the floor, what it’s like to be in that position and to go around and to do the job itself. (Worker, HosCo)
It was also recognised by both managers and workers that when consulted workers are more likely to be committed to enact decisions because of their greater sense of ownership. Comments made included:

> It’s our workspace and I think it’s important that we all get involved in writing operating procedures, so that we all have input into safety and help to develop that culture.
> (Worker, HosCo)

> So if they’re are involved early on, I think we’ve got a better chance of getting an outcome that both parties are happy with and we get the buy-in of the staff at the same time. No-one likes change, so there’s always resistance to change. But again, studies have shown if you get them on board early enough and you listen to their concerns and take on board their feedback, it goes a long way.
> (Manager, HosCo)

One manager noted the positives of bringing people together:

> When you bring a group of people together … they all start to fire off each other. They’ve got an idea and it might be very raw and then you have a conversation and all these good ideas start to come.
> (Manager, AgedCo)

Concerns were expressed that it was easy for managers to assume they know what workers were thinking when workers were not actually raising their concerns, as indicated by this comment from one WHS representative:

> HR hadn’t heard anything which was really interesting because all the staff out on the floor are screaming about it.
> (Worker, HosCo)

Consultation with workers goes a long way to address this lack of awareness and reduce health and safety risks in workplaces. The importance of workers having a say about WHS, was noted by a WHS Representative who said bluntly, ‘Well if they don’t say anything then nothing can be fixed and it won’t be a safe workplace and that would kind of suck!’
> (Worker, HosCo).

**Who should we consult?**

Whilst this research has focused primarily on consultation between workers and their employers, a number of points on other consultative mechanisms arose, consistent with the increased requirements for consultation both vertically and horizontally in the Work Health Safety Act 2012 (SA). Within HosCo consultation between different departments was identified as important for WHS. It was clear that decisions made in one department, which affected the work of those in another, were sometimes made without consultation with those affected and could result in WHS issues that had not been anticipated. In the construction area, consultation was not only between workers and their employers but also between the
principal contractor and sub-contractors; and between sub-contractors. One sub-contractor explained:

Then where we have other trades involved in our work areas and our exclusions zones so to speak, if they come in we’ve got to talk to them. We’ve now had a pre-start which is [the principal contractor’s] policy and they’ve got to talk with us and we’d work out together, we’d nut a way out to work in a safe manner and procedure in that little exclusion zone. … So everyone talks and communicates and comes up with a safe procedure. We all sign a little pre-start card; we have a pre-start every morning.
(Manager, Sub-Contractor)

When issues are not successfully resolved between the sub-contractors, either party could call in a foreman or safety advisor from the principal contractor who would attempt to alleviate the problem. At times this meant that there were difficult conversations and not everyone was happy especially when there were associated costs where their workforce could not be re-assigned. A manager for the principal contractor gave an example:

Sorry, you can’t come in. Yep, sorry you can’t come in and tile here today. I know you’ve got six blokes and I know you were programmed to come this day, but this happened yesterday and we’re now running late and need another day to finish the craneage above you. By us stopping that and allowing you to tile would then have a flow-on effect for the guys doing the roof. Then they can’t do their bit. Site coordination is our job.
(Manager, BuildCo)

So everyone talks and communicates and comes up with a safe procedure

**When should consultation take place?**

Imminent danger was seen as a time when you should act immediately:

A big risk or high, you know, something that’s potential to hurt someone badly gets done straight away, acted upon straight away.
(Manager, BuildCo)

**Start at the beginning**

Whilst there were examples where there had been some input by workers prior to decision making, for example in relation to the purchase of equipment, consultation was often taking place at the point of implementation or execution stage rather than at the time when policies
and processes were being developed, or at design stage. Several managers highlighted the need for early involvement:

Some decisions will be made without consultation, without OHS people. However when we get them involved before we have to implement, we need their input to say we’re doing this, are there any issues? Workstations are a prime example they need to be designed in such a way that they’re fit for purpose and they don’t introduce any other hazards into the workplace.

(Manager, HosCo)

One person suggested consultation should start a lot earlier than it currently does:

These projects are in the making for years before we actually start digging the hole in the dirt and you get everyone that would possibly be involved and say we’re going to build a world class building. These are the plans, the drawings, this is what it’s all going to look like. So, well how do you reckon we’ll go about it? Then go and consult with the workers and say what do you guys reckon? What do you think you should do? How do you reckon we should go about it? So you’ve got your plumbers, electricians, they’ve got tilers, the gyprockers, there’s all types and that’s the way it should be.

(Manager, Sub-Contractor)

One participant raised the approach used to develop Safe Work Methods Statements (SWMS) where these were seen as something that has to be done for compliance:

... we got 30 SWMS to go through in the next two hours. I’m going to read them all out to you. Sign off on it and that’s how you are doing it, which is better than some people going quick, we’re in a hurry. We’ve got 30 SWMS here. Sign the back sheet.

(Manager, BuildCo)

And suggested if the SWMS were approached differently, they could provide an opportunity for meaningful consultation about work processes, at an early stage:

But using consultation with those guys to advise the SWMS, put a couple of extra steps in. They’ve been involved in it. They feel like they take a bit of ownership of that document.

(Manager, BuildCo)

Early consultation was also seen as a means to avoid hearing things on the grapevine, ‘because the grapevine is a dangerous place’. Where consultation took place at the beginning of a project/activity there were real opportunities to improve processes or structures and avoid costly re-working. The cost of failing to consult was noted in comments made with regard to changes to work areas:

... The manager thought he was doing a really good job getting it done quickly, pleasing all of the senior managers. And then the staff went to work in there and went ‘this is hopeless, this isn’t working, this is causing us all sorts of discomfort and pain.’ [It] almost resulted in WorkCover claims. And that’s when he got me involved, and we ended up getting an ergonomist in, paid her a couple of hundred bucks to have a look at it and to make recommendations, which were
fairly minor, which were then implemented. ... When we did that, I said to the manager, ‘at this point in time we have to involve as many staff that are going to be affected by this, as possible, because they’re so pissed off that it wasn’t done in the first place, we have to do a good job of it now.’ So we did, and in the end we got a good result, and the manager went ‘wow, for a couple of hundred bucks...’ Talking to some people, we should have done that in the first instance.
(Manager, HosCo)

A lack of consultation also bred resentment. Where consultation occurred this meant that the purpose of the change was explained and opportunities provided to raise questions, identify potential problems and possible solutions. As one manager put it:

So these people in high positions, make these decisions and that is it, no consultation, that’s the way it should [be]. But the worker gets his back up hang on, this isn’t feasible to do this, it doesn’t work. Don’t care, make it work. ... Guys will change, they will. We have to, we understand that. But, consult with them first before you make the change.
(Manager, BuildCo)

**What are the topics of consultation?**

The South Australian WHS Act 2012, Section 49 and Section 2 of the Code of Practice, 2011 identify the specific areas where employers are required to consult with workers, and these include:

- Identifying hazards and assessing risks;
- Making decisions about ways to eliminate or minimise risks;
- Making decisions about adequacy of facilities;
- Proposed changes that may affect health and safety;
- Any other decisions about health and safety.

Some managers indicated that there were some decisions that management needed to make without consulting workers. The view of a manager in construction was:

There has been no consultation with the guys on the ground for that, because really it’s ineffective. Because what they would want wouldn’t work. Those sort of things need to come up from management and they go out through the foremen from the site managers, project managers. There is not really anything else that they could think of anyway.
(Manager, BuildCo)

Others thought there was a need to consult on fundamental decisions because they had a significant impact on WHS.
Are you serious?

The different perceptions about what is important with regard to consultation processes are striking. In some cases it is workers who feel that the processes around health and safety are unnecessary and just create further difficulties for them. One WHS representative explains:

… you talk about Occ Health and Safety and they go ‘oh it just makes life so much harder doesn’t it? There’s all this paperwork and namby-pamby and cotton wool and police state and blah, blah.’ That old mentality is going but you actually find it flowing on to some of the other generations because if they hear older people and especially if those older people come in a management sense talking about Occ Health and Safety as just a nuisance and something else that you have to fill out paperwork for, then that attitude flows on.
(Worker HosCo)

On the other hand, as one safety committee member noted, ‘I’ve been in the industry for 45 years and we all complained when harnesses were introduced and now they are just what we do’ (Manager, BuildCo).

Some managers expressed frustration at issues that workers raised that they believed to be trivial, as in this comment: ‘If you’re complaining because we haven’t got power to it yet, so it’s not an ice cold refrigerator, mate, get over it’ (Manager, BuildCo).

One manager stressed the importance of matching processes with the level of risk, noting that when you failed to do this you placed WHS at the risk of ridicule, leading to it being dismissed as insignificant and meaningless, for instance risk assessments on staplers, calculators and pens were described as a complete waste of time.

WHS representatives can play a role in filtering out issues that are not genuinely WHS matters, as one acknowledges:

… sometimes we have staff complain about things to me and they go ‘oh, fix this, as a work health and safety rep’ and I have to say to the staff member, ‘listen, this isn’t actually an issue,’ … sometimes they just ask for things that are completely ridiculous and you’re like ‘how is this, how is that even a work health and safety thing?’
(Worker, HosCo)

If you listen to my issues I am more likely to listen to yours …

For people to engage in consultation around WHS they have to feel it is a genuine process and addresses important issues that matter to them, as one aged care manager said, ‘You have to find things that they actually do want to engage about.’ There is more likelihood that workers will prioritise issues where they have been involved in identifying a problem in the first instance and in developing possible solutions. Where the issue was identified by managers, workers felt it was imposed on them and there was more chance of resistance or resentment being met.

Some managers noted the importance of listening respectfully, even if they did not think the issue was that important. This they thought helped to create a culture in which people were more likely to raise issues. As one AgedCo manager said:
I think they need to be heard. They need to realise … that we do listen, we do respond. …We don’t put people down for raising ideas that at times you may think well that’s not practical. We don’t put them down if they raise something, whether small or big. So I think that helps them feel more comfortable. We encourage them to raise issues.

Workers also stressed the importance they attributed to being listened to, as this worker in HosCo said:

If someone feels that they can approach their boss about anything and that they’ll be taken seriously and their concerns will be valid and that there’ll be no negative connotations with that attitude, then yeah, I think that’s probably the first thing.

Degree of difficulty in resolving issue

In most instances there was a sense that the smaller or immediate issues would get addressed quickly. Issues which were less ‘black and white,’ would firstly need to be acknowledged as a WHS issue and then could require lengthy processes of consultation to reach resolution.

… that’s what our pre-starts are for, something gets brought up then … that’s how it gets dealt with straightaway. If there’s a [bigger] problem, well, then we’ll speak to BuildCo. … If there’s just something minor, say I mean … about toilets they would like more toilets. So it’s just a question therefore that waits to the safety meeting … A lot of things get bought up in the safety committee; if they’re severe they get bought up.
(Manager, Sub-Contractor)

Rostering and the impact that this and shiftwork could have on people’s health was one of the more complex issues identified. … Whilst some felt this issue could get lost there was also an example of a proactive response driven by a WHS representative:

… one of our occ health and safety reps who is really quite active in employee wellbeing has just recently put together a survey where he’s got about three or four pages of questions he’s asking people. Once he’s collated the results of that, we’ll be looking at what is it that we can do about rosters, the amount of sit down versus standing parts of the job that can be integrated better into a cycle of work.
(Manager, HosCo)

Where there were conflicting views around issues people would often refer to a higher authority or legislation as a means to resolve it:

Well that’s why we’ve got the guidelines, you’ve got the Act and the regulations, the Australian standards to follow. So we’ve got to follow those, because they are legislation. We’ve got a JSA as well, which is also another legally binding document to follow. We’ve also got the [PC] critical risk mandates. So we’ve got, between them you can’t argue with them.
(Manager, Sub Contractor)
In some cases workers indicated that issues could not be resolved on the job and, particularly in construction, a union would be called in by members to assist in the resolution.

**Dig deeper to establish the real issue**

On occasion there was a need to dig below the surface to establish the full facts relating to the WHS issue. A consultative approach was seen as critical to this, as indicated by this example:

… if I’d have just read that form it could have been ‘she’s hurt her back. She shouldn’t have lifted that. I’ll go and talk to her about lifting.’ But when you dig deeper into the conversation with the person, it had a number of contributing factors. So that gets you a number of issues that were resolved because of that.

(Manager, AgedCo)

**Different parties, different interests**

The different interests of workers and employers in terms of their approach to WHS was most obvious in regard to safety versus profit or budget considerations, as outlined by this manager:

The other thing you could get is if you didn’t have an elected HSR is you could get the actual manager come in instead of an elected HSR and he has different objectives to the HSR. The HSR looks out for safety whereas the manager is looking out for production and dollars and safety is just one of his priorities whereas a HSR he’s just safety.

(Manager, BuildCo)

Different interests were not simply restricted to employers and workers, in AgedCo, a worker spoke of an elderly couple who wished to share a double bed having done so for 65 years. This was unusual and raised a number of manual handling issues. A long process of research and consultation, involving numerous meetings between managers, staff and the residents, ensued before a solution was achieved that met the interests of all parties.

**Issues beyond the workplace**

WHS was seen to come under cost and time pressure because of factors that were often beyond the control of managers including funding arrangements that meant staff were overworked and had limited time; the need to meet deadlines; competitive tendering processes or external decisions of a remote head office.

In the aged care sector, high workloads associated with financial restrictions were seen as a barrier to safety:

Also it’s the workload. If you have a heavy workload and you have a lot of people to attend to that leads to injury anyway when you’re rushing. But if you haven’t got the proper equipment for it as well that just spells disaster. … Workload is one
of the highest things. That could be resolved by staff-resident ratio to a level that’s reasonable and appropriate. Currently the way aged care operates it is not reasonable. It is an unreasonable workload. (Worker, AgedCo)

In the construction area, there was some acknowledgement that work intensification with approaching deadlines, whilst not impacting on major or critical safety issues, did lead to some ‘smaller’ things being missed as hours of work increase and there is pressure on ‘getting the job done’.

In response to the issue of programming (the timing and order of work on a site) and working to deadlines within construction, one participant pointed to the need for contingency planning. Including WHS in budgets was easier for government than private projects. There was a view that clients needed to allow for safety in their expectations about costs.

These pressures often required resolution at an industry or sector level and highlighted the importance of bipartite or tripartite consultation processes.

There was a strong call for benchmarking and sharing of ideas around WHS across industries in both aged care and construction.

**HOW DO WE CONSULT?**

**It is not just one strategy**

The importance of a range of different strategies to engage workers in consultation processes were identified, including:

- meetings such as formal safety committee meetings and tool box, pre starts or huddles (ie., small team meetings called to address issues that arise on a shift);
- use of ‘mind mapping’ (visual representation of information) to engage people in identifying the issues in their workplaces;
- participation in audits and safety walks;
- use of written processes such as hazard or incident forms;
- one-on-one conversations.

In all organisations there were layers of consultation, with issues being raised at different levels depending on their urgency, significance and whether they were a local or organisational wide issue. The interaction between the different levels of consultation is reflected in the following description of the process at a construction site where a tool box meeting, of all workers on site is held by a sub-contractor:

At [the weekly] toolbox meeting they will have a review of the Safety Committee meetings. So there’s a Safety Committee meeting once a week and they’ll get all the notes from that and they will review that at their toolbox meeting and bring all the
information back from the Safety Committee. These are the things that are happening next week: this gate is getting shut off and your access is going to be changed: there’s a crane here now and we cannot work anymore, it’s an exclusion zone. That’s how they will get all that information. ... Also information will flow back the other way. They raise something at the toolbox meeting and that will either come directly back to us that day, or it might come back to the Safety Committee if it’s not pressing.

(Manager, BuildCo)

When identifying the need for a range of consultative mechanisms, interviewees noted that not everyone would have their say in front of others in a meeting and that some individuals would approach them after a meeting. Examples of possible reasons for this were suggested:

... might be afraid to talk in a large group about certain things. They think it's important but other people might not think it’s important and might think it’s a bit weak to bring it up. Other reasons, maybe don’t want to be known as a shit stirrer...

(Worker, BuildCo)

... some are better spoken one-on-one, they won’t speak up at a meeting and they won’t put their name on a hazard form. But when you speak to them one-on-one, you know, how is it going, what’s working well, you know.

(Manager, AgedCo)

Participants also indicated that where certain individuals were not confident to raise issues individually, a more confident person (a leader) would come to the manager with an issue following a conversation amongst a group of workers.

There are some that [are] much more confident and more vocal, but often you’ll find that they’re coming as representing somebody else as well. So if you’ve got a quieter member of staff who perhaps doesn’t like to come and have a chat, then often they’ll have the chat together and then it comes to me.

(Manager, AgedCo)

A manager in AgedCo tells of the use of a whiteboard to encourage mind mapping to capture health and safety issues, a process which identified the need for more ‘Slippery Sams’ (slide sheets which assist when moving residents on beds) and to store them close to residents’ beds to assist staff in dealing with manual handling.
Both AgedCo and BuildCo were introducing processes to encourage discussion and problem solving about WHS at a local level. In AgedCo there was the trial of a ‘huddle’ process for carers:

What it’s teaching them is to problem solve without running to an EN or a RN to be aware of things. If they can problem solve it between them, do it. If they can’t then involve the EN or the RN, but if it’s something that is really simple and if it is a problem, then call everyone in and discuss it. It’s really good.
(Worker, AgedCo)

In construction there was a worksite pre-start meeting:

… It’s just starting to make the guys think, … it’s pretty good because it makes them aware of their surroundings and it just switches them on for the morning, and makes sure they’ve got all their things in place and everything’s all in order and they’re all okay.
(Manager, BuildCo)

Small groups were seen as an important mechanism for problem solving immediate issues:

It’s good to break them down into their little teams because often it’s four or five guys working together in the team but that company might have 40 or 50 people here. Then they don’t perhaps feel as confident to bring up a subject with that many people there so break them down into their little groups and they’re quite good.
(Manager, BuildCo)

These strategies were not without their criticism, with some concerns raised about the time these group sessions took and how meaningful they were.

Informal and formal processes

The importance of both informal and formal processes was identified – they are not mutually exclusive.

The informal raising of issues either by workers discussing these directly with supervisors/managers or in meetings (pre-start, ‘huddles’, or tool box) was seen as valuable in identifying and dealing with issues immediately and in creating a culture of trust and respect. These mechanisms were seen as critical in communicating about WHS on a daily basis and building a culture of safety and ‘meaningful dialogue’. As this manager indicates:

So if they’ve got a burning issue with something you know it might be, ‘oh Carol we’re down one lifter and we’ve got Mrs So and So’s come in and she’s really heavy, what are we we’re really struggling out there.’ They’ll come tell me and then we’ll sort it out.
(Manager, AgedCo)
Casual conversations, which engage staff in consultation about their work area was identified by many managers as important:

Consultation with the staff that are using the area, just casual conversations, going up there, how does it work, what doesn’t work, what works well, what’s not so good, and things like that.
(Manager, AgedCo)

At the same time the importance of completing forms and ensuring that formal processes are followed was seen as critical to ensuring that patterns of injuries and incidents and underlying problems are identified and able to be addressed at safety meetings, as indicated by this manager:

You can’t have all informal because you’d miss the systemic issues, you can’t have all formal because you haven’t got the engagement and people
(Manager, AgedCo)

There was however some scepticism raised by both managers and workers about the value of some of the paper work which was seen as just ‘ticking the box’:

We’re subject to a lot of compliance, there’s a culture around that. It’s like what you’re doing is meeting somebody else’s compliance but what gets lost in it is why you’re actually doing it.
(Manager, AgedCo)

Others noted that complex hazard or incident reporting requirements acted as a barrier to people completing forms. Where forms had been simplified and made relevant to the workplace and where workers were actively encouraged to complete these, managers noted an increase in reporting and WHS representatives confirmed higher levels of completion.

This simplification was valued in the workplace:

So a lot of things like that have come in because we’ve really made sure staff are filling out incident report forms. [Before they were simplified] Even I looked at the incident report forms and I would go, ‘bugger that, I’ll just put a Band Aid on it and walk away.’ [Now] a lot of things are being fixed; memos, SOPs [Safe Operating Procedures]. Because we’ve got the injury report forms we can say, look how many we’ve had, the supervisors can look ... and they’ll change it.
(Worker, HosCo).

The WHS representatives also valued being consulted about the change in forms, ‘we all checked it and we said we all liked it.’

Hazard or action forms were most effective where they not only enabled staff to raise the problem but also to identify possible solutions and where managers used them to trigger meaningful conversations about the issue and its resolution.

Where paper work was seen as relevant and reasonable, the time required to complete this was less of an issue, as a worker in BuildCo stated it, ‘take about two minutes out of your time to save your life or someone else’s it’s not that much.’
Informal processes were seen as important in building a culture of safety and trust but they had their limits. Informal processes often focussed on the current issue of the day the ‘slips and trips’ rather than the underlying problems, though they could also assist in developing workers’ confidence to raise issues. In larger organisations, the informal mechanisms were seen to lock consultation into the immediate work area rather than at the broader workplace or organisational level where safety committees and WHS representatives could be involved.

Formal consultation is required for workers to contribute to policy development and influence long term planning involving major budgetary implications. Comments by managers highlight the role of the safety committees in this:

So it’s not just about injury. It’s about bringing in new equipment, new processes, into the building. They have to go past the Health and Safety Committee and have to, I guess, be approved.
(Manager, HosCo)

I take it through the safety committee. The safety committee is very powerful. A lot of the people don’t understand the power in that safety committee.
(Manager, Sub-Contractor)

Safety committees were seen as places where more voices could be heard and expertise drawn on:

Well I guess it’s bringing a wider group of people into the loop so if there are things that hadn’t been considered at that one on one level - because bearing in mind that’s me and one work colleague - it’s not bringing perspective around what [WHS specialists] think or people from other areas that may have had experience as well. So it brings different voices together around an issue.
(Manager, HosCo)

Consulting individuals or consulting representatives?

Effective consultation with individuals assumes that all individuals feel confident to participate in a conversation with their manager/employer. Given the hierarchal nature of employment, this cannot be assumed. ‘Some people are very intimidated by people with titles’ said one worker. Some individuals might not want to be seen as trouble makers, or to risk losing their employment. This was particularly the case for workers in vulnerable work arrangements, including some casual and agency workers and some young workers, or workers from CALD backgrounds. As several workers indicated:

Hopefully it’s a dying mentality but I think a lot of people feel if you’re bringing up health and safety issues you’re a nuisance or you’re whinging. They would rather bring it up with someone that is not their senior in a quieter manner so that no fingers can be pointed at them.
(Worker, HosCo)

I’m in the role because I’m really not scared to say anything to any of the managers whereas lots of the people here are probably scared. I am a casual employee. They can cut down my shifts whenever they want. I think lots of people are scared if they
say something that they won’t get as many shifts. ….I’ll stand up for [them]
I think a lot of employees here don’t want to stand up for themselves.
(Worker, HosCo)

This raises the important role for WHS committees and representatives. Even where there
were no formal representatives it was clear that some workers took a representative role in
raising issues as mentioned above.

Whilst employers/ managers are often aware of the leaders within their workers, it was
considered important that those in representative positions were independent and not
selected by employers but by their co-workers. This ensured that workers were confident in
raising issues with their representatives and re-assured them that their representatives were
not simply going to agree with management. A manager, from BuildCo, spoke of the
importance of elected WHS representatives:

… it gives a bit of democracy about it. The workforce have elected someone that
they think best suits them to look out for their safety as opposed to the employer
picking someone that is least needed on a Wednesday at one o’clock … The guys
actually picked someone that knows about safety and will look out for their best
interests.

WHS representatives identified the support they gave other workers in navigating the
processes around WHS:

… if the staff are not comfortable perhaps bringing something up with
management directly, they may be more comfortable coming up to someone like
myself and saying, I don’t think that this is right. I’ve been told this or I’ve been
told that and I don’t think that’s being done correctly.
(Worker, HosCo)

Characteristics of effective WHS representatives

Participants indicated that the characteristics needed by WHS representatives to operate
effectively were to be:

» approachable;
» confident of their role;
» solutions focused;
» persistent in the face of initial opposition;
» able to engage other workers in the identification and resolution of issues;
» knowledgeable or able to access the knowledge they required.

Critical to the effectiveness of WHS representatives was the attitude and approachableness
of the representative. Where this is positive, workers will approach the representative.
As a WHS representative says:
The one previous to me didn’t want to be doing it and didn’t really care and it was just something that they asked her to do and she said yes and she didn’t really do anything with it. I think they’re happy that they know if they come to me I’ll get it done.
(Worker, HosCo)

However in some cases the representative might be bypassed as described by a safety specialist:

I find some departments will raise things with the reps, and the reps will then communicate that with me and their management team, or their supervisor or manager, which is the correct process. But then there’ll be other departments where they have a health and safety rep, but the individual will just come straight to me, or straight to their manager.
(Manager, HosCo)

WHS representatives’ confidence was often linked to their understanding that their role was underpinned by legislation:

I’m working within the constraints of the law. Like, I know what my rights are as a rep and what I have a right to do and I make sure I do everything politely and I always make sure that I follow the appropriate channels.
(Worker, HosCo)

WHS representatives felt a need to be knowledgeable and have well researched issues they were raising:

Knowledge about what you are talking about. If you want to raise something, I think especially consulting with other people you need to know what you’re talking about and research it a little bit so if they try to say, ‘well that doesn’t need to happen,’ you can rebut with ‘well actually…’
(Worker, HosCo)

Resolving WHS issues often required persistence and as this worker indicates this may require raising the matter to different levels:

So if one manager says to me no, we’re not doing anything about this then I say that’s fine, I’ll speak to another manager. If they say the same thing I go higher until I get an answer that I want because as a rep I deserve that answer for my work group.
(Worker, HosCo)

Managers were more likely to take representatives seriously where they were solution focused and seen to be representing the views of their workgroup, as indicated:

I guess they’ve got a general willingness to make sure that the workplace is safe and that they want to have a desire for the whole workforce not just for themselves, but for the masses, as such.
(Manager, HosCo)
Whilst most WHS representatives saw it as their role to represent workers concerns to management, they also saw the support of workers as critical to their capacity to resolve the issue as demonstrated in the representatives story:

… having the support of everyone, like, in the department, nearly everyone in the department, is what allowed me to persist, like really persevere with this.  
(Manager, HosCo)

The number of workers concerned about an issue was seen to increase its priority:

When I tell managers I’ve got everyone behind me here and they go okay, well this is a good project to work on then. When they realise that everyone’s like after this, then it’s like more power to get it done and those things.  
(Worker, HosCo)

WHS Representatives used management structures strategically to get their issues heard and resolved, as one said:

… I always cc [the safety officer] in all of my emails to any of the managers asking them to do something. Because she gets stuff done and I think if the managers know that the specialist is reading it, they do it faster or they seem to care more.  
(Worker, HosCo)

Other workers identified their roles as union delegates as the basis on which workers raised issues with them and on which they pursued them.

Training for representatives

WHS representatives who had received training were more likely to participate actively in consultative processes with a level of confidence gained from greater knowledge about WHS processes, such as audits, hazard identification and control mechanisms. The training also highlighted the responsibility of the role of representatives and provided representatives with strategies that they could use to engage other workers and present issues to management. The following comments, from a number of WHS representatives in HosCo, described how training had assisted:

Yes, I think it really helped with the confidence.  
You know exactly what you need to say to get stuff done.  
I know I can’t be told off for being a rep if I bring something up, which is a good thing.  
I’ve got to say the training days were absolutely amazing… my teachers, they were really, really good. …that knowledge pool, their combined knowledge is fantastic.

The transformative nature of the training was identified:

I came back [from training and I] was just talking about health and safety all day every day for a week at work. While I was working, I was talking health and safety with people and taking people aside just for a second and saying, hey, if there’s anything little that you’ve noticed or been thinking about in your time here, just
raise with it me as soon as you can or write it down on a piece of paper so I can bring it up. Because we’ve been looking past a lot of things and we’ve got to start focusing on them to change things.

Managers also identified the benefit of representatives being trained:

Instead of just putting bums on seats, get someone in there who has had some training … because the HSR training gives you a bit of insight, it gives you some power as well. … It teaches you how to do a safe inspection of your area. Some of these guys wouldn’t have a clue. Most of them are pretty good.
(Manager, BuildCo)

… all comes down to the attitude of the health and safety rep, how committed they are to the role, how passionate they are about the role, when they last did training, which is usually 12 months. But obviously as the time gets further out, if there’s not been a lot of incidents in their area, then their knowledge and understanding might be a little bit rusty, as opposed to other areas where there’s more incidents and they may have had training more recently.
(Manager, HosCo)

Support for WHS Representatives

WHS representatives also identified the importance of support from their union and SafeWork SA in terms of advice and ensuring that they had the facts when trying to address an issue in the workplace: ‘My support comes through the union because it’s outside. It’s autonomous’ (Worker, AgedCo). Some representatives also felt that unions played an important role when they were unable to resolve an issue through consultative processes: the issue could then be escalated to a different process for resolution, and unions were seen as an avenue for this as suggested here:

so we’re not going to discuss this with you any further. I said well then my advice to these ladies is just going … to not go out there and to call the union.
(Worker)

Others identified the role of unions in building ‘safety cultures’, for example, a manager in construction, though ‘not pro-union by a long shot,’ noted the difference in other sectors of the industry; the ‘culture is a bit different and no-one is unionised in civil. They don’t have a lot of rights.’ Another worker indicated:
You’ve got the union that comes around and makes sure it’s all safe as well. If the union’s on to it if they come on to the site and they see anything out of the ordinary, they’ll shut it down or stop it, halt work completely until it gets resolved.
(Worker, Build Co)

Although there was very little evidence of formal networking, WHS representatives valued the support of other representatives:

... he’s told me what he is doing and he is doing some big research at the moment. It’s kind of inspiring. It’s good talking to him.
(Worker, HosCo)

Some managers also identified the value of accessing external advice through SafeWork SA, particularly when there was disagreement between workers and managers about an issue.

**Worker participation in safety committee meetings**

You need to have meetings. You need to have boundaries and guidelines. I guess there needs to be a commitment from the company in the approach that they are going to take. That’s first and foremost. The staff needs to know that we are committed to this cause.
(Manager, HosCo)

**Who’s at the meeting?**

The presence of workers at formal safety meetings was considered critical to ensuring their input to long term planning and decision making.

Whilst there were examples of meetings in which membership was struck on a bipartite basis, this was not consistent across the organisations.

There was discussion about the difficulty in getting people to take on the role of WHS representative. At times this was attributed to a lack of interest, sometimes this was assumed to be because there were no real issues. Most commonly, time to attend meetings was identified as a major barrier especially for those working in care roles or in hospitality work with inflexible timeframes due to the nature of the work. There are real challenges in relation to timing of meetings where work is structured around shifts and there are peak work hours. Not only was it difficult for individuals to take the time, they also were concerned about leaving others ‘in the lurch’.

In AgedCo, a PCW said that carers were not likely to go to meetings, ‘just the nurses go’ but she felt that the presence of PCWs would make a difference as they would have different issues to raise given the different nature of their work ‘because we’re more one to one direct care.’ She thought the major barrier was time, ‘just time ... when you’ve already got a very busy job to do.’
Some participants thought managers had a responsibility to encourage participation:

... approach staff because sometimes you’ve got them staff members that don’t want to come forward but they’ve got some really good ideas. So you know who they are most of the time or staff will tell you they think they’re really good at that. You can approach them and encourage them to be involved and guide them through it.
(Manager, AgedCo)

There was little representation of people from different cultural backgrounds in consultative forums. In construction, a male-dominated industry, there was only one woman present at the site wide committee.

**Who speaks at meetings?**

The participation of workers at WHS meetings was increased where:

» there was a relevant agenda;
» people could have input prior to or at the meeting;
» a process of problem solving engaging committee members is used to resolve issues that people care about;
» a space for people to disagree about either the nature of the problem or the proposed solutions to avoid people reaching solutions uncritically;
» issues were resolved and agreed actions implemented;
» implementation was reviewed and evaluated.

Confidence of WHS representatives and committee members in participating in meetings was enhanced where they had received WHS representative training. For one WHS representative the training provided her with confidence: ‘they do a scenario where you actually go to a meeting, have to represent and things like that.’

Ensuring adequate time for meetings so that issues could be addressed effectively was highlighted as an issue in time pressured workplaces. One worker felt that meetings suffered because they were rushed, ‘I think that the meetings need to go more indepth’ (Worker, HosCo).

In some cases there was a specific attempt to improve the balance of power in the meeting processes by:

» ensuring equity in the number of positions held by workers and managers;
» inviting all participants to table issues;
» allocating responsibilities.
In one case, recognising the power imbalance, it was agreed that workers representatives should not be in a minority:

The way it’s set, there has to always be more representatives than managers. You can’t have more managers than representatives.
(Manager, HosCo)

**Can decisions be made at this meeting?**

Meetings needed to be more than an exchange of information. Critical to their success was the resolution of issues either at the meeting itself, or through processes established at the meeting:

They have to be resolved in the meeting. Because it’s structured as a meeting we do consult one another during the process but we also have actions that we have to follow. So you know if something is actioned and it’s in the minutes and then the next meeting you’ve got to have a follow up. If you haven’t got a conclusion, you’ve definitely got a follow up, or something in place that you’ve said I’ve taken away and this is what I’ve put in place.
(Manager, AgedCo)

The presence of a decision maker with authority, at the meetings meant that issues could be progressed more quickly than those requiring referral.

**Meeting processes and their relationship to effective consultation**

Meaningful input into decision-making takes place when meetings have some element of interaction and problem solving. Other processes, uni-lateral and bi-lateral have their place and meetings often have elements of all three processes.

The processes below represent those observed at a range of meetings. The triangle represents a manager in either a decision making role or with specific responsibility for WHS. The circles represent other participants in the meeting. In some cases, meetings involved WHS representatives and in others the participants were all at a team leader level and above.

### Unilateral process

**Characteristics**

- Information was delivered one way;
- Management voice dominated air space;
- Participants were passive.
In the **unilateral process**, the management or specialists’ voice dominated and information was delivered to other participants in the meeting, in a one-sided manner.

By contrast in the **bilateral process** there was an exchange between the management and other representatives at the meeting but this exchange was often limited to stated positions and final agreement on what would happen. In this case:

> Everyone gets to go around the table, and everyone gets given an opportunity to bring up their problems and safety concerns and all that kind of stuff. Everyone gets their own say … So it’s a good meeting, the way it’s run and conducted it’s really good, very easy, everyone gets given their own say, and there’s no ‘he said,’ ‘she said.’ Everyone’s opinion is obviously respected. It’s really good.
> (Manager, BuildCo)

In this process the flow of conversation was much like watching a tennis game where one player the manager (triangle) was at the centre of each exchange and the other players rotated. Some described robust debates in this process, which they saw as an important step in achieving an outcome that improved safety.

### Bilateral process

**Characteristics**

- Information was exchanged;
- Could be confrontational;
- Both management and representatives raised different issues;
- Sometimes talked past each.

### Interactive process

**Characteristics**

- Information was shared and built upon in a multi-directional manner;
- Problems were identified, options discussed (sometimes with passion) and an agreement is reached;
- People were engaged.
The **interactive process** occurred in meetings where there was a more equitable power distribution, or where a committee had been working together for some time and relationships had been established that crossed workplace hierarchy. Here ideas evolved based on input from a range of voices, drawing attention to strengths and weaknesses of different ideas and a range of solutions were discussed before one was settled on. The voice of the manager was less dominant in this process. One manager saw this process as:

So we've got different people from different walks of life sitting around that table. So I think that’s a healthy discussion when that happens, and I think you get lots of different viewpoints. … And somebody might have thought of something that nobody else has thought of, that could possibly work as well.

(Manager AgedCo)

During the interactive process there was often humour, which was identified as an important element in creating a positive meeting environment. For the interactive process to occur effectively management needed to be open to hearing different opinions and workers needed to feel it was safe to voice them. In large meetings this required a facilitated process that stepped outside formal meeting procedures.

These processes were not specific to any one organisation – for example all three models of consultation were apparent in different aged care meetings. Also, at different points in a meeting the processes shifted as seen in both hospitality and aged care safety committee meetings.

**Engage workers in a problem solving approach**

Some participants saw consultation as workers raising a problem and managers resolving it. Whilst this certainly led to workers feeling that they were listened to, it missed the real opportunity that could be achieved when workers were engaged in a problem solving process. In this process workers not only identified the problem but also engaged in a discussion about its resolution and participated in the review of the action taken\(^1\).

![Problem Solving Process diagram](image)

Development of skills in problem solving was seen as beneficial by a manager:

I want my people being solution focussed rather than coming to me with a problem and by developing my staff to think that way it’s amazing what they can fix because they end up fixing their own problems. They’re down there working, they know what the answers are, what the solutions are, so if they own it from beginning to end, not only are they seeing the process through but it’s theirs and so they want to do well. … So a lot of that actually happens

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\(^1\) Whilst there are a range of problem solving models in different disciplines the process here is drawn from the descriptions given by those interviewed in this study.
in interaction that you have with people and the way that you deal with issues, like by asking questions, by asking them to look to other options and so forth, so essentially teaching them the mechanisms for solving problems. (Manager, HosCo)

Some participants might not have talked of a problem solving process but the questions they used to consult and engage workers had this effect, as the discussion about safe work methods demonstrates:

… this is how you are meant to be doing it. Is there anything that can make it better for you? How can it be made easier without doing what you’re doing now, removing boards and having a potential fall? They went ‘oh, if we did it like this and we did it like this and we did this well, we could do it that way.’ Well, put this in your SWMS [Safe Work Methods]. Now it’s yours, we need you to work [to it]. (Manager, BuildCo)

Sometimes problems were raised without being clearly defined and this might lead to an inappropriate solution. A manager tells the story of a registered nurse with a work shift where workers were ‘run off their feet’ and more staff were needed. When raised, the manager wanted to know more details to be clear about the nature of the problem before agreeing to increase staffing numbers. In a meeting with staff the issues were discussed and it was discovered that the problem only existed at certain times, when particular staff were on the float (or relief) shift. These workers were taking longer to arrive on the floor than others. This issue was addressed by establishing a clearer procedure for transferring float staff from one floor to another and the problem was resolved.

BUILDING A CULTURE OF CONSULTATION

Participants from all sectors identified the following key things as critical to building a culture of consultation:

» listening respectfully to issues raised;
» taking things seriously and acting on the issue;
» feedback was seen as critical even where no action could be taken, or alternative action taken from that identified as the preferred option of the employee/s.

It’s about relationships

Safety is not just about compliance or procedures, it is also about relationships. This is described by one manager:

I think safety is all about relationships, it’s about relationships with each other, it’s about relationships with our residents, it’s about relationships with our co-workers, and yet traditional safety would not say that. It says use your
Consultation

hierarchy of control and deal with your hazards, fix them up, manage your incidents, support your workers, you do all that transactional stuff. But no, it’s actually more than transactions; it is about those relationships and interactions that people have.
(Manager, AgedCo)

Other managers outlined positive ways of ensuring good communication including listening skills:

... through having very interactive meetings the meeting minutes, the result from the oral interactions, and also from memos, newsletters. The other thing we love to do playing to people’s strengths is praising the good. So I think people need to have a lot more praise, positive praise, to counteract any negatives
(Manager, AgedCo)

It doesn’t just happen; you have to say I know I think this but let me really listen to what they say. And then be prepared to act on it you know.
(Manager, HosCo)

For consultation to be effective, managers needed a high level of emotional intelligence, or in other words, as a manager in HosCo stated, it’s ‘understanding your staff.’

It also required managers who were confident about empowering workers and had an understanding that initially this was a difficult process:

You have to accept that they are going to make mistakes, but then I see my role as a leader, guiding people through that and teaching them about accountability and holding them accountable ... So right at the beginning of empowering people and getting them to step up, they may not get what it’s all about but over time they do, and my experience is they love it and they thrive on it.
(Manager, HosCo)

For workers it was critical that they felt listened to, had a sense that it was safe to raise issues and participate in the decision making process.

Actions speak louder than words

A key to effective consultation was to ensure that people saw action taken on issues once they had been discussed, as one manager outlined:

If the staff come and say we need four more shower chairs then we need to find them four more shower chairs. Or up there they didn’t have heaps of electric beds so we’ve done a lot of explaining to [head office] and they’ve agreed, this particular budget there will be 18 new beds going in now. That’s going to improve staff morale as well as staff safety and resident safety.
(Manager, AgedCo)
The cost of inaction

Where there was a perception that WHS involvement did not lead to change, people were not likely to invest their time:

Maybe if they’re been there a long time and have seen no changes really happen. I mean after a while of not being heard then people just forget about it, like they don’t want to talk about it.
(Worker, AgedCo)

For some this was linked to budget considerations, ‘you then have to look at the dollar value on that solution’ (Worker, HosCo). Some felt that there was no point raising issues as financial constraints would prevent any meaningful improvement. However others participants, more often those in a management role, expressed the view that if an issue had a safety component it was more likely to be addressed. A number of participants made the point that spending on safety was more cost effective than a WorkCover claim; ‘they do understand the cost of a $10,000 piece of equipment as opposed to a WorkCover claim is really nothing’ (Manager, AgedCo). Indeed some WHS representatives clearly framed their arguments on this basis:

… one of the managers keeps on using the excuse we don’t want to spend money, which is a classic example of what they said in the week of training. I said would you rather spend a couple of hundred or would you like somebody to hurt themselves and then you’ll be screwed basically. That seems to work.
(Worker, HosCo)

Improving communication about the role of safety committee meetings in resolving issues was identified as something that could be done to encourage more interest in being involved:

I think perhaps if we let staff know what we’ve achieved might help, so they can actually see there’s a purpose to it. It’s not just another meeting.
(Manager, AgedCo)

Feedback makes a difference

Participants saw feedback as vital so that they were kept informed of what was implemented, in train or not done. It was vital to review and plan:

… place some clear plans with responsibilities and accountabilities and actions and timelines, and then going back and reviewing that as well and following up on that with those staff.
(Manager, HosCo)

… the next safety committee meeting they go back and they go through everything that’s been done and things that are outstanding as well, that all gets brought up. That’s what the safety committee and the meeting try to achieve, and let us know about what’s going on and what’s been achieved and what hasn’t been.
(Manager, Sub-Contractor)
Not all requests can be met. Managers felt that when building a culture of consultation it was very important to provide feedback when requests have not been successful:

... and if she [the Manager] thinks that something’s unreasonable, she will tell them why it’s unreasonable and give them all the grounds for why it’s unreasonable. They may not agree with her, but I think they at least appreciate the honesty.
(Manager, HosCo)

... if a rep puts up a scenario to a manager and the manager just flatly says ‘no I can’t afford it, it’s not going to happen,’ well, that’s not the right message to send, is it? We could say then, okay, well, let’s do a review of it, it may not happen at this point in time but we can look at it the next financial year ... So there’s a right and a wrong way to answer the question.
(Manager, HosCo)

**It takes all levels of management**

The health and safety culture of workplaces, where issues and processes are taken seriously and workers input valued, needs to be set at all levels from the highest to lowest, as suggested by one safety committee member.

Not everything is going to suit every client, every organisation, and every staff member. I think you’ve got to start right at the top and work down. If everyone from the top down, right down to your supervisors, has got it right, then it will flow on to the other staff. But then that will allow the ability for them to then flow back up. So yes, it’s the culture.
(Manager, AgedCo)

Where usual WHS structures are not working, workers should be given alternative avenues to approach management:

Everyone is told on site, if you’re not happy with the answer you’re getting from the foreman or you feel like he’s not following something up, come and see the site manager or come and see the operations manager.
(Manager, BuildCo)

Management commitment at all levels is vital and such commitment was outlined by a manager in the company’s response to an incident:

We had an incident here where a guy had a fall. SafeWork came and put a prohibition on that part of the job there, where this activity was going on. Management went ‘no, the whole site stops until this shit is sorted out.’
(Manager, BuildCo)

Lower levels of management are critical in ensuring that a positive approach to health and safety is a reality on the ground. There were examples of quite different practice between different sections or sites, as described here:
Those workers in less valued areas, were often less confident about their role in consultation

it’s really obvious when you have a management team, or managers who are responsive and who want to obtain information and feedback … from staff, and they take that on board when they’re making high level decisions, or decisions that are going to affect their teams. I find that departments that have managers that operate like that, generally have really good outcomes when it comes to consultation and getting things achieved, and having people coming on board with them, and being across it. [Conversely] I notice that if things are raised, and things aren’t actioned quickly or appropriately, or if the managers aren’t very receptive to issues that are being raised not even issues, it could just be anything - I find that you see people not being engaged and maybe not even discussing things in the health and safety committee meetings, let alone in other forums.

(Manager, AgedCo)

Where workers were well organised there could be a real cost if managers do not consult:

... if you don’t have that process and you just introduce something and it’s not … right … or it just doesn’t work, it’s not practical, then people will refuse to [work] or use that piece of equipment. That could ultimately cost you revenue.

(Manager, HosCo)

There was a perception that different types of work held different values. Those workers in less valued areas, were often less confident about their role in consultation. This can lead to a sense that some workers are valued more highly and that their issues are treated more seriously. This can be addressed by a whole of organisation approach to WHS and an application of consultative processes that are working effectively in one area across the entire organisation, mindful of different work factors. But a central factor is the attitude, skills and ability of managers.

Effective consultation between managers and workers assumes that there is effective communication between levels of management.
Developing managers

Where management style and practice was a barrier to effective consultation, interviewees identified the need for the training and development of managers:

I think it is about management and leadership training for managers to understand how you can facilitate better collaboration and decision making and consultation. (Manager, AgedCo)

Mentoring was also identified as a strategy to improve the knowledge and skills of managers in this and other areas:

So how do you cope [as a new manager], it might be an allegation of bullying. Okay, Joe’s come along and he’s said that Jim’s bullying him. How do I really investigate that thoroughly and how do I make sure people are heard? And how do I then really know if it’s a real problem or not? ... but if they’ve got a mentor person that they can ring and talk to … ‘What are some of the things that you did and how did you go about it?’ (Manager, AgedCo)

The role of safety specialists

When faced with a manager who is not responsive, workers often take matters to others to get a resolution, such as safety specialists. The specialists may then have to sensitively manage a process to assist the workers:

If they talk to me, things will get done, because they generally do, as long as it’s possible. It’s a matter of me then having to try and do that really tricky thing of coaching that individual to be able to address it with their manager, but also making sure that their manager’s going to be responsive to that. So also coaching the manager to a certain extent, and ensuring that things are followed up, especially if they’re safety issues. (Safety Specialist, HosCo)

WHS representatives also felt that safety specialists played an important role in keeping a focus on the importance of WHS, in the face of other business pressures:

You know my job is both sides of the coin. I do production and I do safety and quality whereas they are only interested in the safety aspect of it. It’s great. You have to have those guys because you can easily get disenchanted on the safety aspects because you’re so heavily focussed on production. (Manager, BuildCo)

Being where the action is

Managers identified the importance of ‘staying in touch with what is going on’ in the organisation, seeing what happened on the ground and really appreciating what workers are doing. One said:
I find that just sometimes just getting out on the floor and going for a walk, and talking to people or going and meeting with them in their own environment, or letting them show me stuff, achieves better results. I think you get a much better outcome. So being in the environment where the issues may be, I think that’s a key thing, so actually physically being able to see what’s going on, and being able to discuss what’s going on, with the relevant staff, that’s really important too.
(Manager, HosCo)

Workers also identified this as something they thought managers and safety specialists should do:

I would like [the safety specialist] to dog [shadow] carers for more than one day, for a reasonable period of time at different sites so she’s actually seeing what manual handling they are doing, the type of clients and residents they are dealing with, the equipment they are using and she could actually then determine for herself what is lacking.
(Worker, AgedCo)

WHS representatives saw the time they spent on safety audits where they might walk around the site with management as an important part of consultation:

[Manager] and I will go around every month to different areas and we inspect and things will get changed or work will get done from that to make things better.
(Worker, HosCo)

At BuildCo a weekly full site safety walk, conducted by representatives from the different sub-contractors and the principal contractor, is seen as a key element of the consultation process and links directly with the weekly site safety committee meetings. Whilst the regularity of these safety walks ensures attendance it also means that people might become ‘complacent’ at other times.

**Addressing barriers**

The organisations had shared and unique challenges and barriers to overcome to ensure effective consultation. An understanding of barriers provides an opportunity to develop strategies to address them, ensuring meaningful participation.

Consultation doesn’t happen by accident. Barriers and challenges will only be overcome with some planning:

We’re all time poor but that’s no excuse not to consult. I think it’s one of those things that it’s easily overlooked. If you don’t have it on your project plan as a key item it is quite easily just forgotten about … So you put it on your project plan, consultation and then it’s there and it’s a reminder to say, yes I need to do that step.
(Manager, HosCo)
Time and resources

The consistent challenge raised in relation to consultation around WHS was lack of time.

... the biggest issue is getting rostered time to do my job, because at the moment, it’s expected that I’m going to fit it in in between tasks. So if we’re busy that day, just make it later on or try and do it at the end of the night. But it really needs to be something that I’ve been given a rostered two, three hours to do in a week ... I also need time to research certain things, ... I need to go and look at the Act and see what it says about manual handling, then the regulations and then the Code of Practice. So I need to be able to get on to the internet and I need to have time on the computer.

(Worker)

If consultative processes were introduced without allocating time to enable them to run effectively, they were seen to exacerbate the existing problem rather than represent part of the solution. One personal care worker commented:

It’s great to put like a procedure or something where you can’t hurt yourself at all but if you don’t have the staff and you don’t have the time then it doesn’t work.

(Worker, AgedCo)

This problem was often connected to staffing levels and the capacity of the organisation to release staff with different roles and duties, some were easier to replace than others. However, there was also a view that immediate managers had some control over the time factor and where WHS consultation is valued and supported, time is found:

... we need to invest the time in them, to give them time away from their normal duties to do their health and safety. [Attending the safety committee meeting] Some were doing it before their shift. Some came in, in the middle of their shifts, some at the end of their shifts. But it is all paid time.

(Manager, HosCo)

You’re dead right. It does take time and it takes time out of my day as well. I’ve got a lot of things to do but it takes less time than having an accident. If you have an accident and someone’s critically injured or killed, the site will be shut for two weeks. On top of that someone is dead or injured and our primary focus is safety and we get that drummed into us from the first day we’re employed.

(Manager, BuildCo)

One of the WHS representatives indicated that they were released for 4.5 hours every fortnight for WHS matters such as room audits and worksite safety inspections.

The issues of time and resources clearly vary across different types of work and staffing levels, and it is much harder for some workers to be released. It is not impossible, but takes planning and resourcing as one interviewee said, ‘I just see we need to chuck money at it.’

(Manager, HosCo).
Doesn’t happen by accident

Is anybody listening?

A focus on safety is reinforced through the repetition of issues and safety messages, as well as checklists and audits. But there is a danger that, over time, nobody is listening or they are doing the paper work by rote. WHS can be seen as ‘boring,’ as suggested in this response to a query on how to increase consultation: ‘don’t call it a safety committee’.

There was more entrenched resistance amongst specific areas or groups of workers with demonstrated distinct ‘cultural attitudes’ in relation to WHS. For example, in the hospitality industry, workers in kitchens were identified as a group where there was a strong acceptance that a hazardous environment was natural and they did not raise issues:

… there’s a massive stigma within the industry about reporting hazards or incidents and things like that. If you have a burn or a cut, it’s, kind of, ‘just tape it up and soldier on’ kind of attitude. You do it from your first day as an apprentice.
(Worker, HosCo)

Over time hazardous environments are seen as normal:

I don’t think they’re even aware of it. If something’s always been, just say they’ve always seen that wall there, or it’s always been a slippery floor it’s been slippery for six years so there’s an acceptance.
(Worker, HosCo)

This is less likely to be the case where someone has witnessed a serious incident at work and where key people have a positive influence on WHS culture.

The importance of matching the communication method with the audience was stressed. For example, using concrete examples and scenarios from the workplace to illustrate the importance of safety measures is effective. The connection of health and safety processes with the potential impact of dangerous practice through graphic DVDs or anecdotes was identified as successful in engaging people in WHS. One manager indicated:

I gave her a little anecdote that was true. One of the particular chemicals that’s quite mild in its proper form was mixed wrong at one of the other sites I was at, and I said we had to leave the whole kitchen, because the fumes were that bad.
(Manager, AgedCo)

… a strong acceptance that a hazardous environment was natural
A manager in construction describes using a video that has an emotional impact to shake complacency and said, ‘Some of them were in tears watching it’. He also stressed the importance of drawing workers’ attention to real scenarios from the workplace, ‘direct examples of things they’re doing’, using photos to highlight the relevance of safety processes and procedures.

Some people face more barriers than others

The focus on consultation in all sectors was at the organisational level only, targeted at all staff. There was little evidence of any strategies to address specific barriers faced by vulnerable workers or those identified in research literature as less likely to be represented in consultative processes. One worker suggested that a grant from the Government might be used to pilot a more inclusive consultative process.

Young workers – to speak or not to speak?

There were different views about the engagement of young workers in WHS processes.

In some cases people thought that younger workers were more likely to take safety seriously, seeing it as the norm:

I think it’s just something that especially in my generation I’ve come into. It’s just something that’s like there, you know what I mean. It’s just the way you were brought up and especially being at this age it’s big and everyone knows it and stuff. So you know like back when my dad was around on a construction site nothing would be like it is today. But now we’ve just come into it as like it’s just normal.

(Worker, BuildCo)

This was often contrasted with attitudes of older workers with comments that older workers were ‘set in their ways’, ‘a lot of the older generation poo-poo Occ Health and Safety’, and by references to older workers commenting on new WHS procedures: ‘[But] I’ve been doing this for 20 years and I’ve never hurt myself’ (Manager BuildCo). Other people talked about young workers having a level of confidence that enabled them to refuse to undertake unsafe work which they themselves may have accepted. Comments included, ‘younger workers are actually better at voicing it’ (Manager, HosCo) and ‘they are a lot more confident and they are lot more aware of their rights as employees’ (Worker, AgedCo).

Some people considered young people’s level of confidence was due to the fact that they had other options in life and were prepared to rock the boat; or attributed this to the nature of young people: that they were ‘Gen Y.’

Some acknowledged that there were things to be learnt from younger workers given their more recent training.

I think it’s a two way thing. I don’t think it’s just a case of the young ones learning from the old ones. Because I consider myself one of the old ones and I learn a lot from them.

(Worker, AgedCo)
On the other hand the need to constantly remind young people about safety was stressed by one participant, who said, ‘the youngsters that are 16 and 17 it’s like being at school, you have to keep on telling them’ (Manager, BuildCo). Another interviewee talked with concern about young workers sense of invulnerability which leads young people to act in unsafe ways.

There were cases where younger workers were identified as being quieter, ‘normally the young guys, they just kind of keep quiet and sit in the corner and not say much...’ (Manager, BuildCo).

One-on-one time was seen as important in encouraging younger workers to have a say.

Factors that made a difference to young workers voicing safety issues included:

- encouragement from supervisors to raise issues;
- modelling by experienced workers;
- the nature of the risk;
- approachable safety officers;
- safety ethos introduced from the very beginning of employment;
- WHS representatives who address issues raised by younger workers;
- Culture of co-workers.

There was also an understanding that much of what a young worker learnt about WHS was incidental learning, or modelled behaviours. Sub-contractors in construction talked about teaming apprentices with a tradesperson who was more safety conscious:

you’ve got to put young people with the right older people after ... you’ve got to teach them the right way the first time and then you don’t have to iron them out afterwards.
(Manager, BuildCo)

The organisational culture around safety was seen as important to encourage young workers to raise safety concerns. Also, their supervisor’s response was critical in determining how confident they were to raise issues. A negative response from a supervisor was a significant deterrent to a young worker raising legitimate issues:

... the kid is doing three days of physio a week now on his ankle because he was too scared to push his boss because he was worried about getting sacked. The kid shouldn’t be put in that sort of position to fear for his job when he has got a legitimate injury.
(Manager, BuildCo)

Whereas a positive response led to greater confidence in raising issues:

It’s been pretty easy. They always ask every morning ‘are there any issues’, so I’ve never really found it hard if I have to bring up an issue ... They don’t make it hard for me to raise an issue. If I raise one I don’t feel like I’m going to get, ‘oh, that’s not really that unsafe’ ... they take everything pretty seriously.
(Worker, BuildCo)
The culture of co-workers can make a difference to young workers raising concerns about WHS particularly if they have any concern about ‘dobbing in’ another worker.

The extent of the risk is a factor as to whether a young worker might raise an issue. One young participant said:

Yeah I’m guessing if a lot of them are around my age and that some of them probably are obviously shy and wouldn’t want to say something to get a bad name or something. But if it’s something like pretty small you’d be like well that’s just obviously the way that they’ve been doing it for years and that. But if it’s something that really makes you feel really uncomfortable then you’d think that it would get to a stage where you need to tell someone.

(Worker, BuildCo)

Talking broadly from experiences in different companies young workers indicated that the approach of safety officers was also a key factor in whether they would approach them with health or safety concerns. A distinction was made between those who would be approachable and take an educative approach to those who could be intimidating leaving the young workers too scared to go to them with issues. Indeed raising WHS issues with approachable safety specialists was often suggested as a strategy by WHS representatives where workers of all ages were not confident that the matter would get resolved by their direct supervisor. One young worker suggested that safety officers should spend time building rapport with young workers to encourage them to voice issues.

The extent of the risk is a factor as to whether a young worker might raise an issue

Young workers suggested that there should be an emphasis, right from the start of employment, on learning the WHS culture and having your say, and this could start before they begin work. A younger worker identified the impact of WHS induction training on his understanding as follows:

It’s like seven o’clock in the morning and when you first come on-site you’re pretty tired and there’s like a two hour video that they show you and they talk about it for ages. So they pretty nail it into you even though you’re half asleep. But yeah they’ll talk about it for quite a long time in that induction before you’d even go on-site. They will talk you all through it and you get a pretty, pretty big talk about it. So yeah that’s how I pretty much learnt about it.

(Worker, BuildCo)
WHS representatives felt they provided an important avenue for young workers to raise concerns, as one explained:

So I do my best when we have new people to go around with them and I explain to them what my job is as a health and safety rep and what this means to the business and then I sort of educate them a bit on what they can do and that’s well if they hurt themselves at work, or if they see something let me know … Yeah, that’s what I do with the new people but sometimes I find it’s generally the young ones that don’t know it and it’s like myself when I started. It’s just you learn that at work, you never learn that stuff at school.
(Worker, HosCo)

There were examples given of younger WHS representatives raising WHS issues and in one case a representative had initiated research into fatigue in their workplace.

Interestingly, an older worker identified the difficulty of getting another job at their age as a factor that could lead to reluctance to raise issues.

**Precarious employment**

AgedCo’s decision to reduce reliance on agency staff whilst a financial decision, also reduced stress related to communication and shared practice, as this manager outlined:

Agency staff put a strain on our own staff. There was often stress associated with that because you’d have someone on a shift, perhaps a number of people on a shift, that you were sort of inducting almost as you went. So it does put a stress on our staff. The other thing about agency staff is they don’t always do the comprehensive role so we’ve have some that wouldn’t be doing the level of documentation that maybe our own staff would do.
(Manager, AgedCo)

Managers also noted that the confidence of casual workers to raise issues increased with the length of service and number of hours worked:

I’m not sure whether an agency staff member coming in would make a complaint if they were just coming for a day or write a hazard report or anything like that, as opposed to if they came back to the site regularly.
(Manager, AgedCo)

The role of the Agency in encouraging workers to raise issues was identified:

But I guess it depends what effort the agency puts into ‘hey if you notice a safety issue wherever you go, you have to report it.’
(Manager, AgedCo)

There was no specific analysis of issues raised by agency workers:

We occasionally get incident reports or hazard report … I’m not sure of the correlation between the use and that occurrence.
(Manager, Aged Co)
In the hospitality sector, there was very different use of casual workers in different departments. In those areas with a small number of casual workers who were working a limited number of shifts there was a view that these workers were less likely to be engaged with WHS. However they were also less likely to suffer from injuries which were caused by the repetitive nature of the work, as one worker indicated:

You’ve got the casuals which, they come in maybe once a month, do four hours. They are less likely to get repetitive strain on their wrists or something ... because they’re actually putting in less contact hours.
(Worker, HosCo)

In other areas with a much greater use of casual workers who worked on a regular basis there was a sense that they were less engaged, and less inclined to be engaged. Others identified a concern on the part of casual workers that they were not prepared to ‘rock the boat’. The WHS representative who was confident to raise issues was seen as critical to enable casual workers to voice their concerns:

I think a lot of people don’t want to ruffle any feathers or cause any problem which is why I think I’m in the role because I don’t care about anything like that. Been here for long enough.
(Worker, HosCo)

One participant raised concern about the capacity of workers to raise health and safety issues in areas of work that had been contracted out.

Construction is to some extent precarious work by its very nature with building projects lasting for set periods. Labour hire workers and apprentices appear to be some of the most vulnerable in this context. A number of apprentices who are placed with particular sub-contractors indicated that they hoped to retain employment with them after their apprenticeship. The sub-contracting companies also sought to maintain a positive relationship with BuildCo, the principal contractor in the hope of obtaining future work.

**Sub-contractors**

The approach to WHS by BuildCo as principal contractor was seen as critical to the culture of consultation around WHS issues. Their enforcement of commitments made in contracts by sub-contractors was thought to be vital to adherence to WHS on the job. Sub-contractors’ adherence to health and safety requirements, even though in some cases they thought them unnecessary or burdensome, was seen as vital to their chances of working with the principal contractor in the future.

There was also recognition that various contractors had very different approaches to consultation around WHS and that this culture was set at the top management level of these companies. An example was given of a sub-contractor whose paper work belied their poor safety culture and practice:

[They] had excellent safe work method statements. I saw that they were getting inducted by their HR person into that swing. But then when it came to being out on the job, the care factor just wasn’t there by their on-site supervisors and then
unfortunately from some of their senior management, who are more productivity based and focussed, rather than safety focussed.
(Manager, BuildCo)

One of the key issues that required resolution between sub-contractors related to the timing of work, when companies were attempting to get in and out of the job at the same time. Attempting to work in the same area could lead to a significant increase in risks. However a small change in timing for one sub-contractor has a cascading effect, and therefore a representative of the principal contractor is likely to be called upon to resolve it.

Shift work

Workers undertaking night shifts or working on weekends in aged care were less likely to have input into WHS consultation processes. Whilst the use of emails has improved this to some extent, it still remained an issue.

I think the people that would be slightly disadvantaged are the people that only work weekends or casuals after hours. It’s very hard to get all the information to them even though minutes are put in staffrooms and reports and some individuals will be emailed. I know for [some] staff they probably don’t get as much information unless they do shifts throughout the Monday to Friday office hours. You get that paper communication to them, … if it was [a significant issue] quite often I’ve said to the team leaders you need to ring these people to make sure that they know.
(Manager, AgedCo)

Shift work was also identified as a problem faced by hospitality workers but in some areas there was a conscious focus on ensuring that those on night shift were included in meeting structures, and able to catch up with WHS Representatives. This was made possible by rotating shifts:

I’m half/half so I can get stuff done on my day shifts when all the managers are here so I haven’t had any trouble. If I was just on night shift it might be a problem.
(Worker, HosCo)

However the importance of face-to-face conversations to ensure clarity of the problem and agreement around the solution was seen as difficult to manage with people working shifts that did not match the 9-5 working hours of human resources staff. A manager in HosCo indicated that there was a danger that ‘it all got lost in translation’ and often took longer to resolve.

Consulting workers in an environment with different shifts and co-ordinating meetings was identified as difficult, however it was suggested that this could be addressed but that ‘it takes more planning’ (Manager, HosCo).

Given the higher injury rates of shift workers, as identified in the literature review consultation, strategies should be developed specifically for these workers.
Culturally and Linguistically Diverse (CALD) workers

Whilst all of the sectors employed workers from a range of ethnic backgrounds this diversity was not reflected to any significant extent in the structure of WHS committees observed in this research. Furthermore there were no strategies identified to specifically engage workers from culturally and linguistically diverse (CALD) backgrounds. Some felt there were no identifiable groups who did not raise health and safety issues with committee members. Others, when asked, spent a moment in reflection before identifying specific cultural groups in their organisation who they felt were unlikely to raise issues. In most cases the lack of involvement was attributed to the cultural values or behaviours of CALD workers with references to a sense of ‘being grateful for the job’ and ‘not wishing to cause offence’. However, there was a view that this varied amongst different cultural groups pointing to the need to develop culturally specific strategies.

There was also a suggestion that some reticence may be due to concern about raising issues:

> Staff who are ..., culturally and linguistically diverse and who are from countries where they don’t have ..., regulations and legislation .... They tend to be very accepting of most working conditions and have real problems in bringing up things or discussing issues and they certainly would be very intimidated bringing anything to management.  
> (Worker, AgedCo)

An AgedCo manager noted the dominant culture’s influence on communication style, ‘we’re very Anglo Saxon about our communication’, and there was recognition that assistance might be required in completing forms. Concern was also raised about the effectiveness of E Learning for workers generally and CALD workers specifically.

There was a reference in construction to a ‘tough culture’, noting its impact on workers of different cultural backgrounds, younger workers and women:

> It’s a building site ... there are smart ass, male chauvinistic conversations about I’m white, you’re black, or girls and vulgar language ... Probably getting less and less, getting better, but if you’re a 16 year old and don’t know how to hold ground, they’d cop it.  
> (Worker, BuildCo)

A lack of representation in consultative processes was also reflected in the observations that few CALD workers were present in consultative meetings, as mentioned above.

One WHS representative identified the need to encourage CALD workers:

> ... because not only are they struggling with a new job, new language and a new area, I think they’re so overwhelmed with everything it takes them a little while for them to pick everything up. So you need to encourage, explain and - I do - I personally do a lot of that.  
> (Worker, Aged Co)

She thought issues of communication with CALD workers were exacerbated when they were agency rather than company staff.

One manager indicated that she might address reticence to raise issues by building trust;
‘selecting people to come to those one on ones that I need to do some work on building relationships and trust’ (Manager, HosCo).

Gender

Gender was acknowledged as a potential barrier to engagement in consultation in the male dominated construction industry. This was reflected in the fact that there was only one woman amongst the men in the safety committee meeting. One participant valued the importance of ensuring an avenue for women to raise WHS issues:

Yeah, and we’ve got our own HS [health and safety] girls in the office on the team which if you don’t feel comfortable speaking to a man they can always ring up. Because we employ girl apprentices as well.
(Manager, BuildCo)

There was no specific referencing of women’s lack of participation in other sectors. A clearer picture would require an analysis of gender, position and employment status with representation in committees and voicing of issues to determine the real effects of gender on consultation. This picture is likely to differ dramatically between the female dominated aged care sector and the male dominated construction industry.

Workers in lower paid positions less likely to be present in consultation processes

Workplace hierarchies

In addition to the issues identified above another factor that impacted on the level of involvement in consultative processes related to the position held in the work organisation, some types of work and working arrangements make release of staff more difficult. Workers in lower paid positions and whose work involved them working directly with customers or residents were less likely to be present in consultation processes. In aged care, there was less involvement of personal care workers (PCWs) in committee processes. In addition to developing strategies to release PCWs to enable their WHS participation, it was important to demonstrate that their input was valued to give them a sense of involvement and ownership. In the hospitality sector, workers in different departments seemed to have a greater or lesser level of participation depending on the perception of the importance of their work in contributing to profit. There are distinct cultures and barriers within different departments. In some WHS has a strong focus and others have a greater acceptance that risks are inherent in the job. In the construction sector different cultures were apparent amongst different sub-contractors, with a number of people interviewed citing examples of sub-contractors who are committed to ensuring WHS representatives are trained and attend safety committee meetings and others that just sent anyone to meetings. The hierarchical position of apprentices and labour hire workers means that their involvement is strongly determined by the behaviour of the tradespeople and supervisors they are working with.
Conclusion

The review of literature conducted in this research established four key factors impacting on the effectiveness of consultation:

» regulatory environment;
» role and culture of management;
» role of trade unions;
» role of WHS representatives.

The significance of all these factors was supported in this research, at both an industry and workplace level.

The regulatory environment provided representatives with confidence about their role and rights and a point of reference when issues were not easily resolved. There were some concerns raised about the number of inspectors available in the construction industry. There was no evidence of the use of the provisions in the SafeWork SA Act relating to the unfair treatment of WHS representatives. There was some concern raised about compliance driven behaviour that led to a ‘tick the box’ approach to safety rather than a meaningful focus on it. Paper work that was seen as relevant and simple was valued, but if this was not the case it acted as a deterrent to workers raising issues and participating in WHS processes.

The role and culture of management was highlighted by industry stakeholders as impacting strongly on WHS in organisations. Within workplaces differences between managers highlighted the significance that managers, at all levels, play. Those who consult effectively thought that WHS mattered and had a commitment to the principle of worker input into decision making. They were committed to developing relationships with workers and worker representatives to ensure they felt listened to, that concerns were acted upon and feedback provided. Meaningful consultation was based on interactive processes and the skilful use of problem solving.

Union provision of independent advice and support were cited as important by WHS representatives. In the construction sector, the union focus on WHS was identified as contributing to safer workplace environments and as providing an alternative avenue for action if issues were not resolved locally. The extent to which managers supported the role of unions in WHS varied.

There is a growing focus on consulting with individuals rather than representatives in much of the literature around WHS. However, the role of independent WHS representatives, with positive attributes, who have received training, in ensuring effective consultative practice, is strongly supported by this research. In particular, effective WHS representatives were not only knowledgeable but were also strategic in their representation of workers’ interests and able to engage other workers in the process. WHS representatives were essential to ensuring otherwise silent workers had a say. Whilst consulting with individuals enables managers to develop relationships of trust contributing to a positive WHS culture, this needs to sit alongside the formal consultation of confident WHS representatives.

It was important to have a diverse range of mechanisms through which people can contribute to discussion and have input into decisions. The manner in which the consultative
forums were run determined the level of meaningful involvement of workers. Processes that enabled input and interaction and where they were connected to a problem solving process saw those involved engaged in a meaningful discussion leading to positive outcomes.

Effective consultation processes recognised that there were different interests in relation to issues and that these needed to be worked through, in what were sometimes robust discussions, to reach a position people could live with. These different interests in conjunction with workplace hierarchy were at the heart of the need for supported WHS representatives to ensure that workers’ interests were addressed.

As identified in the literature, there is little evidence of consultation at planning and design stage. The focus is primarily on implementation and immediate issues, sometimes described as the ‘slips and trips’. There were clear examples of a negative impact for business arising from the failure to listen to the perspective of workers at an early stage. The significance of the issues being addressed were also an important determinant of engagement, where issues were seen as trivial or not relevant, WHS processes were in danger of being ridiculed. Having said that, there was a need to challenge some entrenched cultures and practice ‘we’ve always done it this way’. This was achieved most effectively when real examples were used to identify the importance of changes being introduced.

As outlined in the literature a number of groups of workers were less likely to be represented in consultative processes and less likely to raise concerns. There is often a complex interaction of factors at play which leaves some workers less likely to raise issues. One cannot assume that a young worker will say nothing, but if they feel their reputation might be damaged or their job security undermined, they were much less likely to raise concerns. The work position people hold was identified as a significant factor as to whether they were likely to be actively engaged in consultation: those holding positions lower in the workplace hierarchy are much less likely to be represented. Workers from CALD backgrounds were not represented in consultative forums and some groups of CALD workers were identified as unlikely to raise issues. Night and weekend shifts were identified as raising particular challenges for effective consultation. Workers who were concerned about their job security were not likely to raise issues but might look to a WHS representative to do so.

Whilst there was a commitment to WHS consultation and effective mechanisms in the organisations involved in this research, there was no evidence of any analysis of which types of workers are engaged in consultative mechanisms and those that are not, with the possible exception of shift workers. Therefore, there were no specific strategies designed to engage potentially disenfranchised workers. However the questions posed in this research were often reflected upon, provoking some thinking on this issue.

The biggest threat to WHS consultation was the interrelated factors of time, workload and staffing levels. Whilst there were different drivers in the various industries and organisations, all had specific challenges that left workers and sometimes managers feeling unable to participate in the processes. Many of the factors contributing to these problems were beyond the control of a manager and require an organisation or industry-wide strategy. However, even within the existing constraints, managers were often in the position to plan to improve the involvement of workers.
Lessons learned and things to consider

Workplaces

Time to consult
A major issue raised by workers in all sectors was the time required to effectively do the job of a WHS representative. Even where there was support for WHS representatives to take time during their normal work hours, this was often lost in the reality of the working day. For effective consultation engaging WHS representatives, specific time should be allocated to the role and staffing numbers increased to cover this. This may require an organisation-wide budget commitment.

Planning for inclusive consultation
A consultative process that ensures all workers’ voices are heard requires planning. This involves:

» an analysis of the workplace to identify the different groups of workers that need to be consulted, including identification of groups that might be less likely to participate, including: young, casual, labour hire or agency workers from a CALD background;

» an analysis of representation of these groups of workers in consultative forums and the representation of different groups of workers completing hazard and incident forms;

» the identification of specific barriers that different groups might face;

» the development of strategies to address barriers to people’s participation;

» budgeting for consultation to enable support for people to take on the role of WHS representatives, including release from the job to attend meetings and consult other workers in paid time, and access to training as WHS representatives;

» including consultation as part of the WHS process in all organisation and workplace plans.

Election of WHS Representatives
This research found that independently elected WHS representatives played an important role in ensuring that the voices of less confident workers were heard through consultative mechanisms. Whilst consulting with individuals remains an important aspect of consultation, employers who are committed to a comprehensive and effective consultation process should ensure that WHS representatives are independently elected.
Training of WHS representatives
Both managers and workers identified the value of training for WHS representatives as vital to their effectiveness. It is strongly recommended that WHS representatives receive training to increase their confidence in their role.

SAFEWORK SA, EMPLOYER BODIES AND UNIONS

Pilot inclusive interventions
Even in organisations where a commitment is in place to consult workers, no specific strategies have been developed to address those groups in danger of missing out. It is therefore recommended that SafeWork SA consider funding pilot sites to develop more inclusive consultative practices.

Pilot consultation at design stage
Consultation overwhelmingly commenced after decisions about work processes, building changes and policies were determined. This means workers’ voices are not heard at points that could make a significant difference to WHS outcomes. Education in relation to WHS consultation should focus on starting at design and planning stage and some support for this might provide a valuable model for changing this behaviour.

Develop managers’ skills
Highly skilled managers have an essential role in ensuring effective consultation takes place. It is recommended that SafeWork SA and peak employer bodies evaluate the education and development of managers in the skills and processes of effective consultation.

Prevent discrimination of WHS Representatives
The WHS Act has provisions to prevent discrimination against WHS representatives. This was not a problem raised in the case study organisations. However, it was raised as a concern more generally, by stakeholders and workers in a focus group. WHS representatives play a critical role in consultative processes and representing the interests of workers. It is recommended that SafeWork SA ensure that the provisions to prevent discrimination against WHS representatives under the Act are widely promoted and where they are breached ensure that action is taken.

Unions support for WHS Representatives
WHS representatives valued the support from unions. It is recommended that unions organising priorities include the election of WHS representatives and supporting WHS representatives to establish effective consultative processes and access to training and advice.
Industry and broader forums

There was strong support for forums in which those who play a role in WHS could meet at both industry and cross industry forums to share strategies and ideas. It is recommended that peak industry bodies hold regular forums and that continued support be given by SafeWork SA to SafeWork Week and SAUnions continue to hold forums for WHS representatives.

Industry wide strategies to tackle underlying pressures

Effective consultation is most likely to be undermined by pressures on work hours linked to inadequate budgets or unrealistic deadlines. Many of these issues are not within the control of a manager and in some cases go beyond the realm of the employer. In these cases industry bodies should seek funding and promote contracts that ensure staffing numbers that enable meaningful consultation.

Evaluation of E Learning

There is growing use of E Learning as a tool for WHS education. This can address difficulties of access to face-to-face training. However, there was some concern raised about its effectiveness. Whilst this will mean that organisations have complied with WHS legislative requirements, some analysis as to the effectiveness of E-Learning is recommended.
Appendix 1:
SA Unions conference “Stand Up for Health and Safety”

80 elected work health and safety representatives attended the conference in 2013. Participants were asked to respond to four questions at their tables.

What would meaningful and effective consultation look like in your workplace?

Valued two way input into decisions

Discussion and dialogue, debate and clarification rather than agree or disagree.

Health and safety representatives indicated the following factors:
» input prior to the making of decisions;
» that the nature of this input should be meaningful;
» access to “proper” information, including documentation on injuries, near misses, risk assessments;
» outcomes or actions to resolve issues discussed in consultation;
» feedback and evaluation in relation to the outcomes and implementation.

Commitment to the process

Representatives sought: commitment from management, including:
» respect for representatives and committee members;
» appropriate timing and regularity of the meetings;
» a committee committed to improve, and change culture and actions.

Other mechanisms

A range of mechanisms were identified including:
» open forums;
» full team meetings;
» supervisors consulting about work tasks;
» and a communication book.
What support do you need to be able to consult effectively?

**Time and training**

By far the most commonly identified need was for time to do the role and in some cases groups specified the time to consult with other workers and to prepare and attend meetings. Representatives also identified the need for training, both for themselves and for management.

**Support and Information**

Support from managers (including recognition and respect) and co-workers was identified as important and some representatives identified support from their union. In one group the freedom from retribution was identified.

Representatives also identified the need for credible information.

**Other issues**

A range of other points were made by groups including;

» an allowance;

» autonomy from management;

» a requirement that employers consult;

» processes around meeting structure and decision making (as reflected in the previous question).

What challenges do you face in your industries?

A number of groups interpreted this question to mean health and safety problems and a wide range of issues were raised:

» work intensification or increased workload;

» bullying or psych-social problems;

» manual handling;

» design of buildings.

Other groups identified the challenges in relation to improving health and safety including:

» lack of money or budgeting for WHS;

» workplace culture, apathy;

» lack of promotion of WHS;

» lack of trust of management or management manipulation of system;

» poor communication or reporting systems were identified.
Doesn’t happen by accident

What examples of success do you have?

8 of the 17 tables did not respond to this question, of those that did some identified specific improvements in relation to WHS and others to consultation around WHS.

A number of tables identified improved committee structures and processes and a greater sense of involvement:

» good work culture, has changed for positive;
» workers contribute, involved;
» active committee with management backing;
» a process of consultation with WHS representatives from other organisations on site;
» And one group identified the use of a bright ideas form.

Specific WHS improvements identified included: improved signage; support for behaviour management (teacher) improved design of offices or nappy changing areas; getting raincoats; load bearing vests (taking weight of hips and back) establishment of adequate First Aid.
Appendix 2: References


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doesn’t happen by accident