



Strategic Review of the Workplace Health and Safety System

Submission template

This template can be used to make a submission to the Independent Taskforce on Workplace Health and Safety. The template does not limit the length of your answers, and you can attach documents to supplement your answers if you wish. Alternatively, you can use the on-line questionnaire to make a submission, which can be found at www.hstaskforce.govt.nz. The on-line questionnaire restricts the length of your answers to about 300 words per question.

Please refer to the taskforce's consultation document, *Safer Workplaces* before completing this template. The consultation document can be found at www.hstaskforce.govt.nz

About you

* Indicates mandatory questions

1. *Your full name:

Katherine Percy

2. *Is this submission on behalf of an individual or an organisation?

☐ Individual ☒ Organisation

Name of organisation: Workbase Education Trust

3. *Region

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Northland | <input type="checkbox"/> Whangarei | <input checked="" type="checkbox"/> Auckland |
| <input type="checkbox"/> Waikato | <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> Gisborne |
| <input type="checkbox"/> Hawke's Bay | <input type="checkbox"/> Taranaki | <input type="checkbox"/> Manawatu-Wanganui |
| <input type="checkbox"/> Wellington | <input type="checkbox"/> Marlborough | <input type="checkbox"/> Nelson |
| <input type="checkbox"/> West Coast | <input type="checkbox"/> Canterbury | <input type="checkbox"/> Otago |
| <input type="checkbox"/> Southland | <input type="checkbox"/> Overseas | |

4. *Respondent category

- ☒ Employer
- ☒ Manager
- ☐ Employee
- ☐ Self-employed
- ☐ Employee representative
- ☐ Not in paid employment
- ☐ Other:

5. *Which type of industry do you manage, own a business in, or work in?

- ☐ Agriculture
- ☐ Forestry
- ☐ Fishing
- ☐ Mining
- ☐ Manufacturing
- ☐ Electricity, Gas, Water and Waste Services
- ☐ Construction
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Accommodation and Food Services
- ☐ Transport, Postal and Warehousing
- ☐ Information Media and Telecommunications
- ☐ Financial and Insurance Services
- ☐ Rental, Hiring and Real Estate Services
- ☒ Professional, Scientific and Technical Services
- ☐ Administrative and Support Services
- ☐ Public Administration and Safety
- ☒ Education and Training
- ☐ Health Care and Social Assistance
- ☐ Arts and Recreation Services
- ☐ Other Services

6. *Size of business that you own / manage or work for?

- | | |
|--|---|
| <input type="checkbox"/> Self employed | <input type="checkbox"/> 20-49 employees |
| <input type="checkbox"/> 1-5 employees | <input checked="" type="checkbox"/> 50-99 employees |
| <input type="checkbox"/> 6-9 employees | <input type="checkbox"/> 100+ employees |
| <input type="checkbox"/> 10-19 employees | |

7. Gender

☒ Male ☐ Female ☐ Other

8. Age

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 15–24 | <input type="checkbox"/> 45–54 |
| <input type="checkbox"/> 25–34 | <input type="checkbox"/> 55–64 |
| <input type="checkbox"/> 35–44 | <input type="checkbox"/> 65+ |

9. Ethnicity

- | | |
|---|--|
| <input type="checkbox"/> NZ Maori | <input type="checkbox"/> Asian |
| <input type="checkbox"/> European | <input type="checkbox"/> Middle Eastern/Latin American/African |
| <input type="checkbox"/> Pacific Island | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Other European | <input type="checkbox"/> Do not wish to indicate |

10. Your contact details

Phone number(s)

Email address:

Please tick the boxes below as appropriate

- ☒ I consent to my submission being placed on the Independent Taskforce on Workplace Health and Safety website
- ☐ I would like my name withheld from publication (submissions from individuals only)

Please note that your name and contact information, including any personal information, is being collected so that the Independent Taskforce on Workplace Health and Safety can publish the names of people and organisations who or that made submissions, follow up with a respondent if any submission needs clarification, and for the general purposes of the Strategic Review of the Workplace Health and Safety System. The Independent Taskforce on Workplace Health and Safety is the intended recipient and holder of the information and can be contacted at PO Box 3705, Wellington, New Zealand. In accordance with Privacy Principle 7, you have the right to access and correct any personal information you provide.

Submission template questions

Please answer the following questions and feel free to attach any supporting documents.

If you are completing the template on paper, please feel free to add other pages but make clear which questions your answers refer to. **If you are completing the template electronically** and need more space for any of your answers, please write the rest of your answer into another document, making clear which question your answer refers to, and attach it when you send your completed submission template to us. The answer fields below hold approximately 430 words.

Who gets hurt, killed or suffers from ill-health or disease as a result of work?

1. What do you think is driving the differences in health and safety outcomes for different demographic groups?

Improving health and safety in New Zealand workplaces, requires improving literacy, language and numeracy (LLN) across the workforce.

LLN skills and knowledge are needed to understand health and safety signs, documentation and warnings including on material safety data sheets, follow health and safety procedures as well as for the identification and mitigation of hazards. LLN skills are also essential for effective communication such as advising others about potential risks, participating in solving health and safety problems and successfully completing training.

Behind the competence of health and safety lies a further set of competencies to do with reading, writing, speaking, listening, questioning, challenging and critical thinking.

Literacy, language and numeracy skills are not the only factors involved in improving health and safety – but without these skills and knowledge it will be unlikely that other improvement initiatives will succeed.

We believe there is a connection between the complexity of the knowledge and skills required for full engagement in health and safety and the levels of literacy language and numeracy of the New Zealand workforce. This contributes to the different outcomes for different demographic groups.

The Adult Literacy and Life Skills (ALL) Survey * data identified the sectors where people with low and very low literacy skill levels are over represented.

These match the five priority sectors for health and safety which experience consistently high levels of workplace accidents, disease and fatalities in New Zealand.

Industries with the lowest document literacy:

Construction: 48% low and very low literacy

Forestry, Agriculture and Fishing: 55% - low and very low literacy

Manufacturing: 50% low and very low literacy

* Adult Literacy and Life Skills (ALL) Survey: Education, Work and Literacy, Ministry of Education, April 2008.

2. What changes are needed to the workplace health and safety framework to improve outcomes for demographic groups with higher than average rates of injury and illness?

There needs to be more funding available to support workplace literacy training. Although the greatest number of New Zealanders with low literacy, language and numeracy are employed, a very small proportion of tertiary education funding targets employees with intensive literacy, language or numeracy support in the workplace.

LLN skill development also needs to be effectively embedded into industry and vocational training. There needs to be support for the development of LLN capability and capacity.

Attached are two New Zealand case studies about how improving employee literacy skills in workplace programmes contributed to improvements in health and safety such as reductions in lost time injuries.

There is no simple, one size fits all solution for the literacy development that is needed to improve health and safety in New Zealand industries. However, having a better understanding about the impacts of LLN skills on health and safety as well as the opportunities to overcome barriers will be essential to reducing the work toll.

See also #4 re improving guidelines fact sheets and resources.

See #14 re improving firm level capacity and capability.

Further information about adult literacy and references:

In New Zealand low literacy is not about a few people who cannot read. It is about a lot of people who struggle with complex, unfamiliar and technical documents and workplace demands.

Prose literacy is the ability to read texts – such as a Health and safety Induction manual.

Document literacy refers to tables and instructional texts – such as evacuation procedures and workplace hazard signage.

Numeracy is needed for tasks such as mixing chemicals safely.

The Adult Literacy and Life Skills (ALL) Survey: Education, Work and Literacy, Ministry of Education, April 2008.

On the ALLS five point scale people assessed at levels one or two have low or very low literacy skills. Level three is regarded as the minimum level needed to meet all the everyday demands of modern work. Levels four and five enable the reading and interpretation of complex information and inferences. Approximately 40% of employed New Zealanders have low or very low literacy - relative to the demands in modern workplaces.

Literacy and numeracy at work, Skills, education and jobs, David Earle, Ministry of Education, May 2011.

Regulatory framework

3. What do you think the challenges are with the current health and safety regulatory framework?

We are concerned about the regulators performance of their role in providing guidance. There is not a fit for purpose approach. See # 4 below re improving written guidelines.

We are concerned that much of the health and safety training that is available is not adequate or 'fit for purpose'. It is ineffective because there is not enough time to develop the required knowledge and skills especially for employees who do not have prior knowledge of health and safety legislative frameworks and responsibilities, who are not familiar with the concepts or terminology of health and safety (such as risk identification and mitigation), and/or who have low literacy or limited English language skills.

Although there has been increased participation in health and safety training over the past decade, (for example in commercial construction organisations, where a Building Construction Passport is required to get on-site) the courses are usually extremely short. It is not realistic to hope that training between two and four hours long, often relying on verbal and visual presentations, can develop the level of health and safety knowledge or skills, to make significant reductions in the work toll, for the 40% of the workforce with low LLN.

There needs to be a better understanding of and match between the skills required for workplace health and safety (including reading written policies, procedures, signage; completion of forms, discussion and identification of hazards) and the training available.

Most health and safety professionals, inspectors, and trainers do not believe that they can build literacy skills in health and safety contexts because they do not know how to and they are constrained by the limited time available. It is possible to incorporate specific and relevant literacy development strategies along with health and safety knowledge in coaching and training activities.

We suggest that resources, guides and train the trainer support could assist in making more of the skill development and coaching activities in training and engagement about health and safety.

See also #14

4. How do you think the health and safety regulatory framework could be improved?

Improve guidelines, fact sheets and resources

The Labour section of the Ministry of Business, Innovation and Employment (MBIE) and other government agencies have developed hundreds of guidelines, fact sheets, codes of practice and resources, aimed at employers and employees. While professionally written, much of this material is technical and regulation orientated, uses unfamiliar concepts and terminology, and is not easy to read.

In particular, given what is known about literacy levels in the priority industries, these resources, fact sheets and codes of practice will be difficult, if not impossible for most of the target audience of employees and supervisors to read. Even good readers are unlikely to persist when material is densely written and presented in this way.

There are opportunities to significantly improve the tailoring of guidance information to the target audiences. When subject matter experts have completed content development, specialist literacy advice would help to develop summary information, reduce unnecessary complexity, improve language and text, design and navigation features, and to build in the vocabulary and literacy strategies required to understand the contents.

We would also like to see the regulators investigate the appropriateness of available health and safety training.

Regulators' roles and responsibilities

5. How effective are the regulators in influencing workplace health and safety outcomes?

There is an opportunity for the regulators to be more effective through researching and understanding the underlying factors that influence employers and employees ability to meaningfully engage in healthy and safe practices.

See below # 6

6. How could the regulators' roles and responsibilities be changed to improve their effectiveness in influencing workplace health and safety outcomes?

Build understanding of the impacts of literacy on health and safety

There is an opportunity for regulators to improve industry understanding of the impact of literacy on health and safety through research. This might include: measuring the actual level of employee understanding about, and ability to correctly complete key health and safety responsibilities, in a sample of workplaces and/or in a sample of accident investigations.

A research project may be more feasible than expanding ongoing accident investigation data collection to include assessments of the 'working' knowledge employees have about their responsibilities and the adequacy of the training that has been provided to employees (which would require increasing accident investigators capability and capacity to assess and evaluate skill and knowledge levels).

See also # 4 on improving guidelines and fact sheets

New Zealand's changing workforce and work arrangements

7. What impacts are New Zealand's changing workforce and work arrangements having on health and safety outcomes?

The changing workforce means more employees may not have English as a first language and may have different cultural expectations (E.g. about speaking up and questioning the instructions of supervisors)

8. What changes to the health and safety framework, if any, are needed as a result of the changing workforce and work arrangements?

The training and information provision for health and safety needs to take English for speakers of other languages into account as well as low LLN skills.

Worker participation and engagement

9. How effective do you think worker participation is in improving workplace health and safety in New Zealand?

As we are concerned about the need for support to develop the communication skills and literacy and language skills for engagement and participation in the workplace - we believe more needs to be done to support genuine capability to participate. Employee participation is an necessary element in the current system and for employees to be able to play their part in keeping safe.

Evidence from the US

Two recent American research papers on workplace health practices and issues provide robustly collected observations and evidence that supports the New Zealand anecdotal evidence of the impacts of poor communication practices and poor health and safety documentation and training, in combination with, low literacy and language on workplace health and safety. They also demonstrate the importance of working with the audience in the development of solutions.

References:

Beyond Compliance: Participatory Translation of Safety Communication for Latino Construction Workers, Carlos Evia and Ashley Patriarca, *Journal of Business and Technical Communication*, 26:340, June 2012. And

Adoption of Safety Eyewear Amongst Citrus Harvesters in Rural Florida, Monaghan, P.F; Bryant, C.A; MaDermott, R.J; Forst, L.S; Luque;, J.S; Contreras, R.B; *Journal of Immigrant health*, 14:460-466, 2012.

see #10 for key findings

10. What improvements can be made to worker participation in workplace health and safety so as to get better workplace health and safety outcomes?

The research about Latino construction workers illustrates that developing effective workplace safety and risk communication materials for Latino construction workers poses a challenge for technical communicators. Many job sites have differences in culture and language which, along with low levels of literacy and English language, and lack of proper training, compound job site communication difficulties. The complex hierarchy of contractors, sub contractors and other specialists on construction projects "can create a babel of communications styles and needs, even with native speakers of the same language". The communication problems for Latino construction workers contribute to the disproportionately high incidence of workplace injuries and fatalities (40% - 80% higher than for their non Latino peers).

The lack of appropriate health and safety training programmes was considered to be a significant contributing factor in the disproportionate number of accidents.

Much of the existing health and safety documents are affected by the "hyperpragmatic" approach to documentation which privileges utilitarian efficiency (compliance with regulations to protect companies) at the expense of critique and ethical action (ensuring that workers actually understand the rules). Risk communication has served to inform audiences of hazards rather than to discover their values, needs and prior knowledge about hazards. Audiences often react to this type of technocratic communication with fear and distrust which leads to failed communication.

This research advocates for greater employee involvement and participation in the development of information and engagement about health and safety. There is a need to conduct prior research with participants from the labour force in actual workplace settings, and to use participatory methods when designing materials for groups of workers to reflect cultural and communication differences.

The research project on the intervention which significantly improved the use of safety glasses by citrus harvesters also reinforces the need to use evidence based practice and community- based marketing and planning frameworks to develop effective interventions. The project included research to identify the perceptions and barriers to the use of protective eye wear, trialled 20 commercially available safety glasses to identify the best options, and used community health workers to disseminate information on eye safety, and to promote behaviour change. This project found, that despite the high incidence of eye injuries, the economic consequences of lower productivity (when safety glasses were considered to impede harvesting efficiency and require pauses for cleaning) needed to be overcome.

This study provides a best practice approach for culturally appropriate and occupation-specific interventions. It found that skilled harvesters within the peer network of workers, were the most credible and trustworthy information sources about injury prevention. The study also revealed the value of a trial period in changing workers attitudes.

References:

Beyond Compliance: Participatory Translation of Safety Communication for Latino Construction Workers, Carlos Evia and Ashley Patriarca, *Journal of Business and Technical Communication*, 26:340, June 2012. And

Leadership and governance

11. To what extent do directors and other senior leaders provide effective leadership and governance of workplace health and safety?

Although there is growing business awareness about workforce literacy skill issues, this does not translate to directors or company managers considering training or developing literacy skills to be an important business priority.

There is often a low understanding at the level of Directors and senior managers about the impacts of low workforce literacy, language and numeracy or of the relationship to effective implementation of health and safety knowledge and skills.

Training (including literacy training) is not considered to be a strategic issue - resulting in limited willingness to invest in developing the literacy and language skills of employees.

Many employers believe literacy language and numeracy development for employees should be funded by the Government.

There is a need for industry leadership about the LLN skills and knowledge needed to ensure a skilled workforce.

12. What improvements can be made to directors' and other leaders' participation in workplace health and safety, so as to get better workplace health and safety outcomes?

Research results could inform manager's decision making about the need for more effective training (and literacy training) for health and safety compliance.

There are also opportunities to raise business awareness about the problems caused by unnecessarily complex manuals and procedures and the limitations of induction and training that relies on reading manuals or watching power point presentations for workforces with low literacy skills.

Industry Training Organisations (ITOs) are in a unique position to support business understanding about the LLN skills needed for health and safety - but will need support to embed literacy and numeracy.

See #6 re research and building understanding of the impacts of literacy on health and safety.

Capacity and capability of the workplace health and safety system

13. To what extent do firms have the capacity and capability to effectively manage workplace health and safety issues (including through accessing external resources)?

We observe that many companies struggle to tailor induction and training for employees with low levels of literacy or English language skills and do not have effective ways to check employee understanding of health and safety.

We recommend that information and resources be developed targeted to business to guide improvements in document development and to support more effective in-house health and safety training and coaching for employees who have low literacy, language or numeracy skills.

There may be dissonance between training employees about health and safety and the expectation that the same employees will work fast (and maybe take short cuts) to meet targets. Employees need improved communication skills to be able to speak up and discuss when they believe there is a workplace health and safety problem.

Only 40% of levels one to three courses arranged by ITOs have embedded literacy and numeracy - but all would benefit from incorporating support for LLN skill development.

14. What options are there for improving firm level capacity and capability to deliver better health and safety outcomes?

Providing simple induction and training resource exemplars (and facilitator guides), potentially specific to an industry could support improved in-house training. Companies could also be given guidance about how to describe and select external health and safety training that will meet the needs of their workforce.

Guidance to assist supervisors and trainers to begin by checking what people already know and to check understanding after training or instructions are given, may be an effective addition to information campaigns.

Provide resources to assist employers (supervisors and trainers) to check the effectiveness of training.

There is potential to provide guidance for supervisors, team leaders, health and safety advisors and inspectors to:

1. Ask what individuals already know and understand;
2. Seek to build on that knowledge and to add literacy, language and numeracy skills required for health and safety understanding
3. Use enquiry to check what messages have been understood after instructions and training have been provided.

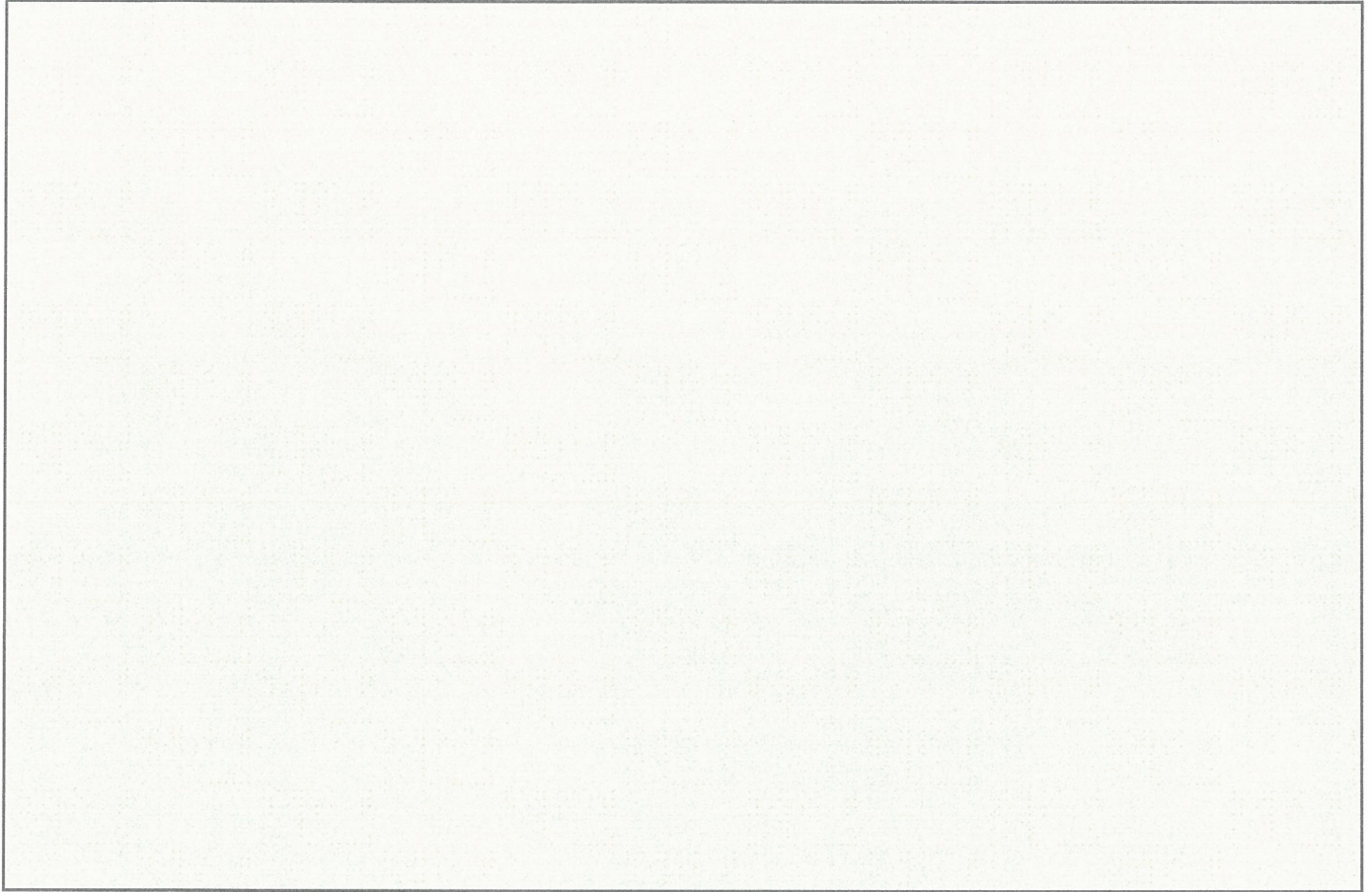
These suggestions particularly apply to small and medium firms - # 23 and 24

There is a need for more firms to have access to intensive workplace literacy training to lift employee LLN skill levels to where internal company provided training and coaching can be effective.

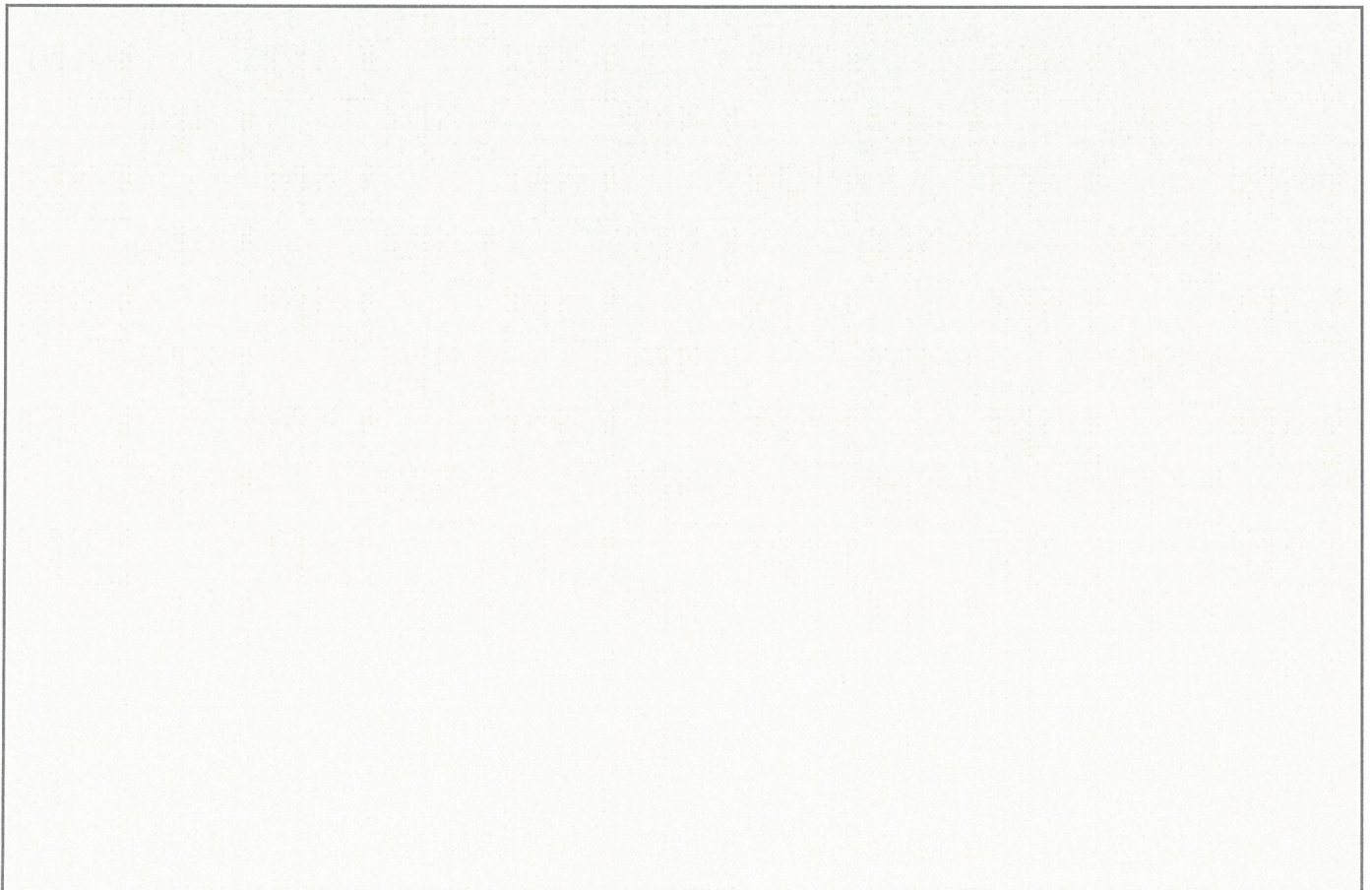
There is a need to support ITOs to embed LLN skills in industry training to meet the needs of the current and future workforce.

Incentives

15. How effective are existing financial and non-financial incentives in improving workplace health and safety outcomes?



16. How could incentives be better used to improve workplace health and safety outcomes?



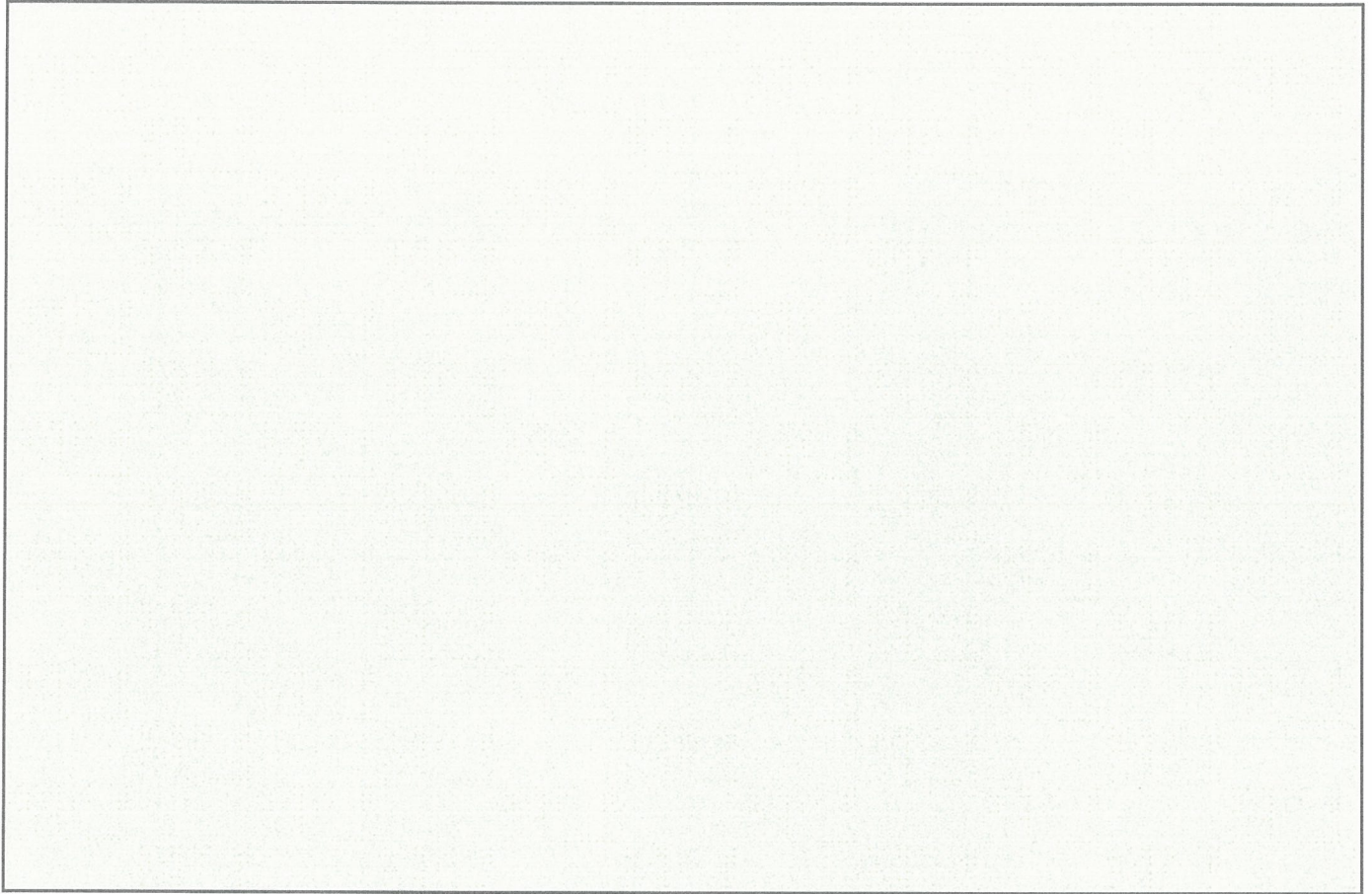
Influencing health and safety outcomes beyond one's own workplace

17. How successful are government, industry, corporate or other potentially influential bodies in influencing health and safety outcomes beyond their own workplaces (for example through influencing their suppliers, counterparts, and competitors)?

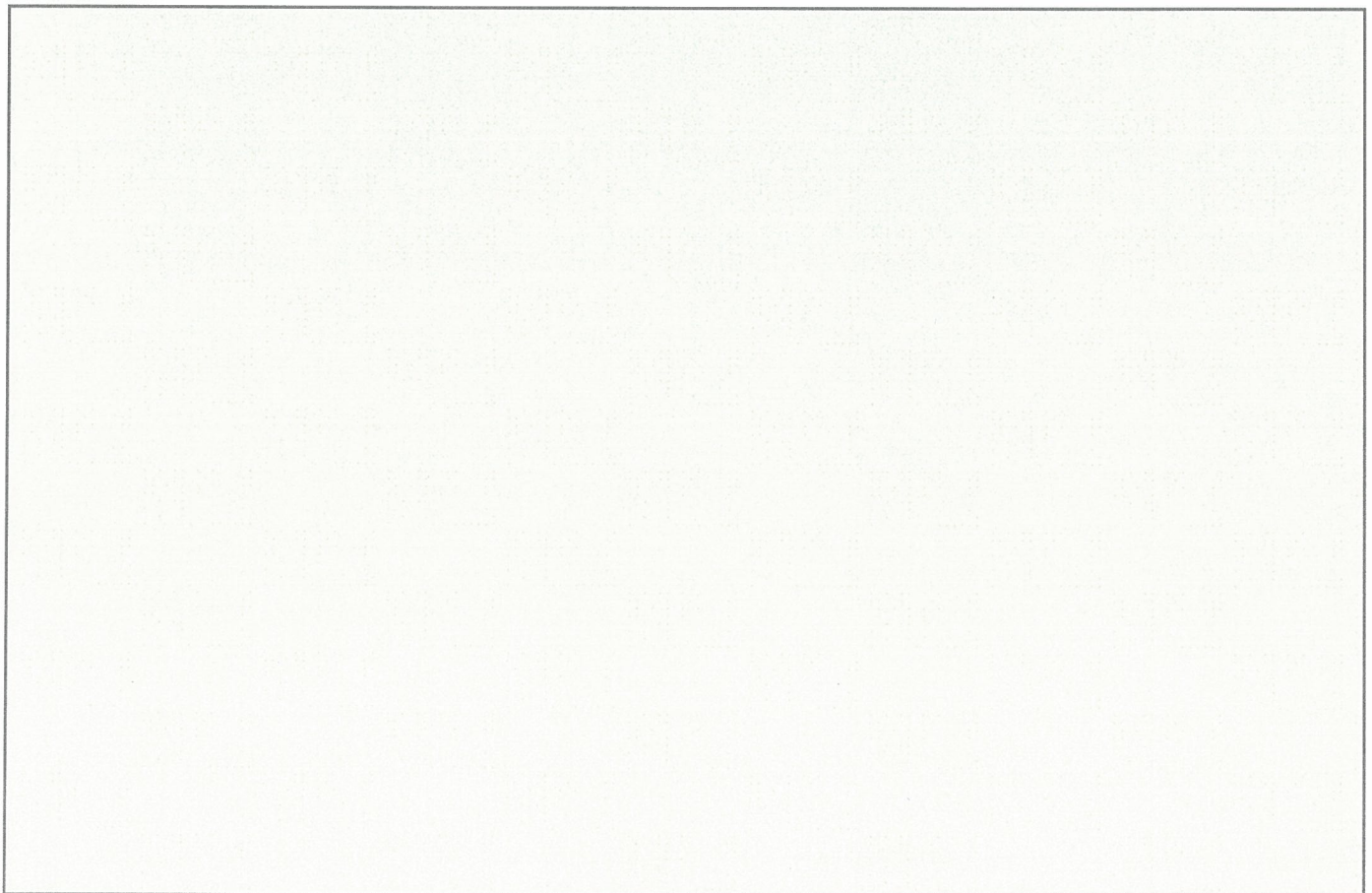
18. What could be done to get government, industry, corporate or other potentially influential bodies to exert greater influence on improving workplace health and safety outcomes beyond their own workplaces?

Major hazards

19. How strong is New Zealand's current approach to regulating major hazards?



20. What improvements to the regulation of major hazards would lead to better health and safety outcomes?



Health and hazardous substances

21. What are the most significant challenges to managing occupational health risks and exposure to hazardous substances?

We submit that the same issues of literacy, language and numeracy, and the complexity and unfamiliarity of technical guidelines (identified earlier) also impact on occupational health risks and exposure to hazardous substances.

See #1, #2, and #4

22. What changes could be made to the existing health and safety framework to reduce the harm caused by occupational disease and ill-health?

Same as for other aspects of health and safety

Small to medium-sized enterprises

23. What workplace health and safety challenges are specific to the self-employed and small-to-medium enterprises?

As has been identified small and medium workplaces lack access to trainers or health and safety advisors.

The recommendations made in #13 apply particularly to this category of workplace.

24. What improvements could be made to the workplace health and safety framework, and its implementation, to ensure that it's effective for self-employed and small-to-medium sized enterprises?

Small and medium workplaces would benefit from the provision of well designed and easy to understand resources and information

See#14

Measurement and data

25. To what extent are New Zealand's workplace injury and occupational disease data collection mechanisms conducive to robust monitoring, investigation and comparative analysis?

There is a need to investigate and collect data to explore the relationship between workplace injury and occupational disease and New Zealander's levels of literacy, language and numeracy skills. The information needed is to find out about the connections between injury and disease rates and the literacy levels of individuals and occupations.

There is robust information about the New Zealand adult population's level of literacy and numeracy skills from The Adult Literacy and Life Skills (ALL) Survey.

This showed that 40% of employed New Zealanders (aged between 16 and 65 years old) had literacy skill levels that were below those needed to fully engage with the complex and unfamiliar documents they were likely to regularly encounter at work.

Most of the adults with low literacy skills can read familiar texts and write short statements. At the same time they will be likely to have difficulties with the more complex literacy and numeracy demands they face at work, including for health and safety.

The in-depth analysis of ALL Survey data also that people in management positions, such as team leaders and supervisors, face more frequent, complex and wider ranging literacy and numeracy tasks, but do not necessarily have higher literacy skills (for example: using spread sheets and statistical data to reach conclusions, reading manuals and diagrams, recording time and calculating prices or costs). "People who manage five or fewer staff or were self employed with staff were more likely to have a skills shortfall or partial shortfall".

Given the widespread incidence of low literacy and the complexity of the demands associated with managing health and safety, there needs to be robust investigation of the underlying contribution of poor communication and misunderstanding and inadequate and ineffective training.

Reference:

Literacy and numeracy at work, Skills, education and jobs, David Earle, Ministry of Education, May 2011.

26. What opportunities are there for improving data collection, integration and reporting?

See #6, and #9 and #10 about US research on specific health and safety issues.

Our national culture and societal expectations

27. Do you think New Zealand culture influences our workplace health and safety outcomes?

New Zealand's weak management culture and limited systemic analysis (of the weaknesses in the regulatory system, complex information and guidance etc) has a potentially greater influence than the culture of individuals being 'laid back'.

We have an acceptance of generalists completing or leading work that requires more in-depth understanding of both literacy and workplace health and safety contexts.

Generalist officials and policy analysts have 'led' recent industry Sector Action Plans - and this is reflected in the lack of specificity about solutions to low literacy, even where these are identified.

28. What might we do to improve our culture relating to workplace health and safety?

In order to work in healthy and safe ways, people need to understand the principles and policies of workplace health and safety and be able to apply these in familiar and new work situations. This means people need knowledge and skills in relation to workplace health and safety, including critical thinking and problem solving.

There also needs to be a culture of management and leadership which enables people to apply their knowledge and skills in appropriate ways.

People need opportunities to learn about health and safety while they are in work and prior to entering the workforce. This includes learning about health and safety policies and procedures, guidelines, communication and practice /behaviours.

The knowledge and skills for health and safety can be transferred from one workplace to another

At present much of the Health and safety practice in New Zealand assumes the workforce has the LLN skills and knowledge that are essential to learning about, engaging with and implementing health and safety, but this is not the case.

We agree with the National Action Agenda that seeks to "bridge the gap between the workplace Health and Safety Strategy for New Zealand to 2015 and the activities of workers on the front line".

We would like to see more specialist LLN input to developing ways to improve health and safety training and to address the impacts of literacy on health and safety understanding and performance.

Other factors

29. Are there any other factors (not already covered) that influence workplace health and safety outcomes in New Zealand?

Ensure Sector Action Plans include literacy

There are opportunities to strengthen the Sector Action Plans by incorporating ways to meet the needs of the industry workforce with low literacy and numeracy. These might include:

- Identifying the literacy, language and numeracy skills profile of the industry workforce
- Reviewing the industry resources, fact sheets and guidelines in relation to how well they meet the needs of the workforce (including those with low literacy skills)
- Reviewing the causes of risks and lost time injuries and accidents to identify the potential opportunities to build knowledge and skills, including literacy skills
- Reviewing training, communication and engagement practices in the industry and the perceptions of end users/employees about how well these meet their needs
- Engaging with the tertiary, industry and health and safety training providers in the industry to embed literacy within training provision
- Establishing partnerships with leading companies to promote the value of including literacy development and simplification of procedures for better health and safety outcomes
- Providing exemplar materials and resources to support improvements health and safety communication and training tailored to the industry.

30. Do you have any other suggestions for how to improve workplace health and safety outcomes in New Zealand?

Implementing literacy, language and numeracy recommendations

We appreciate the hardworking officials in the departments that develop, provide advice on and implement health and safety policies, strategies, guidelines, are required to cover a wide range of tasks and skills.

Not surprisingly, officials and communication and marketing advisors seldom have an in-depth knowledge of literacy and numeracy development.

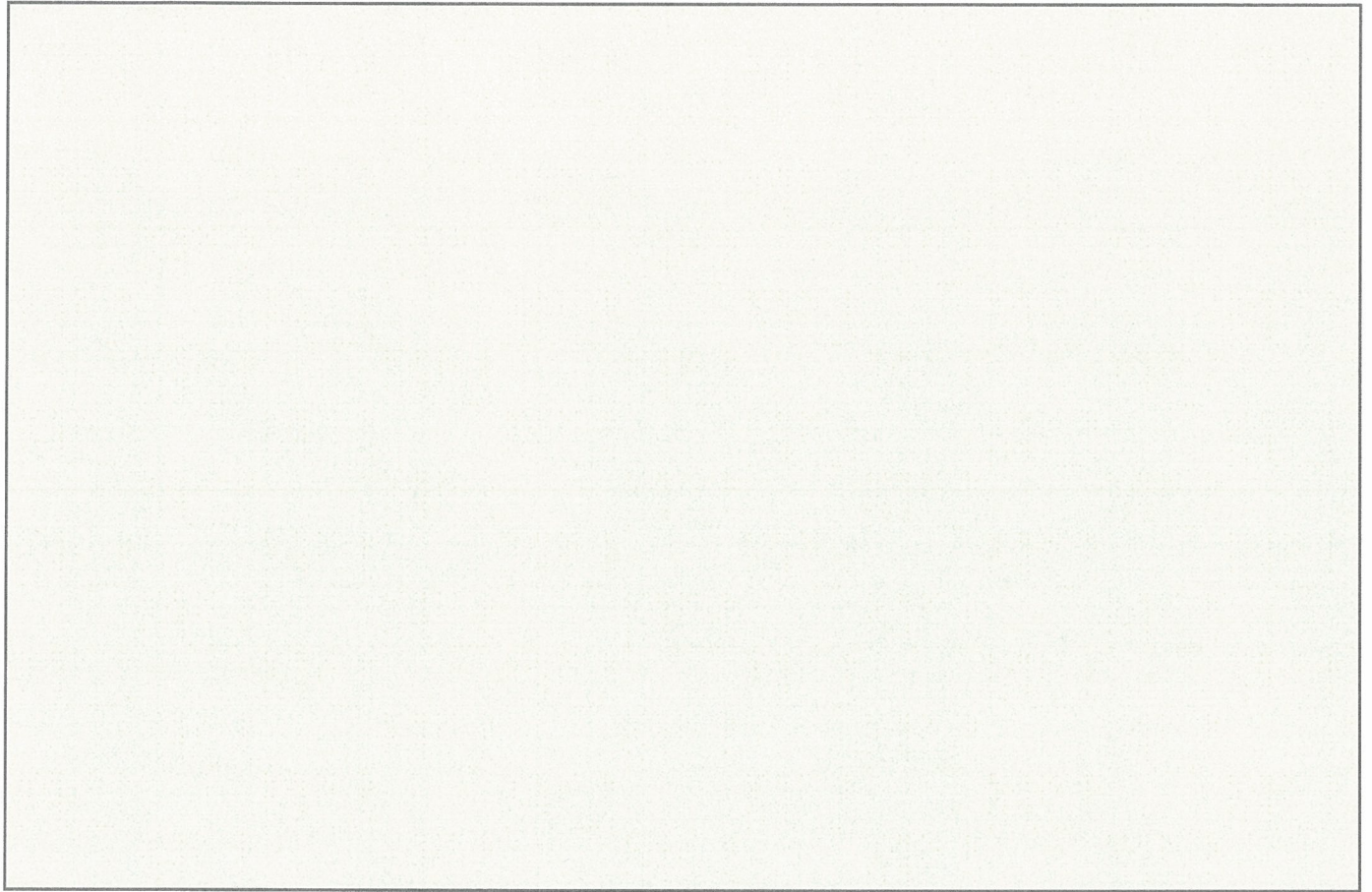
This is reflected in the written health and safety materials, guidelines and documentation currently produced. Although they are well written, in plain English and technically correct, they are not fit for purpose or accessible to all of the target audience. Sector Action Plans do not include ways to address the low levels of literacy and numeracy skills that have been identified in each industry. There is an alarming acceptance of very poor health and safety training. There is poor understanding of and minimal research about the role of low literacy and numeracy in health and safety incidents, accidents and practice. There is very little support for the skill development of the existing workforce, especially those with low skills.

After 20 years making submissions to taskforces, advisory groups and officials about workforce literacy, we note a pattern of LLN issues being recognised, but that recognition does not result in effective solutions. Effective solutions require more than the best efforts of well meaning, clever, generalists and policy analysts. They require in-depth understanding of the interactions between the demand and supply side realities of workplaces, of employers and employee's perceptions and understanding, and of workforce literacy, language and numeracy skills. Improvement will also require political will and better alignment of tertiary education funding with the training and skill needs of employed adults. If our government agencies and the regulatory environment cannot provide a credible response to the demands in many New Zealand industries, what chance is there that private sector business and training organisations can fill the void?

Specialist input about literacy, language and numeracy and ongoing engagement with the user audience(s) to develop and implement meaningful solutions is long overdue.

Other comments

31. Are there any other comments that you would like to make?



Please send your completed submission to secretariat@hstaskforce.govt.nz (preferred) or post it to: Submissions, Independent Taskforce on Workplace Health and Safety, PO Box 3705, Wellington 6140. We would appreciate it if you could get your submission to us as early as possible, but at the latest, you must get your submission to us by **5pm, Friday 16 November 2012**. If you are sending your submission to us by mail, you should put it into the post by 5pm, Wednesday 14 November 2012.