

improving occupational health and safety information to immigrant workers in NSW

Working Paper 78

by Caroline Alcorso

August 2002

ISBN: 1 86487 510 0

prepared by

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This research was funded under the WorkCover New South Wales Injury Prevention, Education and Research Grants Scheme. The research conclusions and any views expressed are not necessarily those of WorkCover. This Working Paper is an extract from the research report.

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acknowledgements

ACIRRT warmly acknowledges the assistance and support of community-based workers working with ethnic communities who helped us understand the issues and locate workers for interview. The cooperation of trade union officers from the CFMEU, LHMWU, CEPU and NSW Labor Council was also greatly appreciated. Managers and employees from the private companies used for case study purposes, and from the health education projects studied in detail in Chapters Four and Five also gave generously of their time and we thank them for it. Special thanks must go to Dr Adele Murdolo (Working Women's Health), Dr Frances Parker (University of Western Sydney) and Joon Shik-Shin (Korean Resource Centre) for their efforts in helping us conduct and accurately analyse the research. WorkCover NSW officers were supportive and helpful throughout the project and we are grateful to their flexibility and interest. Finally, we acknowledge the support of ACIRRT staff in providing crucial support services for the research, and in providing important conceptual feedback at crucial times during the project.

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Summary

Some 4.5 per cent of NSW workers experience a work-related injury or illness per year (ABS, 2000:10). The State's new occupational health and safety laws offer NSW workers more potential to participate in managing health and safety at the workplace. However, the results of this study suggest that workers with limited English (up to 10 per cent of the NSW workforce) risk being excluded from these opportunities.

The study examines how NSW immigrant workers with limited English receive information about occupational health and safety at work. Many of these workers are at high risk of work injury and disease, and it is important that WorkCover, employers and unions use effective strategies to inform and educate them.

The research confirmed that many government agencies and community organisations have built up a wealth of expertise in multicultural communication and information provision. Both multicultural marketing, traditional health education strategies and community development programs are effective in reaching people from a range of language and cultural backgrounds, and strengthening their capacity to address health and environmental issues.

Despite this fertile context, the research found that there is little use made of appropriate communication strategies in NSW workplaces. Few employers apply, or even accept the need for, the type of information and education strategies that are appropriate in a multicultural society. There was almost no evidence of organised language assistance to immigrant workers. In high immigrant density workplaces, employers typically rely on informal 'language buddying' to communicate, resulting in communication that is haphazard in quality and one-way (manager to worker) in style. Such practices are not sufficient to cope with the language demands of competent occupational health and safety management, such as OHS training, OHS committee work and regular inspection and auditing.

A second finding, again confirming the conclusions of previous research, is that poor communication with immigrant workers too often comes on top of inadequate OHS information provision in high migrant density workplaces – compounding communication problems by an unsatisfactory approach to health and safety.

Indeed, many employers do not comply with their legal responsibility to inform and consult with workers about occupational health and safety. Over half of the 82 workers interviewed had not received OHS information in the workplace. Moreover, where information was provided, it focused on accident avoidance rather than enlisting employees in a comprehensive OHS management system.

Introduction

This policy-oriented research project concerns occupational health and safety information dissemination to workers from non-English speaking backgrounds (NESB) in NSW. It considers how health and safety information and education might be more effectively targeted to these vulnerable workers, many of whom are at significant risk of occupational injury and disease.

The research was funded by a WorkCover NSW grant and conducted by ACIRRT in partnership with the Workers Health Centre (Lidcombe). The research took place over the period 2001-2, with 1996 Census data used as the basis for the population analysis¹.

The following are the main components of the field work and literature analysis which this report discusses:

- ? Population data analysis, resulting in the identification of 10 ‘high priority’ ethnic groups; accompanied by key informant interviews with community representatives working in the identified groups (Chapter One)
- ? Interviews (or focus groups in two cases) with 82 immigrant workers from the target groups. Most interviews were conducted in the workers’ first language, using a bilingual research assistant or interpreter (Chapter Two)
- ? A review of relevant literature and also of key Australian initiatives in multicultural OHS information provision (Chapter Three)
- ? Analyses of several significant information/education projects targeting non-English speaking background workers (Chapters Four, Five and Six)
- ? Case studies of four high immigrant density firms in the cleaning, construction and wholesale industries (Chapters Seven, Eight, Nine and Ten).

As well as these discrete components of the research, input was gathered throughout the project from experts working in the health and safety or multicultural field. A range of stakeholders and key informants from community organisations, unions and government agencies formed part of an informal project reference group which commented on the work at several key stages of the project’s life. This group provided valuable input into the research design and analysis. They are acknowledged in Appendix A.

¹ Data from the most recent (2001) Census will be available after November 2002, at which point the information in Chapter One could be updated.

Chapter One: Identifying priority ethnic communities

1.1 Introduction

This chapter provides a statistical and demographic profile of ten ethnic and linguistic groups that were identified as important priority target groups for WorkCover NSW. Following discussion with WorkCover and project stakeholders, the ten groups were earmarked for further research in subsequent stages of the project. The idea of identifying priority groups is to facilitate WorkCover's planning of future multicultural information and education strategies. Clearly, there are many groups from *other* language and ethnic backgrounds that also require appropriate multicultural/multilingual information strategies.

1.2 Definitional decisions regarding the project population

Workers from non-English (NESB) speaking countries who are living in New South Wales is the broad population of concern to WorkCover in its preventative work on health and safety at work.

For the purposes of this project the category of 'non-English speaking' addresses the relative disadvantage experienced by those born in non-English speaking countries who have faced some degree of dislocation by the emigration process. This relative disadvantage is experienced in a number of different ways. Research has shown that the skills of those born and educated in non-English speaking countries are typically not recognised as commensurate to the skills of Australian born and educated workers, or those trained in English speaking countries (see Iredale, 1987, O'Loughlin and Watson, 1997 and Watson, 1996). The lack of strict compatibility between international and local qualifications contributes to the dislocation experienced by many NESB workers. Similarly, workers born in non-English speaking countries may feel marginalised by Australian cultural practices and discrimination against cultural styles and characteristics (Sinclair, 1994). Lack of language skills is clearly a significant contributor to disadvantage in the labour force, and further distinguishes people from non-English speaking backgrounds who are likely to experience a greater degree of labour force disadvantage.

This data analysis therefore, identifies a sub-set of the NESB population group from the 1996 Census of Population and Housing: workers living within NSW who were born in non-English speaking countries and who speak a language other than English at home ($n = 276,100$; 9.8 per cent of the total NSW workforce in 1996).

This population is a subset of the broader group identified in the WorkCover internal report *OHS Experience of NESB Workers in NSW* (WorkCover NSW, 1999). There, WorkCover uses the term 'NESB' to include immigrants who were born in a non-English speaking country, or who had at least one parent born overseas in a non-English speaking country. This population amounted to 24.5 per cent of the NSW workforce in 1996 (WorkCover NSW, 1999:22-3).

Following discussions with project stakeholders, two additional criteria were used to identify the ten ethnic/language groups to be targeted in the latter stages of the study. The first aim was to ensure that the project addressed as many NSW NESB workers (as defined) as possible. Thus, ethnic groups with the *largest absolute numbers* of NESB workers in NSW were targeted. The second criterion aimed to ensure the project covered a wide range of different ethnic groups to enable evaluations of different barriers to communication and information dissemination strategies.

Consideration was given to targeting groups in specific occupations or industries. However, WorkCover's main interest was in populations rather than industries. It was therefore decided to concentrate on targeting ethnic/language groups as the focus of the project, whilst also providing occupational and geographical profiles of those selected. (See below).

1.3 Individual birthplace groups and regional clusters

In the unpublished data obtained from the ABS 1996 Census a significant proportion of individuals were grouped under large regional clusters. For example, 'other Southern Europe' was used by the ABS to describe all those not born in Italy or Greece². For these large regional clusters data available from the Department of Immigration and Multicultural Affairs³ (DIMA, now DIMIA) (2000) was used to gain a better understanding of the specific countries of origin of NESB workers.

Three individual birthplace groups were identified by country of origin:

? China	13.5 per cent (<i>n</i> = 33 300)
? Vietnam	12.1 per cent (<i>n</i> = 29 800)
? Greece	7.4 per cent (<i>n</i> = 18 300).

For the remaining groups the ABS unit of analysis was regional, rather than country based. The groups are:

? other Southern Europe	20.3 per cent (<i>n</i> = 50 300)
? Middle East and North Africa	17.3 per cent (<i>n</i> = 42 800)
? North East Asia	12.1 per cent (<i>n</i> = 29 800)
? other South East Asia	12.1 per cent (<i>n</i> = 28 900)
? Northern, Central, South America and Caribbean, henceforth referred to as 'the Americas')	8.9 per cent (<i>n</i> = 21 900)
? other Europe and former USSR	8.4 per cent (<i>n</i> = 20 900)

See Appendix B for details on the categories referred to as 'other'.

From these major groups, additional considerations were taken into account to refine the selection. The ethnic/language group chosen from each region represented the largest group of recent immigrants as reported in the DIMA data on recent immigrants.

² The ABS Census (1996) does have data disaggregated to specific countries of origin. These data were not available for this project.

³ Department of Immigration and Multicultural Affairs (DIMA) (2000), *Settlement Database, Arrivals from 13/4/1995 to 12/4/2000*. Unpublished data.

"Improving Occupational Health and Safety Information to Immigrant Workers in NSW – Research Report", prepared by Caroline Alcorso, ACIRRT, University of Sydney.

Bosnia–Herzegovina was the largest singly identifiable ethnic group (24.7 per cent; $n = 3516$) that could be identified as being originally from the region of ‘other Southern Europe’ as classified by the ABS. In DIMA data, Korea comprised 36 per cent ($n = 2308$) of all those from the region of ‘other North East Asia’⁴ and within the region ‘other South East Asia’, 8.5 per cent ($n = 1551$) of recent immigrants were from Cambodia⁵.

From the ‘Middle East and Northern Africa’, Iraqis accounted for 34.1 per cent ($n = 6734$) of recent arrivals while Lebanese accounted for 20.7 ($n = 4090$) per cent. Both of these ethnic groups from the ‘Middle East and North Africa’ (henceforth referred to as the Middle East) were chosen as priorities for the project because, despite a common language background (Arabic), they each represented distinct ethnic/cultural groups. As such, these two groups would allow comparisons to be made into the effectiveness of language based information dissemination strategies across culturally different populations.

The final two groups were also selected primarily based on the basis of language. From the ‘former USSR and other Europe’, 78.4 per cent ($n = 1599$) of recent arrivals came from the former USSR. Of the remaining recent immigrants from this region, less than 1 per cent came from countries where Russian was not an official language (hence this group will be referred to as the former USSR). Thus, Russian-speaking workers from this region were selected. Of those identified in the ABS database as having come from the Americas, 44.8 per cent came from Spanish speaking South American countries. Therefore, South American Spanish speaking NESB workers were also a sizeable group for targeting.

Table 1 summarises details of the groups targeted in subsequent stages of the project. As noted above, the column ‘Recent Arrivals’ reflects DIMA figures on the number of persons who had emigrated from the respective countries since 1995. Not all the recent arrivals will have entered the workforce and of those that did, not all will have been identified as ‘NESB’ by the criteria used in this study. As such these data provide an indication only of the recent immigration patterns of the various ethnic groups for whom more exact data was not available.

The data on regional clusters trends discussed in following sections of the report are assumed to be indicative of NESB workers from the target groups of interest. For example, occupational trends for NESB workers from ‘other Southern Europe’ will be assumed to be indicative of NESB workers from Bosnia- Herzegovina in this and subsequent tables are assumed to be indicative of the specific ethnic/language groups of interest to this project. Clearly, this assumption is only an approximate one.

⁴ Taiwan comprised 39 per cent of recent immigrants from the region of ‘other North East Asia.’ However, as the Chinese were already included, a decision was taken to target a group that was more distinct from the Chinese.

⁵ Cambodians were chosen for targeting in preference to Malaysians (8.8 per cent of all ‘other South East Asians’) as Cambodians were considered to have relatively poor literacy skills in their own language.

“Improving Occupational Health and Safety Information to Immigrant Workers in NSW – Research Report”, prepared by Caroline Alcorso, ACIRRT, University of Sydney.

Table 1: Summary of targeted NESB ethnic/language groups

Country/ Continent of Origin	Number of Workers*	Ethnicity	Recent Arrivals[#]	Language
Other Southern Europe ¹	50 300	Bosnia- Herzegovina	3516	Bosnian
Middle East and North Africa	42 800	Iraqi Lebanese	6734 4090	Arabic
China	33 300	Chinese	11 488	Mandarin/ Cantonese
other North East Asia	29 800	Korea	2308	Korean
Vietnam	29 900	Vietnamese	5309	Vietnamese
other South East Asia	28 900	Cambodian	1551	Cambodian
Nth, Central and South America Caribbean	21 900	South American	2579	Spanish
other Europe and former USSR	20 900	Russian	2499	Russian
Greece	18 300	Greek	296	Greek
Total	276 100	Total	40 370	

Source: ABS Census 1996 unpublished data

Population: *NSW workers who speak a language other than English at home.

Source: [#] DIMA Settlement Database, (2000) *Settlement Database, Arrivals from 13/4/1995 to 12/4/2000*. Unpublished data.

1. See Appendix B for explanations of regions classified as 'other'.

The next sections profile these target groups by age, gender, occupation, and industry.

1.4 Profile of targeted NESB workers: age and sex by occupation and industry⁶

Age and sex

Targeted NESB workers have a high probability of being between the ages of 30 and 49 (58 per cent were in this age group; see Table 2). On average, targeted NESB workers were older than English speaking (ESB) workers within the NSW labour force. Some 43 per cent of ESB workers were aged over 40 compared to 49 per cent of targeted NESB workers.

Table 2 also indicates that male NESB targeted workers were slightly older than female NESB targeted workers with 51.0 per cent of male workers over the age of 39 compared to 46.4 per cent of female workers.

⁶ NB, the results in this section are based on the ABS data as reflected in the 'Number of workers' column in Table 1. Fully enumerated data based on country of origin would have produced different results.

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Table 2: Age of all men and women in targeted NESB groups (000s)

Age Group	Men		Women		Total	
	Number	%	Number	%	Number	%
15 to 24	16.4	10.2	14.0	12.1	30.4	11.0
25 to 29	15.8	9.9	13.4	11.6	29.2	10.6
30 to 39	46.2	28.9	34.9	30.1	81.1	29.4
40 to 49	44.8	28.0	34.4	29.7	79.2	28.7
50 to 59	28.5	17.8	16.0	13.8	44.5	16.1
60 to 69	7.2	4.5	2.4	2.1	9.6	3.5
70 plus	1.2	0.7	.9	0.8	2.1	0.8
Total	160.1	100	116.0	100	276.1	100

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

Table 3 gives the age of male and female targeted NESB workers by specific ethnic group. The age profiles of different ethnic groups vary significantly, reflecting a distinct shift in migration patterns. There was a strong tendency for targeted NESB workers from European backgrounds to be concentrated in the older age brackets while targeted NESB workers from Asian backgrounds tended to be concentrated in the younger age brackets.

The Vietnamese were the youngest of all targeted NESB workers with 70.9 per cent of Vietnamese men and 68.3 per cent of Vietnamese women under the age of 40. In stark contrast to this, 57.5 per cent of male and 38.5 per cent of female Greek workers were over the age of 50.

Table 3: Age of NESB male and female workers by birthplace

Age Group	Men								
	Southern Europe	Middle East	China	other North East Asia	Vietnam	other South East Asia	The Americas	Former USSR	Greece
	%	%	%	%	%	%	%	%	%
15 to 24	13.1	10.2	4.7	11.5	14.5	17.6	16.1	13.1	3.5
25 to 29	5.6	12.7	5.3	10.3	20.9	10.7	13.7	5.6	1.8
30 to 39	21.5	32.7	46.8	35.3	35.5	25.2	18.5	21.5	13.3
40 to 49	22.4	27.3	30.0	21.2	21.5	29.6	27.4	22.4	23.9
50 to 59	26.2	14.5	8.9	17.3	7.0	13.2	16.9	26.2	44.2
60 to 69	6.5	1.8	3.7	4.5	0.6	2.5	6.5	6.5	13.3
70 plus	4.7	0.7	0.5	0.0	0.0	1.3	0.8	4.7	0.0
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
Age Group	Women								
	Southern Europe	Middle East	China	other North East Asia	Vietnam	other South East Asia	The Americas	Former USSR	Greece
	%	%	%	%	%	%	%	%	%
15 to 24	10.8	18.3	2.1	15.4	16.7	13.8	18.9	10.8	7.1
25 to 29	11.8	11.8	9.1	18.2	15.9	10.8	6.3	11.8	7.1
30 to 39	18.6	33.3	48.3	28.7	35.7	28.5	25.3	18.6	12.9
40 to 49	23.5	32.0	25.9	26.6	23.8	30.8	26.3	23.5	34.3
50 to 59	26.5	3.9	11.2	10.5	7.1	13.1	20.0	26.5	31.4
60 to 69	4.9	0.0	2.8	0.0	0.8	1.5	3.2	4.9	7.1
70 plus	3.9	0.7	0.7	0.7	0.0	1.5	0.0	3.9	0.0
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

Location

The majority of targeted NESB workers (31.6 per cent) lived in the Fairfield-Liverpool/Canterbury-Bankstown areas (see Table 4). With regard to individual ethnic groups, Vietnamese workers were the most heavily concentrated in the Fairfield-Liverpool area (66.8 per cent of all Vietnamese workers lived in this area). However, over 40 per cent of NESB workers from the Americas (42.5 per cent) also resided in the Fairfield-Liverpool/Canterbury-Bankstown area as did approximately one third of Middle Eastern and Greek workers.

Despite the concentration of targeted NESB workers in the Fairfield-Liverpool/Canterbury-Bankstown area there were also other discrete target group concentrations in other metropolitan areas of Sydney. Over 30 per cent (30.6 per cent) of targeted workers from the former USSR and almost one quarter (23.0 per cent) of Greek NESB workers were living in the Inner Sydney/Eastern suburbs area. Around one in five Middle Eastern and Chinese workers lived in the inner western and central western Sydney area.

Also evident in Table 4 is the strong tendency for targeted NESB workers to settle within the Sydney metropolitan region. There was a relatively high proportion of 'other North East Asian' workers (16.4 per cent) settled in rural areas and although the groups were numerically small, there were also significant numbers of 'other South East Asian' ($n = 2400$, 8.3 per cent) and Middle Eastern ($n = 2100$, 4.9 per cent) workers in rural areas. Similarly, targeted NESB workers were unlikely to settle in major regional centres with less than 6 per cent settled in the Hunter and Illawarra districts.

Table 4: Location of targeted NESB male and female workers by birthplace

Location		other	Middle		other		other	The	Former	
		Southern Europe	East	China	North East Asia	Vietnam	South East Asia	Americas	USSR	Greece
Inner Sydney & Eastern Suburbs	<i>count</i>	7200	5200	6000	3700	3900	5400	3600	6400	4200
	<i>%</i>	14.3	12.1	18.0	12.4	13.1	18.7	16.4	30.6	23.0
St George & Sutherland	<i>count</i>	6100	3600	4800	3000	300	2400	1900	1600	2900
	<i>%</i>	12.1	8.4	14.4	10.0	1.0	8.3	8.7	7.7	15.8
Fairfield, Liverpool & Canterbury Bankstown	<i>count</i>	13 300	14 000	8300	4800	19 900	8300	9300	3000	6300
	<i>%</i>	26.4	32.7	24.9	16.1	66.8	28.7	42.5	14.4	34.4
Outer South West and Western Sydney	<i>count</i>	2300	1600	600	100	900	900	900	1000	600
	<i>%</i>	4.6	3.7	1.8	0.3	3.0	3.1	4.1	4.8	3.3
Inner and Central West Sydney	<i>count</i>	4200	8700	7600	4700	3200	3100	1700	1200	2200
	<i>%</i>	8.3	20.3	22.8	15.7	10.7	10.7	7.8	5.7	12.0
Blacktown & Baulkham Hills	<i>count</i>	4500	3700	1100	1700	600	3400	1200	1500	500
	<i>%</i>	8.9	8.6	3.3	5.7	2.0	11.8	5.5	7.2	2.7
Lower North Sydney & Northern Beaches	<i>count</i>	2600	3200	3300	6300	100	2100	2000	2500	400
	<i>%</i>	5.2	7.5	9.9	21.1	0.3	7.3	9.1	12.0	2.2
Hunter & Illawarra	<i>count</i>	9000	700	600	700	500	900	1100	1700	300
	<i>%</i>	17.9	1.6	1.8	2.4	1.7	3.1	5.0	8.1	1.6
Rural areas	<i>count</i>	1100	2100	1000	4900	400	2400	200	2000	900
	<i>%</i>	2.2	4.9	3.0	16.4	1.3	8.3	0.1	1.0	4.9
<i>Total</i>	<i>count</i>	50 300	42 800	33 300	29 900	29 800	28 900	21 900	20 900	18 300
	<i>%</i>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

Industry

Of all targeted NESB workers employed in an identifiable industry, almost half (48 per cent) worked in eight sub-divisional classifications as classified in the Australian and New Zealand Industry Codes (ANZSIC) framework. Industrial sub-divisions that employed more than 10,000 targeted NESB workers are listed in Table 5. Business Services was the largest industry employer of all male (9.6 per cent) and female (10.9 per cent) targeted NESB workers. Female targeted NESB workers were also concentrated in the Health Services industry and the Textile, Clothing, Footwear, and Leather Manufacturing industry. To a lesser extent, male targeted NESB workers were also concentrated in the Construction Trade Services industry (7.0 per cent) and the Accommodation, Cafes, and Restaurants industrial sub-division (6.8 per cent).

There was also a significant number of male targeted NESB workers in the Metal Product Manufacturing industry ($n = 6400$, 4.7 per cent) and in the Road Transport and Services to Transport industry ($n = 5100$, 3.8 per cent) while female targeted NESB workers were also employed in significant numbers in the Education industry.

Table 5: Industries in which the majority NESB groups were employed

Industry		Male	Female	Total*
Textile, Clothing, Footwear, and Leather Manufacturing	Count [#]	4000	8100	12 100
	%	3.0	8.7	5.3
Machinery and Equipment Manufacturing	Count	7300	3000	10 300
	%	5.4	3.2	4.5
Construction Trade Services	Count	9500	1400	10 900
	%	7.0	1.5	4.8
Food Retailing	Count	7300	6100	13 400
	%	5.4	6.5	5.9
Personal and Household Goods Retailing	Count	5100	6200	11 300
	%	3.8	6.6	4.9
Accommodation, Cafes and Restaurants	Count	9100	4300	13 500
	%	6.8	4.6	5.9
Business Services	Count	12 900	10 200	23 100
	%	9.6	10.9	10.1
Health Services	Count	4100	9900	14 000
	%	3.0	10.6	6.1
Selected Industry Total	Count	59300	49200	108600
	%	43.9	52.5	47.5
<i>All Industries#</i>	Count	13500	93600	228600

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

* Refers to the total number of targeted NESB workers employed in each specified industry.

[#] A total of 47500 targeted NESB workers had not stated the industry in which they worked. The percentage totals have been calculated on the 'All industries'.

"Improving Occupational Health and Safety Information to Immigrant Workers in NSW – Research Report", prepared by Caroline Alcorso, ACIRRT, University of Sydney.

Occupation

There were significant gender differences across occupations. Table 6 shows the occupations in which significant numbers of male and female targeted NESB workers were employed.

Table 6: Main occupations in which targeted NESB groups were employed

Occupation	Men	
	Count	%
Business and Information Professionals	8100	6.1
Sales and Service Managing Supervisors	8900	6.7
Mechanical and Fabrication Engineering Trades	6400	4.8
Construction Tradespersons	8900	6.7
Intermediate Machine Operators	7100	5.3
Road and Rail Transport Drivers	6300	4.7
Cleaners	7000	5.3
Other Labourers and Related Workers	6500	4.9

Occupation	Women	
	Count	%
Intermediate Clerical Workers	11800	12.7
Intermediate Service Workers	6100	6.6
Intermediate Machine Operators	6000	6.5
Elementary Sales Workers	9000	9.7
Cleaners	6600	7.1
Factory Labourers	5200	5.6

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

The National Workers' Compensation Statistics database⁷ was also interrogated to identify the highest risk groups. This analysis showed that the occupations with the highest proportion of workers' compensation claims for men were labourers and related workers (37.2 per cent), tradespersons (28.2 per cent), and plant and machine operators and drivers (19.0 per cent). A total of 54.3 per cent of all targeted NESB male workers were employed in these occupations (see Appendix C for a breakdown of all targeted NESB workers across all occupations).

The occupations showing the highest proportion of workers' compensation claims for women were labourers and related workers (32.5 per cent) and salespersons and personal service workers (23.3 per cent). A total of 38.2 per cent of all targeted NESB female workers were employed in these occupations (see Appendix C).

In the eight occupations employing the majority of targeted NESB male workers, only business and information professionals and sales and service managing supervisors could be considered relatively low risk with regard to workplace injury and disease. A total of 6.7 per cent of all targeted NESB males were employed as

⁷ National Workers' Compensation Statistics database (1997-98), unpublished data.

sales and service managing supervisors. Of the remaining large groups of targeted NESB male workers, 6.7 per cent were employed as construction tradespersons, 5.3 per cent were employed as intermediate machine operators and 5.3 per cent were employed as cleaners. Overall, 14.4 per cent were employed in the occupations of mechanical and fabrication engineering trades (4.8 per cent), road and rail transport driver (4.7 per cent), and other labourers and related workers (4.9 per cent).

Almost one third of all female targeted NESB workers were employed in high-risk occupations. Over ten per cent of all targeted NESB female workers (12.7 per cent) were employed as intermediate clerical workers, 9.7 per cent were employed as elementary sales workers and 7.1 per cent were employed as cleaners. Significant numbers of targeted NESB workers were also employed as intermediate service workers (6.6 per cent), intermediate machine operators (6.5 per cent), and factory labourers (5.6 per cent).

1.5 Profile of NSW targeted NESB workers – key ethnic groups

The following section presents the results of analyses of occupation by industry for the male and female workers in each of the 10 key targeted ethnic groups. To facilitate later stages of the project, occupations and industries in which there were concentrations of NESB workers are the focus of analyses. For men and women from each ethnic group results are presented where more than 1000 NESB workers were employed in any given occupation. Industry detail is provided where more than 300 workers are employed. The geographic location in which NESB workers are employed is also of interest to WorkCover NSW. However, more in-depth analysis has not been provided for each ethnic group as results presented in the previous section show that regardless of ethnic background, the majority of NESB workers have settled in the Fairfield-Liverpool and the Canterbury-Bankstown areas.

In the following tables the major unit of analysis is occupation and the minor unit of analysis is industry. In general, there was a greater tendency for male NESB workers to be employed across more occupational groups while women from each ethnic group tended to be concentrated into fewer occupations.

Workers from ‘other Southern Europe’

Of all ‘other Southern European’ targeted workers, 61 per cent were male and 39 per cent were female. With regard to main industry employer, almost one in every seven (15.3 per cent) ‘other Southern European’ men worked in the Construction Trade Services industry. ‘Other Southern European’ women were primarily employed in the Business Services (13.6 per cent) and Health Services (14.1 per cent) industries.

Table 7 provides a breakdown of main occupation by industry. Of all ‘other Southern European’ NESB male workers, 43.1 per cent were employed in seven occupations. The construction trades was by far the largest occupational group with over two thirds of these Construction Tradesmen (67.5 per cent) working in the Construction Trade Services industry. Machine and fabrication engineering trades was another large occupational group (7.1 per cent) for ‘other Southern European’ men with 42.1 per cent of these workers employed in Machinery and Equipment Manufacturing.

Table 7: Male targeted other Southern European workers, main occupational* groups by industry**

Occupation	Male	
	Count	%
<i>Construction Trades</i>	4000	15.0
Construction Trades Services	2700	67.5
General Construction	400	10.0
Construction undefined	400	10.0
All Other Industries#	500	12.5
<i>Mechanical & Fabrication Engineering Trades</i>	1900	7.1
Machinery and Equipment Manufacturing	800	42.1
All Other Industries#	1100	56.9
<i>Intermediate Machine Operators</i>	1500	5.6
Machinery and Equipment Manufacturing	300	20.0
All Other Industries#	1200	80.0
<i>Sales and Service Managing Supervisors</i>	1400	4.6
Food Retailing	400	28.6
Personal and Household Goods Retailing	300	21.4
Accom. Cafes, Restaurants	300	21.4
All Other Industries#	400	28.6
<i>Electrical and Electronics Trades</i>	1200	4.5
Communication Services	500	41.7
Construction Trades Services	300	25.0
All Other Industries#	400	33.3
<i>Intermediate Plant Operators</i>	1100	4.1
Metal Products Manufacturing	500	45.5
All Other Industries#	600	54.5
<i>Automotive Trades</i>	600	2.2
Motor Vehicle Retailing and Servicing	500	83.3
All Other Occupations	15190	56.9

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

* Percentages reported are of all male other Southern Europe workers. ** Percentages reported are of all workers within the specified occupation. # The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 12.5 per cent.

A total of 40.3 per cent of all 'other Southern European' women were employed in just four occupations. Cleaning was the largest occupational group for these women (14.8 per cent of all other Southern European women were employed in this

occupation) with more than half of them (53.8 per cent) employed in the Business Services industry (see Table 8). Over one in ten 'other Southern European' women were employed as intermediate clerical workers (11.9 per cent) but no more than 200 of these workers were employed in any one industry.

Table 8: Female targeted other Southern European workers, main occupational* groups by industry**

Occupation Industry	Female	
	Count	%
<i>Cleaners</i>	2600	14.8
Business Services	1400	53.8
All Other Industries#	1200	46.8
<i>Intermediate Clerical Workers</i>	2100	11.9
All Other Industries#	2100	100
<i>Intermediate Service Workers</i>	1200	6.8
Health	300	25.0
All Other Industries#	900	75.0
<i>Intermediate Machine Operators</i>	1200	6.8
Textile, Clothing, Footwear Manufacturing	600	50.0
All Other Industries#	600	50.0
All Other Occupations	10500	59.7

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all female other Southern Europe workers. ** Percentages reported are of all workers within the specified occupation.

The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 11.1 per cent.

Workers from the Middle East

Of all targeted NESB groups, female workers from the Middle East were significantly under-represented in the workforce compared to their male counterparts. Only 35.7 per cent of all NESB workers from countries in this region were women⁸. The main industry employer of both men and women from the Middle East was Food Retailing. However, only 7.9 per cent of Middle Eastern men worked in this industry compared to 13.3 per cent of all women.

Male workers from this regional area were relatively dispersed amongst numerous occupations with the eight largest occupational groups comprising 42.5 per cent of all Middle Eastern men. Sales and service managing supervisors comprised the

⁸ In 1995-6, women accounted for 43.3 per cent of all employed workers in Australia (ABS 2002, Cat. No. 6203.0).

largest single occupational group (8.2 per cent) with 43.8 per cent of the managing supervisors working in the Food Retailing industry. As with other Southern European male workers, the construction tradespersons occupation was another significant employer of Middle Eastern men with 6.2 per cent of all male workers from this region in this occupation. Over 80 per cent of these were employed in the Construction Trade Services industry. Another significant single employment group for Middle Eastern male workers was automotive tradespersons in the Motor Vehicle Retail and Service industry (see Table 9).

Table 9: Male targeted Middle Eastern workers, main occupational* groups by industry**

Occupation	Male		
	Industry	Count	%
<i>Sales and Service Managing Supervisors</i>		1600	8.2
Food Retailing		700	43.8
All Other Industries#		900	56.2
<i>Construction Tradespersons</i>		1200	6.2
Construction Trades Services		1000	83.3
All Other Industries#		200	16.7
<i>Specialist Managers</i>		1000	5.1
All Other Industries#		1000	100
<i>Automotive Tradesperson</i>		1000	5.1
Motor Vehicle Retail and Service		800	80.0
All Other Industries#		200	20.0
<i>Intermediate Clerical Workers</i>		1000	5.1
All Other Industries#		1000	100
<i>Other Trades and Related Workers</i>		900	4.6
Personal and Household Goods Retailing		300	33.3
Personal Services		300	33.3
All Other Industries#		300	33.3
<i>Business and Information Professionals</i>		800	4.1
Business Services		300	37.5
All Other Industries#		500	62.5
<i>Intermediate Plant Operators</i>		800	4.1
Other Transport and Storage		400	50.0
All Other Industries#		400	50.0
All Other Occupations		11200	57.5

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all male Middle Eastern workers. ** Percentages reported are of all workers within the specified occupation. # The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry. Note: Occupation by industry data was missing or not available for 29.1 per cent.

Table 10 shows that almost half (49 per cent) of all Middle Eastern female workers were employed in four different occupations although the dispersion across industries was quite broad. The major occupational group for these women was in elementary sales (16.4 per cent of all female workers from this regional area were employed in this occupation) with 55.6 per cent of these sales workers employed in the Food Retailing industry and 27.8 per cent employed in the Personal and

Household Goods Retailing industry. Middle Eastern women were also employed in significant numbers in intermediate clerical worker occupations. However, they were far more widely dispersed across industry with 26.7 per cent in the Finance industry, 20.0 per cent in the Road Transport and Services to Transport industry, and the remaining 53.3 per cent spread out across numerous industries with no more than 200 workers in any one industry.

Table 10: Female targeted Middle Eastern workers: main occupational* groups by industry**

Occupation	Female		
	Industry	Count	%
<i>Elementary Sales Workers</i>		1800	16.4
Food Retailing		1000	55.6
Personal and Household Goods Retailing		500	27.8
All Other Industries#		300	16.6
<i>Intermediate Clerical Workers</i>		1500	13.6
Finance		400	26.7
Road Transport and Services to Transport		300	20.0
All Other Industries#		800	53.3
<i>Intermediate Sales Workers</i>		1400	12.7
Community Services		400	28.6
Health Services		300	21.4
All Other Industries#		700	50.0
<i>Sales and Services Managing Supervisors</i>		700	6.3
Food Retailing		300	42.9
All Other Industries#		400	57.1
All Other Occupations		5600	51.0

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all Female Middle Eastern workers.

** Percentages reported are of all workers within the specified occupation.

The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 28.0 per cent.

Workers from China

Men accounted for 57.1 per cent of all targeted workers from China. For both male and female Chinese workers the largest industry employer was Accommodation, Cafes, and Restaurants with 13.8 per cent of men and 12.1 per cent of women working in this industry.

Nearly half of all targeted Chinese workers were employed in eight occupational groups. The four occupational groups sales and service managing supervisors, food tradespersons, intermediate machine operators, and road transport drivers each employed 7.2 per cent of all male Chinese workers. The largest single group of workers (a total of 5.4 per cent workers; $n = 900$) was employed as food tradespersons in Accommodation, Cafes, and Restaurants.

Table 11: Male targeted Chinese workers, main occupational* groups by industry**

Occupation	Male		
	Industry	Count	%
<i>Sales and Service Managing Supervisors</i>		1200	7.2
Accommodation, Cafes, Restaurants		600	50.0
Food Retailing		300	25.0
All Other Industries#		300	25.0
<i>Food Tradespersons</i>		1200	7.2
Accommodation, Cafes, Restaurants		900	75.0
All Other Industries#		300	25.0
<i>Intermediate Machine Operators</i>		1200	7.2
Textiles, Clothing, Footwear Manufacturing		600	50.0
All Other Industries#		600	50.0
<i>Road and Transport Drivers</i>		1200	7.2
Road Transport and Services to Transport		500	41.7
all other industries#		800	58.3
<i>Business and Information Professionals</i>		1000	6.0
Business Services		700	70.0
All Other Industries#		300	30.0
<i>Construction Tradespersons</i>		800	4.8
Construction Trade Services		300	37.5
All Other Industries#		500	62.5
<i>Other Trades and Related Workers</i>		700	4.2
Textiles, Clothing, Footwear Manufacturing		300	42.9
All Other Industries#		400	57.1
<i>Intermediate Service Workers</i>		600	3.6
Accommodation, Cafes, Restaurants		300	50.0
All Other Industries#		300	50.0
All Other Occupations		8700	52.6

Table notes

Source: ABS Census 1996 unpublished data.

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all male Chinese workers.

** Percentages reported are of all workers within the specified occupation. # The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry. Note: Occupation by industry data was missing or not available for 12.6 per cent.

The largest single group of targeted female Chinese workers were intermediate machine operators (14.6 per cent of all Chinese female workers were employed in this occupation) in the Textile, Clothing, Footwear, and Leather manufacturing industry (see Table 12). Other significant occupational groups for these women however, included intermediate clerical workers (9.7 per cent of all female Chinese workers), cleaners (7.8 per cent), and intermediate service workers (4.9 per cent).

Table 12: Female targeted Chinese workers, main occupational* groups by industry**

Occupation Industry	Female	
	Count	%
<i>Intermediate Machine Operators</i>	1500	14.6
Textiles, Clothing, Footwear Manufacturing	900	60.0
All Other Industries#	600	40.0
<i>Intermediate Clerical Workers</i>	1000	9.7
All Other Industries#	1000	100
<i>Cleaners</i>	800	7.8
Accommodation, Cafes, Restaurants	400	50.0
All Other Industries#	400	50.0
<i>Intermediate Service Workers</i>	500	4.9
Accommodation, Cafes, Restaurants	300	60.0
All Other Industries#	200	40.0
All Other Occupations	6500	63.0

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all female Chinese workers. ** Percentages reported are of all workers within the specified occupation.

The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 28.0 per cent.

Workers from 'other North East Asia'

Just over half of all targeted NESB workers from 'other North East Asia' were men (52.2 per cent). Over 30 per cent of these men were employed in two industries with 17.1 per cent employed in Business Services and 15.7 per cent employed in Accommodation, Cafes, and Restaurants. Female workers from 'other North East Asia' were primarily employed in the Personal and Household Goods Retailing industry (11.9 per cent) and the Health industry (11.1 per cent).

Of all other North East Asian male workers, 11.6 per cent were employed in business and information professionals occupations and 8.0 per cent were employed in sales and service managing supervisors occupations (see Table 13). Of those employed as

business and information professionals, 43.8 per cent were employed in the business services industry. Of those employed as sales and service managing supervisors, 72.7 per cent were employed in the Accommodation, Cafes, and Restaurants industry. However, construction was another large employer with 5.1 per cent of all men from this region employed as construction tradespersons in the construction trade services industry.

Table 13: Male targeted other North East Asian workers, main occupational* groups by industry**

Occupation Industry	Male	
	Count	per cent
<i>Business and Information Professionals</i>	1600	11.6
Business Services	700	43.8
Services to Finance and Insurance	300	18.8
All Other Industries#	600	37.4
<i>Sales and Service Managing Supervisors</i>	1100	8.0
Accommodation, Cafes, Restaurants	800	72.7
All Other Industries#	300	26.3
<i>Social Arts and Miscellaneous Professionals</i>	900	6.5
Business Services	400	44.4
Other Services	300	33.3
All Other Industries#	200	23.3
<i>Construction Tradespersons</i>	700	5.1
Construction Trade Services	700	100
<i>Health Professionals</i>	700	5.1
Health Services	500	71.4
All Other Industries#	200	28.6

Table 13: Male targeted other North East Asian workers, main occupational* groups by industry cont**

<i>Science Building and Engineering Professionals</i>	600	4.3
Business Services	300	50.0
All Other Industries#	300	50.0
<i>Mechanical & Fabrication Engineering Trades</i>	600	4.3
Metal Product Manufacturing	300	50.0
All Other Industries#	300	50.0
<i>Elementary Sales Workers</i>	500	3.6
Personal and Household Goods Retailing	300	60.0
All Other Industries#	200	40.0
<i>Food Tradespersons</i>	400	2.9
Accommodation, Cafes, Restaurants	400	100
All Other Occupations	6700	48.6

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all male other North East Asian workers. ** Percentages reported are of all workers within the specified occupation.

Note: Occupation by industry data was missing or not available for 11.5 per cent.

Table 14 shows that of all targeted female workers from ‘other North East Asia’, 15.4 per cent were employed as intermediate clerical workers working primarily in the Finance, Property Services, and Government Administration industries. However, 8.1 per cent ($n = 1000$) of all female workers from ‘other North East Asia’ were employed as elementary sales workers in the Personal and Household Goods Retailing industry and as health professionals in the Health Services industry.

Table 14: Female targeted other North East Asian workers, main occupational* groups by industry**

Occupation	Female		
	Industry	Count	per cent
<i>Intermediate Clerical Workers</i>		1900	15.4
Finance		400	21.1
Property Services		300	15.8
Government Administration		300	15.8
All Other Industries#		900	47.3
<i>Elementary Sales Workers</i>		1400	11.4
Personal and Household Goods Retailing		1000	71.4
All Other Industries#		400	28.6
<i>Health Professionals</i>		1300	10.6
Health Services		1000	76.9
All Other Industries#		300	23.1
<i>Intermediate Service Workers</i>		1200	9.8
Road Transport and Services to Transport		500	41.7
Accommodation, Cafes, Restaurants		300	25.0
All Other Industries#		400	33.3
<i>Education Professionals</i>		600	4.9
Education		400	66.7
All Other Industries#		200	33.3
<i>Intermediate Machine Operators</i>		500	4.1
Textile, Clothing, Footwear Manufacturing		400	80.0
Other Manufacturing		100	20.0
<i>Cleaners</i>		500	4.1
Business Services		300	60.0
All Other Industries#		200	40.0
<i>Sales and Services Managing Supervisors</i>		300	2.4
Personal and Household Goods Retailing		300	100
All Other Occupations		4600	37.3

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all female other North East Asian workers. ** Percentages reported are of all workers within the specified occupation.

The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 14.0 per cent.

Workers from Vietnam

Males accounted for 57.7 per cent of all workers from Vietnam. The main industry employer of this group was the Machinery and Equipment Manufacturing industry with 10.4 per cent employed in this sector. For female Vietnamese workers the largest industries were the Textile, Clothing, Footwear, and Leather Manufacturing industry and the Business Services industry (each with 14.8 per cent of the total).

Although the largest percentage of male Vietnamese workers were concentrated in the occupation of intermediate machine operators (13.1 per cent) and machine and fabrication engineering trades (7.4 per cent) Vietnamese males were widely dispersed across numerous industries with no more than 300 workers in any one industry (see Table 115). The largest single group of male Vietnamese workers (5.7 per cent; $n=700$) were elementary clerical workers in Communication Services.

Table 15: Male targeted Vietnamese workers, main occupational* groups by industry**

Occupation	Male		
	Industry	Count	per cent
<i>Intermediate Machine Operators</i>		1600	13.1
Metal Product Manufacturing		300	18.8
All Other Industries#		1300	71.2
<i>Mechanical & Fabrication Engineering Trades</i>		900	7.4
Machinery and Equipment Manufacturing		300	33.3
All Other Industries#		600	66.6
<i>Road and Rail Transport Drivers</i>		800	6.6
Road Transport and Services to Transport		300	37.5
All Other Industries#		500	62.5
<i>Elementary Clerical Workers</i>		800	6.6
Communication Services		700	87.5
All Other Industries#		100	12.5
<i>Health Professionals</i>		600	4.9
Health Services		300	50.0
All Other Industries#		300	50.0
<i>Sales and Services Managing Supervisors</i>		600	4.9
Accommodation, Cafes, Restaurants		300	50.0
All Other Industries#		300	50.0
<i>Construction Tradespersons</i>		400	3.3
Construction Trade Services		400	100
<i>Science Building and Engineering Professionals</i>		400	3.3
Machinery and Equipment Manufacturing		300	75.0
all other industries		100	25.0
<i>Generalist Managers</i>		400	3.3
Textile, Clothing, Footwear Manufacturing		300	75.0
All Other Industries#		100	25.0
All Other Occupations		5700	46.6

Table notes

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home. *Percentages reported are of all male Vietnamese workers. ** Percentages reported are of all workers within the specified occupation.

The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 29.1per cent.

A total of 10.3 per cent of all Vietnamese targeted females were employed as business and information professionals with the majority of these (62.5 per cent) working in the Business Services industry. A similar proportion was employed as intermediate clerical workers with 50.0 per cent of these workers employed in the Government Administration industry (see Table 16).

Table 16: Female targeted Vietnamese workers, main occupational* groups by industry**

Occupation	Female	
	Count	per cent
Business and Information Professionals	800	10.3
Business Services	500	62.5
All Other Industries#	300	37.5
Intermediate Clerical Workers	800	10.3
Government Administration	400	50.0
All Other Industries#	400	50.0
Intermediate Machine Operators	700	9.1
Textile, Clothing, Footwear Manufacturing	400	57.1
All Other Industries#	300	43.9
Elementary Sales Workers	600	7.7
Personal and Household Goods Retailing	300	50.0
all other industries	300	50.0
Other Trades and Related Workers	500	6.4
Textile, Clothing, Footwear Manufacturing	400	80.0
All Other Industries#	100	20.0
Elementary Clerical Workers	500	6.4
Communication Services	500	100
Education Professionals	300	3.8
Education	300	100
All Other Occupations	3600	46.0

Source: ABS Census 1996 unpublished data. Population: NSW NESB workers who speak a language other than English at home *Percentages reported are of all female Vietnamese workers.

**Percentages reported are of all workers within the specified occupation. Note: Occupation by industry data was missing or not available for 38.1 per cent. # The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Workers from 'other South East Asia'

Of all targeted workers from 'other South East Asia', 55 per cent were men and 45 per cent were women. For male 'other South East Asian' workers the largest industry employer was Business Services (14.1 per cent of workers). Business Services industry was also a large employer of female 'other South East Asian' workers but the majority of the women (15 per cent) were employed in Health Services.

Almost one in seven male targeted workers from 'other South East Asia' (15.3 per cent) were employed as business and information professionals with half of these workers employed in the Business Services industry (see Table 17). Significant numbers of male workers from 'other South East Asia' were also employed as intermediate machine operators but these workers were employed across numerous

industries with no more than 200 workers in any one industry. However, 6.8 per cent of all male workers from ‘other South East Asia’ were employed as health professionals in the Health Services industry.

Table 17: Male targeted other South East Asian workers, main occupational* groups by industry**

Occupation	Male	
	Count	%
Industry		
<i>Business and Information Professionals</i>	2000	15.3
Business Services	1000	50.0
All Other Industries#	1000	50.0
<i>Intermediate Machine Operators</i>	1000	7.5
All Other Industries#	1000	100
<i>Health Professionals</i>	900	6.8
Health Services	900	100
<i>Sales and Services Managing Supervisors</i>	700	5.3
Accommodation, Cafes, Restaurants	300	42.9
All Other Industries#	400	57.1
<i>Intermediate Plant Operators</i>	500	3.8
Basic Material Wholesale	300	60.0
Metal Product Manufacturing	200	40.0
All Other Occupations	8200	61.3

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all male other South East Asian workers. ** Percentages reported are of all workers within the specified occupation. # The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 16.4 per cent.

A total of 13.2 per cent of all female workers from ‘other South East Asia’ were employed as health professionals in the Health Services industry. Elementary sales was another large occupational group for these women (9.4 per cent) with 40 per cent of these sales workers employed in the Personal and Household Goods Retailing industry. Another large group of these women was employed as intermediate machine operators (8.5 per cent) with 77.8 per cent of these workers employed in the Textile, Clothing, Footwear, and Leather Manufacturing industry (see Table 18).

Table 18: Female targeted other South East Asian workers, main occupational* groups by industry**

Occupation	Female		
	Industry	Count	%
<i>Health Professionals</i>		1400	13.2
Health Services		1400	100
<i>Elementary Sales Workers</i>		1000	9.4
Personal and Household Goods Retailing		400	40.0
Food Retailing		300	30.0
All Other Industries#		300	30.0
<i>Intermediate Machine Operators</i>		900	8.5
Textile, Clothing, Footwear Manufacturing		700	77.8
All Other Industries#		200	22.2
<i>Sales and Service Managing Supervisors</i>		800	7.5
Accommodation, Cafes, Restaurants		300	37.5
All Other Industries#		500	62.5
<i>Factory Labourers</i>		800	7.5
Machinery and Equipment Manufacturing		400	50.0
All Other Industries#		400	50.0
<i>Secretaries, Personal Assistants</i>		400	3.8
Business Services		400	100
<i>Education Professionals</i>		300	2.8
Education		300	100
All Other Occupations		5000	47.3

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all female other South East Asian workers. ** Percentages reported are of all workers within the specified occupation.

The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 18.5 per cent.

Workers from the Americas

A total of 56.6 per cent of all targeted NESB workers from the Americas were men. As with the targeted Asian groups, the main industry employer of men from the Americas was Business Services (16.7 per cent of these workers were employed in this industry). Business Services was also a large industry employer for women from the Americas with 13.8 per cent employed in this industry. However, Health Services was another significant industry employer for these women (11.3 per cent).

With regard to occupation, male workers from the Americas were primarily employed as cleaners (13 per cent of the total). Not surprisingly, over 70 per cent of these cleaners were employed in the Business Services industry (see Table 19). Mechanical and fabrication engineering trades was another relatively large occupational group for male workers from the Americas particularly in the Metal Product Manufacturing industry.

Table 19: Male targeted workers from the Americas, main occupational* groups by industry**

Occupation	Male		
	Industry	Count	per cent
<i>Cleaners</i>		1400	13.0
Business Services		1000	71.4
All Other Industries#		400	28.6
<i>Mechanical & Fabrication Engineering Trades</i>		900	8.3
Metal Product Manufacturing		400	44.4
All Other Industries#		500	55.6
<i>Sales and Service Managers and Supervisors</i>		600	5.6
All Other Industries#		600	100
<i>Other Labourers and Related Workers</i>		600	5.6
Food Retailing		300	50.0
All Other Industries#		300	50.0
<i>Automotive Tradespersons</i>		500	4.6
Motor Vehicle Retailing and Service		400	80.0
Metal Product Manufacturing		100	20.0
<i>Construction Tradespersons</i>		300	2.8
Construction Trade Services		300	100
All Other Occupations		6500	60.1

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home. *Percentages reported are of all male workers from the Americas. ** Percentages reported are of all workers within the specified occupation. # The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 12.9 per cent.

Although intermediate clerical workers was one of the largest occupational group for all NESB female workers from the Americas (accounting for 20 per cent of all NESB female workers from the Americas) these women were widely dispersed amongst numerous industries (see Table 20). The same number of women from the Americas was employed as cleaners (20 per cent) with 43.8 per cent of these workers employed in the Business Services industry.

Table 20: Female targeted workers from the Americas, main occupational* groups by industry**

Occupation	Female		
	Industry	Count	per cent
<i>Intermediate Clerical Workers</i>		1600	20.0
Government Administration		300	18.0
All Other Industries#		1300	72.0
<i>Cleaners</i>		1600	20.0
Business Services		700	43.8
All Other Industries#		900	56.2
<i>Intermediate Service Workers</i>		700	8.8
Community Services		300	42.9
All Other Industries#		400	57.1
<i>Elementary Sales Workers</i>		700	8.8
Personal and Household Goods Retailing		500	71.4
All Other Industries#		200	28.6
All Other Occupations		3400	42.4

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all female workers from the Americas.

** Percentages reported are of all workers within the specified occupation.

The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 15.8 per cent.

Workers from the Former USSR

There were very similar numbers of male (51.2 per cent) and female (48.8 per cent) NESB workers from the 'former USSR'. Male NESB workers from the former USSR were more likely to be employed in the Business Services industry than any other industry but only 9.4 per cent were employed in this industry. NESB women from the former USSR were most likely to be employed in Health Services (15.7 per cent of the total).

As shown in Table 21, there were only two occupations in which male NESB workers from the former USSR were employed in significant numbers. One in seven (13.8 per cent) were employed as business and information professionals with 38.5 per cent of these workers employed in the Business Services industry whilst one in fourteen (7.4 per cent) were employed as construction tradespersons. A total of 71.4 per cent worked in the Construction Trades Services industry.

Table 21: Male targeted Former USSR workers, main occupational* groups by industry**

Occupation Industry	Male	
	Count	%
<i>Business and Information Professionals</i>	1300	13.8
Business Services	500	38.5
All Other Industries#	800	61.5
<i>Construction Tradespersons</i>	700	7.4
Construction Trades Services	500	71.4
All Other Industries#	200	28.6
All Other Occupations	7400	78.8

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all male workers from the Former USSR.

** Percentages reported are of all workers within the specified occupation.

The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 12.1 per cent.

Over one third of all female workers from the former USSR worked in just three occupations. A total of 15 per cent of these women were employed as intermediate clerical workers. However, the Health Services industry was the only industry in which there were significant numbers of these clerical workers (see Table 22). The second largest occupational group for women from the former USSR was elementary sales workers (12.5 per cent) with the majority of these workers employed in the Personal and Household Goods Retailing industry. The largest single occupational group within one industry for these women was that of health professionals in the Health Services industry (8.9 per cent).

Table 22: Female targeted Former USSR workers, main occupational* groups by industry**

Occupation Industry	Female	
	Count	%
<i>Intermediate Clerical Workers</i>	1200	15.0
Health Services	300	25.0
All Other Industries #	900	75.0
<i>Elementary Sales Workers</i>	1000	12.5
Personal and Household Goods Retailing	500	50.0
Food Retailing	300	30.0
All Other Industries#	200	20.0
<i>Health Professionals</i>	700	8.9
Health Services	700	100
All Other Occupations	5100	63.6

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all female workers from the former USSR. ** Percentages reported are of all workers within the specified occupation.

The majority of workers in these occupations were employed across numerous industries with no more than 200 workers employed in any one industry.

Note: Occupation by industry data was missing or not available for 21.6 per cent.

Workers from Greece

Almost two thirds of all targeted workers from Greece were men (61.7 per cent). The main industry employer for targeted Greek men was the Food Retailing industry (10.9 per cent were employed in this industry). Food Retailing was also a big employer for Greek women (12.9 per cent) but more Greek women (14.5 per cent) were employed in the Textile, Clothing, Footwear, and Leather Manufacturing industry.

With regard to occupational groups, Greek men were most likely to be employed as sales and service managing supervisors with one in six workers employed in this occupation. The majority of these managing supervisors worked in the Food Retailing Industry (60 per cent) with another third (33.3 per cent) working in the Accommodation, Cafes, and Restaurants industry. However, a total of 8.2 per cent of all male Greek workers were employed as construction tradespersons in the Construction Trade Services industry (see Table 23).

Table 23: Male targeted Greek workers, main occupational* groups by industry**

Occupation	Male	
	Count	%
Industry		
<i>Sales and Services Managing Supervisors</i>	1500	15.5
Food Retailing	900	60.0
Accommodation, Cafes, Restaurants	500	33.3
Personal and Household Goods Retailing	100	6.7
<i>Construction Tradespersons</i>	800	8.2
Construction Trades Services	800	100
<i>Road and Rail Transport Drivers</i>	600	6.2
Road Transport and Services to Transport	300	50.0
All Other Industries#	300	50.0
<i>Automotive Tradespersons</i>	400	4.1
Motor Vehicle Retail and Servicing	400	100
All Other Occupations	6400	66.0

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all male Greek workers.

** Percentages reported are of all workers within the specified occupation.

Note: Occupation by industry data was missing or not available for 14.2 per cent.

Over a third (39.5 per cent) of all female Greek workers were employed as elementary sales workers, intermediate machine operators, or sales and service managing supervisors. Although most of the women in these occupations were employed across numerous industries there was a significant concentration of intermediate machine operators within the Textile, Clothing, Footwear, and Leather Manufacturing industry (8.2 per cent; $n = 500$).

Table 24: Female Greek workers, main occupational* groups by industry**

Occupation	Female	
	Count	%
Industry		
<i>Elementary Sales Workers</i>	1000	16.4
Food Retailing	300	30.0
Personal and Household Goods Retailing	300	30.0
All Other Industries#	400	40.0
<i>Intermediate Machine Operators</i>	700	11.5
Textile, Clothing, Footwear Manufacturing	500	71.4
Petroleum, Coal, Chemical Manufacturing	200	28.6
<i>Sales and Service Managing Supervisors</i>	700	11.5
Food Retailing	400	57.0
All Other Industries#	300	43.0
All Other Occupations	3700	60.6

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

*Percentages reported are of all female Greek workers. ** Percentages reported are of all workers within the specified occupation. # The majority of workers in these occupations were employed across

numerous industries with no more than 200 workers employed in any one industry. Note: Occupation by industry data was missing or not available for 12.9 per cent.

1.6 Main occupation by location

As discussed above, the majority of targeted NESB workers lived in the Fairfield-Liverpool and Canterbury-Bankstown areas. To ensure that relevant OHS information is disseminated to appropriate areas of Sydney however, it is of interest to examine the areas in which specific NESB occupational groups reside. Tables 25 and 26 show where the largest occupational groups (as listed in Table 6) of NESB male and female workers live.

Male NESB Workers

Table 25 shows the residential location of male NESB targeted workers by the main occupational groups in which they were employed. Although the majority of NESB workers lived in the Fairfield-Liverpool and Canterbury-Bankstown areas, male white-collar NESB workers were under-represented in this area. Only 16 per cent of all male targeted NESB business and information technology professionals and only 18 per cent of all male targeted NESB sales and service managing supervisors lived in this area. NESB male workers in these white-collar occupations were far more widely dispersed across the Sydney metropolitan region than were those employed in other occupations. Also somewhat widely dispersed compared to the majority of male NESB workers were those employed as ‘cleaners’ and as ‘other labourers and related workers’. Of all ‘other labourers and related workers’, one in five (20 per cent) lived outside the Sydney metropolitan region.

In contrast around half of all male NESB male workers employed as mechanical and fabrication engineering tradespersons (45.3 per cent) and as intermediate machine operators (53.5 per cent) were living in the Fairfield-Liverpool and Canterbury-Bankstown areas. Of the remaining dominant occupations for male NESB workers over one third of all construction trades workers (37.1 per cent), road and rail transport drivers (34.9 per cent) and cleaners (34.3 per cent) lived in the Fairfield-Liverpool and Canterbury-Bankstown areas. Among construction trades workers (23.6 per cent), there was also a significant proportion living in the Inner and Central Western Sydney area. Road and rail transport drivers were also concentrated in the Inner and Central Western area of Sydney (19 per cent) but were slightly more likely to be living in the Inner Sydney and Eastern Suburbs area (20.6 per cent).

Female NESB Workers

Of the six main occupational groups in which female NESB workers were employed, intermediate machine operators were far more likely to live in the Fairfield-Liverpool and Canterbury-Bankstown areas (see Table 26). However, amongst the other main occupations there was some dispersion with regard to proportion of workers living in other areas of Sydney. Around one in five of all female NESB cleaners (21.2 per cent), intermediate service workers (21.3 per cent), and Intermediate clerical workers (19.5 per cent) lived in the Inner Sydney and Eastern Suburbs area. There was also a significant concentration of female NESB factory labourers living in the Inner and Central Western Sydney area.

Table 25: Main occupation for targeted NESB male workers by residential location

Location		Business and IT Professionals	Sales and Service Managing Supervisors	Mechanical & Fabricated Engineering Trades	Construction Trades	Intermediate Machine Operators	Road and Rail Transport Drivers	Cleaners	Other Labourers and Related Workers	Total
		count	count	count	count	count	count	count	count	count
Inner Sydney & Eastern Suburbs	%	1500 18.5	1800 20.2	200 3.1	400 4.5	500 7.0	1300 20.6	1000 14.3	1400 21.5	8100 13.7
St George & Sutherland	%	1400 17.3	1100 12.4	600 9.4	600 6.7	800 11.3	800 12.7	500 7.1	400 6.2	6200 10.5
Fairfield, Liverpool & Canterbury Bankstown	%	1300 16.0	1600 18.0	2900 45.3	3300 37.1	3800 53.5	2200 34.9	2400 34.3	1300 20.0	18800 31.8
Outer South West and Western Sydney	%	100 1.2	400 4.5	400 6.3	500 5.6	200 2.8	<i>nil</i>	200 2.9	300 4.6	2100 3.5
Inner and Central West Sydney	%	500 6.2	1200 13.5	600 9.4	2100 23.6	300 4.2	1200 19.0	1100 15.7	800 12.3	7800 13.2
Blacktown & Baulkham Hills	%	900 11.1	800 9.0	200 3.1	400 4.5	600 8.5	200 3.2	400 5.7	400 6.2	3900 6.6
Lower North Shore and Northern Beaches	%	1300 16.0	700 7.9	600 9.4	700 7.9	400 5.6	400 6.3	600 8.6	600 9.2	5300 9.0
Elsewhere	%	1100 13.6	1300 14.6	900 14.1	900 10.1	500 7.0	200 3.2	800 11.4	1300 20.0	7000 11.8
Total	%	8100 100	8900 100	6400 100	8900 100	7100 100	6300 100	7000 100	6500 100	59200 100

Source: ABS Census 1996 unpublished data

Population: Population: NSW NESB workers who speak a language other than English at home.

Table 26: Main occupation for targeted NESB female workers by residential location

Location		Intermediate	Intermediate	Intermediate	Elementary Sales		Factory	Total
		Clerical Workers	Service Workers	Machine Operators	Workers	Cleaners	Labourers	
Inner Sydney & Eastern Suburbs	<i>count</i>	2300	1300	900	1000	1400	700	7600
	<i>%</i>	19.5	21.3	15.0	11.1	21.2	13.5	17.0
St George & Sutherland	<i>count</i>	1500	600	600	1500	700	800	5700
	<i>%</i>	12.7	9.8	10.0	16.7	10.6	15.4	12.8
Fairfield, Liverpool & Canterbury Bankstown	<i>count</i>	3700	1500	2600	2200	2200	2000	14200
	<i>%</i>	31.4	24.6	43.3	24.4	33.3	38.5	31.8
Outer South West and Western Sydney	<i>count</i>	<i>nil</i>	<i>nil</i>	200	600	100	300	1200
	<i>%</i>	<i>nil</i>	<i>nil</i>	3.3	6.7	1.5	5.8	2.7
Inner & Central West Sydney	<i>count</i>	1500	400	700	1100	600	1000	5300
	<i>%</i>	12.7	6.6	11.7	12.2	9.1	19.2	11.9
Blacktown & Baulkham Hills	<i>count</i>	1000	800	500	600	100	200	3200
	<i>%</i>	8.5	13.1	8.3	6.7	1.5	3.8	7.2
Lower North Shore and Northern Beaches	<i>count</i>	700	1000	300	900	500	Nil	3400
	<i>%</i>	5.9	16.4	5.0	10.0	7.6		7.6
Elsewhere	<i>count</i>	1100	500	200	1100	1000	200	4100
	<i>%</i>	9.3	8.2	3.3	12.2	15.2	3.8	9.2
Total	<i>count</i>	11800	6100	6000	9000	6600	5200	44700
	<i>%</i>	100	100	100	100	100	100	100

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

1.7 Conclusions from data analysis

This chapter provides a statistical demographic profile of the industry, occupation and geographic location of ten key NESB ethnic/language groups in NSW. The groups were identified as possible priority groups for future WorkCover strategies, although there are clearly other workers from a range of diverse backgrounds who could also benefit from multicultural strategies. They are:

Bosnia-Herzegovinians	Chinese (Cantonese and Mandarin speakers)
Russians	Cambodians
Vietnamese	Spanish-speaking South Americans
Koreans	Iraqis
Greeks	
Lebanese	

For the purposes of this project, analysis was based on those workers who are immigrants from non-English speaking countries and who speak a language other than English at home. This group was chosen because these are the workers most likely to benefit from access and equity strategies when it comes to OHS information and education. Selection was also based on the relative size of the NESB workforce, including recent arrivals, in each group.

The chapter then describes main industries and occupations in which the targeted NESB workers are employed. Targeted NESB workers were concentrated in eight industrial sub-divisions (listed in order of importance): business services; health services; accommodation, cafes and restaurants; textile, clothing, footwear, and leather manufacturing; personal and household goods retailing; construction trade services; and machinery and equipment manufacturing.

Targeted NESB men were primarily employed as business and information professionals; sales and service managing supervisors; and construction tradespersons. There were smaller concentrations amongst machine operators, road and rail drivers, cleaners, labourers and engineering tradespeople. Targeted NESB women were primarily employed as intermediate clerical workers; elementary sales workers; and cleaners. There were smaller concentrations amongst machine operators, intermediate service workers and factory labourers. Residential clustering was pronounced, with targeted groups living predominantly within the Sydney Metropolitan area and specifically within the Fairfield-Liverpool and Canterbury-Bankstown areas.

Data on occupations with the highest rates of accident, injury and disease from the National Workers' Compensation Statistics database (1997-98) suggest that targeted NESB men and, to a lesser extent, women, are concentrated in high-risk occupations. Overall, over half of the targeted male workers were employed in occupations that are high-risk industries in terms of their injury records. One-third of female NESB workers are employed in such industries.

This paper also highlights a distinct shift in migration patterns amongst targeted NESB workers with Asian workers likely to be much younger than English speaking

background and European workers. This can affect the nature of the occupational health concerns of most relevance to the group. For example, with regard to occupational disease or hearing loss, older NESB workers may require more detailed information on workers' compensation rights while younger workers may benefit more by detailed information on preventative measures.

This chapter also outlines certain demographic patterns amongst the groups with information on sex, age, occupation, industry, and residential location. For each individual birthplace group or regional cluster a range of specific industry/occupational patterns are evident for each sex. For example, nearly 16 per cent of Chinese-born workers who speak a language other than English at home are machine operators, whilst amongst Spanish speaking Latin American women far more important occupations are that of cleaner (20 per cent of the total) and clerical workers (20 per cent). The majority of all targeted groups live in the Fairfield/Liverpool and Canterbury-Bankstown areas. Detailed residential profiles are given by occupation.

Such patterns facilitate the implementation of a strategically targeted approach to multicultural OHS information and education by WorkCover in the future.

1.8 Ethnic community interviews

Key informants in community peak bodies, and local community groups representing each of the ten ethnic groups of interest were interviewed to gain an understanding of the community information providers and processes for each ethnic group. It should be noted that most of the organisations spoken to represented several groups from different national or sometimes language backgrounds (for example, the Greek Welfare Centre considered themselves representatives for peoples from Cyprus, Egypt, Albania, Romania and Turkey as well as Greece). Qualitative interviews were also undertaken with government officials and practitioners experienced in the development of information campaigns and dissemination strategies.

The DIMA Community Settlement Services (CSS) Scheme Community Award List was used to identify possible contacts and interviews were conducted with those key informants who were available to participate in the project. A list of the organisations contacted is provided in Appendix A. To ensure confidentiality, the names of interviewees have been withheld.

1.9 General findings

There were a number of common characteristics across the community groups. Not surprisingly, settlement needs, particularly related to housing and immigration emerged as a special issue that the majority of the community groups were required to address for each ethnic group. Other common needs of ethnic groups included aged care and language services.

Experience in addressing occupational health and safety or workers' compensation was conspicuously absent from all of the organisations interviewed. One significant exception was Asian Women at Work which assists Chinese and Vietnamese-background women in understanding their industrial rights. On occasion their work

included issues such as workers compensation and hours of work. OH&S information was not mentioned by any of those interviewed (including Asian Women at Work) as being the kind of information *typically* provided by community groups. This suggests that community groups tend not to be a key source of OH&S information for NESB workers. Furthermore, many organisations stressed that they had relatively little contact with workers compared to the more significant contact they had with unemployed, retired members of the community, and others not engaged in paid employment.

The issue of whether community groups *could* be an effective intermediary for disseminating OH&S information was explored further during later stages of the project. The quote below from one of the interviews indicates the potential advantages of community-based organisations as a source of information and assistance around OHS and other industrial issues. As well as being a non-threatening and familiar body that can appear somewhat ‘neutral’, community organisations have the capacity to take on several issues experienced by one person in a holistic manner.

From interview with the Coordinator, Vietnamese Community in Australia, south-western Sydney

About two years ago, some workers came to us to ask for help about some problems at their workplace. In this area, we tend to work with factory workers, and workers in clothing manufacturers – it is not your everyday white-collar job. This worker was threatened with redundancy and there had been some safety problems at that work site. He didn't know where to turn. The boss was antagonistic and did not want to discuss the issues with unions. WorkCover's presence irritates the boss too.

The worker came to us for help. We got full access to the work site, and we were able to talk through some of the issues with the boss because they were not threatened by us. They saw us as a community and welfare organisation – there to help - not something threatening. But I believe that worker would not have come to us for the safety issue alone, it was because he felt his job was at risk. The redundancy threat scared him into action.

This issue is addressed in Chapters Four and Five, which report on community-based organisations that have been highly effective in undertaking OHS information and educational work amongst isolated NESB workers.

Interviews were also used to explore the types of information sources used by the ten ethnic community groups and the information communication networks that currently exist within these groups.

Again, there were common modes of communication used within each of the ten ethnic groups. All ethnic groups utilised ethnic media in the form of language-based newspapers and/or radio to communicate information relevant to community members. However, the community groups themselves were obviously the first point of contact for individuals within the communities with community group leaders being key sources of information.

Table 27 provides a list of the information sources and networks used by various ethnic community groups. As can be seen some ethnic groups appear to utilise different forms of communication and information dissemination more than others. For example, cable television was cited as a method of communication for the Greek, Spanish and Lebanese communities, information stalls at cultural festivals were popular for the Spanish, Vietnamese, Chinese, Khmer, Lebanese and Iraqi communities, while seminars were used in the Russian and Korean communities.

Table 27: Information networks and sources of various ethnic community groups

Community Group	Information network and sources
Greek	Professional associations – doctors, solicitors, MRCs, libraries, community health centres, bilingual health teams, parishes, SBS radio, community radio, cable radio, cable TV, Greek associations, parishes
Russian	Russian Club, church/bishop, schools, SBS Russian Radio, two newspapers, Word of mouth, MRCs, RECC Internet, seminars
Spanish	Word of mouth, MRC, SBS, community radio, four newspapers, cable TV, sports and social clubs, church, community leaders, Independence Day information stalls.
Vietnamese	Welfare workers, Chinese New Year festival information stall, Vietnamese Catholic and Vietnamese Buddhist newsletters, radio
Chinese	Newspapers, radio, Australian Chinese Community Association (ACCA), Chinese New Year information stalls, libraries
Lebanese	Religious leaders, local radio, cable TV, schools, shopping centres, information stalls
Iraqi	Word of mouth, radio, information stalls, mosques
Korean	Word of mouth, newspapers, seminars, link with the CFMEU
Bosnian	Mosques, clubs, paper, radio, community leaders, newsletters.
Cambodian	SBS radio, word of mouth, community workers, Khmer New Year – information stalls.

Source: Interviews conducted with community organisation representatives

The extent to which strategies were evaluated was mixed with a number of community groups citing the difficulties associated with assessing the reliability and effectiveness of different methods. Formal evaluations are expensive and rare. A survey conducted at the end of an information seminar may indicate that participants found the seminar helpful or informative. However, this does not measure whether or not any action is taken on the information provided. To measure the success of the latter, formal quantitative analysis of outcomes, such as changes in behaviour, is needed – something usually beyond the resources of a community organisation.

Chapter Two: What the workers said

2.1 Introduction

This chapter summarises the findings of the qualitative research conducted with immigrant workers. The aim was to discover the views and experiences of immigrant workers from the identified ethnic and language backgrounds in relation to information and education about occupational health and safety.

The research method and respondent characteristics

Open-ended interviews and/or focus groups were conducted with 82 immigrant workers from 25 different occupations and 10 ethnic/linguistic groups as follows:

Korean	Spanish-speaking Latin Americans
Vietnamese	Russian
Cantonese/Mandarin-speaking Chinese	Cambodian
Bosnian/Herzegovinian	Iraqi
Lebanese	Assyrian ⁹

Forty-five women and 37 men were included in the sample. Recency of arrival varied, with the majority having lived in Australia less than ten years. Some, however, had lived in Australia for 20 years or more. Respondents were selected partly on the basis of having low English proficiency, with the main exception being the Russian respondents, several of whom spoke English relatively fluently.

In addition to the 82, a focus group was held with a large group of unemployed Chinese-background women attending a beginner English class. Most workers were interviewed individually, while focus groups were used in the Korean community and with Spanish and Arabic speaking women. Interviews and discussions mainly took place during the latter half of 2001. The details are at Appendix D.

The vast majority of interviews and discussions were conducted in languages other than English. Interpreters and bilingual research assistants were used to assist with this phase of the research. They either conducted interviews themselves, in the worker's first language, or interpreted for the principal researcher, or co-facilitated focus group discussions. Members of the core ACIRRT research team conducted around 60 per cent of the interviews/groups.

Interviewees were located in a number of ways, mainly using personal networks and contacts of the bilingual research team. In addition, some were clients of the Workers Health Centre or were identified by community workers and the Principal Researcher. The Korean Resource Centre, Immigrant Women's Health Centre, Immigrant

⁹ Several Assyrian women participated in a series of small focus groups held at a community centre. Some, but not all of these were from Iraq, one of the target groups for the project. Unfortunately was not possible to interview Greek-speaking workers, one of the target groups identified in Chapter One, in the time-frame.

Women's Speakout Association and Asian Women at Work assisted the project by approaching suitable clients and by allowing the researchers to access existing groups.

The occupational and industrial backgrounds of respondents

As noted above, the aim was to target respondents with relatively low English language proficiency. Similarly, people working in manual or blue-collar jobs were targeted as they are more likely to be aware of OHS issues, and also to be more at risk from OHS injuries and diseases.

Otherwise, diversity in the sample was sought and achieved, in that workers from a variety of workplaces were interviewed, including building sites, commercial buildings, nursing homes, a farm, factories, restaurants, a student college, warehouses, schools, a waste depot, printing shops and retail establishments. Occupations included cleaners, storespeople, a butcher, labourers, tradespeople, machine operators, security guards, drivers, kitchen hands, domestic service staff and waiters. (The full list is at Appendix D). The occupations identified in Chapter One as being of most importance numerically to NSW NESB workers who speak another language at home were strongly represented in the interviews.

Interviews took between 30 minutes and 1 hour and, in accordance with respondents' preferences, were usually conducted in people's homes. Focus group discussions were held in community locations.

The main topics raised during interviews and discussions were:

- ? What the main OHS issues were at the worker's place of work
- ? The ways workers currently receive information about occupational health and safety
- ? The effectiveness or otherwise of these methods and the usefulness of the information received
- ? How workers would find out more information about OH&S if they wanted it
- ? Suggestions for preferred means of obtaining information about occupational health and safety, both at the workplace and outside it.

2.2 The main ways of receiving information about OH&S at work

The vast majority of people reported receiving only verbal information from their employers about OHS at work, while approximately half of those interviewed could not recall receiving any information at all.

Among those who received verbal information, this was typically at the point of starting the job, during what can be loosely described as an induction. In most cases, this was on the job; workers were given instructions relating to safe working practices and in some cases accident procedures, emergency drills and first aid in the course of being shown how to do the job itself.

Typically workers were given rudimentary instructions on topics such as:

- ? Being careful
- ? Wearing personal protective equipment
- ? Safe working practices (eg use of machinery, cleaning up spills, ladder safety)
- ? Accident reporting procedures
- ? First aid and emergency drills.

Exceptions, that is workers who had received more extensive information at the workplace, were:

- ? *Workers in extremely high risk industries:* for example, a construction worker who reported having seen a video on OHS, a forklift driver who reported regular ‘toolbox talks’ and a butcher/meat packer who reported being given an information session on OHS prior to starting work
- ? *Workers employed in (or contracted to) large companies with a well-developed human resources functions and (often) significant union presence:* examples here included a cleaner who attended a course on chemicals run by the owner of the building he cleaned for (a large Catholic school); a kitchen hand given printed information by the company letting the contract (a university) and a process worker who attended off-the-job training at the instigation of an active union delegate. Other workers for large firms had been given induction handbooks on starting work.

Some workers interviewed expressed the view that employers from their own ethnic group provide often failed to give information on issues like OHS and were less likely than other employers to follow regulations generally. This was especially common among the Chinese respondents, including those working for relatively large employers such as large-scale Chinese restaurants.

However, people working for employers from a range of ethnic backgrounds - some one-third of workers - saw the climate at work as a significant factor inhibiting effective communication on OHS. Comments included:

My boss never mentioned health and safety. He becomes very sarcastic when you complain that something is too heavy for you, or that you are cold or hot, or that your feet hurt (Bosnian woman, shop assistant in small grocery market)

I was told to keep my head down and not complain (Spanish-speaking female process worker from Latin America)

The attitudes of bosses I have had varies. Some bosses don’t care at all about workers – even in large companies [names one]. They won’t even give dust masks – people have to use pieces of fabric (male Chinese cutter, clothing factory).

Sources of information

Almost without exception, workers who reported being given OHS information at work said that they received it from their employers or supervisors (depending on the size of the workplace). As noted above, this usually occurred on-the-job and briefly,

in the context of being shown how to do the job. In the case of the building industry the induction training was significant in length (1 day or 1 ½ days) and was followed by a test and certification.

A small minority of workers reported subsequent meetings where OHS was discussed, and approximately one-eighth reported subsequent training. The likelihood of accessing such strategies appeared to be highly occupationally dependent – linked to employment in larger organisations, which were also more likely to be male dominated and unionised.

Thus examples of workers who had attended training (subsequent to induction) that covered OHS are:

- ? A Russian-speaking fitter and turner working in a medium-sized industrial equipment factory
- ? A Russian-speaking tea-lady employed in a large hospital
- ? A Khmer-speaking forklift driver employed in large municipal recycling depot
- ? A Chinese-speaking cleaner employed by large contract cleaning firm
- ? A Chinese-speaking process worker in a unionised firm
- ? A Spanish-speaking cleaner who had attended a course on chemicals run by the owner of the building cleaned.

In a handful of cases, workers had pursued information on their own account – for example, using books brought from their country of origin, or by attending a union training course. Other workers reported learning about OHS while studying vocational courses or English at TAFE; in particular, tradespeople such as the hairdresser. One worker said that he had attended an OHS course at TAFE on his own account.

It is clear that employers rely to some extent on the cumulative knowledge workers pick up through their employment careers. For immigrants, there is often discontinuity between the jobs in which they were employed prior to migration and the often lower-status employment they undertake in Australia. However, in some cases where there was a direct connection between overseas and local employment (for example with the Korean, Lebanese and Iraqi construction workers) respondents said that they applied in Australia OHS knowledge they had gained overseas.

Eight workers could recall meetings or committees at the workplace that dealt with occupational health and safety issues. These were likely to be general workplace meetings or toolbox talks; very few workers referred to, participated in or could recall information coming from an OHS Committee.

Unions also emerged as an unlikely source of information provision on OHS, as hardly any workers could recall being provided such information by their unions. This was mainly because of the absence of unions at many workplaces, with the exceptions

being construction firms and larger manufacturing companies. Where they had a presence, a few workers commented on the valuable role they played, saying that they trusted more or felt more comfortable in accessing OHS information from union reps compared to the management. One Bosnian-speaking plasterboard fixer commented:

All workers got information about OHS first from their boss and after that from the union representative. I think that the boss is worried about OHS because of union. People from union come every month to check all cables and if they are OK they put (on every single cable) a sticker that everything is OK, if they found some faulty cable – they straightaway cut it. Every week somebody come to check working place generally (tidiness, workers' uniforms such as shoes, helmets, gloves...).

Other workers however expressed more negative views, for example, noting that the union organiser when visiting spoke to the manager only; others explained that they didn't attend meetings because of English problems. Some workers in non-unionised workplaces nevertheless said that they would look to a union for advice on OHS.

Workers frequently expressed satisfaction with the information or instruction employers provided, but perhaps placed more emphasis on employers who had a 'caring attitude'. Indeed, a key issue emerging from the discussions is the sporadic and haphazard provision of information – dependent often on the attitude, approach and knowledge of a particular supervisor or employer. Many workers felt that there should be more systematic information provision, less dependent on individual employer attitudes (see below).

2.3 The nature of information provided

Several bilingual researchers emphasised that the term 'occupational health and safety' was little recognised by respondents, either in English or in translated form. Even where probing revealed that workers receive OHS information, the term itself was unknown. For example, one Vietnamese worker replied:

I don't know what is OHS. I never got any information on OHS. My boss always explained that we have to try to prevent accidents while working, such as being careful with chemicals and not to step on detergents (Vietnamese female part-time storeperson, employed in small distribution company for detergent and chemist lines).

The strongest OHS message that was reportedly received by respondents was that they should 'be careful' at work. The individualistic focus of this message is evident in the above quote. If one were to use the interviews to assess management strategies for addressing OHS in the workplaces of our respondents, one would assume that they were strongly behaviourist in their approach: ie concerned with changing workers' behaviour to avoid failings that can lead to injuries. Another example is the (frequently reported) admonishment not to lift things that were too heavy. Employers and supervisors also emphasised the use of protective equipment such as masks and gloves.

Some workers also provided details of how their employers addressed elements of the physical working environment to make it safer (for example, checking the electrical switches on vacuum cleaners).

However, conspicuously absent from information about OHS that workers reported was information about the employer's role; workers' rights in relation to OHS; or how workers could participate in ensuring a safe work environment. Workers never touched on their role in identifying, monitoring or evaluating hazards of safety measures. Interviews and discussions did not indicate that there was a systematic, empowering or participatory approach to OHS at the workplace. This is consistent with previous research, where, for example, a Western Sydney study of employer attitudes in 20 multiethnic workplaces found that:

Many employers failed to perceive that employees had a role in workplace health and safety beyond looking after themselves (Kelly, Baker and Martin, 1996:52).

2.4 Information in languages other than English

No workers reported receiving any OHS information in a language other than English at their workplace. In a few cases, workers referred to a previous place of work where, for example, a multilingual poster had been displayed at the workplace. However, while the workplaces where our respondents worked were informally multilingual, all formal communication and all information-giving communication between management and workers took place only in English. This is in contrast with the preferred information and education methods workers saw as desirable (see below).

English-only communication also characterised training sessions, even where workers need to be tested at the completion of the training. Indeed, in one small building firm, it was reported that because of the workers' lack of English language skills, the supervisor completed the post-training assessment for the OHS induction course to enable the workers to receive their certificates.

This is not to say that workers with poor English failed to understand all information given or all workplace communication. A number of strategies were used by the interviewees to understand what was going on, most commonly '*language buddying*' where co-workers translate for speakers of the same languages who have less English. Chapters Seven – Ten describe how some employers and supervisors in the case study workplaces rely on this strategy. Korean workers reported that reliance on language buddying was routinely used on building sites.

Some workers also mentioned bilingual supervisors who gave periodic advice and instruction in the workers' first language. One Spanish-speaking worker in a focus group discussion recounted how her supervisor would drive her to work, and always explained everything to her in Spanish: other focus group participants commented: 'Oh, you worked like a princess!' A final communication technique used by workers was to utilise family and friends at home in order to understand information given in English. An advantage of written information was that it could be taken home for a family member to translate; employers sometimes encouraged this.

Thus, workers and employers used various means to communicate in a functionally efficient manner in the workplace. However, it is likely that most of the workers we interviewed would not have understood detailed, complex or more abstract information about occupational health and safety where it moved beyond the realm of particular dangers arising from plant and equipment. Neither would many have been comfortably able in English to question their employer, or to discuss or negotiate complex OHS issues in a meeting or group context.

As noted earlier, workers tended to articulate an understanding of occupational health and safety that was linked to safe individual behaviours rather than to their rights as workers, or to pro-active OHS management systems. This is hardly surprising, since a more participatory and comprehensive approach to OHS would necessitate either higher-level language skills or use by employers of language services to facilitate their effective participation. Indeed, the Korean construction workers interviewed noted that they could not be represented on OHS committees because of the language barrier.

2.5 Where people would go to seek OHS information

A range of sources was cited, with the most common being (in order):

- ? Supervisors (though this was highly dependent on the management/worker relationships at the workplace - some workers specifically commented that they would try to avoid asking the supervisor)
- ? Doctors or health professionals
- ? Managers (some workers said they would go to the manager because he/she was the person most likely to know; others commented that lack of English would prevent them from asking the manager)
- ? Migrant Resource Centres or ethno-specific community organisations
- ? Co-workers and unions.

Many people said that they did not know whom they could ask, and people's unfamiliarity with name of the agency, *WorkCover*, was noticeable. In a focus group of Arabic-speaking women, the consensus was to ask employers, doctors and 'someone from government', but no one was able to identify who. Very recently arrived workers (such as the Assyrian-background women) were still in close contact with on-arrival services, and commented that there was really only one Assyrian-speaking worker in their area that everyone referred to. For this reason, she would be their first source of information should they have a work problem or issue.

Others said that they were used to not asking anyone, and knew that they would just have to 'bear' the problem. The most common response however was that workers would ask their supervisor or boss if they wanted to know more about an OHS issue such as noise, dust or an ergonomics issue. As one Vietnamese sewing machine operator commented: 'I've never known [until your visit] that the government cares about health and safety – I assumed that the government leaves it up to the employers'.

In unionised workplaces some workers mentioned the union rep; even where unions were absent, some workers said that they would seek out a union to find out more OHS information. However, several workers who had never had direct contact with a union reflected misconceptions of how unions operate in Australia, for example, confusing the roles of government and unions, or in the case of Chinese-speaking restaurant worker, assuming the mainstream hospitality union was not suitable for workers in Chinese restaurants.

Workers in higher status occupations, and those with better English were more likely to mention a government agency or the Internet, although even these workers did not always name WorkCover. For example, a Russian-background air-conditioning factory foreman said that if he wanted to find out more about OHS he would call the Department of Industrial Relations.

In summary, factors preventing the immigrant workers interviewed from knowing who to ask if they wanted information about an occupational health or safety issue at work included: ignorance about who at the workplace or which government agency to ask; trepidation about approaching a manager or supervisor on what some saw as a sensitive issue; and communication difficulties. These factors also led many workers to nominate generalist agencies/people who are unlikely to have specialized OHS knowledge, such as doctors and ethnic community organisations.

2.6 The best way to get information about OH&S

Workers were asked about their preferences for receiving information and education about occupational health and safety and also for their ideas about what methods would suit others in their community, or other co-ethnic workers they know. Answers covered a range of aspects of information delivery including:

- ? The amount and frequency of information
- ? The format and ways of accessing information; both in the workplace and external to it.

Respondents' views about the most appropriate language for information delivery are discussed throughout – in all cases, there was a strong preference expressed for community language communication, with 'very simple English' materials as a second choice.

The amount and frequency of information

As noted above, many respondents indicated that they (and other immigrant workers) needed more systematic and reliable OHS information. Examples given by respondents of what they meant by this included:

- ? A session on OHS as it related to their industry (eg a two-hour talk once a year was given by one Spanish-speaking male cleaner as an example)
- ? A booklet on their workplace (in their first language) distributed to all by mail (several workers)

- ? Sessions given by WorkCover that both employers and employees attended (it was felt that in this way, both groups would get the same message) (several process workers)
- ? (Continued) use of videos in work time to explain OHS issues (construction workers)

The format and ways of accessing information

(1) At the workplace

Written material: The idea of receiving written information on OHS at the workplace was definitely popular amongst our respondents, especially leaflets in their first language. Even English-only written material was seen as valuable – as noted above, few workers received written material from their employers. Reasons given related to the ‘passively-received’ nature of OHS information for most people (see Chapter Three). In the words of a female Chinese process worker working in an electrical components factory:

It’s hard to motivate people to be interested in occupational health and safety unless it affects them. I was the same – only after my accident, then I became interested in prevention. But if people have written information they can keep it for when they need it later.

Others said that sometimes it was easier to read written English than understand spoken English, because the speed and accented nature of speech created problems. So material in plain English would be useful, even if community language information wasn’t supplied. This experience particularly applies to those (such as Pakistani and Indian workers) who have had school education in English prior to migration, but lack speaking and listening fluency.

Visual images: many workers emphasized the importance of including ‘images that would catch the eye’- drawings and diagrams that could explain the information as well as text. Posters were named as important by a minority of workers, but it should be noted that several workers said that safety signs on posters were not self-evident and needed to be explained by a caption in different languages. Some workers also mentioned that videos in plain English or community languages on OHS should be made available through work for workers to watch at home.

Personal information delivery: Also popular was the suggestion that someone should visit the workplace and talk about occupational health and safety issues. Opinions were more divided on this proposal. Some workers were positive about the role their employer could play: for example, a Vietnamese storeperson/packer who suggested:

The best way is for the boss to tell workers about OHS, and explain it well so they understand.

She added:

The workplace should have posters and leaflets; the boss could keep these in English and other languages and distribute them to workers; workers forget things, so the written material is needed.

Similar suggestions included that workers should be tested following training sessions to make sure they understood everything. The need for training to take place in paid work time was emphasised by several workers who explained that it would be difficult to attract workers to come after work.

Others commented that their employer would not welcome or allow this. One Chinese male chef in a large Chinese restaurant commented: 'there is no use for the government to send out reps or do anything similar because it won't change anything'.

Some workers commented on factors limiting the effectiveness of training. One Bosnian respondent noted that in his experience, many workers are unlikely to attend, especially older workers who do not like classroom situations.

(2) *In the community*

In earlier sections of this paper barriers to worksite delivery of information about OHS to immigrant workers have been identified. These include: language barriers; workers' reluctance to ask questions where OHS is unpopular with the employer; the absence of unions; and, simply, employers' lack of attention to the issue or unreliability in educating workers about it effectively. It is not surprising in this context that many workers expressed the view that information about OHS should also be accessible to them via the media and through community institutions – ie away from the workplace.

However, while many workers emphasised the need to receive OHS information that was specific to their workplace/industry, community delivery methods were also seen as important and valuable. First it was acknowledged that radio, television and newspaper strategies would be a good way to reach large numbers of people. Some workers recalled the WorkCover TV ads and felt they were valuable. Secondly, community dissemination methods were seen as important for vulnerable workers who did not feel they could ask their employer questions, or would be too fearful to approach a government representative.

For many, these were not alternatives but seen as complementary, as for example, a Cambodian furniture factory machine operator worker who responded with a list:

- ? Group talks - education - provided at the workplace, relevant to the assigned tasks
- ? Hands-on practical training
- ? Leaflet in Khmer and English could be useful, especially to reinforce information which has already been told verbally
- ? Information on ethnic radio about OHS
- ? Inform the community about the resources and support available, where to go and who to ask.

Media: the most commonly recommended media channels suggested were ethnic radio and newspapers. Television was also suggested, usually referring to mainstream free-to-air television such as Channels 7, 9 and 10.

Although market research is necessary to identify ethnic preferences and usage patterns with rigour, ethnic and gender patterns in information preferences did emerge through this phase of the project. Examples include:

Vietnamese and Chinese workers spoke of wanting something written in their own language that could be kept for when it was needed (they also mentioned that newspaper articles could be cut out of the papers and kept in the same way)

Vietnamese speakers also frequently recommended SBS radio, which some listened to at work as well as in the evening

Cambodians nearly all recommended the Khmer language programs on SBS radio

Arabic-speaking men expressed a preference for active visual communication methods, such as TV, videos and demonstrations; Arabic-speaking women also mentioned radio (Radio 2ME). A problem identified with Arabic television was reception difficulty for Channel 31.

- ? Chinese, Russian, Korean and Vietnamese speakers emphasised the value of community language newspapers (for example, ‘a whole page for workers, some dealing with OHS’). Korean workers noted that community announcements and ads need to be constant, not just one-off, as most people only respond to them when in need.
- ? Spanish-speaking women in the focus group agreed that ethnic radio was the best medium; one male worker interviewed felt that neither radio nor newspapers would be of great use.
- ? Other than Bosnian language leaflets at the workplace, Bosnian workers favoured the Bosnian program on public television; because there is only a few hours/week of Bosnian-language programming, many people watch it. Bosnian newspaper was seen more as a medium for people to catch up with news ‘back home’ rather than a place about Australian issues.

These specificities indicate that WorkCover should utilise market research to identify the most appropriate strategies for particular communities before embarking on implementation.

Community institutions: ethnic community organisations, such as the Vietnamese Community in Australia and Migrant Resource Centres (MRCs) were most commonly named as distribution sites for OHS information. Churches were also suggested by some. Korean workers in the focus group agreed that Korean-specific organisations are better for smaller communities. Koreans, for example, would be less likely to access generic centres (such as MRCs). Other workers however observed that there is so much material available at these centres, that something on OHS may be overlooked. While people in employment are less likely to have direct contact with

community workers than are unemployed or retired people, family members and friends of those in the workplace may visit community groups.

2.7 Conclusion

In the workplace, workers emphasised the need to receive OHS information that was specific to their job, workplace and industry. Direct delivery strategies supported by written information in their first language were favoured. While some workers felt supervisors and managers should be providing additional OHS information and training, others (pessimistic about the likelihood of employer action) wanted this to come from an independent source such as WorkCover.

Community dissemination methods were seen as important for vulnerable workers who did not feel they could ask their employer questions, or would be too fearful to approach a government representative. Radio, newspapers and to a lesser extent television were seen as good ways to reach large numbers of people. On the whole, ethnic media was recommended more uniformly than English language media. The workers' comments described above provide an indication of the range of issues that need to be considered by WorkCover in designing appropriate ethnic community communication strategies.

Many people obtained OHS information (and especially information about workers compensation) informally, from friends, co-workers and community leaders. Consequently, strategies operating in the public domain could be seen as important in increasing the general social stock of understanding about health and safety and government's role, and to promote the profile of WorkCover as the place to go for help.

A final point is to note the scepticism expressed by a sizable minority of workers about the interest their employers had in promoting health and safety, and hence about the likely effectiveness of any strategies that relied on employer action. These workers frequently suggested forums or meetings where health and safety could be discussed 'safely' – ie without their employer present. Others commented that before seeking to educate workers, WorkCover should set about educating employers about their responsibilities. 'WorkCover should make sure all laws are enforced and that employers understand their responsibilities and workers' rights' (several workers)

Chapter Three: Literature review and national project scan

3.1 Introduction

Improving communication with immigrant workers in relation to occupational health and safety – the subject of this project – is a field with connections to many other fields of research, policy and practice. The most salient of these are:

- ? Health promotion and health communication studies
- ? Cultural diversity policy and practice
- ? Multicultural studies on work: research on the employment experiences of ethnic minority workers, specifically occupational health and safety

It is beyond the scope of the project to interrogate each of these fields exhaustively. However, representative or key texts within each have been used to develop a review that incorporates insights from these fields.

A variety of types of source materials have been used for this literature review. Some traditional academic literature is directly relevant and has been reviewed. However, some of the most valuable research, especially in the multicultural studies field, is qualitative, community-based and often takes the form of ‘action research’ conducted as a part of a developmental process between an organisation and non-English speaking background workers themselves. Hence other documents of interest include project reports and program evaluations. Policy documents and legislative codes of practice are another type of source document used in this review – examples here are the WorkCover Corporation of South Australia’s *Access and Equity Strategy 1997-9*, and the Victorian *Code of Practice on the Provision of Occupational Health and Safety Information in Languages other than English* (1992).

The review is organised in several sections, as follows:

- 3.2 Health promotion: contemporary approaches
- 3.3 Health promotion and ethnicity: issues within current practice
- 3.4 Communication with linguistically and culturally diverse groups
- 3.5 The OHS of immigrant workers from non-English speaking backgrounds

3.2 Health promotion: contemporary approaches

Within the literature on health communication and its related fields, health promotion and health education, terms are used differently across the literature. Definitions of ‘health literacy’ (the goal), ‘health promotion’ (the strategy) and health communication (one suite of techniques) are given below.

Health literacy

Health literacy is a relatively new term that has emerged to describe the desired social and psychological end-point of health promoting strategies. While initially the term was used to describe the outcomes of school-based health education programs, the concept has broadened to incorporate recognition of the empowerment afforded by increased health knowledge. For example, Kickbusch notes:

health literacy means information and knowledge on health, understanding the social components of health, ability to negotiate the environment, understanding and weighing risks, coping skills, caring skills... and a shift from fatalistic acceptance of problems towards implementation of health knowledge (Kickbusch, 1997:268).

Nutbeam, an Australian health communication expert, defines three forms of health literacy according to the degree of autonomy each entails (Nutbeam, 2000:264-5):

- ? *Functional* health literacy describes the knowledge of health risks and health services, and compliance with prescribed actions. It results from the communication of factual information through, for example, leaflets; it does not involve skills development or autonomy, nor invite interactive communication
- ? *Interactive* health literacy focuses on the development of personal skills, particularly the self-confidence and motivation to act on advice received. Nutbeam sees this as being limited in the sense of benefiting primarily the individual rather than the community or population
- ? *Critical* health literacy represents the development of skills and understanding oriented towards supporting effective social and political as well as individual action.

Thus in Kickbusch's and Nutbeam's work, the goal of health promotion is not simply about familiarity with the health system, increased health knowledge or even better health, but concerns the enhancement of an individual's ability to act to *control* his or her health.

Health promotion

Health promotion is a strategy which aims to both strengthen the skills of individuals, and to change social, environmental and economic conditions in order to ameliorate their impact on public and individual health. The *Ottawa Charter for Health Promotion* (1986) (cited in Nutbeam, 2000) lists five dimensions of health promotion:

- ? building healthy public policy
- ? the creation of supportive environments for health
- ? the strengthening of community action for health
- ? the re-orientation of health services
- ? the development of personal skills.

The *Jakarta Declaration on Leading Health Promotion into the 21st Century* (1997) declares that health promotion projects which operate at all levels are more effective than those relying on a single arena of action (Nutbeam, 1998:349-352). Increasing

"Improving Occupational Health and Safety Information to Immigrant Workers in NSW – Research Report", prepared by Caroline Alcorso, ACIRRT, University of Sydney.

health literacy is seen as important in terms of generating community action for health promotion, as well as being important in its own right.

Health communication

Generally defined as interpersonal or mass communication towards improving the health status of individuals or communities, health communication is one important set of tools in the health promotion tool box. The conception of health communication is expanding, taking into account new forms of communication such as advertising, sponsorship of sport and messages integrated into entertainment events. Today, two-way communication – from health service providers to people and vice versa is included; the latter being a form of health advocacy encouraged under the Ottawa Charter principles described above.

3.2.1 Developments in health communication

Early attempts at health-promoting communication tended to focus solely on the provision of information by professionals to patients or to the public, based on the belief that factual knowledge aimed at a general audience was sufficient to effect behaviour change. Over time it became apparent that campaigns focusing only on information transmission without taking into account the social and economic characteristics of the individuals within their audience were failing.

During the 1980s various theories emerged to explain the complex relationships between social contexts, beliefs and knowledge, and have been highly influential in health education and communication programs. Bandura's social learning theory, for example, emphasizes the importance of observing and modeling the behaviours, attitudes, and emotional reactions of others (Bandura, 1986) while Ajzen and Fishbein's theory of reasoned action assumes that individuals are usually rational and make systematic use of information available to them (Ajzen and Fishbein, 1980).

Another communicative tool that developed over this period was social marketing – the application of commercial marketing techniques to education concerning issues of social importance. The 'four Ps' of marketing – product, price, placement and promotion – have been incorporated into health promotion programs with the intention of maximising the incentives for behavioural change.

Typically health promotion strategies grounded in behavioural or marketing theories have tended to rely on a single channel of communication, for example a mass-media advertising campaign or the production of printed material. There is consensus that these one-dimensional approaches have had only minor success (Nutbeam 2000:260, Office of Disease Prevention and Health Promotion, 2001:11-6).

Further, reviews of health communication and promotion strategies reveal that approaches to health communication are often disjointed or piecemeal (Orleans, 2000: 82, Ratzan, 2001:208). Often the wheel is reinvented, as information about and involvement in visions and strategies to do with health communication are not sufficiently shared across the relevant agencies, especially over time.

In an attempt to overcome the single-channel and incoherence problems, Ratzan has identified four elements of an effective, comprehensive health communication model:

“Improving Occupational Health and Safety Information to Immigrant Workers in NSW – Research Report”, prepared by Caroline Alcorso, ACIRRT, University of Sydney.

- i. Integrated marketing communication
- ii. Health education and information
- iii. Negotiation – the participation of consumers in decision-making
- iv. Building social capital.

These four aspects will be discussed in more detail below (3.2.2-3.2.5).

3.2.2 Integrated marketing communication

Recognition of the applicability of mass communication marketing to social problems - the concept of 'social marketing' - has existed for over thirty years. One commentator describes the purpose of social marketing as 'to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of society' (Andreasen, 1995:7).

Marketing or health communication has been defined as:

...the art and technique of informing, influencing and motivating individual, institutional and public audiences about important health issues. Its scope includes disease prevention, health promotion, health care policy, and the business of health care, as well as enhancement of the quality of life and health of individuals within the community (Ratzan, 1996:29).

MacStravic has identified six phases of the social marketing process:

Making the conversion

- i. *Research*: identifying and understanding the determinants of the behaviour to be changed, and any barriers to the desired behaviour.
- ii. *Development*: devising the incentive for people to modify their behaviour in line with the behaviour desired.
- iii. *Communications*: devising messages and means of delivery which will make the behaviour change as attractive as possible.

Securing long-term change

- iv. *Monitoring*: following up the audience to find out if the intended message was indeed perceived and accepted.
- v. *Confirmation*: reinforcing the message, and keeping converts aware of the benefits of their behaviour change
- vi. *Solicitation*: encouraging converts to spread the word, and help the program sponsor to make more converts (MacStravic, 2000:255-257).

MacStravic makes the point that social marketing must often deal with target audiences who are usually aware of the socially desired behaviour and who are hence inoculated against messages encouraging them to behave 'properly'. He argues that social marketing must even more than commercial marketing take into account the idiosyncratic attitudes and behaviours of individuals in order to create messages that will be accepted and acted upon.

Although crucial to widespread and long-term effectiveness, the last three phases of the social marketing model (monitoring, confirmation and solicitation) are the ones

least likely to be implemented. Monitoring is necessary in order to find out the extent to which research, development and communication processes were effective; and thus to improve their effectiveness and efficiency by modifying them in light of results.

Confirmation is important for the continued maintenance of new behaviour, and the accomplishment of long-term change. Confirmation techniques remind the audience why they changed their behaviour, pointing out the immediate and follow-on benefits; for example confirmation of giving up smoking points out immediate freeing up of extra cash, and emphasises what can be bought instead (holiday, car etc) as well as longer term benefits like better lung capacity and reduced cancer risk. Confirmation can occur directly during monitoring process, but more widespread confirmation may require more general communication, for example to employers.

If the first five steps have been successfully implemented, people who have changed their behaviour and feel positive about it may be more inclined to contribute to social marketing efforts. This phase is termed 'solicitation'. This can range from word of mouth to friends, colleagues and family to volunteer work, providing an increased number of sources of health communication. Increased credibility flows from the person who has actually experienced the 'before' and 'after' behaviours, and also results from the direct and personal nature of the communication. Moreover, spreading the word in these ways is another means of confirmation for the original convert. An example is a Finnish smoking prevention program where smokers went through the 'quitting process' in public (over the radio) converting others along the way (quoted in MacStravic, 2000: 261).

It should be noted that social marketing often assumes that people have a capacity to change their behaviour; and need merely to be powerfully persuaded. In situations of where parties have unequal power, however, such as the workplace, the less powerful parties may not be able to effect changes in behaviour, or may be able to do so only within very limited constraints.

3.2.3 Health education and information

Health education refers to specific programs of information provision and skill development - consciously constructed learning opportunities. It includes the communication of information concerning the underlying social, economic and environmental generators of poor health, as well as individual risk factors and behaviours which affect health and is also concerned with fostering the motivation, skills and confidence necessary to take action to improve health (Nutbeam, 1998: 353).

Ratzan claims that the outcome of health information and education programs should be that people can answer the following three questions (as appropriate to their stage in the life-course):

- ? How do I stay well?
- ? How can I detect disease/illness early and treat it appropriately?
- ? How do I live best with illness? (Ratzan, 2001:212).

Traditional health education programs involve use of one-to-one or group sessions, where information is shared between health experts and the target community. Use of print materials - eg leaflets, booklets, flip cards and posters – is also common. Clearly the new communication technologies (such as access to remote information via the world wide web) provide an additional medium for health educators, once questions of access have been solved. However, Ratzan and others caution against the assumption that: ‘a 21st century with information available everywhere’ equals: ‘getting the right message to the right people, at the right time, with the intended effect’ (Ratzan, 2001:210). These issues will be addressed further below.

3.2.4 Negotiation

Negotiation in health communication involves ‘shared decision making’, and may involve partnerships between public, community and private agencies. Its basic element is the active participation of the target audience or the community member in the program at one or more levels of decision-making. The literature recognises that a two-way channel which transports not only words and ideas but also power in both directions is important to mutually beneficial arrangements. Negotiation is beneficial to the goals of health communication for the following reasons:

- ? It recognises that people are entitled to make decisions about their lives, which increases trust in the agencies operating the program.
- ? Those who are affected by a problem bring different variables to the problem-solving equation; thus input from the community can help the agency or agencies make better decisions
- ? Involvement in the process leads to greater understanding of – and more appropriate reaction to - a particular risk on the part of the targeted individual (Chess et al, 1988).

Most of all, though, successful negotiation, increasing participation and improving its effectiveness, directly and indirectly empowers individuals and the community (OMRG, 1997: 75, Wise and Signal, 2000:12, Ratzan, 2001:212).

3.2.5 Building social capital

‘Social capital’ is a relatively recent term referring to the strength of community networks, supportive social relationships and levels of interpersonal trust. One definition is ‘the resources embedded in social relations among persons and organizations that facilitate cooperation and collaboration in communities’ (Gittel and Vidal, 1997:16).

It has been recognised that high social capital, especially when used to refer to ‘horizontal’ social interactions – those within neighbourhoods, communities and social groups - is beneficial to health (Whitehead and Diderichsen, 2001:165). Ratzan also notes that behaviour which adversely affects health might be discouraged through community pressure where social capital/interpersonal trust is high (Ratzan, 2001).

Summary

The key theme in recent literature on health promotion is that the achievement of better health outcomes rests on skill development and empowerment of individuals and communities, as much as on people becoming knowledgeable or better informed about health issues *per se*. Although there are major limitations on the scope for worker empowerment within the workplace, there are links between a more ‘ground-up’ approach and recent directions in occupational health and safety.

The new *NSW Occupational Health and Safety Act 2000* places more emphasis than previous legislation on consultation and cooperation between employers and employees to manage health and safety risks. OHS researchers, as well as best practice guides, stress the role of knowledgeable employees in assessing risks and preventing injuries. The population goal of ‘health literacy’ implying ‘*knowledge, personal skills and confidence to take action*’ can be adapted to the health and safety field where the ‘occupational health and safety literacy’ of the workforce is a suitable goal.

In terms of the methodology of health communication, the literature stresses a multi-faceted approach. Both social marketing and structured education and information programs are required, and target group members must actively participate in strategy development. The strengthening of social capital – networks and bonds between group members, as well as vertically in the society, is the crucial fourth dimension of the process. Although autonomous action in a workplace setting is constrained by the workplace’s primary objectives of achieving profitable production, the emphasis on *negotiation* on achieving better health outcomes is pertinent to the workplace environment.

3.3 Health promotion and ethnicity: issues within current practice

3.3.1 The relationship between the recipient and the message

Above it was noted that health communication should ideally utilise a variety of communicative approaches and techniques. This is partly because different segments of the population prefer different means of receiving information, and because messages carry various meanings in socially and culturally diverse contexts.

It is now recognised that effective government communication strategies must take into account ‘the characteristics of the message’ and the characteristics of target audiences, recognising issues of diversity (see eg OMRG, 1997). This section explores these issues, and notes their effect on dissemination strategies. Intended information may be ‘passively received’ or ‘actively sought’; or, alternatively, ‘actively’ or ‘passively’ resisted, by target audiences (see box below).

Message characteristics: actively sought, passively received and resisted information

Actively sought information is that which meets an immediate need that recipients have a strong incentive to find. Information about urgent human needs such as income and housing are typical examples.

Passively accepted information, on the other hand, is not readily sought but is received if given. Information of this kind may stimulate interest and involvement in the community and may require some response in the near future. These issues may not have a direct reward or return for the individual but the community as a whole may benefit. Issues that fall into the category of passively received information include non-acute health issues (such as immunisation and inoculation) law and legal rights, and some taxation issues.

Similarly, *occupational health and safety information* is typically passively received rather than actively sought; indeed, making a complaint or even an inquiry about an OHS issue may be threatening to precarious or vulnerable workers. However, after a work accident or injury workers may actively seek OHS information.

Information that is resisted, either passively or actively, is that which is perceived by the audience as having no recognisable or acceptable benefit or outcome to either the individual or the community at large. In extreme cases, resisted information may be perceived to be contradictory to the individual's best interests or to infringe on personal sovereignty.

The nature of the message will in turn influence the choice between a community-focused as opposed to an individually targeted strategy. In the former, networks and groups are used as the conduit to information. The benefits include the opportunity for friends and acquaintances to motivate recipients. Such approaches involve negotiation and input from community representatives, thus increasing ownership and the credibility of the message; and often keeping the campaigns moving after their official end (see also Brown et al,1996).

Disadvantages include the limited penetration of small-scale, community-based initiatives; the chance of missing out people not connected into networks; and the possibility that the message may be distorted by community mediators. The opportunity for a direct link between provider of information and the recipient is lost – which can alternatively be empowering in that it removes dependency on others.

In the individual approach, individuals are addressed directly through printed materials, seminars or the media. The advantages are that it is inclusive of all individuals and allows a direct dialogue between a provider and an audience. Such approaches can be more individually empowering. The disadvantage is that it is more difficult to get people to change their behaviour or take action without intervention of an advocate. A report to government on information provision concludes that for passively accepted messages (such as occupational health and safety information) equal reliance on individual and community channels is necessary (OMRG, 1997:90).

Audience receptivity factors also influence the meaning of messages in different contexts. There may be socio-economic, gender and cultural determinants of how information is received by different audiences. For example, while researching a health communication campaign on child protection, consultation revealed that health messages coming from a 'supremacist' view – ie a view that 'here in Australia we know better about caring for children' would be actively resisted by an immigrant audience (NSW Multicultural Health Communication Service, 1999a:8). Thus it is widely agreed that health education programs also need to take an audience-centered perspective in selecting dissemination strategies. The socio-economic and cultural characteristics of the target audiences influences the credibility they endow to various communication channels and their habits of media consumption (see, US Office of Disease Prevention, 2001:11-6, OMRG, 1997:15-20).

The use of certain media may be appropriate because of certain target group characteristics – for example, a geographically dispersed group may be better served by a radio campaign rather than one in local newspapers. However, the favoured communicative techniques of the group must also be known; the following issues are some which emerge from the literature:

- ? *Written or oral communication?* Age, cultural background and socio-economic status will all affect preferences here. A well-documented health promotion program targeting Greek-Australian women achieved behavioural change that was continuing some two years later. A key feature in its success was seen to be its 'interactive' and personal delivery style, as well as the fact that it was delivered bilingually (Brown et al,1996).
- ? *Individualist or collectivist?* Some so-called 'collectivist' cultures are seen to respond better to persuasive messages that emphasise the effects on those they are linked closely to – family, friends, coworkers etc. Others ('individualist' cultures) respond better to messages emphasising the effects on self (though gender differences are also pronounced within cultural groups, Perea and Slater, 1999)
- ? *Low or high context?* Low context communication (eg a pamphlet targeted at a general audience) relies more on the meaning of the words, and if the overall societal context is unknown may be meaningless for the audience. High context communication, on the other hand, derives meaning from the accompanying non-verbal messages dictated by hierarchy, etiquette, and emotions, for example.
- ? *Trust in authorities:* the trust that the target group accords to various sources of information can be important. If health messages come from a government official (such as the Surgeon-General for drug health warnings) should they be mediated by a community leader, or a GP? (Perea and Slater, 1999).

Summary

The health promotion literature, as well as other research on communication methods, emphasises that:

- ? Understanding factors affecting audience receptivity
- ? Ensuring the appropriateness of the message to specific audiences
- ? Appropriately choosing dissemination strategies

are crucial features of successful programs. Culture and gender, as well as a range of other social characteristics such as immigration and refugee status, age, educational level (including first language literacy) and socio-economic status, form part of the *matrix of diversities* that must be taken into account in health promotion good practice.

Information concerning occupational health and safety is likely to be *passively*, rather than actively received by most workers, most of the time. Consequently, its effective dissemination poses special challenges, necessitating community-based as well as individually targeted dissemination means to increase active engagement.

3.4 Communication with linguistically and culturally diverse groups

3.4.1 Language

Within the health field it is acknowledged that communication between predominantly English-speaking health professionals and people, often new migrants, from a diverse range of language backgrounds is particularly vulnerable to breakdown (Maltby, 1999).

The inability of some immigrants to speak English, or to speak proficiently in English, combined with the lack of bilingual service providers, and the inadequacy of language services available for interpreting and translation, affect the quality of the caregiver-patient interaction (Rice, 1999:10-11).

Miscommunication can also occur even where speakers understand each others' words. For example, among fluent but non-native speakers of English, tone, stress, sequence and length of speech events provide different signals that in turn may convey certain attitudes, assumptions and expectations to the listener (Gumperz et al, 1979 and Farkas, 1986).

However, in health and some other areas of public service delivery a variety of language services including:

- ? interpreter services
- ? bilingual/bicultural workers
- ? translated information materials and communication tools (eg signs and symbols)
- ? multilingual hot lines and information services

assist in reducing the language barriers to successful communication. Research consistently shows the value placed by ethnic communities on bilingual and ethno-specific workers, who create key access points to services (NSW Multicultural Health Communication Service, 2000).

3.4.2 Information barriers

In the health promotion field, immigrants' lack of information on how to use services or on what services are available (for example, immunisation, cancer screening or prenatal services) has long been identified as a barrier to effective health service delivery (see NSW Health, 1995:13-14, 27).

Research on information needs in Australia indicates that people with little English face more problems in terms of availability, accessibility and acceptability of information. People from non-English speaking background:

- ? were less able to obtain the information they needed and
- ? approached agencies more frequently for information but in most cases were unable to get all the information required

Because of this they:

- ? relied much more heavily on a few sources of information
- ? relied more on intermediaries and people close to them, which can mean result in a poorer quality of information (see eg Chang 2000).

Recent National Occupational Health and Safety Commission (NOHSC) research provides some indications of ethno-specific patterns in relation to occupational health and safety. ANOP Services were commissioned by NOHSC in 1998 to undertake a national survey of community awareness of and attitudes to OHS. Respondents' birthplace was recorded in the survey. However, because the only 'ethnic' sub-sample is the broad population group of all 'NESB' respondents, the survey was not able to identify more significant differences that may exist between ethnic groups. It should be noted that given the diversity of today's immigrant population, significantly different patterns evident among certain birthplace groups can easily be masked by opposite tendencies within the 'NESB' population.

The survey results provide some confirmation for other research that finds ethnic differences in access to and quality of information. NESB workers are more likely to believe that they lack knowledge about OHS than other workers 68 per cent consider that they have a lot or a moderate amount of knowledge, compared to 76 percent of all workers. Nearly one-third consider they have only a small amount of knowledge, or none, compared to one quarter of all workers (NOHSC, 1999:199).

Levels of concern amongst NESB respondents and the total population were similar (in each case, road accidents, cancer, smoking and heart disease were considered to be a greater source of risk to health) (NOHSC, 1999:193). However NESB respondents emphasised different OHS hazards (in particular stress and chemicals) and:

- ? were less likely to say that they had received information about OHS from supervisors or workmates (82 per cent compared to 89 per cent of the total sample)
- ? were less likely to agree that their company 'recognises that workers' health and safety should be protected' (74 cf 80 per cent)
- ? were less likely to rate their company highly on OHS and more likely to rate it negatively (33 per cent cf 28 per cent rated it negatively)
- ? were less likely to believe that employee consultation and involvement would help solve safety problems (28 per cent cf 38 per cent of all workers) (NOHSC, 1999:193-211).

As might be expected, other social characteristics of sub-samples (such as age and gender) generated greater diversity of results in attitudes towards and knowledge about OHS.

3.4.3 Cross-cultural barriers and negotiation

Research indicates that language barriers are often more visible to government agencies than equally important cultural barriers: as expressed in this quote from a key informant in the social welfare field:

The Department will often make the mistake of thinking it's always a language problem. I mean because we focus on information and then we focus on translations they will often think oh well, once you've got the translation there that's enough. So it's an underestimation of the cultural barriers which is all these other barriers: fear of government or attitudes towards social security and lack of knowledge of these kinds of things, bureaucracies or just general cultural attitudes (OMRG, 1997:58).

In order to overcome problems of misunderstanding and cross-cultural misrecognition, the negotiation element of health promotion programs is often emphasised in health promotion literature concerning ethnic minorities. Maltby argues in the Australian context:

Creative strategies for health promotion must be developed in collaboration with the communities who are to be targeted. ... Community coalitions for health need to be fostered so that the community creates and 'owns' acceptable solutions to their needs (Maltby, 1999:254).

Similarly, a *National Health Strategy* Issues Paper notes: 'for health promotion campaigns to achieve cultural sensitivity, ethnic communities must take part in the policy and planning process' (NHS, 1993:109). In a recent consultative forum with ethnic communities, the importance of using positive and caring messages so as not to feed into the current climate of prejudice was emphasised as well as the need to be sensitive to pressures resulting from changing gender roles as a result of immigration (NSW Multicultural Health Communication Service, 1999a).

3.4.4 Culture doesn't explain everything

At the same time, however, practitioners and researchers urge caution in focusing on differences of language, culture or religion, to the neglect of other key factors that shape people's experience – such as type of employment, gender or place of residence.

For example, cultural explanations for immigrant workers' above-average incidence of workers' compensation claims were at one time popular, before being rejected in favour of explanations that related high rates of work injury to their occupational and industry location (see Alcorso, 1988). Clearly, an education strategy based on the assumption that certain ethnic groups had lower 'pain thresholds', or a predisposition to 'malingering' would have a different focus to one that identified workers from certain ethnic groups as being located in high risk workplaces. With this type of dilemma in mind, the Australian public health expert, Sandy Gifford has warned against the following traps in health communication:

The problems of 'culture'

- ? *Looking for the exotic:* what might appear to be on the surface exotic practices and beliefs may in fact be simply a variation of an everyday belief or practice found across many different cultural groups.
- ? *Blindness to the practicalities of everyday life:* looking for culturally defined explanations may prevent attention to more pragmatic reasons for behaviour or attitudes (such as poverty)
- ? *Blindness to global cultures:* looking for localised cultural explanations can blind us to the globalisation of behaviour, particularly that of young people.
- ? *Blindness to political and economic context:* what may appear to be a cultural difference may in fact result from economic or political circumstances. As an example, Gifford cites the experiences of refugees where what might be taken as cultural practices of communication may in fact result from experiences of torture and trauma.
- ? *Blindness to commonalities in favour of difference:* it is important that cultural differences do not obscure the recognition of shared experiences, such as those that women may share as the result of gender (Gifford, 1998:10).

Gifford concludes that the new recognition of culture must be incorporated into an understanding of all the sources of social diversity; and that our conception of ethnic experience or ethnic disadvantage must also be broadened. Following Smaje, he advocates a concept of ethnicity that includes material and structural impacts, like location in employment and housing markets, as well as identity and cultural practices (Gifford, 1998:5).

A report to government on access and equity operationalises this point effectively by identifying a number of 'needs' and 'abilities' which go to Smaje's criteria (OMRG, 1997: Appendix).

- ? the level of material need (itself a product of factors such as recency of arrival and age)

"Improving Occupational Health and Safety Information to Immigrant Workers in NSW – Research Report", prepared by Caroline Alcorso, ACIRRT, University of Sydney.

- ? the level of linguistic ability in English and openness to Australian culture
- ? and the level of cultural, social and geographical isolation

are all seen to affect the audience's 'willingness to listen' and 'ability to hear'.

Thus degrees of need vary within NESB groups as well as between them, and will also vary over time. Tailoring communication to reach individuals within NESB communities must address all of these factors, rather than treating linguistic groups as if they were homogenous.

The next sections deal with specific communication media in relation to culturally and linguistically diverse populations and provides a number of examples of effective information strategies.

3.4.5 Print materials and non-English speaking background people

As noted earlier, the production of pamphlets, brochures and posters is frequently used as a medium for health communication. It is a visible way of providing information and offers tangible evidence that action has been taken by officers to reach bureaucratic goals. However, studies into the effectiveness of printed materials have revealed:

- ? that they increase knowledge rather than changing attitudes
- ? written material has a limited effect unless required at a particular point in time; establishing how a print publication will be *used* is more important than determining its content
- ? that new materials often duplicate ones that exist already
- ? that health workers often have difficulty finding out about materials currently available (Ranki, 1998).

Print information needs to be complemented by other forms of communication. In the words of one research report: 'Pamphlets and brochures should be an adjunct, to deepen understanding once awareness is created' (OMRG, 1997:9). Others note that written information is a useful supplement to verbal communication, and would thus be appropriate as a seminar handout (Ranki, 1998:17).

Similarly, recent government research reports express considerable caution about the indiscriminate production of expensive translated material, emphasising the need to integrate such a strategy into an overall education program. A report to Centrelink notes:

Too often the result appears to have [been] ineffectual communication – although the Government 'obligation' has been met (at least in theory). Far too often, the translated materials sit in boxes in the offices of community organisations, and are left undistributed and unread (OMRG, 1997:37).

The box below summarises issues covered in the literature related to print material production and non-English speaking background communities.

Considerations on the development of printed material in languages other than English (LOTEs)

When producing print materials in languages other than English, there are a number of additional issues to consider.

Arguments in favour:

- ? the scarcity of printed information in languages other than English strengthens the argument to produce print materials in LOTEs
- ? people can keep the information and refer back to it when needed
- ? print materials can reinforce verbal communication given by an English speaker, who may not be readily understood
- ? they can be made available in places visited by the target group
- ? their content is not mediated by family or friends and therefore is not altered or lost in transmission

On the other hand:

- ? translations are expensive, especially since the style and content need to be modified to the community they address
- ? in many cases, English text is mechanically ‘mistranslated’ into the second language without care being taken to translate meaning and context
- ? printed materials easily date
- ? it may contain basic assumptions about the ways in which Australian society operates of which the target audience is unaware
- ? distribution of print materials is often poorly planned and implemented
- ? members of the target group may have trouble reading or be unable to read in their main spoken language (Ranki, 1998 and OMRG, 1997).

Alternatives to reliance on print translations discussed in the literature include:

- ? use of pictures, voice-overs and videos that provide sufficient cultural context to effectively convey meanings
- ? and encouraging target group members to develop their own resources with the assistance of a professional (Maltby, 1999:254-6).

When considering mediated campaigns, radio is seen as appropriate and preferred alternative to print for certain ethnic groups such as Arabic-speakers and Khmer speakers (NSW Multicultural Health Communication Service, 1999 and 1999b).

Discussions with the NSW Multicultural Health Communication Service (MHCS), which is today the main source of written multilingual health information in Australia, yielded similar observations. The experience of the service is that unless consultation and planning have predetermined distribution conduits which are effective, the production of translated material can be costly and wasteful (Ranki, 1998:26). As a result, the MHCS channels information through health professionals and community workers and produces fact sheets only after qualitative and quantitative research and consultation with users (Lee, 2001). The operation of this innovative service is highlighted in overleaf.

Multicultural Health Communication Service (NSW Department of Health and South Eastern Area Health Service)				
Function	Target	Principal Strategy	Other Strategies	Issues
<p>Replaced the Health Translation Service which since 1980 translated and produced health-related information.</p> <p>Mandate was to find a 'new more economical and efficient way' for multilingual health information dissemination</p> <p>The new approach involving a multilingual health web-site developed from 1998.</p>	<p>Direct users: Health professionals and service providers in NSW and Australia</p> <p>Indirect users: Ethnic communities in NSW</p> <p>Some 30 languages are currently represented on the site, 15 main ones.</p>	<p>Multilingual web-site/clearing house containing > 400 (currently) regularly updated fact sheets on wide range of health issues.</p> <p>One new fact sheet is produced per month.</p>	<p>Paper copies distributed via nominated 'Area distributors' – remains very important</p> <p>Weekly health column - for 15 ethnic newspapers</p> <p>1300 fax back service to support web site resources</p> <p>Guidance and assistance to health workers on multicultural communication; also for other agencies on user-pays basis</p> <p>Research on needs and communication preferences of specific groups undertaken</p> <p>Monthly newsletter: <i>Polyglot</i></p>	<p>Cumbersome; the review and checking process can be expensive and time-consuming. Technology-related inefficiencies occur.</p> <p>Decentralised systems (eg Health) are not conducive to sharing – thus duplication occurs system.</p> <p>CDs and fax-back appear not to be well utilised.</p> <p>Evaluation and monitoring seen as crucial – these involve:</p> <p>? Desk research on effectiveness of print materials in health promotion.</p> <p>? Evaluation of specific language strategies is undertaken</p> <p>? Monitoring of users (to be developed further).</p>

Sources: Lee, 2001 and various MHCS publications (see bibliography) and interviews with MHCS officers conducted for this project.

3.4.6 The effectiveness of the Internet in ethnic communication

The Multicultural Health Communication Service makes extensive use of the Intranet and the Internet to distribute multilingual health information. However, it should be noted that the target recipient here is the health worker who becomes another distribution point, rather than the end-user of the information (the patient or client).

Indeed, some writers express considerable reservations about the utility of the Internet as a health communication tool in reaching disadvantaged non-English speaking background groups, especially women. The Minister Assisting the Minister on Multicultural Affairs in Victoria recently commented: 'women from culturally and linguistically diverse backgrounds often face barriers to on-line access. These include

"Improving Occupational Health and Safety Information to Immigrant Workers in NSW – Research Report", prepared by Caroline Alcorso, ACIRRT, University of Sydney.

set-up and access costs, physical access, lack of relevant content, lack of skill and training and literacy issues' (*Working Well Newsletter*, March 2001:9).

Internet access statistics reveal that although access to the Internet is increasing in Australia, use of the internet is spread unevenly across social groups (ABS, 2001:3). In November 2000, one third of Australian households had home internet access. Nearly half of all Australians accessed the internet during 2000. Usage is heavily age-related; while nearly 80 per cent of 18-24 year olds accessed the internet in 2000, less than 40 per cent of those over 45 did (ABS, 2001:4).

Home is now the site from which adults are most likely to access the internet. However, over half of those who did access the internet from home did so for work reasons. These are more likely to be white-collar workers than those in semi-skilled manual occupations.

Case studies of good approaches in health communication to NESB people

In the 1980s, the NSW Multilingual Community Education campaign on HIV/AIDS, was important in developing innovative approaches to health communication (Garrett and Lin, 1990:376). Since then government agencies, led by Health, have successfully applied multi-faceted education strategies to target ethnic communities, often utilising:

- ? multi-media campaigns where individual ethnic newspapers were provided with a press release with culturally specific references and images
- ? extensive training for bilingual workers
- ? community education program involving workshops, seminars and public meetings.

A recent example of a radio-based, multi-faceted approach targeting recently arrived Bosnian immigrants follows.

Na Putu Debrom Zdravlju (On the road to good health), NSW 1998

On the Road to Good Health was a project run by the NSW MHCS, the Federal Government Newly Arrived Refugee Program and Bosnian community organisations. It was aimed at promoting the health of the NSW Bosnian community through a radio-based social marketing exercise. The total cost was some \$6,500. Five 10 minute segments were produced and aired on Bosnian radio; listener response has led subsequently to repeats of the series.

Following evaluation with the target group, *On the Road to Good Health* was considered to be an example of effective communication for the following reasons:

- *The audience was matched to message and medium*: the geographical spread of the community and the existence of 3 Bosnian radio programs on different stations determined the use of radio as the primary strategy
- *A variety of communication channels were used*, which all reinforced each other: print was used to announce and support the airing of the radio segments; bilingual educators were prepared via training to respond to questions arising from the radio segments (the Bosnian inter-agency committed to providing information and referral in support of the programs for a period of one year); and a dedicated multilingual phone line was resourced to handle queries for a limited time per week
- *Spoke directly to the individual*, with interesting and dramatic scripting (eg using music and personal testimonies); a confidential phone line encouraged individual follow up
- *Cultural differences* between Australia and Bosnia were researched and taken into account in program development (eg the first port of call in Bosnia is the hospital, not the GP)
- *Coordination with relevant agencies* maximised effectiveness (NSW Multicultural Health Communication Service, 1999c).

The rigorous program monitoring and evaluation (involving focus groups of listeners) yielded lessons for future programs, in particular revealing that listeners wanted more time for broadcasts, and for multilingual phone-line calls.

Summary

Language, information and cultural barriers need to be overcome in communication processes addressing culturally and linguistically diverse populations. In recent decades the techniques utilised by government agencies to overcome language barriers have developed, and language services such as interpreter and translation services go some way to reducing this aspect of the communication gap. However, a common problem is the over-reliance on translated print materials – often put together and used inappropriately, and rarely evaluated.

Programs utilising a variety of media and techniques, and programs that emphasise target group participation in the planning and implementation are more successful.

The importance of cultural factors in influencing behaviour, and consequently, the need for cultural sensitivity in program design is now recognised in certain contexts

(eg the health field). However, some health promotion practitioners express caution about the overuse of culturalist explanations for behaviour and attitudes that may be better explained by other social characteristics such as age or class.

3.5 The OHS of immigrant workers from non-English speaking backgrounds

The relatively high levels of risk that non-English speaking background immigrant workers face in Australian workplaces have been documented in several pieces of research conducted in the last 30 years. Empirical investigation has been hampered by the lack of good quality ethnicity data on workplace injuries. However:

- ? workplace fatality data (Corvalan, Driscoll and Harrison, 1994)
- ? hospital admissions data (Lin and Pearse, 1990:217-8) and Alcorso, 1988) and
- ? Australian Bureau of Statistics (ABS) disability data (see Alcorso, 1988 and Alcorso and Schofield, 1991)

indicate that this high risk of injury is translating into actual injuries and diseases disproportionately affecting the lives of many NES immigrants.

A recent ABS work injuries survey reports contrary statistics, indicating that it is *English speaking background immigrants* who are most at risk of work injury compared to Australian-born but more particularly non-English speaking background immigrants (ABS 2000:8). It is hard to assess at this stage if these findings represent a reversal of previous workforce patterns, or are anomalous and are an artifact of changes to ABS labour force survey surveying methodology.

As many of the key pieces of research are ably summarised in a 1996 report to WorkCover NSW (Kelly et al, 1996) and more recently in a report by WorkCover NSW itself (WorkCover, 1999) the issues will not be amplified here. The key findings of research are as follows:

Occupational position places NESB immigrants at risk: the concentration of non-English speaking background immigrants in relatively dangerous jobs in the workforces of NSW, and of Australia as a whole, places them at high risk of work injury and disease. In 1994, WorkCover NSW estimated that the expected incidence of employment injury for NESB workers was approximately 50 per cent higher than for English speaking background workers, based on their occupational concentration in more dangerous occupations such as labourer, and under-representation in safer jobs, such as professional jobs (Jenkins, 1994:28 and 33).

The structure and culture of workplaces where NESB workers are employed are other risk factors: over-representation in small and isolated workplaces (as, for example, with clothing outworkers), exposure to shift work and injury promoting forms of remuneration, such as piece work systems, and lack of active participation in collective bodies such as union and occupational health and safety committees have also been identified as causes of work injury risk to NESB workers (Bohle and Quinlan, 2000, Lin and Pearse, 1990:224)

NES immigrants are less likely to be aware of their rights: there is no evidence of a greater propensity to malingering, or to falsely claim workers' compensation among

any one ethnic group, as was alleged by members of the medical and legal professions in the 1970s and 1980s. However, a 1993 ABS survey conducted in NSW found that awareness of workers' compensation benefits was lower among workers who spoke a language other than English at home. Awareness was lowest among workers who were in the highest risk groups (namely, speakers of Arabic, Vietnamese and Chinese languages) (WorkCover, 1999:9).

Recency of arrival is associated with high levels of workplace deaths: analysis of fatality statistics showed that NESB immigrants, as well as, to a lesser extent, immigrants from English speaking countries, were particularly at risk in the first 5 years of residence in Australia (Corvalan et al, reported in WorkCover, 1999:4). Immigrants could be at greater risk in the earlier years of settlement because of unfamiliarity with the Australian workplace, workplace inexperience generally, or because there is a tendency for the most recently arrived immigrants to accept the lowest status jobs. Overseas studies on new immigrant workers found accident rates to be correlated with brevity of stay and frequency of job-changing (Lin and Pearse, 1990:225).

The role of English language proficiency in NESB workers' poor OHS outcomes: there is some debate about the extent to which limited English proficiency in itself contributes to work injury rates for NESB workers. While in the past writers such as Stromback have emphasised the contribution of communication break down to workplace injury, others have stressed the relative powerlessness of some non-English speaking background workers vis a vis employers and other workers (Alcorso 1988). There is more agreement on the effect of limited English on people's ability to access appropriate health care, recover from workplace injury, and to obtain successful vocational rehabilitation (see Clapham, Schofield and Alcorso, 1993).

3.5.1 Information and education barriers and OHS injury amongst NESB workers

The effects of NESB workers occupational concentration in relatively dangerous jobs was discussed. There is a consensus in the literature that this concentration plays the main role in generating increased risk of injury and disease for NESB immigrants relative to local workers. However, as also noted above, recency of migration and a reduced ability to assert their rights and needs in a workplace also tend to contribute to high OHS risks for immigrant workers. It is in this context that access to information and education about OHS at the workplace becomes a crucial preventative factor for relatively powerless workers.

Research conducted by the Western Sydney Area Health Promotion Centre in the mid 1990s provides the most detailed empirical account of NESB workers' lack of access to OHS information and education at the workplace (see also Chapter Six where this project is discussed in more detail). Only half of the NESB workers interviewed at a sample of manufacturing industry worksites reported that they had received any OHS information (Kelly et al,1996:100), and very few sites had ever used information in languages other than English. This was despite the fact that: 'Many supervisors reported that they had difficulty communicating simple information in English to some of the non-English speaking background employees they supervised' (Kelly et al, 1996:61). None of the 20 enterprises studied had provided training in any language

than English; although, both managers and employees recognised that where formal training was provided, it was often not understood (Kelly et al, 1996:77).

The report also documented lack of effective participation by NESB workers in:

- ? occupational health and safety committees
- ? workplace discussions on safety issues
- ? bringing safety concerns to managers' attention
- ? teamwork generally.

It found contradictory evidence concerning managers' perceptions and understanding of communication and information barriers faced by NESB workers. However, even where there was acknowledgement of communication barriers, a striking feature was managers' reluctance to address workplace safety issues by developing effective two-way communication processes with their workers. Multilingual written material or training provision was largely eschewed by managers for a variety of reasons, though the majority of workers reported wanting access to information in their own language (Kelly et al, 1996:98). Indeed, the report concluded that: 'There are problems with the [available multilingual resources] and many of them are not being used' (Kelly et al, 1996:98).

Even though the report recommended the development and production by WorkCover NSW of two further multilingual resources, it also noted that:

if the number of workplace injuries amongst NESB employees is to be reduced, a much broader range of strategies are required than the development of additional resources (Kelly et al,1996:101).

3.5.2 Information as a health-promotion tool in the workplace

The point made above in the Western Sydney Area Health Promotion Centre study is a strong theme in other literature on work injury. To the extent that information/education strategies have often been linked to individualistic, 'safe person' approaches to health and safety where employee actions are seen as a primary cause of accidents they are seen as problematic and ineffectual (see Parker, 2000a:104-6). Textbooks on OHS management note that that the effectiveness of information/education programs in preventing injury and disease has not been rigorously evaluated, and two Australian experts in the field note:

Education and training programs are often developed without sufficient attention being given to the array of risk factors in the workplace and the underlying causes of occupational injury. Even where training is targeted at unsafe behaviour the focus is often on correct measures (such as safe lifting techniques) that take no account of the factors that may encourage such behaviour (such a workload, staffing limitations, poor organisation and emergency situations (Bohle and Quinlan, 2000:482).

Bohle and Quinlan further argue that the limited application of education and training strategies in small workplaces, and the relative neglect of external, independently provided training limits further the utility of such strategies if used in isolation from a comprehensive system of workplace health and safety management. Others have argued that the construction of a safety culture is more effective than trying to modify the behaviour of individual workers through changing attitudes (Sundstrom-Frisk, cited in Parker, 2000a:72-4). In the latter, senior managers model serious concern over safety and health issues, even where these affect production goals.

Bohle and Quinlan argue strongly for *worker participation* in OHS management, where workers and their representatives are directly involved in:

- ? contributing to the knowledge of hazards
 - ? contributing to solutions where hazards are identified
 - ? becoming knowledgeable advocates of improved workplace health and safety
 - ? providing feedback on OHS prevention programs at the workplace level
- (Bohle and Quinlan, 2000:434-5).

Analyses of the effectiveness of information/education strategies in multicultural workplaces elaborate on these points, especially in studies that address the issues for NESB women. A recent WorkCover report reviews Australian workplace studies to conclude that the powerlessness and vulnerability of NESB workers leads to a number of problems, including:

- ? failure to report injuries
- ? failure to submit compensation claims
- ? failure to raise concerns about safety issues and
- ? accepting conditions that are detrimental to health and safety (WorkCover, 1999:15).

Such behaviour is often a rational response to a situation of powerlessness, where fear of dismissal is great and unemployment high; the limited effectiveness of traditional hazard-oriented safety information or training in this context is therefore obvious.

In a similar vein, a Queensland Workers Health Centre report (1990) argues that in Queensland workplaces more information won't necessarily equal greater empowerment.

The difficulties arise from the location of NESB workers in an alien culture with an alien language and an unequal social system where the rights of those with power are quite different from the rights of those without power.....
(Kempnich, 1990:70).

This report argues that a pre-requisite for improvement in the occupational health of NESB workers is greater activity by trade unions to support NESB workers, as well as to encourage employers to 'push the interpretation of the Workplace Health and Safety Act [which requires employers to instruct, inform and train workers on OHS] to its absolute limits' (Kempnich, 1990:67).

Despite these reservations, both researchers in this field and government agencies responsible for health and safety have recognised that effective information, education and training strategies tailored to the diverse needs of NESB workers are part of any strategy to improve occupational health and safety. A variety of strategies have at times been adopted by unions, employers and government during the 1980s and 1990s, though many were subsequently discontinued. These include:

- ? the production of bilingual print, audio and video resources on OHS and workers compensation
- ? encouraging NESB workers participation in unions, OHS committees and consultative forums (for example, through ethnic liaison workers in unions)
- ? the establishment of multilingual information units in government agencies
- ? the development of guidelines for employers in responding to the needs of NESB workers
- ? cross-cultural training for supervisory personnel and managers, and for occupational health and safety and rehabilitation providers
- ? English language training on the job, with an OHS component
- ? multilingual signage and international symbols.

The next section gives some details of strategies currently in place in government agencies responsible for occupational health and safety across Australia. The state with the most developed strategy to target workers from ethnically and linguistically diverse backgrounds is South Australia, and for this reason the WorkCover Corporation of SA's current activities and policy framework are reported in some detail in Appendix E. The most developed legislative tool is Victoria's 1992 Code of Practice: *Provision of Occupational Health and Safety in Languages Other than English* and this is also described in Appendix E.

Table 28: Multicultural OHS prevention strategies - summary of government approaches across Australia

Agency	Legislation and policies	Projects	Web-site	Plans	Other/Comments
Victorian WorkCover Authority	<p><i>Legislation:</i> OHS Act 1985 requires employers to provide health and safety information in appropriate languages:</p> <p>(e) provide information to the employees of the employer, in such languages as are appropriate, with respect to <u>health</u> and safety at the workplace, including the names of persons ..</p> <p>Also: Code of Practice (no. 16) “Provision of Occupational Health and Safety Information in Languages Other than English” October 1992</p>		No multilingual content. Reference to how to access the Translation and Interpreter Service.		<p>According to WorkCover prosecutions, there have been no prosecutions that have invoked the Code of Practice since its introduction in 1992.</p> <p>WorkCover cannot measure its effectiveness. Requests for it from employers are rare; and it is not referenced in the field staff operations manual. If individual inspectors did not push it, it would languish.</p>
ACT WorkCover	No	In 1999-2000 undertook project aimed at cleaners. Developed English-only booklet using pictorial explanation of key hazards. Distributed by cleaning contractors; good feedback. Used in company training.	No multilingual content	<p>To review web-site and consider multi-lingual content.</p> <p>Considered use of ethnic radio to target cleaners; although didn't proceed, believed would have been effective.</p>	Very few projects on anything - a small jurisdiction with no government run workers' compensation scheme.

Agency	Legislation and policies	Projects	Web site	Plans	Comments
Queensland Department of Industrial Relations	The Queensland Workplace Health and Safety Act, 1995, Section 90 (3) (c) places an obligation on health and safety committees to inform workers of relevant standards, and committee deliberations in appropriate languages.	<p>Take up multicultural issues within the context of other projects and when statistics or inspector observation warrants it: eg</p> <p>? A booklet targeting workers in the fast-food, café and restaurant industry was developed in consultation with community groups. Translated versions appear on the web-site.</p> <p>? Issues for NESB women with dress code came up in the bullying research – a translated guide is being developed as a result</p>	<p>Printing is being minimised. Translated Quickstart guides to workplace health and safety legislation appear on the web-site (so far) in 6 languages (target groups are employer groups and unions).</p> <p>A 6 language summary of relevant legislation is on the web-site.</p>	<p>Have used ethnic press in one campaign (bullying) but made mistakes with formats (used an English language coupon) which prevented it being useful.</p> <p>Usually work with a multicultural marketing consultant.</p>	<p>Distribution is an issue; no evaluation currently on who uses publications etc.</p> <p>Consider ethnic radio a good way to reach both employers and employees from NESCs, but haven't used it.</p> <p>The Ethnic Communities Council has also proved to be an effective means of dissemination because it has many members in business – was useful for the legislation guide distribution.</p> <p>There is multilingual printery in QLD, so printing must be done interstate.</p>

Agency	Legislation and policies	Projects	Web site	Plans	Comments
WorkSafe Western Australia	<p><i>Legislation:</i> OHS Act 1984 requires: ‘(3) The Commission shall ensure, as far as is practicable, that any information it provides is in such language and form as are appropriate for the persons to whom the information is directed.’</p> <p>Guidance Note on ‘Representatives, Committees and Issues’ 1996 states: Agreed procedures for dealing with OHS issues within companies:</p> <p>‘should be detailed in writing and made available to all employees. It may, for example, be posted on a noticeboard in the workplace. Where there are workers of non-English speaking background in the workplace, it is appropriate for details of the procedure to be posted in relevant community languages’.</p>	No specific projects.	No multilingual content. Distribute information about how people can use the Translation and Interpreting Service.	No specific.	Lack of resources is the main problem.

<p>South Australia</p>	<p><i>Legislation:</i> OHS&W Act 1986 requires employers to provide health and safety information in appropriate languages:</p> <p>Section 19: Duties of Employers (3)(c) ‘provide information to the employer's employees (in such languages as are appropriate) in relation to health, safety and welfare in the workplace ...’</p> <p><i>Policy:</i> Access and Equity Strategy 1997 – 2000 covers people of culturally and linguistically diverse backgrounds.</p>	<p>? expert advice and consultancy services to all components of the workplace prevention and management system in SA</p> <p>? partnerships with external organisations (eg employers, community organisations and unions) to assist NESB workers.</p> <p>Full range of projects described in Appendix E.</p>	<p>Audio and printed text documents in languages other than English are available from the website. These include access and equity brochure, tapes on outworkers' rights, workers rights and responsibilities, employers' responsibilities when starting a new business and for small businesses.</p>	<p>Multicultural Strategic Plan being developed for 2002-4.</p>	<p>Seeking to develop best ways of measuring access and equity for NESB workers.</p>
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Chapter Four: Working Women's Health (Victoria)

4.1 Introduction

Working Women's Health (WWH) is a state-wide community organisation that informs and educates non-English speaking background immigrant women on health issues. The uniqueness of the service is its strategy of delivering information at work sites, through a series of lunch-time visits over a 6-8 week period. Occupational health and safety is covered in one (usually the second last) week. Founded in 1978, the service has changed and developed in instructive ways since that time. While other workplace-based health education projects and services have existed in Australia during the period, Working Women's Health is acknowledged as the most effective, and has been the only service to deliver OHS information at workplaces as part of its core business. Today it is the only NESB women-focused service of this type in Australia, and is recognised internationally as innovative and leading edge in its work with NESB women.

This case study

The utility of this case study to WorkCover NSW lies in:

- ? The effectiveness of the delivery method in reaching women normally not reached by mainstream services or media
- ? The expertise WWH has developed in accessing and working with NESB women in their first language
- ? The way WWH has dealt with content design in its education program
- ? The fact that it is an independent information provider for women workers that nevertheless operates within workplaces.

The information presented below was gathered from WWH publications, newsletters and research reports; from telephone conversations with staff; and during a two-day visit to the service in December 2001. Where public documents have been relied on these are quoted; otherwise, information comes from interviews and personal communications. The final text has been approved as accurate by WWH staff.

4.2 Identification of the problems

The service developed out of concern amongst health workers, academics and community activists, including feminists and trade unionists about issues affecting the health of NESB women in Australia. While NESB women, like other immigrants, arrive in Australia with better health than the local population, this health advantage deteriorates after arrival such that long settled women experienced poorer health than other Australian women (Alcorso and Schofield, 1991 cited also in WWH Annual Report, 1998-9).

Primary reasons for this deterioration in NESB women's health include:

- ? Their above average rates of occupational injury and disease

"Improving Occupational Health and Safety Information to Immigrant Workers in NSW – Research Report", prepared by Caroline Alcorso, ACIRRT, University of Sydney.

- ? Factors associated with settlement and life in Australia which produce relatively poor mental and emotional health
- ? Assimilation to health-costly Australian dietary norms and rates of drug and alcohol consumption
- ? Poor access to services, including birthing, reproductive, rehabilitation and primary health care services.

This set of problems motivates the design and delivery of WWH services, which target:

- ? working women (who are unlikely to access other community-based health services)
- ? women who face linguistic and cultural barriers to using mainstream health services
- ? women who may otherwise lack health information
- ? women who are located in dangerous and high-risk jobs

The content of health information delivered also reflects this needs analysis, in that reproductive health, sexuality and sexual health, and occupational health are WWH's main focii. Similarly, the 'woman-to-woman' approach is also considered by WWH to be a response to the specific circumstance of NESB women in that it is designed to establish a relationship of trust in which sensitive issues may be discussed safely, perhaps for the first time with a health worker in Australia.

Responding to specific and changing needs

In recent years, WWH has responded to the growth of informal, non-standard working patterns by complementing the industry visits program with information sessions provided in public community-based locations and, from 1998, people's homes. WWH's recent promotional material notes: 'we recognise ... that not all women work in established workplaces. Many women work from a range of locations including the home as outworkers, or as mothers and carers...'

Thus the educational program is adapted to the needs of these groups, with, for example, the occupational health module incorporating safety issues in the home for home-based workers and carers. The program can be flexibly adapted to the needs of other specific groups – for example, safe use of medications may replace sexual health topics for older women who are growing in numbers amongst WWH's target audience.

The service also recognises industry-specific needs, and since 1998 has focused on the cluster of textile, clothing and footwear (TCF) industries where large proportions of NESB women work and in which a range of sector-specific OHS problems arise. These have been documented recently in a WWH research report and include:

- ? Musculo-skeletal disorders caused by occupational overuse syndrome
- ? Sexual and reproductive health problems related to chemical exposure, especially in the textile industry
- ? Respiratory, eyesight, heat irritation and dermatitis from unhealthy work environments

- ? Occupational violence (especially amongst outworkers)
- ? Stress resulting from shift work, long hours, piece-work payment systems, and discrimination and insecurity (Chang, 2000:Chapters 2 and 4).

Research activity within WWH continues to generate findings on new problems encountered by the health educators, and to explore program solutions. Currently under investigation are the health information needs of redundant NESB women workers, expelled from the TCF industries or other branches of manufacturing, and faced with the prospect of long-term unemployment.

4.3 Program objectives

WWH seeks to increase women's health knowledge and empower vulnerable women to make decisions about health prevention and treatment options. Its stated goals reflect a health literacy orientation as described in Chapter Three:

To ensure that working women, particularly from non-English speaking backgrounds, have access to the knowledge and information they require to control their health and well-being (WWH pamphlet, current 2002).

WWH aims to reach women who may otherwise not be able to access appropriate health services, both because of their employment patterns, and because mainstream health services are not linguistically and culturally appropriate to many immigrant groups. Specific program objectives are:

1. Providing NESB women with the information they need to make informed choices about health prevention, maintenance and treatment options in the areas of reproductive health, sexuality and sexual health and occupational health, and emotional mental health and well being.
2. Empowerment of NESB women workers to control their health and well-being
3. Placing on the public agenda the experiences and concerns of NESB women about their health and wellbeing, and highlighting the interconnections between the three areas of health at objective one.

4.4 Program background

Working Women's Health (formerly Women in Industry and Community Health) has been conducting industry visits to educate women on health issues since 1978. The service today is larger than at any time in the past, with a core staff of 12 and a pool of some 18 bilingual health educators (BHEs) representing 16 languages (in some languages, like Vietnamese and Macedonian, we need 2 workers). Working Women's Health receives funding of some \$460,000 from state and federal health departments, as well as at times funding from a range of agencies for specific projects.

As noted above, the current shape of the service has resulted from an organisational review (restructuring took place from 1998). Significant changes included adopting an industry-specific focus (currently the TCF industries); limiting the range of health education subjects covered by the service; expanding the workplace visits program and increasing the number of visits per workplace. The restructure also enables WWH to offer a more flexible program, by visiting workplaces on a day and time that suits them (previously visits only took place on a Tuesday), and to respond more efficiently

to the language needs of the women in the workplace. These changes were motivated by a desire to raise service quality through specialisation, and by making it possible for staff to become familiar with and knowledgeable about the issues in specific industries. WWH's ability to deliver linguistically appropriate services was also facilitated by the restructure, as certain language groups are concentrated in specific industries (for example, few Arabic speakers work in TCF). Once these have been identified, BHE recruitment and resource development can then be structured to reflect a specific industry language profile.

4.5 Program components

As discussed in Chapter Three, the health promotion expert, Scott C. Ratzan, has argued that good practice health communication models contain four key elements: social marketing; health education and information delivery; negotiation (client participation in decision-making); and the building of social capital (Ratzan, 2001). This framework is a convenient one within which to examine WWH's service profile, although clearly more resources are devoted to some activities than others.

(1) Health education and information delivery

WWH's Industry Visits Program (IVP) consists of a series of 6 x 30 minute workshop sessions delivered in TCF enterprises in Melbourne. Some 400 sessions were delivered during 2000-1 across 13 companies.

Once the employer's agreement has been obtained, the workshops are held weekly during lunch times, and usually in lunch or meeting rooms. They are delivered by several bilingual health educators, or occasionally, if there is no other option, through interpreters. As many health educators are used as are needed to cater for the languages spoken in the workplace – for example, in some workplaces, as many as 10 bilingual workers may be delivering workshops simultaneously. A more common number is 6-8.

The workshops are supported by 'health information packs' which each participant receives. As well as supplementing the knowledge acquired during the workshops, they are designed to facilitate the addition of new material by the woman – 'reinforcing the idea that that the information women exchange in our IVP sessions has a life span outside of these workshops' (*Working Well*, July 2001:6).

Employers that participate in the program receive a certificate of participation, and brief reports on issues arising from the workshops are also sent to encourage them to consider the health and wellbeing of their workers (*Working Well*, July 2001:6). Women who participate are placed on the WWH mailing list to receive published material from the service and notice of other relevant sessions. Posters with contact details of WWH are also put up around the workplace.

The Community Workshops Program, as the name suggests, involves 2 or more workshops run for groups meeting in community locations, including English classes, community centres and women's homes. Approximately one community workshop is run per week throughout the year, usually in response to requests from other services, or from women who have attended workplace-based workshops. Resource constraints

limit further sessions, as demand is high. Priority is given to reaching isolated women, and in some cases individual women can be visited in their homes.

In 2001 WWH ran industry visits outside Melbourne in several regional centres.

WWH also operates a target group specific project, the Family and Reproductive Rights Education Program which focuses on empowering working women from African communities in relation to sexual and reproductive health issues. Workplace visits, home visits and community workshops are included in this project.

From time to time, WWH conducts short term projects that target specific issues, such as a health promotion project on drug and alcohol use run jointly with a regional women's health service in 1999-2001. For these projects, alcohol and drug health promotion is incorporated into the industry visits and community workshop programs.

It is assumed that all information sessions and workshops are delivered in the women's first languages, and supported by first language material, unless English is specifically requested.

(2) *Negotiation and client participation in decision-making*

Interactive information exchange and participatory learning are practical necessities for WWH as well as constituting central philosophical values of the service. Women workers' attendance at workshops is voluntary, and requires that the subject matter is sufficiently compelling to out-compete all other demands during the brief lunch and rest time in a working day. Bilingual educators note that unless the content is 100 per cent relevant, women will often leave or not return the following week.

Relevance is assisted by skilful, accurate presentations by trained presenters (see above regarding BHE training and professional development). It is also achieved by use of an interactive 'information-sharing' approach, rather than a top-down 'expert' model. First language health communication is crucial to both aspects; a WWH publication notes:

One of the very important components of our work is that we conduct health promotion in the languages preferred by the women we serve. This is a way of ensuring that information is accurately and clearly conveyed, and enables a complex discussion among women rather than a one-way information exchange to take place (*WWH Annual Report, 1999-2000*: 17).

Negotiation over the subject matter to be covered in their workshops is another very practical way that women can participate in their own health communication activities. The workshop program consists of 6 modules, delivered over 7 sessions. The broad module subjects are listed in the box below.

Core module subjects – Working Women’s Health

1. Women’s Health (menopause, hormone replacement therapy, breast examination, menstruation, pelvic floor, endometriosis, osteoporosis, pap test/pap smear)
2. Productive health (pregnancy and childbirth, contraception and infertility)
3. Sexual health (women’s cancers, sexually transmitted diseases, diseases of the reproductive system)
4. Mental health and well-being (depression, relaxation, nutrition and alternative medicine)
5. Occupational health and safety* (workplace hazards, work environment issues, discrimination and maternity rights)
6. Safe use of medicine, drugs and alcohol, and domestic violence.

*occupational injury management – eg reliance on pain killers - is also frequently raised by women in other sessions, such as session 5. Company-specific OHS information (eg company policies or incident reporting protocols) is not covered by WWH.

The adoption of a specific set of subjects has been prompted by several considerations, including the need to advise employers in advance of workshop subject matter, as well as to facilitate the development of professional expertise in these areas by health educators. The module subjects have been selected on the basis of the service’s past experience and represent subjects that have attracted NESB women workers’ interest.

Nevertheless, a fundamental element of the program remains the involvement of workshop participants in deciding which topics *within* the modules are of most interest to them. For example, within the occupational health and safety module, women may select from the following topics: RSI, dust, noise, heat, hazards, asthma, varicose veins, chemicals, hygiene, machinery, sexual discrimination, maternity leave, women’s health and safety – or nominate topics of their own. The first session is therefore devoted to this task, allowing the health educators to return in the subsequent visits prepared and with appropriate written material.

A similar process takes place at the commencement of the community workshops.

(3) *Social marketing*

‘Mother Tongue’ radio programs are delivered weekly on community radio 3CR. These programs are run in a number of languages (each language runs for a 10 week period), and cover health information topics in WWH’s core areas (though not occupational health and safety they do cover OHS issues). They also serve to promote the service to other public service providers.

A regular newsletter, *Working Well*, promotes NESB women’s health issues to health service providers as well as communicating health information to NESB women. A multilingual lift-out on a specific topic, such as menopause or sexual health, is included in each issue.

(4) *The building of social capital*

As used in the health communication literature, social capital refers to the resources – interpersonal relationships, information and networks – people have available to them to encourage and sustain health and well being. WWH contributes to the building of social capital in three main ways. Firstly, the action of contacting relatively isolated women (especially within the community program) and engaging them in collective activities is likely to build relationships and networks. (However, in many cases, community participants are attendees at existing groups).

Secondly, the service provides a direct information and referral service to NESB women who ring for advice on issues ‘ranging from industrial issues to pregnancy, postnatal depression to contraception, menopause to STDs’ (*Annual Report, 1999-2000:7*).

Perhaps most importantly, WWH plays an important role in network development amongst health professionals and community workers, mobilising around issues of NESB women’s health. The library and resource centre is the most developed collection of multilingual health resources with a focus on reproductive, sexual and occupational health for women in Australia and is drawn on by practitioners in many fields as well as the health educators. Partnerships between services are reinforced as several use WWH bilingual educators to provide information to their own clients, and alternatively, the provision of training to WWH educators by other services.

Finally, WWH conferences, seminars and community events clearly provide an important means of raising the awareness of health professionals on NESB women’s issues, and establishing or strengthening communities of interest around contemporary topics. One recent example is the 2001 *Journey Through* conference held on refugee and immigrant women’s health and a related issue of the WWH magazine (see *Working Well*, July 2001).

4.6 Preparatory work in the delivery of service

There are three major areas of preparation that support WWH’s service delivery. These are: employer contribution; bilingual health educator training; and resource development.

Employer contribution

The first is the most challenging, as gaining the agreement of employers to participate in the program is extremely difficult. Although the service is provided free of charge, and does not require employers to release workers during work time, the vast majority of employers approached refuse to participate. It is unclear whether the high rejection rate (over 90 per cent) reflects the precarious conditions textile, clothing and footwear (TCF) industry employers typically face, where falling profit margins and unreliable demand for their products hinder employer planning and discourage the embracing of additional activities. As the service transfers its activities to a new industry (it is planned to refocus on another industry during 2002-3 – the industry will be determined through a strategic planning process to take place in Feb – Apr 2002) so the readiness of employers to participate in the program may change.

WWH staff note that the most attractive aspect of the service from the point of view of TCF employers is its potential to reduce sick leave and absenteeism (see overleaf, *Why Bother?*). An additional selling point of the program is the employer perception that it may increase hygiene in the work environment (cleaner washrooms etc). The strongest deterrent to employer participation is the idea that staff may be discussing the workplace in their own language, and that this may disrupt production. Occupational health and safety are, according to WWH staff, 'dirty words to employers'. Again, this may be a specific feature within the TCF industry where, according to WWH staff observations, workplaces are often hazardous, most employers don't comply with OHS minimum standards, and there is a culture of discouraging workers from learning of their rights.

While WWH has a very good working relationship as well as information-sharing protocols with unions, neither unions nor government agencies have played a substantial role in facilitating WWH access to worksites. It is important that WWH be viewed as an independent agency that meets the health needs of working women, rather than as a representative of any other agency. Promotion of the service through industry associations has commenced, and is viewed as a positive way to break down employer opposition.

Bilingual health educator training

An extensive training and professional development education program takes place in order to prepare the bilingual health educators (BHEs) for their presentations in workplaces and in the community. New BHEs undergo a 10-day induction program, and some 15 days of training on specific health topics and on health promotion techniques is provided throughout the year.

This program ensures that the BHEs have a deep knowledge base in the areas covered by WWH, although in any one workshop, they may only have time to present a few crucial themes.

Resource development

A dedicated library and resource centre worker seeks to ensure that BHEs have appropriate multilingual written material available for their own reference and to provide to women workers. Translated material from around Australia, as well as overseas material is used, and in some cases, translations are undertaken by WWH. However, staff note that this is a problem area. In the words of the health information resources officer:

Sourcing this information is not always easy. Put quite simply, often it just doesn't exist. Even in organisations where there is acknowledgement of diverse cultural and linguistic needs ... the funds for translations are hard to find. This results in much information being out of date – a particular concern where the information relates to state or federal legislation where women lacking good English skills miss out on issues like WorkCover and racial discrimination

Of the information that is produced in languages other than English, there are significant gaps in the languages and topics available (WWH, *Annual Report*, 2000-2001, 6).

There is reportedly an absence of simple, informative and plain English material in some key areas. When such material has not been produced, staff note that it becomes

harder for the BHEs to convey messages to workers accurately. This situation is considered to exist in the health and safety field where it is felt that simple clear information on work hazards; common injuries like RSI; employee and worker rights; emergency procedures; the work environment and safety signs is lacking. The WWH Training and Development Coordinator notes that because of the intersection of health and legal issues in occupational health it remains a particularly difficult area for BHEs to educate workers on quickly and consequently, access to high quality multilingual or plain English resource materials is crucial.

4.7 Key service stakeholders

The following are the key service stakeholders, listed in order of significance.

NESB women workers: while the service is not exclusive to NESB women, and occasionally has ESB participants, the primary client group is NESB working women. Their role in setting agendas, sharing information and providing feedback to the service is discussed below at 1.7. Evidence that the service is meeting the needs of this primary stakeholder group is provided by the fact that numbers of women attending workshops are high, and typically grow from the first workshop to the last. Formal feedback from participants is positive, emphasising their pleasure at gaining access to new information, feeling that their experiences were valued, and feeling glad that their employers were prepared to allow the service entry to their workplace.

Employers: as noted above, employers are a key client group for the service, in that their acceptance of the program's value is a precondition for the industry visit program to take place at all. Employer participation is also important to the smooth operation of the Industry Visit Program, as information about the numbers of women employed from which language groups greatly assists planning. Employer assistance in publicising the program around the workplace, prior to the visits taking place, is also of assistance.

Alternatively, feedback from the workshops could be useful to employers in helping them understand the needs and concerns of their workers especially in relation to occupational health and safety.

It would seem at this stage that employer participation takes the form of acquiescence rather than active involvement in helping design workshops or negotiating over workshop outcomes. While it is easy to see how greater employer involvement in the program could be mutually beneficial (for example, workshops could be used to elicit the input of workers into OHS management systems) it is also clear that too close a relationship between WWH and employers could jeopardise the program's independence and its worker-centred approach. On the other hand, WWH staff felt that one of the most important elements in securing women's participation in the workshops was the rapport established between the BHE and the women. It was felt that even if workshops were offered by educators who were not normally viewed as independent (eg government employees), use of skilled adult teaching methods would overcome women's initial suspicion. Skill is important, but perhaps more central in establishing rapport and trust would be an assurance of confidentiality and independence from government processes. Women need to know that speaking

openly to an educator, even one from the government, won't affect any future WorkCover claim, or jeopardise her position in any way.

Other health and community service providers and policy-makers: WWH makes a valuable contribution to other services concerned with NESB women or health. In a consultant capacity, it supplies advice on health program design, delivery methods, resources and content, as well as providing the practical assistance of bilingual educators. In this sense, WWH is a resource for the health and community sector in Victoria, as well as generating research on workplace and health issues of interest to policy-makers.

4.8 Evaluation

Post-workshop evaluations of community and industry workshops are conducted by WWH and considerable time is devoted to discussing feedback, staff observations and potential areas for service improvement. A strong connection has been established between workshop feedback, reported via BHEs, and the training and development cycle; where gaps in BHE knowledge or skills emerge these are rectified in staff development program for the year.

While comments from women workers on the workshops delivered are typically positive, longer term evaluation of the effectiveness of the learning that occurs through the workshops has not been undertaken.

4.9 What can WorkCover learn from the Working Women's Health approach?

Through WWH's work and research it is clear that many of women's occupational injuries go unreported, unrecognised and untreated, for a range of reasons. WorkCover could benefit from an approach that recognises the hidden nature of many occupational injuries and illnesses experienced by immigrant women. Education strategies such as those of WWH encourage women to speak openly, and without fear. WWH educators listen carefully to women and read between the lines. They also develop strategies that take into account the difficulties that women experience in relation to taking preventative action in relation to their own occupational health.

WWH has successfully delivered health information, including on occupational health, to NESB immigrant women for over two decades. Together with employers and trade unions, it has been an important occupational health educator, and in the context of today's workforce, it would appear to be providing information to women who would otherwise be isolated from it. WWH staff report that only a tiny proportion of the women they are in contact with have had any contact with a trade union. They also report that the women who attend their workshops are often extremely nervous about asking questions about OHS issues, fearing it will jeopardise their employment. The women emphasise the need to speak confidentially of OHS problems they are experiencing, and find the ability to speak with an expert in their first language useful in this regard.

The effectiveness of WWH's approach to health communication lies in both its delivery methods, and the content of the information it delivers. Key aspects relate to the:

- ? Language of communication
- ? Person to person method, supported by resource material
- ? Accessibility of locations – worksite, but with other options
- ? Use of interactive learning that empowers.

For immigrants whose English is poor or limited, the advantages of receiving health communication in their first language are huge. Even for those with functional spoken English, the ability to communicate with more comfort and greater fluency, and to discuss complex matters requiring specialised vocabulary in their main language is extremely attractive. For workers with low levels of English, attending a workshop in their first language is probably the first time they will have understood clearly the information being conveyed.

Evaluations and feedback from the workshops suggests that workers greatly value being able to attend workshops delivered by a person, with written materials used only to support the main messages of the educator. The impact of the program and the intensity of the messages are maximised, and literacy issues overcome.

The worksite delivery of health information is, for working women, convenient and efficient, being contained in a lunch-time, although with options for further learning. For occupational health information in particular, the relevance of the information is maximised by virtue of the sessions taking place at the place of work. However, as noted above, WWH has found that worksite delivery is not appropriate to all workers, especially those in non-standard employment relationships, and home-based workers. Thus the strategy of providing several access options is also valuable.

Finally, it seems that running workshops as information exchanges, though led by a highly trained expert, maximises women's engagement with the issues, and hence their learning outcomes. WWH maintains that this approach is not only effective, but empowering. The Khmer-speaking BHE expresses it thus:

the non-formal approach in sharing information and the willingness of the BHEs to listen to the issues expressed by the women encourages the women to view their problems and concern as valuable. This sense of importance in ...their health is no doubt a small step for reaching women who often feel isolated... and have the tendency to place their personal health as the last priority (*Working Well*, June 2000:6).

Conclusion

WWH is a program that addresses a variety of women's health information needs, among which OHS comprises only one element. It is however easy to see how the approach could be modified to focus more centrally on occupational health, to cover safety issues and to address men and women in some way. It is possible that greater attention could be given to working closely with employers, unions and workplace OHS committees, both to enlist their cooperation, make the program more attractive

to employers, and also to maximise the relevancy of the information program to the workplace. In this case, employers' initial concern about OHS workshops causing disruption would need to be overcome through consultation with business groups and individual employers.

WHY BOTHER?

BECAUSE THERE ARE
TOO MANY BENEFITS TO IGNORE IT

Your Benefits:

- ⌘ Decrease the likelihood of sick leave taken by women due to stress, fatigue and other women related health issues.
- ⌘ Ensure that OH&S information is provided to women in their own language.
- ⌘ Positive morale and thinking contributes to the productivity of the workplace (when working women are healthy they tend to be happier and therefore, increase the morale of the workplace).
- ⌘ No cost for the implementation of the program.
- ⌘ Program is conducted over a period of 4 to 6 weeks, once a week during the women's lunchtime.
- ⌘ Obtain a "Certificate of Participation in the Industry Visits Program".

Women's Benefits

- ⌘ Provision of health related information in an appropriate and informal manner.
- ⌘ The program can be conducted in the women's own language by professionally trained Bilingual Health Educators.
- ⌘ Access to knowledge and information prompts women to take control over their health and well-being.
- ⌘ The program is per preventative framework and is not disruptive to their work commitments.
- ⌘ Women share their experiences with each other.

Our organisation is a non-profit/non-government and independent agency.

Chapter Five: Sydney Basin Market Garden Strategy

5.1 Introduction

This strategy is best understood as a series or network of inter-related projects involving a large number of different government and non-government organisations. A diagrammatic representation of most of the main projects and agencies involved is overleaf.

The various projects and campaigns that make up the strategy developed originally in response a range of regulatory, environmental and social issues documented by academic research. Research projects at the University of Western Sydney, Hawkesbury, examined market gardening practices over a long period and key researchers acted as advocates for ethnic community growers as well as a key source of methodological expertise for other organisations. Subsequently, the needs of growers were articulated through local organisations (eg the Australian Chinese Growers Association and the Hills Community Aid) which continue to work with the University of Western Sydney.

This case study

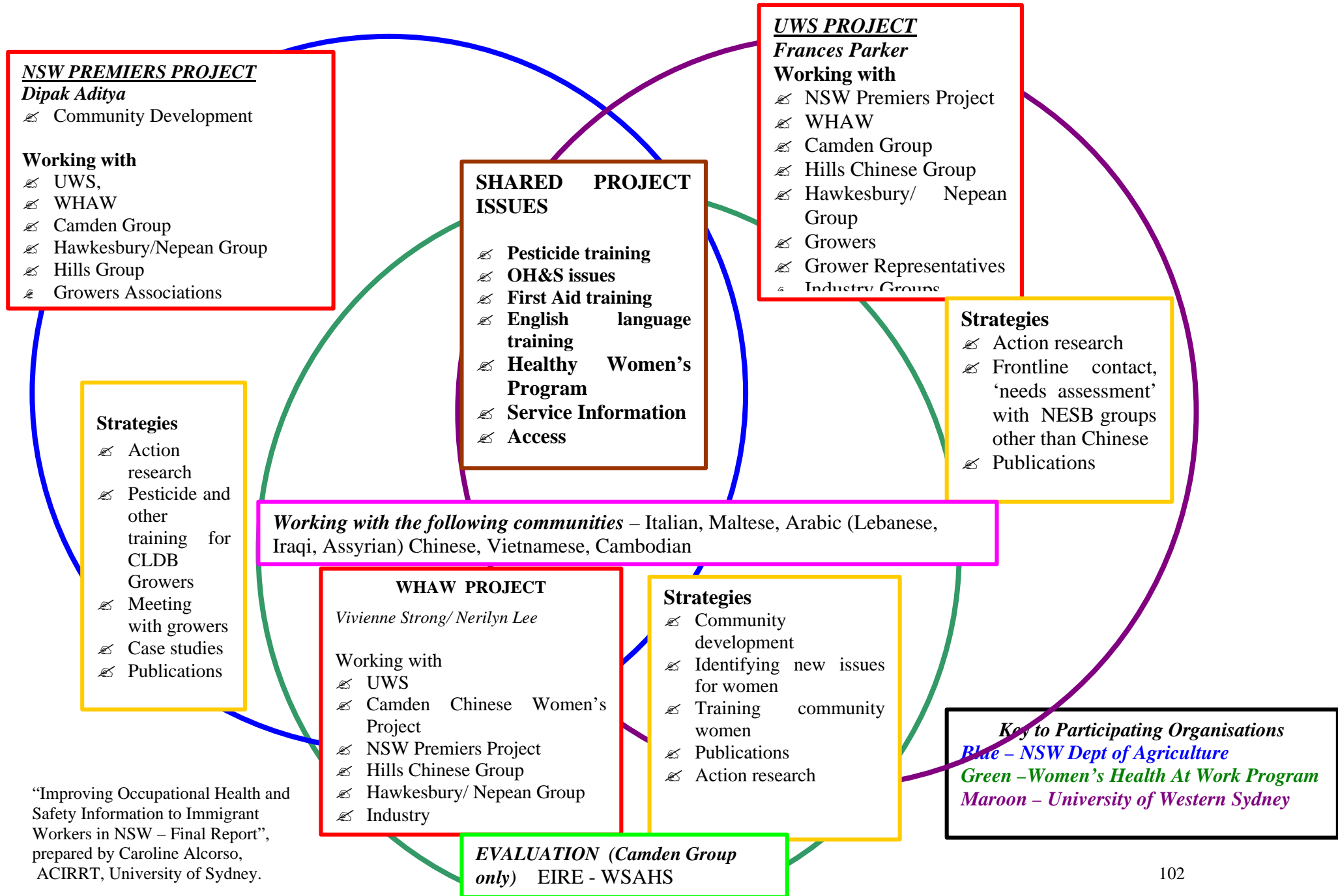
Of interest to WorkCover are the following aspects of the strategy:

- ? how it effectively uses a community development approach in reaching socially, culturally and geographically isolated workers
- ? the emphasis on education and training strategies, and on person-to-person communication to effectively disseminate information
- ? how it addresses self-employed workers, as well as employers and employees
- ? the degree of inter-sectoral collaboration in the strategy, whereby different government and community agencies collaborate to target resources to a regional population group (ie non-English speaking market gardeners).

Below we describe the project background; aims and key messages; components and key stakeholders; results; and what has been learnt during the implementation phase so far. The final section discusses the relevance of the strategy to WorkCover NSW's own work with workers and employers from non-English speaking background.

The information presented below was gathered from NSW Agriculture and Women's Health at Work reports; published and unpublished research reports; from interviews and telephone conversations with Dr Frances Parker, and with NSW Agriculture, NSW DET and WorkCover staff, during November 2001-January 2002; and from a visit to a Cambodian grower's farm. Published documents are quoted; otherwise, information comes from interviews and personal communications. The key officers interviewed have approved the final text as accurate.

MARKET GARDEN PROJECT 2000 - 2003



5.2 Campaign background

Market gardening is intensive vegetable production on small farms that deliver directly to urban markets. The market gardening sector provides 90 per cent of Sydney's perishable vegetables with an estimated value of \$150 million (NSW Government, 2000:10). Some produce is also exported interstate and overseas.

In the Sydney basin (extending from Liverpool and Fairfield in the south-west and west along Badgery's Creek to the Blue Mountains, north-west to Richmond and Windsor and north to Hornsby) market gardening takes place mainly on family-run farms, many of which are owned by people from non-English speaking background. Cut flower production is a related area of horticulture that manifests a similar structure. The NSW Government estimates that some 80 per cent of market gardens in the Sydney Basin are operated by people from non-English speaking communities (NSW Government, 2000:10). Italians, Maltese, Anglo-Australians, Lebanese, various Asian and other European groups such as Serbians and Croatians, Vietnamese, Cambodians and Chinese are well-represented amongst market gardeners. Different ethnic groups specialise in particular crops – for example, the Lebanese in greenhouse cucumbers and tomatoes, Cambodian farmers in cherry tomato and snow pea production and Chinese farmers in herbs, leafy vegetables and spring onions.

5.3 Identification of the problems

Research conducted since the 1980s at the University of Western Sydney had drawn attention to a variety of health and environmental problems associated with market gardening. Their analysis showed that these problems were exacerbated by the fact that growers were mainly from non-English speaking backgrounds and had been neglected by government agencies as a result. In 1995, preliminary findings from an on-going research study identified issues of concern in relation to chemical storage, handling and disposal; the impact of urban growth on market gardeners; and difficulties in accessing appropriate information and technical assistance. The research found that:

Most growers are unable to read English, and yet all information, including that for pesticide use, is only available in English. [It] documented a lack of knowledge and poor practices by market gardeners...isolated from both mainstream and ethno-specific services, with their main source of information being chemical suppliers (Parker, 2000b:iii).

Occupational health and safety concerns were treated comprehensively in another report conducted in parallel, which identified the following key problems:

- ? Lacerations and musculo-skeletal injuries from tractor accidents, rotary hoes and other mechanical implement hazards
- ? Actual and potential illness resulting from exposure of workers and their families to pesticides and other agricultural chemicals
- ? Heat and ventilation problems for those in the protected cropping (greenhouse) sector
- ? English-only pesticide labeling and information; and scanty and inappropriate use of personal protective equipment

- ? Potential impacts on reproductive health from exposure of pregnant and breast-feeding women to spraying
- ? Access and equity issues relating to chemical education and training
- ? Farmers ‘cutting corners’ (ie neglecting safe practice) as a result of the immense pressures on market gardeners from urbanisation, the water reform agenda, retailer requirements and taxation and social security regulations (Parker, 2000b).

These research findings were taken up by the NSW Ethnic Affairs Commission in 1995, leading to the establishment of *The Premier’s Task Force on Market Gardening by People of Non-English Speaking Background*. While the academic research documented the issues and lifted the profile of the health and safety problems amongst market gardeners, subsequently, media attention on the theme of ‘Sydney’s Forgotten Farmers’ has also helped maintain some profile for the Sydney Basin farmers’ problems.

Previous involvement by government agencies probably encouraged responsiveness to the problems the research identified. For example, in 1993, the National Registration Authority for agricultural and veterinary chemicals had convened a seminar to discuss the problem of ethnic background market gardeners who were unable to understand the English-only chemical labels. Similarly, NSW Agriculture officers reported being aware for 15 years of the difficulties for non-English speaking background farmers in implementing strategies to reduce reliance on pesticides (NSW Government, 2000:22).

5.4 Strategy elements

The Premier’s Task Force on Market Gardening by People of Non-English Speaking Background

The Premier’s Taskforce which met during 1996-7 had several aims, amongst the most important of which were to develop practical solutions to the environmental and health problems associated with unsafe chemical use by market gardeners, and to identify ways government could better support and value market gardening. It also conducted consultations to identify community and grower concerns about market gardening, and to identify the extent of involvement of the NSW government in the area. Occupational health concerns were raised in the report, especially relating to the misuse of pesticides, however, the fact that as self-employed people, market gardeners fell to one side of WorkCover’s jurisdiction was also noted (NSW Government, 2000:19).

Several types of issues were identified in the 1998 report¹⁰ that documented the Taskforce’s findings. Some were structural, for example relating to the role of growers’ organisations or the need to coordinate activities across government: the report noted that ‘stakeholder agencies need to communicate more regularly and co-operate more effectively’ (NSW Government, 2000:33).

However, most attention was given in the recommendations and future strategies to information, education and training issues.

¹⁰ While the report was completed in 1998, it was published by NSW Agriculture in 2000.

The Premier's Taskforce concluded that:

Market gardeners of non-English speaking background need information which will help them make good decisions about professional practice, personal health and other matters of concern. The information needs to be in a format and available at times and places appropriate to their lifestyles (NSW Government, 2000:33).

Several broad initiatives were identified:

- ? the development of purpose designed training courses, including the existing Farmcare (later Chemcert) pesticide handling and pest control training course
- ? co-ordinated information delivery by stakeholder government agencies; and
- ? the employment of a co-ordinating project officer responsible to an inter-agency reference group (NSW Government, 2000:33).

The *Market Gardening in a Culturally Diverse Society Project* (MGCDSP) commenced with multi-agency funding in September 2000, and will run until 2003. A Steering Committee consisting of government and grower representatives was established to manage the project.

Other elements of the strategy

In addition to, and along side the Premier's Taskforce project, other elements of the strategy have been developed and implemented by:

- ? Women's Health at Work (WHAW), Western Area Health Service (Women in Market Gardening Project)
- ? research at the University of Western Sydney (Farming Women of NESB in the Sydney Basin Project and the Integrated Pest Management for NESB Farmers in the Sydney Basin project, funded by the Environment Trust)
- ? and other groups of community-based organisations working in specific regions (eg Hills Chinese Working Group with Western Sydney Council funding and the Narellan-Camden Working Group).

A major subsequent initiative prompted in part by the Premier's Taskforce was the development of an *Education and Training Plan for Sustainable Agriculture in the Sydney Region*. This 5-year strategy was launched in March 2001 and contains a comprehensive plan for the development and delivery of culturally and linguistically appropriate training to Sydney's market gardeners. Implementation of the Training Plan described above is a function of the Department of Education and Training, supported by numerous training providers and NSW Agriculture. A separate Co-ordinating Committee supervises this implementation strategy.

Currently, the Premier's Taskforce project officer, based in NSW Agriculture, plays an initiating and facilitating role in relation to many of the projects and activities of the strategy. However, this role is not his alone, as other organisations such as Women's Health at Work also contribute co-ordination resources and help link projects across regions. The Premier's project and NSW DET project Steering Groups play a coordination role within Government. Thus co-ordination and facilitation is a

shared task, and takes place at two levels that can be loosely described as bureaucratic and community.

5.5 Key project stakeholders

A striking feature of the market garden strategy is the wide range of stakeholder organisations, and the manner in which they work together to implement the strategy's objectives.

The following types of organisations are involved in the various arms of the strategy, centred in three sub-regional locations: Hawkesbury-Nepean; South West Sydney (around Camden) and the Hills area.

State government agencies which deliver services or have a regulatory interest in the activities and needs of market gardeners. These are mainly State Government agencies and include NSW Agriculture, the Department of Education and Training, the Area Health Services, the Environmental Protection Authority and WorkCover NSW (although recently the latter has chosen to have mainly a watching brief to date).

Community organisations that have contact with and can represent the interests of certain groups of growers. These are either formal, structured multi-focused organisations such as Migrant Resource Centres, the Hills Community Centre and Mission Australia, or market gardener-specific groups, such as the Australian Chinese Vegetable Growers Association, the (mainly Lebanese) Greenhouse Vegetable Growers or the newly formed Vietnamese or Cambodian Growers Associations, whose emergence has been facilitated by the strategy.

Individual farmers have also been incorporated into some strategy projects, and in some cases supported by specific mechanisms to facilitate their involvement. One interesting approach has been adopted by the *Women Working in Market Gardens Across the Sydney Basin* project where Chinese-Australian women are employed on short-term contracts as peer-facilitators for the project, to undertake a range of activities including participate in project working groups.

Federal government agencies such as Centrelink and DEET have had a minor involvement in some arms of the strategy

Local government - Of all levels of government, local government is the most likely to be in direct contact with growers. Further, because the strategy has geographically specific areas of operation, there has been scope to involve local councils whose interest is in encouraging service use (eg childcare and play-group use).

5.6 Preparatory work in the development of the strategies

Two main types of preparation have been undertaken for the projects and campaigns that make up the strategy: academic research and extensive community and stakeholder consultation.

Academic research

Through the 1990s, academic research has been painstakingly conducted and lucidly written up by the University of Western Sydney, primarily Dr Frances Parker (see above)¹¹. In addition to academic funding sources, Federal government agencies - the National Occupational Health and Safety Commission and the Rural Industries Research and Development Corporation - funded major components of the research. The methodological approach adopted by the researchers has been as influential as the findings themselves. The research on OHS issues, for example notes:

... developing an understanding of these industries requires an in-depth understanding of the 'lived experience' of the people, and the day to day experience of their lives..... Critical ethnography and participative action research have been important components of the methodology (Parker, 2000a (i).

The project demonstrated the importance of reciprocity and mutual benefit, and *the importance of implementing and evaluating strategies for improving OHS*, rather than merely describing an issue and evaluating recommendations (Parker, 2000a: Acknowledgements section, emphasis added)

We understand a situation more when we begin to change it (Parker, 2000:154).

For example, farm chemical-user training courses were piloted and evaluated in response to the needs of Chinese growers as they emerged during the research. A one-day workshop on occupational health and safety and first aid was held for Maltese and Italian women. The participatory research method also allowed for the evaluation of existing information and education techniques, such as pesticide warning labels, which were found to be of little value to growers.

Community and stakeholder consultation

The academic research described above involved on-going consultation with stakeholders. In addition agencies responsible for specific projects under the umbrella of the strategy have conducted extensive consultations that have guided project strategies.

Women's Health at Work's (WHAW) 2000-01 consultations on its strategic directions as an organisation led to the decision to build on the work of the Hills Community Aid with market gardening women in the Chinese community. The needs of the Chinese women market gardeners were seen as consistent with WHAW's newly established goals, namely:

- ? to promote better health by focusing on disadvantaged women, and especially those with low English language proficiency

¹¹ While the main work has been conducted by the University of Western Sydney, the work of other researchers has also revealed chemical misuse problems in the horticultural sector (see eg Murison, 1995).

- ? to develop industry/occupationally specific projects that incorporated a community development approach and
- ? to avoid the top-down production and dissemination of written materials (Strong, 2001:54-5).

The social and geographical isolation of the Chinese women market-gardeners, their identified health problems, the nature and condition of the paid and unpaid work and the constraints on their ability to access mainstream services meant that they constituted an appropriate target group for WHAW.

WHAW's open and consultative approach thus generated an approach from community advocates and the development of the strong partnerships that will be crucial to the project's success. Consultation has continued as an element of every activity undertaken in the project. Thus, for example, a Health and Community Services Information Day run in 2001 for Chinese market gardening women was used not only to inform the women about government services and to encourage health-promoting behaviour, but to:

consult with a small number of women as representatives of the women in the community as a means to assessing some of the community needs (Strong et al, 2001:13).

Community input is also formalised in both the MGCDS and the Women in Market Gardening Project through an on-going project working group in which growers and growers' reps are involved. As noted at 5.5, in the WHAW project this participation is supported by monetary compensation to acknowledge the women's time.

5.7 Which groups to target

Work on market gardens, as with much research on culturally and linguistically diverse communities, quickly identified the short-comings of the most recently available Census data. ABS data was considered to be unreliable and to understate the numbers of ethnic market gardeners substantially. Many small growers probably did not appear as agricultural workers in the census and in any case, the ebb and flow of farmers was great. Other formal data sources were also found to be unhelpful (Parker, 2000b:35). Consequently, it was through door-knocking on farms, and following up contacts that the UWS researchers identified and made contact with the following groups:

- ? Arabic-speaking (mainly Lebanese)
- ? Maltese
- ? Italian
- ? Cambodian
- ? Chinese
- ? Vietnamese (Parker, 2000a:161 and Parker, 2000b).

As will be evident from the discussion above, the research process itself established partnerships and contacts within these communities that have been used as the basis for specific projects (eg training or workshops). As new organisations are drawn into

the project, additional contacts lead to connections with other communities or sections of them.

The strategy has recognised the strategic value of addressing women and men in the communities separately, on the basis that their needs and preferred modes of communication and intervention are different. Indeed, regional differences have also been identified, underscoring the need for on-going consultation in strategy development. As a WHAW report notes:

From the early beginnings of this project it became apparent that while the Chinese speaking growers and their families share a common language, culture and in theory, workplace issues, in reality there are subtle differences from district to district ... Both Working Groups [ie Camden and Hills] have developed different strategies to impart information ... In response to the expressed needs of each community ... (Strong et al, 2001:21).

Of particular interest in the UWS research was that longer-settled communities and second and third generation Australians were not found to be more knowledgeable or careful about OHS practices on the farms than those who had arrived or taken up farming recently. This was true even where the younger growers born in Australia had had more interaction with government authorities. 'Farmer knowledge' – that passed on within families – clearly had stronger purchase than the 'theoretical knowledge' disseminated through government agencies.

5.8 Strategy objectives

As noted above, the strategy comprises several inter-connected projects and activities. Here objectives of Premier's Taskforce *Market Gardening in a Culturally Diverse Society Project* will be discussed, as well as those of the WHAW *Women in Market Gardening Project*, which is the project most focused on occupational health and safety.

Market Gardening in a Culturally Diverse Society Project

The objectives of the *MGCDS* focus on the individuals, market gardeners as a collectivity, and key institutions. They are:

- ? Increase awareness of environmental management and occupational health and safety, particularly in relation to chemical use
- ? Increase organisation amongst growers and the development of growers' organisations
- ? Ensure that state government agencies are fully aware of the value of market gardening in NSW
- ? Improve the business skills of market gardeners of ethnic background (NSW Government, 2000:32-3).

Outcomes were identified as being:

- ? Improved skills
- ? Improved access to information
- ? Community development

- ? Improved agency liaison to address the issues raised in the Taskforce Inquiry (NSW Government, 2000:32-3).

Women in Market Gardening Project

This project emanates from Western Sydney Area Health Service (Women's Health At Work) and thus has a public health focus. However, good health is broadly defined in accordance with the Ottawa Charter and the specific project objectives reflect this. The highest level aims are:

- ? To improve the living and working condition of women market gardeners, and as a result to improve their health status (personal communication, WHAW Program Manager).

More specific objectives include:

- ? To implement sustainable health-improving strategies amongst Chinese women in market gardening communities¹²
- ? To overcome the women's social and physical isolation
- ? To make work easier and safer
- ? To facilitate children's participation in community support and education services (personal communication, WHAW Program Manager).

The project is conceived straightforwardly as a contemporary 'health literacy' project in the sense described in the literature review (Chapter Three). In this conception, it is recognised from the outset that health promotion results partly from increasing people's knowledge, confidence and personal skills – such that they are then able to collectively and individually change lifestyles, living and working practices.

5.9 Strategy components

As noted above, the market gardening strategy was borne largely out of action research that emphasised the importance of community development. The input of researchers in the Premier's Taskforce and in other project steering committees subsequently helped maintain this community development focus, which continues in project implementation alongside more traditional vocational training, information and education strategies. The main elements of the Premier's and WHAW strategies to date have been as follows:

Developing and delivering culturally appropriate education and training

A significant and innovative element in the project has been developing and running of culturally appropriate training programs on quality assurance, pesticides and chemical usage. Courses such as SMARTtrain and Chemcert which are run by TAFE/NSW Agriculture and the private sector respectively have been designed for broad-acre farmers rather than market gardeners. This, as well as the overly academic style of the curriculum materials and the fact that they are supported by English-only materials and have in the past been run only in English has made them inappropriate for most non-English speaking background market gardeners.

¹² All project informants emphasised that although the Women's Health at Work and Hills' projects have targeted Chinese women, there are equally significant needs amongst growers from other backgrounds.

One of the TAFE teachers who has been heavily involved in this element of the project identified the following modifications as significant in making the SMARTtrain course accessible to the ethnic growers:

- ? Delivery in a language other than English using an interpreter (bilingual co-trainers have subsequently been used with other groups).
- ? Simplification and translation of course materials, especially those related to assessment
- ? Enrolment procedures were simplified and students were permitted to pay in cash
- ? Running the course flexibly – in short 4 hour modules rather than 2-day blocks, and bearing in mind the demands of the growing season
- ? Extending the time for the course from 16 to 20 hours in order to allow plenty of time for interpreting
- ? Reducing the size of the classes to maximum 10 people
- ? Run on farms or in other locations adjacent to the farms (this form of delivery is however also used by TAFE for English-speaking background farmers)
- ? Making the course extremely practical and directly related to the problems the farmers were experiencing.

In addition, key informants interviewed for the case study identified the trainer's friendly, informal manner, and his ability to establish rapport with the growers as one of the most important elements in its success.

Growers' participation was motivated initially by regulatory requirements - training and accreditation is necessary to obtain access to several restricted use chemicals. The role of University of Western Sydney academics in facilitating the growers' participation in pilot and subsequent courses was also essential. The funding for interpreters was also drawn from UWS research funds, and later other external projects rather than internally through TAFE. Parker notes:

In general there does not appear to be any funding mechanism for the provision of translation and interpreters within the budgets of particular government agencies responsible for resource provision to this sector (NSW Agriculture, WorkCover NSW) (Parker, 2000:256).

At the time of this case study, the lack of NSW Government funding for interpreters or bilingual co-trainers was still a major obstacle to appropriate training delivery (personal communication, Parker, 2/02).

In the Chinese community, some 200 members of the Australian Chinese Growers Association have been trained. All succeeded in attaining their accreditation, and evaluations were positive. There was evidence that farmers changed behaviour as a result of the courses, purchasing and wearing personal protective equipment and reducing the amounts of chemicals used (personal communication, Richmond TAFE teacher).

After consultation, training has also been developed and implemented with Lebanese and Vietnamese growers and additional training is underway with Cambodian growers. Following needs identification, the project officer mobilises resources from

available sources to deliver the training sought¹³. Although local action appears to have been effective in terms of making more culturally appropriate training available to market gardeners, a number of obstacles and difficulties have been identified. Groups of ethnic growers have often become frustrated at the slowness of government agencies to deliver appropriate training – whilst at the same time they felt targeted by government officers and the media for misusing chemicals. The need to maintain momentum in the Strategy has at times been undermined by bureaucratic inaction and time-frames.

Important lessons have been learnt by the project in its efforts to provide accessible and appropriate training. Areas of difficulty include:

Trainer skills: As noted above, the trainer's skills in establishing and maintaining rapport with participants is crucial to the success of the training for the growers. Locating effective trainers has proved challenging. In some cases, English-only speaking trainers have been unable to work effectively with the growers, as they use lecture-style methods that are too formal and insufficiently practical to hold people's interest. Moreover, not all English-only speaking trainers have been able to work effectively with interpreters or bilingual pre-trainers.

Course design: The growers' preference for courses that are directly relevant to their needs meant that some more generic chemical courses have been seen as unsatisfactory. One trainer with experience in conducting bilingual training for Lebanese growers noted that:

To be effective, courses need to be tailored so that specific examples to which each different ethnic and crop commodity group can relate are included ... and to utilise course presenters who are au fait with the issues, fabric and idiosyncrasies affecting crop production and industry dynamics (NSW Agriculture, 2001).

The bilingual dimension: while English-only courses have been seen as unsatisfactory by participants, locating suitable interpreters or bilingual trainers has proved difficult at times. In some cases, the accuracy of interpreted communication was questioned, as for example, in a Khmer course where the interpreter had difficulty in understanding the technical concepts being communicated. It was sometimes difficult to balance the desire to use a trainer or interpreter known to the group with the needs for professional language skills, and some understanding of the course content. On the other hand, professional interpreters need to be sensitive to the day-to-day language understood by the growers.

The NSW Agriculture/ NSW DET *Education and Training Plan* envisages a strategy of encouraging volunteer NESB farmers to undertake the training required to train others from the same language background (see Phase Two, Capacity-Building). Issues to resolve are that some growers who did undertake *Train Small Groups* training expressed a lack of confidence in their own theoretical horticultural knowledge. Over-reliance on single informants amongst the growers has also caused problems, especially when the demands made on them have started to interfere with

¹³ The NSW Department of Education and Training will increasingly take over this role as it implements the Education and Training Plan.

their own farming work. Because there is intense competition between farmers in the industry, there is a resulting lack of trust that the MGCDS project officer saw as an obstacle to utilising growers as trainers. The project officer now sees this as 'not impossible, but a very long-term process' (NSW Agriculture, 2001).

Bilingual course materials: Even where growers speak English, they are unlikely to have proficient English literacy, so that translated course materials, training aids and assessment materials are a crucial course resources. Where time and funds were not available to produce these, training outcomes suffered.

The MGCDS project officer also noted that the large number of growers and turnover in the industry means that having an ongoing training program is important. There is inevitably a tension between the need to deliver training quickly and being able to ensure culturally appropriate methods and content for the group in question. For example, in the case of the Women in Market Gardening Project, a course on correct pesticide use was delivered one month after a meeting with Chinese women in the community who requested it. The WHAW evaluation notes: 'One of the key actions was not to lose the momentum of the day [so we took] a group decision that we would start a SMARTtrain course' (Strong et al, 2001:8). This first women's training was held at a woman's house over following month, attracted 7 women participants and was extremely successful.

Many of these issues are recognised in the *Education and Training Plan* for the industry, which consists of a 5 year strategy for the identification of needs, development of courses, registered training organisations, resources and cross-cultural trainers (NSW Agriculture and NSW DET, 2000).

Community development

As noted above, the strengthening of networks and organisations amongst the growers are considered by all involved in the strategy to be ends in themselves and also preconditions for the realisation of other strategy objectives. In the case of the MGCDS project, the project officer has sought to facilitate the development of ethno-specific growers associations, and then brought these together into a joint working group that can articulate its needs and interests to government. This is seen by a Cambodian grower's representative as the only way to connect effectively with government – in his words, 'the government doesn't want to talk to individuals – only groups'. Group advocacy to government and the agricultural chemical industry has been important in trying to effect change in the following areas:

- ? Pesticide labelling regimes
- ? Land leasing practices
- ? Taxation and social security regimes.

In another example, the newly formed Cambodian Growers' Association has been involved in discussions with Fairfield City Council to lease much-needed land for market gardening.

Group development is also seen as an effective means of information provision through communities. In the Cambodian community, information spread has been

facilitated by the establishment of the Cambodian Growers Association, in which telephone, social functions and personal contacts are used to convey information farmers need or that potentially impacts on them (for example, information about new pesticides regulations). Key officers interviewed for the strategy noted however both formal and informal groups offer more potential to access men than women.

The MGCDS project officer reports that while initially, the education and training strategies identified above accounted for some two-thirds of project time, it became increasingly apparent that the community development work was equally if not more important. The education and training activities are now seen simply as one community development tool (personal communication, MGCDS Project Officer). However, government agencies differ in their ability to understand the importance of community development work and in their capacity to support such approaches. While the Department of Health was congratulated by key informants for its ability to work effectively at the community level, other, more technically-based agencies were seen as part of the problem.

Written information materials and person-to person communication strategies

An interesting aspect of the strategy and its elements is the general avoidance of written materials. English language information publications are assessed as being of little use to market gardeners. While over 60 relevant agricultural publications were identified in the course of the project, the project officer also reported that ‘very little of this information was ever used by NESB growers’ (NSW Agriculture, 2001).

However, the few translated materials available were apparently little used because they were often too general and didn’t meet growers’ needs. The project officer reported that:

the best efforts would be to direct efforts into identifying specific crops and practices that NESB growers are currently following and then develop customised information fact sheets in ethnic languages... These could then be distributed using the NESB growers data base and also through field days and exhibitions (NSW Agriculture, 2001).

In preparing for a Chinese Women’s Information Day, WHAW discovered the limited usefulness of distribution of printed materials, as fliers mailed out to homes in the area often did not reach the women. Instead, project officers quickly learnt to utilise women in the target group as a resource for information dissemination.

While key officers in the Market Garden Strategy have identified the need for improved bilingual materials, the production of expensive translated publications is not seen as a priority. Where specific publications are used, small runs of cheap productions are favoured – as for example, an 8-page Chinese language newsletter developed by UWS and NSW Agriculture for distribution to Growers Association members, or WHAW’s use of one-page fliers when needed to announce a specific project initiative. This approach means that lack of funds need not prevent community language strategies. One of the people involved in the Chinese women’s project noted:

There were no funds to translate existing Council information in any quantity, so I put together a single page outlining basic Council services and contact numbers. We then gathered any information already available in the Chinese language that ...was useful for the community. (Strong et al, 2001:9).

Instead, the market gardening projects depend on inter-personal communication methods - face-to-face communication with growers and their representatives. Visiting, as well as the holding of field days where enjoyable activities and food, as well as the promise of good information, attract growers, are other methods used to reach people. The MGCDSP project officer spends considerable amount of time visiting locations where growers are (eg Flemington markets) as well as farms. The Cambodian Growers Association typically uses community functions such as bar-b-ques to impart information, as growers' time is extremely limited and 'when people hear the word meeting, they immediately feel stressed'. The Chinese women employed as key informants to the WHAW project (see above) will also play a role in providing a communication channel between the project and the women.

5.10 Conclusion

While some of the initiatives commenced are still in the early stages, the NSW Government Sydney Basin Market Garden Strategy demonstrates many valuable lessons for WorkCover. A pre-requisite for the ability of government agencies to reach and work with ethnic farmers has been the many years of action research undertaken by UWS academics in the area. Conceived as a research partnership between academic professionals and local stakeholders, this approach involved identification of issues, planning for action, implementation of change and evaluation. The approach emphasises the development of relationships between experts and the target community, and recognises that one-off, one-way communication is unlikely to be effective. The recruitment of advocates for change – the ethnic growers' organisations - assists government to promote its goals, but also exposes agencies to new demands. While this has proved challenging for the agencies involved, responding to the demands has been essential to preserve government's relationship with the groups it is targeting. The project underlines the importance of government agencies being responsive and flexible, and having a long-term perspective on reaching their goals.

In the course of responding to the farmers' expressed needs, agencies have proven their ability to generate new and innovative forms of service delivery and to communicate about these with strategies appropriate to the target group. Modified training programs, effective information resources and the use of women growers as key informants are some of the successful strategies employed in various project components. However, the strategy also points to the importance of supportive structures to facilitate local inventiveness. The absence of systematic support for bilingual training provision within the programs being used by the strategy remains a constant obstacle for the overall strategy's success.

Chapter Six: WorkCover projects

6.1 Introduction

This chapter covers a large-scale and a small-scale multicultural information project funded (in the first case) or implemented (in the second case) by WorkCover in the 1990s. First, the chapter reviews aspects of the experience of the Industrial Injury Prevention Project. Then, it considers lessons learnt from the Punjabi Banana Growers Information Project.

The Industrial Injury Prevention Project (IIPP) was a multicultural research and intervention project undertaken by the Western Sydney Area Health Service in the period 1990-6. Key components of the project (described below as Phases 2 and 3) were funded by a WorkCover Injury Prevention, Education and Research Grant, while other aspects were funded internally by NSW Health. Although the project involved a series of interventions to improve the occupational health, safety and welfare of immigrant workers in Western Sydney, its most tangible product is the booklet *Your Guide to Workplace Health and Safety*, designed for employee induction purposes and produced by WorkCover in 11 languages between 1997 and 2000. Another key product was the *Worksite Occupational Health and Safety Assessment Package*, also distributed by WorkCover in the late 1990s.

This case study

Of interest to WorkCover are the following aspects of the strategy:

- ? the project's findings, issues uncovered, and the interventions proposed
- ? the effectiveness and outcomes of the project in addressing aspects of immigrant workers' health, in the short and medium term, as well as the longer term.

Below we describe key phases of the project including objectives and various strategies adopted; results; and what lessons can be learnt from the implementation of certain aspects of the recommended strategy. Unfortunately, evaluation of the longer term results of the project was not possible, as project files and records relating to the project (eg which companies were involved) could not be located. Some remarks about project management conclude the case study.

The information presented below was gathered from copies of project reports kept by the authors as well as those WorkCover files that could be located. Interviews and telephone conversations were also held with key officers in NSW Health. The Workers Health Centre was involved in the project and the recollections and notes of the current Coordinator (involved in the mid-1990s) were therefore also a source for this case study.

6.2 Strategy elements

Phase 1

The first phase of the project was a health promotion project funded by the Western Sydney Area Health Service as a response to the high numbers of injured NES immigrant workers presenting for treatment at Auburn and Lidcombe hospitals. This phase (conducted between 1990-2):

- ? offered site assessments as a means of preventing injuries in manufacturing establishments where immigrant workers were employed
- ? sought to improve health care that injured workers received in hospitals by developing an industry register with hazard profiles of local companies
- ? collected more systematic data on the incidence and magnitude of industrial injuries in the region through the establishment of specific purpose hospital data base
- ? undertook a range of awareness raising initiatives with employers, and investigated the oracy and literacy skills of a sample of employees.

Phase 2

Once internal funding from the NSW Department of Health was exhausted, the Western Sydney Area Health Promotion Centre sought external funds to continue aspects of Phase One of the project. Eventually (some two years later) a grant from WorkCover NSW was secured to, in the words of the project report, 'focus on the occupational health and safety needs of employees from a non-English speaking background' (Kelly et al,1996:2).

Its specific aims were to:

- ? identify the OHS needs of NESB workers
- ? profile NESB employers, describing their attitudes, practices and knowledge of OHS (in fact, only 3 immigrant employers from NESB were interviewed (Kelly et al, 1996:26).
- ? develop resources to address the needs of NESB workers
- ? evaluate the appropriateness of the *Worksite Occupational Health and Safety Assessment Package* produced in Phase 1.

Twenty small and medium sized (20-100 employees) manufacturing workplaces in Western Sydney were studied during the needs assessment phase of the project. They reportedly included both good and poor practice workplaces in terms of OHS terms.

As well as employers, middle managers and supervisors, 81 employees were involved in semi-structured interviews and 99 employees took part in focus groups in the various firms. The main language groups represented amongst workers were Arabic, Spanish, Vietnamese, Cantonese, Croatian, Greek, Italian, Maltese, Mandarin and Filipino.

“Improving Occupational Health and Safety Information to Immigrant Workers in NSW – Research Report”, prepared by Caroline Alcorso, ACIRRT, University of Sydney.

Phase 3

Phase 3 of the IIPP was the development, piloting and evaluation of resources whose need was identified in Phase 2: namely, the *Employee Induction Booklet* and a *Manager's Manual: Getting the Message Across, A Guide to Successfully Getting the OHS Message Across in Multilingual Workplaces* (not in print). This phase was funded as the second part of the WorkCover grant project commencing in 1994, with a final report issued in 1996 (Martin et al, 1996).

6.3 Key project stakeholders

The key stakeholders for the project were:

- ? WorkCover NSW
- ? employer organisations, and to a lesser extent, trade unions
- ? NSW Health.

While all of these could be expected to have an interest in acting on its findings, only the first two were in a strong position to implement project recommendations. As is discussed below, while some recommendations (mainly relating to resource production) were implemented, others, relating to issues of longer-term organisational change were not taken up by stakeholders.

All phases of the project were undertaken in a highly consultative manner, with steering committee participation from relevant community-based groups such as the Workers Health Centre, as well as key union and employer representative organisations. Of note is the strong participation of health stakeholders, including nurses, health promotion staff and emergency department representatives.

Consultation during the research phases was undertaken with injury specialists, language teaching staff and health workers, as well as employers, individual unions and local labour market groups.

6.4 Project findings and results

Phase 1

The injury database established by the project confirmed the high workplace injury rate for workers in the Lidcombe-Auburn area. Some 470 people with industrial injuries presented to the two hospitals in the region in a 6 month period in 1991 (the report does not disclose how many of these are immigrant workers) (Berney, 1992:8). Hand and eye injuries were the most common. Consultation with company and hospital personnel, and other specialists in the field, identified that communication and knowledge inadequacies of immigrant workers were the key factors causing industrial injuries. 'Inattention due to boredom' and alcohol and drug abuse were also identified as problems (Berney, 1992:9).

However, despite this focus on worker inadequacies and behaviour, the project also undertook an (unspecified) number of site assessments that identified workplace environment and OHS management issues in Auburn companies. The occupational

health and safety audit component of the assessments was undertaken by WorkCover inspectors who collaborated in the project, and resulted in much appreciated contact between the inspectors and employers. Many employers indicated that they would like ‘another visit with WorkCover people, say 6 months after the first visit’ (Berney, 1992:25).

Immigrant workers employed in the various targeted companies also participated in the site assessment processes. Individual interviews were conducted with workers from all cultural backgrounds represented on the site, and from all work areas, with the assistance of interpreters. This aspect of the project was reportedly highly successful, with workers appreciative of ‘the opportunity to express concerns and provide suggestions about improving safety on site’ (Berney, 1992:23). From the employees’ point of view the essential element was the fact that the project used interpreters to ask workers in a one-on-one, confidential interview how they thought occupational health and safety should be improved at their workplace.

The survey of oracy and literacy proficiency found that self-perceived levels of oracy and literacy in English were low. The majority saw their skills as ‘nil, poor or fair’, with roughly one-third saying that they could read English well (Berney, 1992:31). Around one-sixth of the NES employees surveyed felt their ability to read in their first language was also only ‘nil, poor or fair’.

As noted above, a register of industries operating in the local area was established in an effort to give health practitioners necessary information about hazards and injury sources affecting the patients they were seeing in casualty. Although the Register was considered to be useful by those who used it, difficulty was experienced in generating awareness and usage of it during the course of the project. The proposal to establish a specialist workplace injury clinic at Lidcombe Hospital was not implemented.

Phase 2

Key findings of Phase 2 of the project included that NESB employees:

- ? lacked a basic understanding of workplace OHS (NB this phase of the project did not make a comparison with English speaking background workers)
- ? lacked awareness of their occupational health and safety rights and responsibilities (workers’ comments on the obstacles they faced in exercising those rights was also reported (Kelly et al, 1996:43)
- ? were more vulnerable to unjust treatment in the workplace; and saw themselves at greater risk of injury than Australian-born workers
- ? had poor English language and literacy skills (some two-fifths were assessed as speaking English poorly)
- ? nearly all focus groups requested that information on OHS be provided in languages other than English, and workers discussed how their lack of English made it difficult to participate in meetings or understand the technicalities of safety issues (Kelly et al, 1996:56).

In relation to employers and managers, the project found that:

- ? there was limited knowledge and awareness of OHS management
- ? there was lack of knowledge about the languages and backgrounds of their employees
- ? ethno-linguistic diversity was seen primarily as a problem, rather than a strength
- ? managers acknowledged communication difficulties and sometimes NESB workers' special OHS needs.

The project found that English-only communication predominated in the workplaces studied; and that there was little use or awareness of multilingual resources. It identified deficiencies in the resources available¹⁴; and that little or no training was undertaken on OHS. Untrained coworkers were used to explain safety information to employees with poor English in 90 per cent of workplaces (Kelly et al, 1996:58). There were significant discrepancies between supervisory estimates of English language competence and those of employers:

Management at ... 4 sites said that the provision of information was not a problem as they did not have employees who had difficulty understanding English. Supervisors at one of those sites had previously estimated that 50 per cent of employees had difficulty conversing in English (Kelly et al, 1996:58).

Occupational health and safety committees were scarce, and tended to lack NESB worker participation or management support.

Phase 3

As noted above, Phase 2 of the project recommended the development of certain resources to meet the needs of employees and managers in multilingual worksites. Phase 3 of the project, which followed on from Phase 2, developed, piloted and evaluated these resources, which were:

- ? *Your Guide to Health and Safety in the Workplace*: an A5-size induction booklet for NESB workers, in several languages, first published by WorkCover in June 1997, and reprinted in Feb 1998 and Jan 1999 (WorkCover NSW, 1998). Topics covered include: what is OHS?; employer and employee responsibilities; rights; committees; reporting incidents; common hazards; the identify-assess-control approach; where to get help; and specific hazards – manual handling lifting correctly; chemicals; noise; breathing, eye, hand and foot protection; fire safety and first aid. There is also a section encouraging workers to learn English and suggesting workplace English classes. National safety signs are explained on the back cover.

¹⁴ Discrepancies between the resources available and the needs identified in project worksites were as follows: there was a lack of multilingual resources generally; including videos; a lack of posters and signs; a lack of guidelines for English in the workplace or provision of information to NESB employees; a lack of interpreters and multilingual safety officers; and a limited availability of cultural awareness packages (Martin, Baker, Kelly and Leibrandt, 1996: x).

- ? *Getting the Message Across*: a manual for managers on communicating OHS in a multilingual workforce. It has not been possible to locate a copy of this product, and it is not clear that it has ever been published or distributed by WorkCover.

After the development of drafts, Phase 3 of the project tested the effectiveness of resources in 20 Western Sydney manufacturing worksites, some of which had been involved in earlier phases of the project and some of which were new. It utilised a survey of employees (before and after distribution of the resources) and interviews with managers (before and after distribution of the resources). Changes in awareness of employees and managers were measured by assessing knowledge and attitudes before the resources were distributed and then some two months after they were distributed.

The major finding of this study was that the booklet developed for employees was useful – *but only to a limited extent*. While the majority of employees had read it, and those who had read it showed slightly more improvement in their OHS knowledge than those who had not, the study results indicated a very low level of knowledge amongst NESB employees and ESB employees alike. Less than two-thirds of those surveyed after the distribution of the booklet knew where to get OHS advice, or the nature of MSD sheets; less than one-fifth recognised chemical hazard warnings; and less than a half knew that WorkCover was the body responsible for occupational health and safety prevention. The evaluation report concluded:

The differences [between the knowledge and attitudes of ESB and NESB workers] taken together with the findings of other studies concerning NESB employees' vulnerability to workplace injury, as well as the needs assessment conducted by this project, amply reinforce the need for the resources. However ... no amount of educational resources and policies can compensate from organisational practices and culture which fail to reinforce OHS messages. It is suggested that resources... need to be supported by organisational development and change (Martin et al, 1996:xiv).

(See below for a discussion of other project recommendations). The process evaluation of the Manager's Manual was positive, with good results in terms of Manual usage and the satisfaction with its quality expressed by managers. Some changes (eg to induction procedures, and to information dissemination) were reported by managers in response to reading the manual. However, insufficient time had elapsed to evaluate changes to managers' behaviour that may or may not have resulted. Follow up after 12 months was recommended in the project report in order to assess the manual's effectiveness as a tool for organisational change.

Phase 1

Recommendations were developed for the continuation of several key activities beyond the life of the project. The development and distribution of a self-assessment package was recommended as a strategy to meet the demand for site assessments that the project had generated. This was despite the fact that at the outset of the project, it had been determined that a more active approach was needed:

Rather than designing educational packages for industrial sites (plenty of which already exist in one form or another) the proposal of assessing sites for common risk factors and instigating environmental change was developed (Berney, 1992:22).

As a result of this recommendation, the *Worksite Occupational Health and Safety Assessment Package* was developed and published by WorkCover until it was replaced by the (current) *Workplace Safety Kit* (WorkCover, NSW, 2001). In addition, the following aspects of the project were recommended for continuation:

- ? close work between agencies (eg NSW Health and WorkCover) to improve workers' OHS and welfare
- ? involvement of immigrant workers themselves in making work safer, facilitated by language services
- ? targeting two key areas of worker behaviour and work environment: namely, the use of drugs and alcohol at work; and noise prevention
- ? further development of the industry register
- ? the establishment of a specialised industrial injury clinic at Auburn Hospital.

As can be seen above, there was comparatively little emphasis in the project's work on information and education as injury prevention strategies, and far greater emphasis on other workplace prevention strategies. However, the project did make a strong recommendation relating to the development of education programs – namely, the avoidance of reliance on 'the written word'. The project report from Phase 1 concluded that: 'alternative forms of communication such as videos and 'live' demonstrations should also be used' (Berney, 1992:1).

Despite these conclusions, Phases 2 and 3 of the project took up strongly the production of written resources. As noted above, these were the most tangible and probably long-lasting outcomes of the project. However, there was also a range of other recommendations including the following:

- ? improvements to injury data collection (to include ethnicity measures)
- ? the development of a Code of Practice for NSW for providing OHS information in languages other than English (following the Victorian model)
- ? enhanced OHS assistance to small and medium employers
- ? promotion of best practice
- ? encouragement for training on OHS and on cross-cultural awareness
- ? increasing the accessibility to companies of language services
- ? the development of additional multilingual resources (eg audio and visual material, signs, posters etc)
- ? the establishment of a tripartite OHS Committee for Western Sydney to oversee and monitor the report's recommendations, as well as the publishing and distribution of the research results (Kelly, Baker and Western, 1996).

6.5 Relevance of the project to WorkCover

It is evident that a considerable amount of resources have supported the various phases of the *Industrial Injury Prevention Project* between 1990 and 1999 when *Your Guide to Health and Safety in the Workplace* was last reprinted by WorkCover. These

resources included the funding for project phases from NSW Health and WorkCover, as well as the considerable amounts of time contributed by health professionals, and by employer, employee and community-based organisations, and by the companies and workers used as research sites.

The findings of the different project phases are instructive as are the project recommendations. The degree of commitment to improved OHS that the project managed to generate amongst employers was notable. For example, some 29 local companies attended an industry seminar run near the conclusion of Phase One, and several requested site assessments or follow up. The key was clearly that the project offered practical advice and assistance to improve OHS. Phases 2 and 3 offer some objective assessment of the effectiveness of written resources on OHS in a workplace setting, though their utility is limited by the fact that no longer term evaluation of the resources was conducted.

However, perhaps the most striking observations that can be drawn from the project are the following two paradoxes:

- ? Despite the fact that, during all three phases, the project cautioned against reliance on written resources, in the end, new publications were the most tangible and long lasting project outcomes. It is impossible to escape the conclusion that printing booklets for workers (without monitoring their distribution, use or effectiveness) substituted for the more challenging task of addressing workplace culture and changing organisational practices that the IIPP project recommended.
- ? Despite the project's comprehensive analysis and reporting of its research findings with three separate reports generated, they appear today to be little known by stakeholders and to have had little impact on policy or practice. Indeed, a disjuncture is evident between the *involvement* of key stakeholders in the project, and the subsequent inaction by stakeholders in relation to project results. This is a common syndrome in equity-oriented policy research. It is not clear in this case whether this is because the recommendations were considered inappropriate, or because of other structural and institutional barriers to their implementation.

Today's ACIRRT project moves over much of the same research terrain as the IIPP project, and indeed, reaches very similar conclusions. However, the question of how WorkCover can better build on the findings of funded projects such as the IIPP project remains. There appears to be an urgent need for WorkCover to integrate the findings of funded research into its own organisational strategic planning process, as well as to better document, disseminate and utilise the research projects that it generously funds.

6.6 Punjabi banana growers information project

This small education project was conducted by WorkCover inspectors in the Coffs Harbour region of NSW in the period 1996-8. Generated by a concern amongst WorkCover inspectors about the unsafe use of chemicals among the mainly Punjabi-background banana growers of the Woolgoolga region, the project is a good example of how WorkCover can respond flexibly to ethnic community needs by working in a participatory manner with the community.

This project summary

As the project commenced some 6 years ago, it has not been possible to easily contact relevant project staff. This project summary therefore draws on those project files and resources that could be located, and interviews with the Woolgoolga Neighbourhood Centre coordinator, a local grower who worked with WorkCover on the project, Sydney-based WorkCover staff and the Manager of the Coffs Harbour WorkCover office (who was not directly involved in the project).

6.7 Description of the project

As noted above, this WorkCover project was initiated by the local WorkCover office in response to the identified needs of one particular group – North Coast banana growers, most of whom are Punjabi-background. One WorkCover inspector devoted a considerable amount of time to the project over a two-year period. This stage of the project was conducted with input from the local Neighbourhood Centre, which in turn had good connections with the Punjabi-speaking community. The WorkCover inspector also enlisted the assistance of community leaders - local growers who gave input on banana growers' needs and concerns.

After this extensive consultation phase, the project developed a translation of the booklet targeted to banana growers: *Safe Use of Chemicals in Banana Farming*. The English version of the booklet was published by WorkCover in 1996, with the Punjabi version published and launched locally in 1998. The launch, which was performed by the Minister for Industrial Relations, also involved a Sunday afternoon seminar held at the local community centre.

The seminar was conducted jointly in Punjabi and English, which was considered highly innovative for WorkCover at the time (in 1993-4 WorkCover had run a Western Sydney multimedia strategy targeting the Vietnamese community, involving Vietnamese language radio, cassettes and print articles, but this had not involved bilingual seminars - see WorkCover Authority, 1994). A local Punjabi doctor, who was also an active member of the Sikh community, was the Punjabi presenter at the seminar.

The seminar provided an opportunity to allay fears about chemical use, as well as to explain real dangers and protective practices.

6.8 Outcomes

Invitations to the launch and seminar were distributed by direct mail and through the local temple, and a large and enthusiastic attendance occurred (Rashmere Bhatti, pers. comm., 2002). Some 70 people attended, and the seminar was considered by them to be very effective and successful – with one major reservation, which was the non-participation by women. Despite the effort that had gone into encouraging women's attendance at the seminar, apparently almost no women attended. The Neighbourhood Centre Coordinator considered this to be a major failure, as women and children were known to be constantly involved in spraying and working with chemicals on the farms.

From the point of view of the Neighbourhood Centre and WorkCover the following factors contributed to the success of the project (except in relation to women):

- ? The fact that the seminar and launch were held at a time and place convenient to the farmers, and that the WorkCover staff spent a lot of time having informal interaction with the farmers, both before and after the seminar
- ? The seminar and launch were constructed as social occasions (with suitable refreshments) as well as information opportunities
- ? WorkCover products (including such things as give away pens) were appreciated.

As well as the failure to attract women, the other concern about the seminar was the role of the local doctor – the Neighbourhood Centre Coordinator felt in retrospect that a professional, impersonal interpreter may have been better as debate was inhibited by the doctor's local status.

A WorkCover officer involved in the project noted that initiative had given WorkCover a 'face' in the local community and the provided the basis for on-going work.

6.9 Follow-up

Despite the successful launch of the leaflet and attendance at the seminar, it seems that WorkCover had little continuing contact with the inspectors after that time. Both the local Coffs Harbour office and the Woolgoolga community representatives contacted reported that the project appeared to end with the launch of the booklet, and that there had been little contact between WorkCover and the farmers after that time. The opportunity to 'build on experience' had not been taken up.

6.10 Conclusion

The project manifested many of the attributes of successful health communication identified in the literature and in other projects. There was extensive community input, with project products being designed to meet the needs of the target group in content as well as form. Unlike other WorkCover ethnic community information projects, the banana growers project was industry-specific, enhancing its relevance and appeal to the target group.

However, despite the enthusiastic start to the project, it appears to have been truncated at the point when continuing input from WorkCover may have led to (i) opportunities for consolidation of the health and safety messages WorkCover wished to deliver to the growers (ii) longer term change in the growers' farming practices. Further work could also have allowed scope for WorkCover to evaluate the project's effectiveness or otherwise.

Chapter Seven: National Speedway workplace Case Study

National Speedway Ltd is a medium sized national distribution company based in Sydney's south-west. It assembles, repackages and distributes a range of products, including pharmaceuticals and foods.

This case study

The following people were interviewed for this case study: the National Distribution Manager and OHS Manager; a human resources officer responsible for safety and workers' compensation; and 6 employees (forklift drivers and storespeople). Interviews were conducted in November 2001 and January 2002, when a focus group of employees was conducted to further explore issues raised in interviews. A site visit was also undertaken.

The company and its employees

National Speedway is a medium sized, Australian-owned assembly and distribution centre with branches in each state and territory. It is approximately 20 years old. It employs some 60 employees nationally, with the bulk of these (approximately 40) working in the south-west Sydney plant. It has recently down sized, restructured and moved to a purpose-designed location in a modern industrial estate.

The company packs and repacks, moves, stores and distributes goods, and has marketing and customer service departments. Thus employees are employed in a range of clerical, administrative and warehousing jobs. However, the main OHS issues occur to those employed in the blue-collar jobs of:

- ? Forklift driver
- ? Storeperson.

Drivers are not employed by the company but are rather contractors.

Most immigrant-background employees are concentrated in this area, making up about half the workforce in the warehousing department. Workers are from Japanese, Egyptian, Filipino (Bicol-speaking), Thai, Chinese and Greek backgrounds. While some of the workers have been in Australia for a long period, others are relatively recent immigrants (eg two Thai and two Japanese women interviewed who had been in Australia only 3 years). In warehousing, around half the workforce are female, while more than half are female in the company overall.

Occupational health and safety at National Speedway

The workers identified the following OH&S hazards in the warehousing department:

- ? manual handling hazards (especially back injuries) caused by unsafe lifting and turning

- ? accidents with mobile vehicles - forklifts
- ? injuries caused by falling objects (eg from pallets stacked too high or badly packed pallets)
- ? paper cuts and cuts from nails
- ? exposure to chemicals – where there are breakages or packed liquids have spilt.

The management stated that the company took occupational health and safety very seriously, and the workers on the whole supported this assessment. Management reports a very low rate of injuries and workers' compensation claims in the company.

According to the OHS manager, the new premises had allowed the company to 'design away' many hazards, as ergonomically sound shelving and assembly structures had been installed. The company now has a 'no ladder' policy, although stools are used.

Amenities had also improved as a result of the move to the new plant, and recently heat and light problems in the warehouse had been significantly ameliorated by the installation of insulation and sky-lights across the ceiling.

While a strong occupational health and safety committee existed in the old plant, there was a lull before its recent reintroduction to National Speedway. The new committee was elected in August 2001 and the company has a new written OHS policy. Among other things, this policy commits the management to: 'promote communication about OHS as a normal component of all aspects of work' (National Speedway, *OHS Policy*, September 2001). The committee has 5 members, who have up to 2 hours/week for OHS business.

The company has recently become partly unionised, and now has an enterprise bargaining agreement that replaces expired Australian Workplace Agreements. The agreement deals mainly with wages and leave issues, and does not cover OHS.

Communication on OHS

The main means of communication on OHS issues are:

- ? on-the-job instruction via the supervisor
- ? the employee noticeboard in the lunch room
- ? staff meetings
- ? the occupational health and safety committee and joint consultative committee meetings, should issues arise.

Off the job training has been provided for OHS committee members (some of who are NESB).

For warehousing employees, there is very little formal training on OHS or other matters. Employees are trained on-the-job by working with an experienced worker for 2-3 hours, and are not given a formal induction, written material or information on company policies. Instead these are 'picked up over time'.

The information was reported by staff to be quite limited, and some said that they didn't read written information provided because it was in English.

Multilingual communication

Most communication in the company is in English and the management considers that there are no communication problems in the company – ie that all staff can understand sufficient English to obviate the need for language strategies, such as interpreters or translated material.

The National Distribution Manager stated that staff must be literate in English to work for National Speedway, but on further investigation, both management and workers agreed that in fact *numeracy*, rather than literacy was essential (a numerically coded packing system is used). The management does not in fact require evidence of literacy skills for employment, and has little idea about the literacy skills of employees, whether in English or another language. There is no multilingual communication in the company, except that which occurs informally.

Interviews and discussions with workers suggested however that language was an issue for at least some staff who reported that they could not read and write in English. One worker remembered being given information about 'pharmaceuticals, clothing and emergency procedures' but felt it was of little use because they couldn't understand it. Another worker said that 'I ask for people to repeat instructions, and if I can't understand something then I ignore it'.

Some workers mentioned strategies for overcoming language difficulties – for example, a worker who said that she assumed that if something was important, she would be given information in writing. (This had never occurred in her memory on an OHS issue). Then she would take it home and ask a friend to help her understand it. Another respondent described how, during the enterprise bargaining process, he would write his thoughts at home in Arabic and then bring it to work and translate this into English to the union representative. The staff numbers were too small and the diversity of languages too great to allow the language buddying that occurs elsewhere.

A management representative expressed the view that 'workers should be making an effort to become proficient in English'. While he thought that multilingual communication strategies may be necessary for those without any English, he felt that it was a worker's responsibility (not that of the employer or government) to learn to communicate in English proficiently.

While the workers interviewed clearly were utilising various personal strategies to communicate efficiently in a monolingual workplace, they also welcomed more assistance. Their ideas are discussed in more detail below. The constraints on learning English should be noted - both the newly arrived workers interviewed reported that they had been too busy working to attend English classes on arrival in Australia. One woman explained that she had for some time only been able to obtain casual jobs, and had had to take on two at least, in case one finished.

Multilingual communication strategies

Staff pointed out the difference between being able to function in a workplace setting, and being able to understand more complex written information in English. There was consensus that ‘to understand details exactly – to really understand, and not just get the general meaning’ it was important to have information in languages other than English, or at the very least ‘in very simple English’.

Most staff said that they would ask supervisors if they wanted more information, or a colleague (eg one woman who said she would ask her husband with whom she worked).

When questioned about preferred information dissemination methods staff drew on their experiences in other companies to answer. They suggested:

- ? *Television, video* – several emphasised the effectiveness of visual medium. One man who had worked at a large food company said that videos in languages other than English had been made available to them to take home and watch. Technical problems in terms of compatibility of videos and video recorders had to be overcome. It was also pointed out that this would not be appropriate for recently arrived workers who may not have videos.
- ? *Group meetings/seminars* providing ‘actual information’ that was pitched at a ‘commonsense’ level. Having ‘someone to explain’ was seen as important.
- ? Via the safety committee
- ? Chinese and other community language *newspapers*
- ? Community language brochures (several staff thought these could be provided by WorkCover); posters

There was interest in workers’ compensation information, as well as information on OHS.

Some workers suggested all possible means would be useful, including radio, and all of the above. There was a strong preference for written information in languages other than English as part of an effective communication strategy.

Management’s views were coloured by the sentiments discussed above that it was up to immigrants to become proficient in English after coming to Australia. However, they also indicated some suspicion of the likelihood that staff would read written material if it were available. Their support for WorkCover’s role was related to their overall view of WorkCover – namely, a view that WorkCover should be targeting ‘bad employers’ more than they currently are.

Conclusion

Like the vast majority of Australian workplaces, National Speedway is essentially monolingual. Despite the employment of many workers with limited English,

management does not see any need to cater for language or cultural diversity in its relationship with staff. This is partly because:

- ? staff employ their own personal strategies for overcoming language barriers
- ? staff with limited English select themselves out of representative positions (eg being on committees) or participating in active consultation processes
- ? in the case of National Speedway, OHS is fairly effectively dealt with via engineering and design controls – ie management does not perceive that there are significant problems.

On the other hand, it is clear that non-English speaking background staff would welcome more information; more education opportunities; and communication that took place in their own language. Without this, their participation in OHS management as envisaged in the OHS Act is unlikely to be achieved. However, the diversity of preferred methods and ideas suggests that a single-stranded strategy – such as supplying a leaflet - would probably not be effective at reaching many of the staff.

Chapter Eight: Oceanclean workplace case study

Oceanclean is a medium size commercial cleaning company employing cleaners from a range of culturally and linguistically diverse backgrounds. Its clients are educational, retail, office and industrial companies across Sydney and in Brisbane.

This case study

The following people were interviewed for this case study: the Chief Executive Officer, Industrial Relations, Training and Quality Assurance managers, a site manager responsible for a large and diverse site; the union organiser responsible for the company, a union Spanish-speaking information officer, and 1 employee (a Bangladeshi-background cleaner). In addition, observation of the 3 hour company induction program for 30 staff was undertaken. Interviews were conducted in December, January and February 2002.

The company and its employees

Oceanclean is a medium sized, Australian-owned company that provides cleaning services on contract to large shopping centres, offices and educational institutions. Cleaning and other property maintenance services are provided at several hundred sites.

It is approximately 30 years old and is currently growing rapidly. Currently, there are nearly 700 cleaners actively employed, with a pool of 200 others who work from time to time. Nearly two-thirds are currently men. Most are employed on a permanent part-time basis, usually for 15 hours/week, in five 3-hour shifts (starting at 4, 5 or 6 am in the morning). Some workers work full-time, and some are employed casually typically for relief assignments. As in other parts of the cleaning industry, turnover is high with some 15 terminations taking place each week. As a result, the company recruits new staff on a weekly basis. The company also has a branch in Queensland.

The vast majority of cleaning staff is non-English speaking background immigrants, many of whom have recently arrived in Australia. The cleaning job is a second job to many, who may also be studying or cleaning elsewhere. Administrative, managerial and clerical jobs are undertaken mainly by workers born in Australia or other English speaking countries.

According to the company, employees come from the following backgrounds:

- ? Latin Americans – Spanish speaking
- ? Indonesians, Thai and Filipino
- ? Several Eastern European countries.

Communication about occupational health and safety at Oceanclean

The main means of communication on OHS issues are:

- ? the obligatory induction session
- ? on-the-job instruction via the supervisor
- ? written resources kept in cleaners' rooms at cleaning sites – a manual, posters
Material Safety Data Sheets.
- ? some instruction during quality assurance auditing processes.

All prospective or newly employed cleaners are required to attend a 3 hour long induction session that is usually held at the company headquarters. Sometimes, cleaners can attend a session at their workplace if they are required to start quickly. The group induction provides an efficient means of briefing employees on company policy and company expectations of work standards, and ensuring that paperwork (including immigration forms) have been correctly completed.

Approximately one-third of the session is devoted to occupational health and safety issues, and two videos are shown on OHS issues. They are not specific to the cleaning industry, but deal with the office environment and general issues.

Tens of new workers attend such sessions each week. Once they have attended a session and completed the necessary paperwork, they can be employed at local work sites if needed. In addition, existing workers attend on occasions, in an attempt progressively to expose the existing workforce to the training. Currently, the company is examining ways of limiting the induction to workers who have been referred by a site manager for an existing vacancy.

This induction process is relatively new, part of a general move over the last 3-4 years to set up improved HRM systems and 'to change the corporate culture'. This shift to what might be termed a 'soft HR' approach has been motivated in part by high levels of workers' compensation claims (and the rising cost of workers compensation) and poor return to work outcomes. The IR Manager noted that that deliberately trying to improve communication is part of a general improved approach to treating workers well and seeking to improve work performance by motivation, respect and mutual trust between workers and management. Supervisors are therefore required to listen to their workers, understand their problems and be family friendly. Quality assurance auditing is also relatively new, having been undertaken on a formal basis for some 7 months.

A senior manager observed that in the cleaning industry, cultural change often requires the re-education of managers since many managers have risen up from being cleaners themselves and have little formal education or professional skills. Oceanclean now tries to recruit people who are 'dedicated to rules and regulations'.

Some managers are convinced that the new approach is working well, and that the introduction of the induction sessions have been effective in reducing the number of workers compensation claims. Previously, there were approximately 80 new compensation claims made by workers each year. Currently, the number has fallen to down to 4-5. Return-to-work rates have also improved according to the management.

Some senior managers see workers' greater willingness to discuss problems directly with managers as another indicator of improved workplace culture, reflecting the fact that company structure has become more transparent to the cleaners.

An alternative view expressed by the quality assurance auditor is that workers' absorption of the information presented at induction is limited, and that: 'OHS training only works if it is reinforced again and again'. For this reason, he gives some limited reinforcement on issues such as use of gloves, manual handling, avoiding needle stick injuries, chemicals etc during the QA process.

Additional training on OHS for existing staff is currently under consideration by management (see below).

Union initiatives for OHS information in the cleaning industry

In 1996-8 the union undertook a major WorkCover-funded initiative to educate and inform workers about OHS issues specific to the cleaning industry (Gaudry, 1998). While the project doesn't specifically relate to Oceanclean, as it was undertaken in partnership with different companies and aimed initially at school-based cleaners, the strategies developed will be briefly mentioned here. The project undertook extensive consultation with cleaners, as well as ergonomic research to produce an information and training manual on the prevention of manual handling injury. The module was designed to be suitable for cleaners, their supervisors and managers, and consisted of a booklet and two factsheets; two videos; overhead transparencies and trainers' notes.

While some 6000 booklets and fact sheets were distributed to cleaners at the time of the project, it seems that the value of this work has been undermined by failure on behalf of the industry to make use of the resources over the long term. It is unclear why at Oceanclean, videos not appropriate to the cleaning industry are used to instruct on OHS prevention rather than the cleaning industry-specific videos WorkCover funded only a few years ago. The union observes that the lack of continued funding from the government or the industry is responsible for resources no longer being distributed.

OHS Committees

There is no elected health and safety committee at Oceanclean, and indeed, the OHS model is difficult to operate in the cleaning industry as a result of the structure of the work. The union notes that the high staff turnover, movement of staff around work sites, dispersed nature of worksites, unsocial hours of work and employer reluctance to release cleaners from cleaning duties make OHS committees very scarce in the industry.

Oceanclean currently have a consultant working on the issue – strategies include writing to large companies that they clean and requesting participation on their committees, where they exist, and having a senior management health and safety where issues are often discussed. This does not however involve cleaners.

Union-company relations

Relationships with the union are good and are encouraged, in line with the new approach described above. Union membership is encouraged. It is felt that this reduces the workers' compensation bill, as it is clear that no rorting is allowed, and if relationships with the union are good, the union will not support a fraudulent claim. The union notes that Oceanclean management has friendly relations with the unions and acts swiftly to address union members' issues.

The union (LHMU) has many concerns about occupational health and safety management in the cleaning industry, where it has a sizable membership in the school/TAFE cleaning sector. One concern is the use of sub-contracting arrangements by the larger contract cleaning companies which can prevent employers from taking responsibility for workplace OHS, and also make it difficult for employees to pursue their rights.

Oceanclean management agrees that sub-contracting is a major issue in the industry, describing the industry as a 'margins business'. They use sub-contractors on a limited basis, and mainly for specialist purposes – eg high window cleaners. Oceanclean feel that their own sub-contractors do not undercut wages and conditions, and indeed Oceanclean's sub-contracts contain clauses guaranteeing award wages and conditions, workers' compensation certificates of currency and compliance with Oceanclean's OHS policies. On occasions, sub-contractors' employees attend Oceanclean's induction sessions.

Multilingual communication – issues and strategies

As in other companies researched for this project, functional workplace communication at a level needed in order to undertake the job is not seen as a problem at Oceanclean. However, unlike other companies, Oceanclean acknowledges that communication is an issue in their highly multicultural workforce. For example, managers have occasionally used TIS (the Telephone Interpreter Service) to communicate with individual workers in a counseling context – a rare practice in Australian industry.

Language difficulties are observed by training and quality assurance staff, and are keenly experienced by administrative staff who deal with wages and staffing issues. The Payroll Manager described a range of strategies she used to communicate with cleaners who had low English language proficiency, mainly involving a phone connection to a third party speaker of the same language (eg a supervisor elsewhere in the company). She also noted that family members were frequently used to interpret and on some occasions, had accompanied their parents to the induction session to interpret and translate forms. She described difficulties she encountered when processing forms incorrectly completed by new staff, and commented that many 'would not know what they are signing'. Observations at the induction session confirmed this assessment.

Language matching on work sites

In recent years, the company has been actively considering multicultural communication strategies, such as a strategy that can be described as deliberate ‘language-matching’ – grouping workers with the same first language together in a worksite, and then locating a supervisor with the same first language with them. According to the Industrial Relations Manager, such an approach is part of their new direction in human resource management. If language matching were to be widely adopted, the ‘roaming supervisor’ form of work organisation common in other parts of the industry would have to be progressively abandoned, since smaller sites may not warrant one dedicated supervisor/site. Language matching works better where there are concentrations of workers from the same backgrounds on larger jobs (eg commercial sites such as shopping centres). It is however difficult to implement in a climate of high staff turnover, high movement between sites and expansion, meaning that supervisors often need quickly to appoint cleaners as vacancies emerge in their sites or workloads expand.

These work groupings also operate as informal employment networks, with workers from specific groups being recruited through the network to work with co-ethnic friends or family members at the workplace level. Some managers in Oceanclean believe that language clustering occurs naturally, as cleaning supervisors and site managers employ those they know and trust and others leave through natural attrition.

The obvious advantage of the strategy is that supervisors and co-workers can easily and effectively communicate, and supervisors can be sure that cleaners understand adequately the standard of work required and special instructions concerning a site. However, there are also potential disadvantages. One site manager noted that there could be problems, especially in emergency situations where a supervisor from another site has to handle an issue in a workplace where everyone is used to communicating in their first language.

The approach has led in at least one case to allegations of discrimination; for example, when a Macedonian worker complained of being discriminated against in a mainly Lebanese site. The company dealt with this by moving the worker to another site, which was mainly Macedonian-speaking.

The union expressed the view that in ethnically homogenous workplaces, supervisors can bring to bear extra pressure on workers by virtue of their community connections, and the trust immigrants with little English may have in a colleague who speaks the same first language. As a result of co-ethnic supervisors’ ability to draw on workers’ feelings of loyalty, or because of their authority over the employee outside work, ethnically homogenous workplaces can be more exploitative than multi-ethnic ones. The union argued that this prospect is exacerbated in workplaces where there is ‘network recruitment’ at the site level – ie new employees are recruited through existing workers contacts – rather than a more formal and centralised employment system.

Multilingual communication strategies

In the normal course of events, neither union nor management at Oceanclean uses formal multilingual communication strategies such as multilingual written material or training delivery. During the induction, all materials used and the training videos are in English, and all union literature is also only in English. The training manager noted that it would be desirable to have the use of a video that at least utilised plain English communication style, though he felt that even in its current form it effectively communicated the health and safety message.

This was confirmed by one employee interviewed, who noted that it would be more useful if the video was in plain English, and people could focus on the images more – ‘when people migrate to Australia, the language problem is the vital point’. He also noted that for people like him from South Asia (India, Bangladesh and Pakistan) simple written English materials are useful as a way of overcoming the accent barrier with spoken Australian (or other accented) English.

In the union resource development project described above, the production of translated resources was initially envisaged as part of the project. However, time and resource shortages meant that this component did not proceed. The consultant (from Newcastle Workers Health Centre) who undertook the project feels that it could be simply and effectively complemented by:

- ? a video that demonstrated good and bad practice on a range of cleaning work practices, with no spoken language at all – simply visual cues such as crosses and ticks
- ? translations of the fact sheets produced.

Management at Oceanclean is seeking other methods to ensure cleaners meet appropriate standards in their work, and recognises that in part this means overcoming language barriers. In the near future Oceanclean plan to trial off-the-job training prior to cleaners starting work, where they will be shown how to use equipment and undertake basic cleaning tasks. It is felt that the delivery of such training off-the-job will (a) facilitate learning by removing the time pressures of on-the-job training; (b) allow more effective communication between speakers of various languages, in part facilitated by the use of visual aids.

English language classes are also under consideration, once the company moves to new, more central premises, but the cost margins of the industry, the tight time constraints workers are under and the dispersed nature of sites are all considered barriers to implementing workplace English.

The union has a Spanish-speaking information officer, whom Spanish-speaking members now know to contact. This is fortuitous, rather than being part of a planned strategy but is seen as extremely valuable by the union organiser. Generalising about the cleaning industry, the information officer noted that while many cleaners have functional English adequate to doing the job, they do not have the complex comprehension skills to understand other OHS information – for example, chemical safety information. She felt that many were unable to express their needs properly to supervisors and feel weaker because of difficulty in defending themselves in English.

The union noted that expense was an important factor in preventing the union from developing more community language information for members.

What could WorkCover be doing?

Interviews with managers indicated that WorkCover assistance with the following strategies would be useful:

- ? The provision of multilingual booklets and multilingual posters on industry-specific hazards appropriate to the cleaning industry (an example given was a poster depicting the need to ‘click-clack’ vacuum cleaner harnesses)
- ? Recruiting and training a pool of bilingual information officers that could be drawn on by employers to co-facilitate in staff training sessions
- ? A standardised manual for supervisors across the industry, so that procedures and policies are clear
- ? Plain English, no English or multilingual visual aids for use in training sessions.

The union noted that far greater pressure should be placed on employers to improve equipment design and maintenance, and to control risks associated with the work environment, for employees in the cleaning industry, and to reduce the time pressures on employees that encourage unsafe work practices. A strategy to address subcontracting was identified as a priority. In addition, the union identified the following information/education strategies as useful:

- ? Multilingual cleaning industry OHS information directed to employees, but only if distribution, printing and reprinting were resourced and organised effectively
- ? Assistance to unions with the costs of language services (interpreting and translation) to allow unions to operate more effectively in the industry
- ? WorkCover training of supervisors, who in turn could then better inform and educate employees
- ? Establishment of mandatory induction training for cleaning industry employees similar to that introduced in the construction industry.

Both management and the union believed that the intensely competitive nature of the industry made it difficult to generate collaborative endeavours, so that the role of government agencies like WorkCover were all the more important.

Conclusion

The Oceanclean case study represents a linguistically and culturally diverse enterprise where head office and site managers, and employees are consistently using a range of informal communication strategies to communicate effectively. While there is considerable management emphasis on ensuring safe and healthy working practices,

the value of this effort is undermined by the simple fact that appropriate communication strategies such as bilingual trainers, plain English, no English or multilingual visual aides, and translated written materials are not used.

Oceanclean is an example of a company where there is considerable scope for assistance and encouragement from WorkCover, for example, with resources and bilingual liaison officers. However, the case study also highlights the need to ensure that resource production projects are embarked upon with a clear strategy organised for reproduction, distribution and use of the final product. A project funded by WorkCover in recent years that yielded materials relevant to the company's expressed needs appears to have had little impact in this sector.

Finally, the case study demonstrates some of the structural issues large companies in the cleaning industry face in relation to communication, education and training. These include high workforce turnover, the large number and dispersed nature of worksites, the large range of employee language backgrounds and levels of English proficiency, the tight timing of work schedules and the employment profiles of most workers and the lack of facilities for training at most work sites. Company managers identified several strategies for overcoming these issues, some of which had been implemented. From WorkCover's perspective, close consultation with the industry and the tailoring of information strategies to industry-specific contexts is clearly essential.

Chapter Nine: Terrazzo workplace case study

Introduction

Terrazzo is a small building company that supplies and installs all stone building materials (e.g. granite, sandstone, marble).

The size of the workforce varies considerably over time as demand for the company's products and services varies. At the time of initial interview there were 5 to 6 working in the factory and about 15 working on a site in Canberra. However by the end of the research, the company was working on several Sydney sites as well. Its size can grow to 20 to 30 in the factory and 70 to 80 on site. Tilers are employed as sub-contractors when the firm is engaged to undertake tiling work as well as stone masonry.

This case study

Interviews were conducted with the General Manager who is responsible for hiring staff and general project management; the Construction Manager who oversees all jobs on which the company is working and to whom the various site managers respond; and another Building and Construction Manager whose duties also include the occupational health and safety. A Korean sub-contractor, two CFMEU officials and a Korean Tiling Division delegate were also interviewed.

Workforce composition

In the factory there is a polisher, a sawer (cuts the stone), other machinists, a labourer and a foreman. The number of apprentices depends on the amount of work. On site there are stone masons and tilers.

Ethnic composition

Lebanese-background workers dominate amongst company stonemasons, and the company itself is owned and managed by two Lebanese partners. The other ethnic groups represented include:

- ? Italian
- ? Spanish
- ? Egyptian
- ? Vietnamese
- ? Filipino.

In the less skilled occupations, Koreans are the main workers on-site, comprising around 80 per cent of tilers (when a job requires tiling work). Tilers, who are mainly from Korean background, are mainly engaged through a sub-contractor who has close connections with a network of Korean-Australian tilers. However, there is substantial continuity over time in the Korean tilers who do work for the company over time.

The managers interviewed noted that the Korean-background workers are typically those with the lowest levels of English proficiency and the issue of communication arises most clearly with this group. The union organisers, however, noted that there are many workers in the company who would have a low level of understanding in English.

All of the production and installation workers are men; the administration workers are women, and the managers are men.

Occupational health and safety at Terrazzo

The main OHS risks are with electrical machinery and power cords and with handling materials – primarily impact injuries when stone sheets are dropped. However, injury rates are low. Dust inhalation is also a major issue. The managers indicated that maintaining constant awareness of good OHS practice is difficult – as workers become complacent about hazards, accidents can occur.

The General Manager expressed a genuine concern for the health and safety of his workers over and above profit. He puts pressure on the supervisors and workers to follow safety procedures and to use PPE at all times. His perception was that many workers won't use PPE, and his complaint related to constraints on his ability to discipline those who regularly don't wear PPE or follow procedures because the union will get involved. He suggested that workers should be fined more heavily for failure to wear PPE (instead of the company).

The union perspective, on the other hand, was that most workers in the company had little knowledge or understanding of what good occupational health and safety practice was. The workers' limited English, as well as their vulnerable position within the industry (in some cases also as a result of their immigration status) and the power disparity with the managers meant that there was a significant 'fear factor' preventing them speaking out. Moreover, the same factors prevented there being an effective occupational health and safety committee at the workplace, which in the union's view is the most important driver of good OHS practice.

Head contractors (the big building firms to whom Terrazzo sub-contract) have an extensive OHS management system as required by WorkCover guidelines and government construction industry policy (for companies that contract for government work). Typically, head contractors provide a set of documents (a so-called 'Subbie Pack') to sub-contractors that include the principal's requirements for OHS and industrial relations management on site. This manual will cover such things as managing specific hazards and risks, information and consultation, PPE and first aid. The 'subbie' documents often include a Productivity Agreement negotiated with the union that may also cover OHS issues.

Sub-contractors are then required to produce a work methods statement, to which is attached Terrazzo's own occupational health and safety manual customised to address the health and safety risks associated with the site in question.

Communication at Terrazzo

Within this framework, the main means of communication on OHS are:

- ? the construction industry OHS induction training (run on or off the job)
- ? site-specific induction session (1-2 hours) provided by the head contractor
- ? on-the-job instruction via the supervisor
- ? the site-specific OHS manual (English only)
- ? weekly site meetings on housekeeping issues and OHS between building supervisors and the sub-contractor's site manager or foremen
- ? tool-box talks.

According to Terrazzo management, all of communication listed above takes place in English, with the exception of Lebanese or Korean foremen or site managers speaking to tradespeople from the same language group (see below). While the head contractors take on responsibility for ensuring good OHS practice, they 'throw the communication issues back onto us'. The degree of ethnic specialisation in the workforce was also highlighted, with language groups concentrated in certain trades areas (eg concreting, gyprocking, tiling etc). It was felt that this would make it difficult to provide information or induct workers in languages other than English.

Sub-contractors like Terrazzo are expected to distribute the project work methods statement to each worker, who is supposed to sign that they have received and read it. However, this is in practice unworkable due to the low English literacy levels of the workforce, as well as the logistical problems of reaching all the workers at the appropriate time.

Training

The extent and format of the induction training depends considerably on the size of the job. On bigger sites, training will be more elaborate and will use resources such as videos. On smaller sites person-to-person methods will be utilised. Multilingual trainers or resources are reportedly rarely used, although the very limited English language skills of some of the workers were acknowledged. On the other hand, at least one training provider regularly offers the construction industry OHS induction program in Korean, using an interpreter. This can be accessed by Korean workers on their own behalves, or in some cases, companies can engage the company to provide bilingual training.

According to Terrazzo managers, communication is effected through a combination of demonstration-based training techniques and use of bilingual co-workers who act as 'make-shift interpreters'. The union organiser confirmed that head contractors conduct training in English even where this is clearly inadequate to the task of communicating effectively with non-English speaking workers.

One manager likened the induction to receiving instructions on a commercial flight; usually, it is possible to pick up the meaning of instructions being conveyed from the visual information given (the actions of the demonstrator, examples of 'bad' and 'good practice' given on videos etc). The written material that is distributed similarly makes use of simple visual messages, which managers believe most people can understand.

Informal communication methods

The main strategy for communicating during the course of the job is through the use of bilingual co-workers, with the language skills of managers also used at times. The General Manager emphasised his personal role in assessing risks, saying that he ‘walked around and if I find a problem I get the foreman onto it immediately’. In the factory Lebanese is used and the Lebanese-background Site Manager also uses Arabic to communicate with some of the workers on sites. To communicate with the Korean tilers is more difficult, and relies on two of the Korean workers who have good English. This strategy he says, is functional but can be ‘awkward and inconvenient’ at times as he needs to locate an appropriate worker on site before making contact.

The Korean tiling sub-contractor engaged by Terrazzo noted that he usually put together a group of workers that contains at least one worker who has good English, and who becomes the leading hand. From his perspective (as the supplier of labour) language problems are not significant - he commented that ‘English is not the most important thing on the job – it is the skill of the tilers’. He notes that many tilers can understand quite a lot, but ‘cannot explain themselves in English’.

From the management perspective, where language barriers exist between managers, workers and other sub-contractors, these are handled practically and are not perceived to be a problem. On the whole, this perception means that few formal strategies (such as multilingual resources) for overcoming language issues are utilised by principals or sub-contractors.

On the other hand, the Korean delegate interviewed identified a range of communication problems for the Korean tilers working for sub-contractors engaged by Terrazzo. He noted that several factors combine to make it difficult for Korean tilers to speak out. ‘Even if the workers want to say something about working conditions or wages or work methods they can’t’.

The first and major barrier is the language barrier. This is compounded by the control exerted through the sub-contractor, who is typically from the same ethnic community. It may be as difficult for the worker to challenge the sub-contractor as it is to challenge the head contractor. Thirdly, many Korean tiling industry workers (this respondent estimated up to one third) are illegal workers, situated in a precarious position to pursue their rights. Finally, as fairly recent immigrants to Australia many are strongly oriented towards working hard, gaining and keeping their job and maximising their earnings. Conditions which may be unacceptable by Australian industrial standards may appear less oppressive in comparison with those these workers have experienced in Korea. In other words, there are strong incentives not to ask questions or pursue rights in OHS as in other areas.

OHS committees

The site safety meetings alluded to above are the main means for addressing any OHS issues that come up on the site on a day to day basis. While as mentioned above, sub-contractors participate in these meetings, there is no sub-contractor participation in

the head contractors' company-union OHS committee. Rather, sub-contractors are informed of its decisions.

Language was seen by the delegate and the union officials as a barrier to active operation of OHS committees, and to the participation of immigrant workers in them.

Union strategies

Unlike the company, the CFMEU, which covers the workers employed at Terrazzo makes some use of written multilingual documents to communicate with immigrant members. In addition, there are several bilingual organisers at CFMEU, covering most language groups. Use is also made of 'special delegates' such as the Korean delegate interviewed for this case study to liaise with ethnic communities and immigrant workers.

The liaison between the CFMEU and the Korean community provides the most systematic and developed example of multicultural industrial communication (outside the health sphere) identified in this project. The Korean special delegate acts as a link between Korean tilers and the CFMEU, relaying issues to the CFMEU as and when they arise and then acting as an interpreter until the issue is resolved. In addition, he maintains a continuous flow of information on tiling and construction industry issues from the CFMEU to the community via the Korean press. On a weekly basis, the news section of 8 Korean daily and weekly papers publish (under the CFMEU Tiling Division name) construction industry news. The delegate prepares information on issues such as where to get OHS induction training, wages and conditions, union safety campaigns and so on. These media articles also provide the means for Korean workers to obtain advice and assistance as a contact phone number to the special delegate is given.

Finally, the 'special delegate' functions as a source of research and information for the union on the tiling sector and the experiences of Korean workers. His expertise and observations, developed through working in the liaison role, assist the union to target and work more effectively with Korean workers.

This strategy is considered highly successful as a means of reaching Korean workers, though there still be many barriers to some of these workers having the capacity or will to pursue their rights at work.

What could WorkCover be doing?

A question considered by those interviewed was how WorkCover could (or whether WorkCover should) assist employers with communication in multilingual workplaces. Managers agreed that simple multilingual fact sheets on construction industry hazards would indeed be useful. They felt that WorkCover could, together with employers in the industry, develop and make these available.

The union's view was that WorkCover should have a more frequent and different type of presence in worksites such as Terrazzo. He felt that more frequent visits were needed, with more emphasis on speaking to workers about what their issues were. He noted that the problem of WorkCover's low profile with many workers is exacerbated

by cynicism that develops when workers perceive inaction, failure to follow up or a friendliness between managers and WorkCover inspectors that is not matched by interest in the workers' own perspective. The Korean special delegate's perception was that the type of information workers are interested in is very specific tiling industry oriented information. Where there is an industry sub-sector with such a concentration of people from one language group, he felt that the most useful device by WorkCover would be a Korean language publication focused on the industry. Although he acknowledged that in some areas it may be problematic to rely on unions to distribute material to immigrant workers, in this sector, construction industry unions, as well as the Korean Resource Centre (the community centre) would be the most effective disseminators of written information.

Conclusion

Companies such as Terrazzo and the multi-firm worksites they participate in typically have a high proportion of immigrant workers, and workers with a range of language backgrounds. Occupational health and safety concerns are of paramount concern to employers, unions and the government, especially in the more injury-prone non-residential sector. There are both considerable opportunities for effective multicultural communication on OHS and certain implementation difficulties. On the one hand, there is usually a structured training and OHS education system in place, involving the compulsory OHS induction, a relatively strong committee structure and union presence.

Chapter Ten: Gateway Cleaning Case Study

This case study

This case study of a major cleaning company was conducted between January and March 2002. One-on-one interviews were conducted with 9 people including: the General Manager, OHS Manager, Training and Development Manager, and an OHS Officer. In addition interviews were conducted with two male site supervisors (Peruvian and Croatian) and two female employees (Indian and Spanish) and one male employee (Vietnamese).

The company and its employees

Gateway is a multifaceted parent organisation that employs over 20,000 people. The parent organisation is involved in a wide range of services including cleaning, security, catering, courier service and facility management. The focus of this case study is on Gateway Cleaning which is the biggest company of the parent organisation employing around 14,000 workers. About 60 per cent of Gateway Cleaning employees are men.

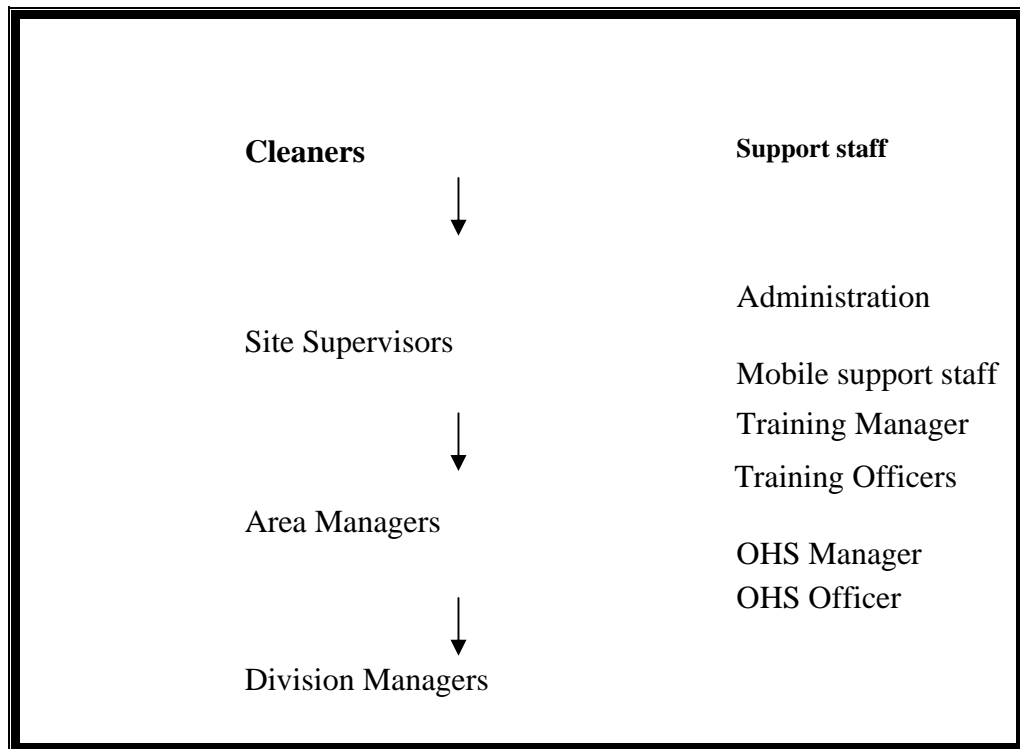
Gateway Cleaning services a number of different industries including retail, health, education and defence. There is little difference in the work involved in servicing these industries but the expectations of the clients differ substantially. This diversity in expectations creates a unique challenge for management who may work across each industry.

Employees typically work in one industry sector (e.g. retail, education, finance) and on the same site. Many have day to day contact with the clients. In small work sites, the employee may be the main contact with the client at that site. Over half of all employees are in a union but the extent of unionisation depends on the industry sector in which they work. For example, those working in the education and commercial sectors are heavily unionised but those working in retail are less likely to be in the union.

Employment organisation

The majority of employees work part-time for at least 3.5 hours a shift and up to 4.5 hours. Those working full-time basis work a 7.6 hour shift.

The occupational structure in Gateway Cleaning is as follows:



There is a strong internal labour market in Gateway Cleaning and most site supervisors started out as cleaners for the company. Supervisors may then progress to become mobile support staff for one area. There are also a number of people in administration who were cleaners.

Site supervisors are responsible for ensuring that proper operating and safety procedures are followed at all times. Large sites have a permanent supervisor on hand at all times whilst spot visits are conducted by supervisors of smaller sites.

Gateway Cleaning has a training manager and 16 training officers certified at a minimum of Category II (i.e. Train the Trainer) level. Gateway has a checklist of minimum requirements for all supervisors and cleaners and the Training Manager is responsible for ensuring that all staff meet these requirements before going on site. Training officers are responsible for conducting written assessment of all training programs.

There is a company OHS Manager as well as an OHS officer. The OHS Manager is responsible for the overall management of OHS in the company including direct responsibility for the development of organisational systems, policies and procedures and the management of site safety management plans. The OHS officer is responsible for ensuring that OHS systems and policies are being implemented on site and that all procedures are operational. He has a dual role that also includes responsibility for the quality control systems which incorporates the auditing of all OHS practices.

Language and ethnicity

In the Sydney metropolitan area around 80 per cent of Gateway cleaners are immigrants born in non-English speaking countries. By contrast, in the Newcastle/Hunter region only some 20 to 30 per cent of cleaners would be from non-English speaking backgrounds. In the country regions, the vast majority of cleaners (around 98 per cent) are from an Australian or other English speaking background.

Management reported that the largest representation of immigrants in the organisation were from the Middle East and South America. Other national backgrounds represented include Bosnian, Croatian, Macedonian, Serbian, Vietnamese, Chinese, Italian, Indian and Greek.

Managers interviewed for this case study indicated that there were no major problems with communicating procedural or health and safety information in the organisation. The employees interviewed tended to agree, though it was not possible to interview employees with poor English proficiency. There were a number of reasons for this perception:

- ? The hands-on nature of the work was conducive to demonstrating how the tasks should be done safely with minimal verbal instruction if necessary
- ? All training was conducted at the learners' pace to ensure that instructions and concepts were understood
- ? All training required assessment to ensure that the worker could demonstrate safely how to complete required tasks
- ? The relatively high level of education and/or qualifications most employees had gained in their own country
- ? Relatively high English language skills amongst many of the NESB workers.

Due to the strong internal labour market, a significant proportion of the supervisory and management level staff is bi- or multi-lingual. Although there is no deliberate policy to locate people of the same ethnicity at the one work site, there is a tendency for managers and supervisors to employ staff from the same language background as themselves.

Interpreting services are offered for those who may have difficulties with communicating in English. However, staff also bring in a family member to interpret for them if necessary. The management noted that employees who require an interpreter often feel uncomfortable using an external interpreter hired by the organisation and feel more at ease bringing in a family member. This practice is particularly encouraged if employees with low levels of English are to be counselled for any reason.

Training and induction

Gateway has a well established Training and Development division that includes a training manager and 16 training officers who are certified at Category Two level (Train the Trainer) or above. In addition, a training provider is used in conjunction with the officers to provide a comprehensive training program. The officers manage the induction, training and assessment of staff for both OHS and procedural training. Training offered by the company includes:

- ? mandatory induction training for new staff
- ? mandatory induction training at new work sites
- ? a 13 element training program for trainees
- ? on-the-job instruction from supervisors
- ? First Aid training for supervisors
- ? Vendor training for all new equipment.

Induction is conducted at three levels, depending on the prior experience of employees. All levels have a substantial OHS component and are conducted by the Training Manager and supported by training officers and site supervisors.

Level 1

When work starts at a new site and existing employees are used to staff the site, a four hour site specific induction program is provided to all employees.

Level 2

A one day induction program for new employees who have worked in the cleaning industry before to cover both Level 1 induction and Gateway policies and procedures.

Level 3

This intensive induction program is for new employees to the cleaning industry. It includes Level 1 and 2 but also covers other health and safety information such as manual handling, working with hazardous substances.

Trainee Scheme

A formal 60-hour traineeship scheme is conducted by the Training Manager and supported by Training Officers. All new employees are offered the traineeship scheme and around 80 per cent of existing employees meet the eligibility criteria. Certification is provided to Level I, II and III. There are 13 elements to the training program, all of which have an OHS component. The OHS components also form part of the induction program for all new staff and for existing staff at new sites. The company supports the training by giving employees paid time off to attend. At completion of Level III employees are given a \$200 bonus. The monetary benefits to the company include Government benefits to assist in the cost of the training as well as reduced workers' compensation premiums and payroll tax.

The scheme is adapted to suit varying English language skills. Language support is offered for those who may require an interpreter. For those who don't feel comfortable with an interpreter they are encouraged to bring in a family member to assist with translation.

Supervisor training

The Training Manager is responsible for ensuring that all supervisors know the company procedures, know how to conduct risk assessments and that they are certified First Aid Officers.

Three years ago staff at the Site Supervisor level and above took part in a week of training that focussed on OHS. Since then there has been an increase in staff so not all supervisors have undertaken this particular training.

Written communication about occupational health and safety

Training (as described above) is the primary way of communicating OHS information throughout the company. In addition, written materials are used. At every work site there is an OHS manual and written OHS procedures. The majority of the procedures are standardised across the company as many procedures and machinery used are common across all work sites. All written procedures are in English but procedures and site safety manuals are also pictorially represented.

In schools, a Government newsletter (in English) is distributed to cleaners that includes OHS information. This accompanies payslip information.

Gateway also has a quarterly newsletter and there is an OHS article in each newsletter. For issues that have been identified that are specific to a particular ethnic group, written material has been translated and provided in the relevant language¹⁵.

A colour-coded system is used for all hazardous substances, which is linked to the relevant MSDS (Material Safety Data Sheet) and to the specific area of the building. For example, blue is for bathrooms and all such chemicals are in containers that have blue stickers and the MSDS is in blue.

The role of consultative committees

In addition to the standard procedures, it is intended to develop site specific risk assessments and specific safe work method statements for hazards at each work site. This will occur over the next 12 months and will be conducted by a Joint Consultative Committee comprised the OHS Officer, Area Manager, site supervisor and cleaners. This process will form the basis of the OHS consultative process required by the new NSW legislation.

The majority of work sites at which Gateway operates have client company OHS committees. Gateway employees are elected to represent the organisation on the committee. Supervisors are also requested at times to act as management representatives on these committees. In addition to site specific OHS committees run by the client, a risk management team comprising Gateway senior management also operates across the company to identify hazards and risks and put in place risk reduction measures.

A number of the large sites have OHS committees for all contractors and a Gateway employee is elected to be on these committees. A number of building managers also require the Gateway supervisor to be on the committee as a management representative.

¹⁵ The majority of cleaners for Gateway had high levels of qualifications from their own countries negating any concerns about literacy in their own language. This may suggest that employees are recent arrivals; however, this is not the case. There are a significant number of employees whose qualifications are not recognised in Australia.

At all large work sites staff meetings are held and it is compulsory for all cleaners to attend. In addition, there are notice boards up in all staff rooms and recent relevant OHS information is posted there. Any urgent OHS information is disseminated at these meetings.

Workplace culture

Amongst the employees and supervisors interviewed a strong culture of open communication was also conveyed. The trainee scheme and training programs were seen to have significantly improved OHS practices at the work site and to raise awareness of working safely. Cleaners reported that they readily went to their supervisor if they felt they had a problem or any concerns. Supervisors also worked closely with staff to ensure that procedures are operational. In addition, cleaners regularly 'look out for each other' to ensure that they are working safely. Experienced workers were also aware that new employees were at greater risk of injury because of their inexperience. Amongst workers, special efforts were put into ensuring that these workers were following procedures¹⁶.

Preferred means of OHS information dissemination at the workplace

The main OHS issues for the cleaners on-the-job were manual handling (slips, trips, and falls, impact injuries and lifting), working with electricity, hazardous substances, and an ever increasing risk: needle stick injuries. The company had an OHS management system in place to manage and reduce the risks associated with these hazards. However, all interviewees indicated that the best method for conveying OHS information was through training and in particular on-the-job training. There were a number of reasons given for a preference in on-the-job training:

- ? it was specific to work
- ? the applicability of it was immediately obvious
- ? demonstration at the workplace facilitated management expectations of the procedures to be followed
- ? workers weren't interested in getting OHS information outside of the workplace;
- ? having an opportunity to 'do' the task the right way rather than reading about it and having to assume that the information was understood;
- ? any misunderstood information could be immediately corrected.

Improving health and safety awareness

A widely recognised OHS issue identified by interviewees in this case study was associated with host clients. The issue related to the relatively lax duty of care amongst host clients with regard to providing safe working environments and the maintenance of safe working conditions for Gateway employees. A number of specific examples were given in which the host client had refused to adopt the recommendations of the Gateway management for improving health and safety at the work place. For example:

- ? insufficient lighting is provided at work sites where cleaners worked night shift and existing outside lights are frequently turned off after hours

¹⁶ These sentiments were expressed at a work site that was extremely culturally diverse and so was not merely indicative of homogenous work groups comprising cleaners of the same ethnicity.

- ? a host client in the city refused to alter start and finishing times of night cleaners slightly to coincide with late night public transport. As a result cleaners have to wait extended periods on train platforms
- ? a host client insisted on having an access and egress area hosed down instead of swept despite the fact that this made the area extremely slippery
- ? a supervisor recommended that all bins in toilets be removed leaving only hand-dryers to reduce the risk of needle stick injuries from syringes being left in garbage bins but the host client refused.

These examples provide an indication of the extent to which Gateway is restricted in its ability to improve safety conditions at the work site. Managers at Gateway felt restricted in their ability to insist on their recommendations being implemented because of the strong competition in the Cleaning industry. There was a strong feeling that the host client would take its business elsewhere if Gateway were too insistent.

Conclusion

This case study highlighted the importance of the workplace setting for OHS training and information dissemination for workers from culturally and linguistically diverse backgrounds. The company had a strong focus on OHS in both the induction and procedural training programs and a commitment to ensuring that all employees knew how to work safely. Perhaps even more importantly though was employees' preference for receiving OHS information at the work place where the information being received could be immediately contextualised making the applicability of the information apparent. This finding suggests that WorkCover could improve the dissemination of OHS information to NESB workers by making relevant OHS information more readily available to employers. However, it also indicates that WorkCover needs to make the information that is available for employers more specific to the work place or at the very least more specific to the industry.

It was felt that developing and implementing industry Codes of Practice would be useful in standardising work practices within the cleaning industry. In addition, such codes could be valuable in improving expectations of host clients.

A significant finding from this case study was almost non-existent profile that WorkCover had amongst employee and supervisory level workers. Increasing workers' awareness of WorkCover could be accompanied by raising awareness of rights and employer health and safety obligations at the work place.

Inconsistent with other interviews conducted within the cleaning industry was the lack of interest amongst the interviewees in this case study in OHS information being provided outside the workplace. Although this view may be specific to those interviewed it does support the theme of relevance articulated throughout the project. Workers will be most interested in and receptive of information on OHS when it is directly relevant to their working situation.

Conclusions

At the 1996 Census, one-fifth of non-English speaking immigrants reported speaking English poorly or not at all. Immigrants in NSW who speak a first language at home make up nearly 10 per cent of the NSW workforce, but are highly concentrated in certain industries. Occupationally, immigrants with low English proficiency are concentrated in unskilled/semi-skilled work - in ASCO terms, working as tradespeople, plant and machine operators and drivers, labourers and personal service workers. Over half of the NESB male immigrant project target group, and 38 per cent of the female targeted group worked in those occupations that had a high risk of workplace injury and disease.

Access to occupational health and safety information

Consistent with earlier research findings, the research indicated that OHS information and education is mainly delivered by employers and supervisors:

- ? at workplace
- ? verbally (through on-the-job instruction)

The exceptions are:

- ? occupations with structured education requirements (eg TAFE certificates)
- ? industries with developed OHS systems and union presence, eg construction, large (500+ employees) companies such as manufacturing plants and contract cleaning firms.

A key issue in terms of OHS information is that this informal, employer-dependent practice tends to result in haphazard and uneven access to information by workers. It is contingent on employer attitude and supervisor knowledge, worker-management relations, industry-specific factors and insurance history.

In at least some workplaces, blue-collar workers lacked any explicit access to OHS information (some half of workers interviewed could not remember ever being instructed on OHS). Moreover, because of their absence from many workplaces, unions played little part in workplace information dissemination on OHS.

Consequently, workers' suggestions to improve the system emphasised more systematic and reliable forms of information and education delivery, such as regular workplace sessions or meetings.

A further issue is that systematic and participatory OHS strategies appear to be infrequent in high migrant density workplaces. For most respondents the 'OHS message' was reduced to an emphasis on taking care and working safely. In some cases, a hazard elimination approach to OHS was also evident as workers reported employer efforts to make the work environment safe (eg servicing vacuum cleaners regularly).

Aspects of effective OHS management *not* reflected in worker interviews were:

- ? the concept of workers' rights in OHS

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- ? worker involvement in monitoring and assessment of risks or in the identification of solutions
- ? the idea of OHS management systems, beyond requiring safe worker behaviour
- ? workers' proactive role in encouraging compliance with acceptable standards
- ? union and/or OHS committee's role in educating workers, providing logistical assistance and encouraging participation.

Only 8 workers interviewed could recall workplace meetings or committees that dealt with OHS (ie workplace meetings, toolbox talks). Very few workers referred to, participated in or could recall information coming from an OHS Committee.

By contrast, the new OHS Act (2000) and Regulation (2001) emphasise the importance of risk management systems, workplace consultation and organisational strategies:

whereby employees have access to relevant information, the opportunity to express their views about hazard control and where employers value and take into account employees' contributions (WorkCover 2000:6).

The management of language at the workplace

The key issue uncovered by the research is the persistent mismatch between the workers' perspective – supportive of multilingual information and education strategies - and that of employers, who tend to underestimate the extent to which language barriers pose a problem.

A study of Vietnamese worker conducted in the early 1990s noted that:

It is in the workplace that particular demands are made on the, at times, limited language and literacy skills of NESB workers. ... This situation means that they are unable to participate fully in a workplace environment where English is the dominant and official language (Smith and Castleton, 1994:5).

Our research reached similar conclusions. Despite the multilingual nature of informal communication, official and formal communication remains monolingual, with the result that those with limited English proficiency risk exclusion. With few exceptions, language services and multilingual resources used in other areas of social life are largely absent from Australian workplaces. No workers reported community language documents, bilingual trainers or interpreters being used at work; indeed, the most deliberate strategies adopted by employers were reliance on 'language buddying' and use of workers' family members to interpret. Similarly, unions rarely adopted multilingual approaches, though innovative and strategic use of language-specific organisers ('special delegates') was identified in one industry.

Some employers also manifested an ideological belief that workers *should* speak English; supported by conviction that 'there are no language problems here' – ie that English-only communication is working well.

In contrast there was strong interest from workers in accessing information in their first language; case studies further evidence of the value of multilingual approaches. The research concluded that this mismatch reflects the different interests employers and workers have in

communication. Vulnerable workers are unlikely to reveal lack of English language skills to employers; and most blue-collar jobs are quickly learnt on-the-job through demonstration and monitoring. Thus from an employers' point of view, basic communication is sufficient for operational purposes, supplemented by language buddying where possible.

This level of communicative competence is clearly inadequate, however for the following crucial aspects of good OHS practice:

- ? understanding complex information (eg MSD Sheets)
- ? meaningful consultation, union meetings
- ? pursuing one's OHS rights (eg negotiating with a manager)
- ? understanding documents placed on OHS notice boards (eg OHS Committee minutes)
- ? participation in OHS management systems (eg committee work, audits)
- ? participation in training.

Where employers provide more systematic and complex information and training (eg in the construction industry and large cleaning firms) language barriers compromise the understanding of workers with low English fluency and can sabotage the effectiveness of the education

In addition, 'brand recognition' of 'WorkCover' appears to be extremely low; WorkCover was rarely mentioned as a source of occupational health and safety help by employees, although awareness of workers' compensation was greater.

Strategies for change

The research found that the health system provides a useful framework that can be adapted for a new and expanded approach to OHS information and education. Today, the accepted preventative goal of health systems is *health literacy*; in one definition:

the achievement of a level of knowledge, personal skills, and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions (Kickbusch, 1997).

A set of interlocking strategies are necessary to provide the most effective means of achieving improved 'literacy'. These are listed below accompanied by possible models identified in the research:

Social marketing – the use of the media for mass communication to inform and influence (successful NSW Government multicultural marketing models)

Health education and information – providing appropriate learning opportunities and using a range of education techniques (innovative community-based projects, such as *Working Women's Health*, offer suitable techniques, in workplaces and outside them)

Building social capital – stronger networks and supportive social relationships within social groups as a long term means of generating better health (the *Market Gardening in a Culturally Diverse Society* project which addresses OHS as part of community development process)

Negotiation – the participation of consumers in decisions about health communication strategies (for example, the use of ethnic taskforces, established groups or ethnic-specific liaison officers to consult health consumers in several NSW Government initiatives).

Information about OHS is likely to be *passively received*, rather than *actively sought* by most workers (except following an injury). Multi-dimensional strategies will be needed to address the diverse situations and needs of workers in a multicultural society.

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Appendix A: Key informants consulted for the study, or involved in providing feedback on recommendations

Kassim Abood, Arabic Communities Council
Dipak Aditya, Project Officer, MGCDS Project, NSW Agriculture
Jagath Bandera, Organiser, Australian Liquor, Hospitality and Miscellaneous Workers Union (NSW Branch)
Rashmere Bhatti, Coordinator, Woolgoolga Neighbourhood Centre
Debbie Carstens, Coordinator, Asian Women at Work
Beatrice Cidade, Fairfield Migrant Resource Centre
Rebecca Coutts, Botany Neighbourhood Centre
Lucy D'Aloia and Suzanna Meier, Access and Equity Consultants, WorkCover Corporation of South Australia
Peter Elias, Manager, Marketing, Department of Fair Trading
Gil Enzon, Postal Organiser, CEPU, NSW Postal and Telecommunications Branch
Harry Field, Multicultural Services Segment, Centrelink
Lauren Finestone, NSW Working Women's Centre
Barbara Gaudry, Coordinator, Newcastle Workers' Health Centre
Lucy Ivacheff and Brian Mazur, Russian Ethnic Community Council of NSW
Maria Kladis, Greek Welfare Centre
Rita Lai, Chinese Outreach Worker, Asian Women at Work
Hong Ha Lee, Postal Organiser, CEPU, NSW Postal and Telecommunications Branch
Joseph Hoang, Health and Safety Representative, CEPU
Peter Monaghan, Organiser, Australian Liquor, Hospitality and Miscellaneous Workers Union (NSW Branch)
Mark Morey, Special Projects Officer, Labor Council of NSW
Adele Murdolo, Manager, Working Women's Health
Mike Nassir, Sydney Language Centre
Frances Parker, Associate Professor, School of Ecology, University of Western Sydney, Hawkesbury
Caroline Pinto, Diversity Manager, Australian Business Ltd
Phanna Pao, Cambodian Australian Welfare Council of NSW
Clarita Norman, Policy Coordinator, NSW Multicultural Health Communication Service
Amira Rahmanovic, Training and Development Worker, Working Women's Health
Joon Shik Shin, Korean Resource Centre and CFMEU
Vivienne Strong, Program Manager, Women's Health at Work
Sarah Taouil, Islamic Council of NSW
Louise Tarrant, National Organising Coordinator, Australian Liquor, Hospitality and Miscellaneous Workers Union (National Office)
Linda Tohver NSW Ethnic Communities Council/Resource NSW
Iudita Trifa, Community and Industry Organiser, Working Women's Health
Mahinda Seneviratne WorkCover NSW
Charles and Paul Zammit, Charmex Cleaning Services.

Appendix B: Countries included in ‘other regional groups’

Other Southern Europe

Southern Europe

Andorra
Gibraltar
Holy See
Malta
Portugal
San Marino
Spain

South Eastern Europe

Albania
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Former Yugoslav Republic of Macedonia (FYROM)
Moldova
Romania
Slovenia
Yugoslav, Federal Republic of

Other Southeast Asia

Mainland South-East Asia

Burma (Myanmar)
Cambodia
Laos
Thailand

Maritime South-East Asia

Brunei Darussalam
Indonesia
Malaysia
Singapore

Other Northeast Asia

Chinese Asia

Macau
Mongolia
Taiwan (Province of China)
Japan and Korea
Japan
Korea, Democratic People’s Republic of (North)
Korea, Republic of (South)

Other Europe and the Former USSR

United Kingdom and Ireland

Channel Islands

Isle of Man

Northern Ireland

Wales

Ireland

Western Europe

Austria

Belgium

France

Liechtenstein

Luxembourg

Monaco

Netherlands

Switzerland

Northern Europe

Denmark

Faeroe Islands

Finland

Greenland

Iceland

Norway

Sweden

Eastern Europe

Belarus

Czech Republic

Estonia

Hungary

Latvia

Lithuania

Poland

Russian Federation

Slovakia

Ukraine

The Middle East and North Africa

Middle East

Bahrain

Gaza Strip and West Bank

Iran

Iraq

Israel

Jordan

Kuwait

Lebanon

Oman

Qatar

Saudi Arabia

Syria

Turkey

United Arab Emirates

Yemen

North Africa

Algeria

Egypt

Libya

Morocco

Sudan

Tunisia

Western Sahara

North Africa, not elsewhere classified

Appendix C: Targeted NESB Workers: Gender by Occupation

Occupation	Male		Female		Total	
	Count	%	Count	%	Count	%
Managers and Administrators nfd*	1600	1.2	900	1.0	2500	1.1
Generalist Managers	3900	2.9	1400	1.5	5300	2.3
Specialist Managers	4200	3.2	2000	2.2	6200	2.7
Farmers and Farm Managers	1000	.8	600	.6	1600	.7
Professionals nfd*	300	.2	500	.5	800	.4
Science Building & Engineering Professionals	3600	2.7	900	1.0	4500	2.0
Business & Information Professionals	8100	6.1	4300	4.6	12400	5.5
Health Professionals	3400	2.6	4900	5.3	8300	3.7
Education Professionals	1200	.9	2000	2.2	3200	1.4
Social Arts and Miscellaneous Professionals	2600	2.0	2100	2.3	4700	2.1
Associate Professionals nfd*	100	.1	100	.1	200	.1
Science Engineering and related Associate Professionals	2200	1.7	1300	1.4	3500	1.5
Business and Administration Associate Professionals	2800	2.1	1500	1.6	4300	1.9
Managing Supervisors (Sales and Service)	8900	6.7	4500	4.9	13400	5.9
Health and Welfare Associate Professionals	300	.2	100	.1	400	.2
Other Associate Professionals	600	.5	200	.2	800	.4
Tradesperson and related workers nfd*	100	.1			100	.0
Mechanical & Fabrication Engineering Trades	6400	4.8	200	.2	6600	2.9
Automotive Tradespersons	3300	2.5	200	.2	3500	1.5
Electrical and Electronics Trades	3800	2.9	100	.1	3900	1.7
Construction Tradespersons	8900	6.7	100	.1	900	4.0
Food Tradespersons	3600	2.7	800	.9	4400	1.9
Skill Horticultural and Horticultural Workers	200	.2			200	.1
Other Tradespersons and related workers	3600	2.7	2000	2.2	5600	2.5
Secretaries and Personal Assistants	100	.1	3700	4.0	3800	1.7
Other Advanced Clerical and Service Workers	600	.5	2000	2.2	2600	1.2
Intermediate Clerical Sales and Service Workers nfd*			100	.1	100	.0

Targeted NESB Workers: Gender by Occupation

continued

Intermediate Clerical Workers	3500	2.6	11800	12.7	15300	6.8
Intermediate Sales and Related Workers	1700	1.3	400	.4	2100	.9
Intermediate Service Workers	3700	2.8	6100	6.6	9800	4.3
Intermediate Production & Transport Workers nfd*	600	.5	1000	1.1	1600	.7
Intermediate Plant Operators	4100	3.1	200	.2	4300	1.9
Intermediate Machine Operators	7100	5.3	6000	6.5	13100	5.8
Road & Rail Transport Drivers	6300	4.7	300	.3	6600	2.9
Other Intermediate Production and Transport Workers	3300	2.5	1000	1.1	4300	1.9
Elementary Clerks	1200	.9	2100	2.3	3300	1.5
Elementary Sales Workers	4100	3.1	9000	9.7	13100	5.8
Elementary Service Workers	1600	1.2	1800	1.9	3400	1.5
Labourers and related workers nfd	2600	2.0	1600	1.7	4200	1.9
Cleaners	7000	5.3	6600	7.1	13600	6.0
Factory Labourers	4500	3.4	5200	5.6	9700	4.3
Other labourers and related workers	6500	4.9	3100	3.3	9600	.2
	133200	100.0	92700	100.0	225900	100.0

Source: ABS Census 1996 unpublished data

Population: NSW NESB workers who speak a language other than English at home.

Note: information missing or not available for 18.2 per cent of the population

*nfd = not further defined

Appendix D: Interview and focus group details

Birthplace/ language group	Number of people	Occupations represented	Sex
Vietnamese	12	sewing machinist waitress printing machine operator – large factory (2) silk screen printer – t-shirts packer/operator – chemical co, cables (2) process worker – ink cartridges, blinds (2) unemployed (3)	10 women 2 men
Chinese	7 Plus 10 unemployed Chinese- Australian women (group)	machinist - clothing factory (1) kitchen hand/short order cooks (3) waitress (2) cleaner (1)	3 women 4 men
Lebanese	8: 4 (focus group) 4 (individual)	carpenter (1) unemployed (4) meat packing – factory (1) cleaner – motel (1) machine operator, soft drink factory (1)	5 women 3 men
Iraqi (Arabic- speaking)	6: 4 (focus group) 2 (individual)	carpenter (1) butcher (1) unemployed (4)	4 women 2 men
Bosnian	5	air-conditioning technician (1) machine operator - paper products (1) sales assistant/store hand (1) gyprocker (1) machinist (1)	1 woman 4 men
Spanish- speaking Latin American	9: 8 (focus group) 1 (individual)	sewing machinist (1) plant operator – timber mill (1) cleaner (3) – office, school and industrial unemployed (4)	8 women 1 man
Korean	11 (focus group)	tilers (4) labourers (3) electricians (2) renderers/gyprockers (2)	11 men
Khmer	8	Warehouse assistant Labourer (2 incl 1 agricultural) Upholsterer (1) Forklift driver (1) Machine operator - furniture, transformer and clothing factory (3)	3 women 5 men
Russian	7	Hairdresser (1) Security guard (1) Nursing assistant (1) Tea attendant (1) Factory supervisor (1)	3 women 4 men

		Tradesperson (1) Cleaner (1)	
Other	9: Assyrian (8, focus group) Croatian (1)	Unemployed (8) process work - metals	8 women 1 man
TOTAL	82	25 occupations (approx)	45 women 37 men

Appendix E: Summary of Access and Equity Strategy, WorkCover Corporation, South Australia

The summary below is an edited version of information kindly provided by WorkCover Corporation SA.

The Corporation established an Access and Equity Unit in July 1997, which was an expansion of its non-English speaking background program. The unit has two full-time consultants. Through the Access and Equity Unit the Corporation has a strategic focus on addressing access barriers to the occupational health, safety and welfare, and to the rehabilitation and compensation system for the following groups in our community:

- ? Aboriginal and Torres Strait Islanders
- ? People with disabilities
- ? People of culturally and linguistically diverse backgrounds and
- ? Women.

In order to work towards the aim of integrating principles and practices addressing culture, gender, disability and language diversity within all aspects of the OHS&W and rehabilitation and compensation system the Access and Equity Unit (A&E unit) works in two main ways as follows:

1. It provides expert advice and consultancy services and
2. It manages partnerships with external organisations.

The previous NESB program was initially only part of the workers compensation division (*when claims were still being managed by the Corporation- this function has now been outsourced to five insurance companies*). The focus of the program subsequently changed to being located with the OHSW division and directed to only work in prevention and training strategies. Today, since establishing the A&E Unit, the focus is the entire OHSW and injury management system. In practice this means:

- ? WorkCover Corporation
- ? employers/ their representatives
- ? employees/their representatives
- ? claims agents; and
- ? service providers, such as rehabilitation providers, allied health professionals and doctors.

Key recent activities of the Unit in relation to people from a non-English speaking background are listed below. The underlying strategy is to encourage all ‘players in the system’ to address access and equity so that it isn’t the sole responsibility of the Unit. This approach is considered to have the most sustainable outcomes.

1. Consultancy and advice on communication strategies

The Unit:

- ? advocates for Divisions to plan, budget for and produce multilingual information/ information in alternate formats as an important part of their communication strategy
- ? provides advice on suitability of the information for translation. The information to be produced must be in a form that will provide a clear and least ambiguous translation into languages other than English and other formats
- ? provides advice on appropriate languages based on the particular information;
- ? arranges the translation and liaises with the communications team to ensure that the product is designed appropriately. For example, titles are in both English and the community language
- ? ensures that all other aspects of the product such as the information content, its format, presentation, style and distribution are culturally appropriate.
- ? The Access and Equity Unit provides the recommendations and the relevant program area provides the financial resources to produce the appropriate product.

In relation to communication strategy the Unit uses a number of strategies in recognition of the principle that no one strategy or media for communication will achieve the desired outcome.

2. Workplace Health and Safety Training Resource Kit

The Workplace Health and Safety Training Resource Kit was developed through a partnership between the Access and Equity Unit, Corporation OHS staff, TAFE's Workplace Education Service, Bridgestone Australia and DEETYA (WorkCover, 1998). It was in response to an identified shortage of up to date OHSW resources for workplace trainers and consultants working with learners with limited language or literacy skills. The Resource Kit was developed by the project team and the occupational health and safety content was reviewed by the Corporation's trainers and OHS consultants.

The training resource materials developed for the kit were based on accredited curriculum modules and OHS&W Generic Fundamentals A level.

Two critical factors have guided the design: firstly, the competencies required by employees who are under direct supervision in the workplace; and, secondly, employees who are in need of language and literacy skills development. The Resource Kit integrates these competencies and builds learning from both perspectives simultaneously.

The Kit provides a commonsense, practical and pictorially driven resource to develop language and literacy confidence and to ensure participants in the training obtain a good understanding of key issues in occupational health and safety.

3. Working with industry/employer

The A&E Unit responds to individual enquiries from employers for strategies and resources for providing OHS information to their workforce. The unit also provides specialist knowledge and expertise to industry through existing Corporation programs and staff such as Safer industries and small business programs. Examples include advice as to the most

“Improving Occupational Health and Safety Information to Immigrant Workers in NSW – Research Report”, prepared by Caroline Alcorso, ACIRRT, University of Sydney.

appropriate language groups to target for particular service information, promotional strategies, the cost of language translations and more appropriate presentation and distribution of material. Examples include:

Meat Industry

The meat industry has applied for a grant to produce a video to be used in induction for new workers. The A&E unit has worked with the industry consultant to ensure that the grant application and budget includes how the cultural and languages needs of new workers in the industry will be met with the video. If the industry is successful in receiving this grant the A&E unit will continue to provide advice during the production of the video.

Safety Signs poster

Through consultation with the safer industries consultants and the marketing team a multilingual poster of *mandatory safety signs* in 15 languages, including English, Amaharic, Arabic, Bosnian, Chinese, Croatian, Greek, Italian, Khmer, Persian (Farsi), Polish, Russian, Somali, Spanish, and Vietnamese.

Grant to community health service re: safe use of chemicals on farms

A regional community health service has received a grant to address the issue of safe use of chemicals for Cambodian market gardeners. The A&E Unit assisted with the grant application and we will continue to have a role in the project.

Hospitality Industry

The outcome of working with this industry OHSW industry committee was a small business training session and information booklet for Chinese cafés and restaurants. The information sessions and information booklets were tailored and translated to the languages and cultural needs of this customer segment within the industry.

4. Ethnic radio program and CDs - Work to Live Makes Sense in Any Language campaign

The A&E Unit with the Corporation's Marketing Department and Leo Burnett Robinson Advertising to tailor the WORK TO LIVE Campaign for the needs of people from culturally and linguistically diverse backgrounds.

Consistent with the emphasis of the work of the Access and Equity Unit and in consultation with ethnic community representatives tailoring the campaign moved beyond the translation of information. The Unit advice provided advice in tailoring the message of the campaign, that is, its cultural appropriateness. Ethnic radio was considered to be an important medium to start with. Four scripts were developed which covered 1) information for outworkers (as suggested by the women's focus group), 2) information about employer registration, 3) information on workers rights and responsibilities and, 4) employers starting a new business.

The Corporation is currently into the 2nd year of airing the four scripts on ethnic radio 5 EBI FM in 22 languages. The information has also been produced onto CDs that are distributed through ethnic community organisations, workplaces for distribution to workers and employers.

5. Ethnic Community Festivals

The Marketing and Communications Unit manages information displays about health and safety and workers compensation at various ethnic community festivals.

6. Written Information

Information pamphlets are available in various community languages in written format, voice files and for download from the Corporation's web site. The amount of information is limited but slowly increasing.

7. SAFEWORK week 2001 - information sessions in community languages

Through the Work to Live campaign funding the Corporation provided a small grant to ten ethnic community organizations as a strategy for designing and delivering appropriate information sessions during SafeWork week. The main responsibility for the ethnic community workers was to promote the sessions on ethnic media, through their community newsletters and in any other relevant way. Corporation customer center staff delivered the sessions through interpreters. The questions raised at the sessions and the evaluations we received it confirmed the value of face-to-face information sessions.

It also highlighted the importance of working in partnership with key community organisations as these organisations have access to community members who would not otherwise attend these type of sessions.

8. Health and Safety Representatives

During 2001 a social work student on placement with the A&E Unit undertook a research project to determine if the approved model course curricula provides HSRs with the necessary skills and knowledge to represent workers with disabilities or from diverse cultural and language backgrounds. The project will continue with the Corporation's workplace liaison project consultant.

9. Workplace Health and Safety Handbook for Managers – Diversity Guidelines

WorkCover produces a practical and detailed manager's and supervisor's handbook on health and safety (WorkCover Corporation, 2000). The section included in the handbook on workplace diversity covers induction, communication and training strategies and techniques; use of interpreters and translations; use of audio and visual aides and other workplace resources; how to write and speak in plain English; consultation and using bilingual employees as health and safety representatives.

10. Standards for Self Insurers

The A&E Unit is currently working on A&E criteria for Performance Standards for self-insurers

11. Guidelines for Grants Program

Guidelines have been developed for grant applicants to consider when addressing access and equity, which is a mandatory criterion in the grants program.

12. Bilingual Providers and Staff Register

A register of Bilingual Staff was developed as an internal strategy to enhance customer service. This strategy recognises the language and cultural diversity of the Corporation's employee and customer bases. Bilingual staff can use their linguistic and cultural skills to assist with customer enquiries and ascertain their needs in order to appropriately direct the customer's enquiry to the relevant department or section.

A policy was developed to ensure that bilingual staff do not replace the use of professional interpreters. The Register of Bilingual Staff is accessible by all Corporation staff via the internal staff phone list.

In line with the development of the register of the Corporation's bilingual staff, enquiries for bilingual rehabilitation and allied health professionals led to the development of a **Bilingual Providers Register**. This register lists rehabilitation providers who have registered with the Corporation as being bilingual professionals that are able to communicate in at least one language other than English. These people are not interpreters and do not replace professionally qualified and accredited interpreters. As bilingual professionals they are an important way of delivering services to injured workers in their preferred language and with an understanding of cultural issues.

The current register is in hard copy and an electronic version is being developed for the Corporation's website to be available by early 2002.

13. Interpreting and Translations Policy

The policy details practical strategies for the use of interpreters, translation of information into community and Aboriginal languages and the production of information in various formats. It is also an essential element of the Corporation's *Service Strategy* and is included in the *Complaint Handling Guidelines*.

The policy is issued to all claims agents and rehabilitation providers as a corporation policy.

14. Collaborative Partnerships: Multicultural Focus Group Strategic Plan

In August 1998 the Corporation commenced collaborative partnerships with representatives of each of the four equity groups. Forty peak, state & federal government and community organisations are represented across these groups. The groups are known as "Focus Groups" and meet regularly throughout the year.

The partnerships participate in a consultative process that provide forums for discussions and development of initiatives to be undertaken in order to enhance access to the OHS&W and injury management system and service outcomes for the equity groups.

Commencing in January 2002 the A&E Unit will be working with the Multicultural Focus Group to develop a strategic plan for the next two years (such plans have been developed for other target groups). Members of the Focus Group include the Migrant Resource Centre, Migrant Health Service, Community Settlement Service workers, Equity Strategies Unit of the Department of Human Services, Department of Immigration and Multicultural Affairs.

Summary of the Victorian Code of Practice: Provision of Occupational Health and Safety in Languages Other than English (1992)

This Code provides extensive guidance to employers on implementing the requirement under the OHS Act under S 21 of the *Occupational Health and Safety Act, 1985*. Additional guidance is found in other support documents, such as the *Picture Safety Signs - Guidance Notes for Employers*, and the *Occupational Health and Safety (Issue Resolution) Regulations 1989*.

The Code is clear, lengthy and detailed. It covers the following aspects related to effective consultation in multilingual workplaces.

1. Assessment of workplace health and safety information needs

A language profile is to be developed and maintained (a model form is provided for post-recruitment use). The employer is to identify major and minor languages (examples are given of identification and different strategies that could be adopted for each). Examples of 'ineffective information provision' are also given:

- ? where information on hazards and risks associated with the workplace is not provided at all
- ? or is not readily accessible to employees
- ? where information is provided in a form (eg written or oral) or a language which some or all employees do not understand
- ? where OHS information is available but is not detailed enough to enable the employees to understand the hazards and risks, or has too much unnecessary detail and becomes overwhelming and too difficult to understand

2. Consultation

- states it is part of a 'positive employer approach to OHS'
- advises that techniques for consultation should take into consideration the needs of NES employees; and suggests:
 - ? using bilingual people to play a role in explaining information, assisting health and safety representatives
 - ? helpful techniques for running meetings (eg breaking into small community language groups)
 - ? use of translated information, plain English summaries, and presenting information 'in a way that gives people the opportunity to have it explained or clarified in their own language'

3. General OHS information should be provided in appropriate languages includes:

- ? company OHS policy
- ? location and nature of hazards in the workplace, ppe, safe work practices, incident reporting procedures
- ? consultative structures – names of reps, when meetings are held etc
- ? procedures for resolving health and safety issues

- ? emergency and first aid procedures
- ? safety signs and symbols

The above are suggested as types of information that it may be appropriate to translate.

However, guidance is also given on using *plain English* with the following advice:

‘When information is given in English to people with limited English skills, it is particularly important to use plain language, back it up with demonstrations, and check for understanding’ (Code of Practice, no. 16, 4.4).

Options for the use of English classes, training on the use of common terms, explanation of safety signs and information about translation are also described in detail.

4. Bilingual persons

Considerable emphasis is placed on the correct usage of bilingual persons – ie workers fluent in English and a language other than English spoken in the workplace. The potential functions of those who voluntarily wish to play an information role at the workplace are described, as well as the limitations on their roles.

5. Training

For supervisors and others as required by the Act, the Code states clearly that training requires interpreters or other forms of bilingual training:

‘All training should be provided in a way that allows the trainee to understand and learn. For non-English speaking employees, this means providing training in the first language or providing some form of language support’ (5.2).