Maruiti marae-based learning pilot

KAUPAPA PROCESS EVALUATION

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RESEARCH AND EVALUATION

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WORKSAFE

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EXECUTIVE SUMMARY

Māori workplace fatality rates are 19% higher by industry and 10% higher by occupation than for non-Māori.[1]

In 2007 the rate of serious non-fatal injuries among Māori workers was 31.6 per 100,000– approximately 71 injuries per year. By 2016, this had dropped to 22.5 per 100,000 – approximately 57 injuries per year. While the decline in serious injuries among Māori workers is good news, the overall rate of serious non-fatal injury for the population as a whole has been decreasing at a faster rate.

Injury rates for Māori are also higher than non-Māori across almost every industry, including WorkSafe's priority sectors of forestry, manufacturing, construction and transport, postal and warehousing. Māori also experience a disproportionate burden following injury shaped by lower rates of accessing health services, including accident compensation from the Accident Compensation Corporation (ACC), than non-Māori.[2,3]

The background

In 2016, a quarter of Māori workers were in manufacturing, utilities and construction industries, with Māori also more likely to be employed in agriculture and transport, postal and warehousing.[4] Injury data from WorkSafe shows that manufacturing, construction, forestry and transport, postal and warehousing are the industries with the highest rates of work-related injury resulting in more than a week away from work for all workers.

Poorer health and safety outcomes for Māori workers is also shaped by the following factors:

- higher representation in temporary and precarious employment arrangements, which often means poorer conditions, less job control, more hazardous work, and less training
- lack of culturally appropriate models of worker engagement, participation and representation

[1] Driscoll T, Mannetje A Dryson E, Feyer A-M, Gander P, McCracken S, Pearce N, Wagstaffe,M. The burden of occupational disease and injury in New Zealand: technical Report. NOHSAC: Wellington 2004, p112-113 https://cohsr.aut.ac.nz/nohsac-reports

[2] Wyeth, Emma. Samaranayaka, Ari, Davie, Gabrielle, Derrett, Sarah (2017) Prevalence and predictors of disability for Māori 24 months after injury. Australian and New Zealand Journal of Public Health 41(3)262-268.

[3] Hayward, Brooke, Lyndon, Mataroria., Villa, Luis., Madell, Dominic., Elliott-Hohepa, Andrea., Le Comte, Lyndsay. (2017) My Home is My Marae: Kaupapa Maori evaluation of an approach to injury prevention BMJ Open7:e013811.doi:10.1136/bmjopen-2016-013811.

[4] Towards 2020 – Progress towards the Government's Working Safer fatality and serious injury reduction target, WorkSafe New Zealand, May 2017, page 18 has data by industry from WorkSafe's System for Work-Related Injury and Fatality Forecasting and Targeting (SWIFT): worksafe.govt.nz/data-and-research/research/towards-2020

- inadequate support for Māori workers' wellbeing at work
- lower levels of literacy
- poorer overall health, which can be exacerbated by reduced ability to take sick leave if in temporary or precarious employment.

Barriers to improving health and safety outcomes for Māori workers

Historically health and safety interventions have not employed a kaupapa[5] approach to health and safety for Māori workers. Evidence suggests that to be well as Māori requires access to the environmental, social and cultural resources that sustain Māori identity and allow for equal participation in socio-political networks where support is reciprocal.[6]

A kaupapa approach has an underpinning principle of social justice where health and safety interventions should empower Māori workers, their whānau and their communities so they can determine their own health outcomes and working futures.

A kaupapa approach works toward building capability and capacity for Māori communities. The core standpoint of kaupapa Māori health interventions is tino rangatiratanga defined as sovereignty, self-determination, governance, autonomy and, independence.

Barriers to positive health and safety outcomes

- Labour market constraints and marginality in the labour market.
- Disenchantment with state sector agencies arising from historical relationships where Māori have felt surveilled, looked down upon and where promises have been made but not delivered.
- Poor access to health services because of rural isolation and rural occupations with working hours which largely prohibit the ability to access health services (this also involves agencies needing to have a better understanding of the labouring realities of those working in industries like forestry).
- A tendency to keep on working even when unwell.
- A common and shared experience between Māori workers of not being asked what they think, not being listened to or thinking their views will not be valued.
- Likelihood a worker will have a range of comorbidities which will impact on their health and safety at work.
- Poor learning experiences in the past – health promotion as a health intervention not perceived as an attractive thing (like school) to engage with;
- A level of discomfort addressing health and safety issues as an individual (rather than as a member of a collective) – with contractors, principals and companies.
- A sense that it is 'unsafe' for workers to raise issues and concerns, in particular a fear it may jeopardize their employment or put them at disadvantage.[7]
- Many forestry workers are resigned to the normative idea that production comes before people (keep working when unwell, take risks to meet production targets).[8]

[5] Way of doing things from a Māori worldview, Māori values and principles.

[6] Ratima, Mihi, Durie, Mason, Hond Ruakere (2015) Maori Health Promotion In Promoting Health in Aotearoa New Zealand. Edited by Louise Signal & Mihi Ratima, University of Otago Press, Dunedin.

[7] Lovelock, Kirsten and Ros Houghton (2017) 'Healthy on the outside, sick on the inside' Research and Evaluation, WorkSafe, New Zealand Government.

[8] Ibid.

Addressing inequity

In 2017 WorkSafe, Accident Compensation Corporation (ACC) and Ngāti Porou embarked on a tripartite initiative called the Te Ao Maruiti: Health and Safety Learning Pilot (safe haven). The pilot aimed to provide a short term outcome: engaging in a meaningful way (which is for Māori a kaupapa approach) with Māori forestry workers within the Ngāti Porou rohe (boundary). Medium and long term outcomes should the pilot be successful and rolled out as business as usual (BAU) would be behavioural change and ultimately a reduction in fatalities and serious harm.

The framework for the Te Ao Maruiti: Health and Safety Learning Pilot employs a Māori lens to the world of work which involves moving beyond a sole focus on the work place or industry and into the homes and lives of whānau, hapū and iwi and engaging with Māori industry in partnership.

The purpose

This is a kaupapa process evaluation conducted between January 2017 and March 2018. The project team wanted to understand the strengths and weaknesses of the pilot and views on how the mārae-based educational intervention could be strengthened or improved.

The approach and components of the pilot

The pilot aimed to test the use of a kaupapa approach to health and safety, in acknowledgement that existing tailored health and safety interventions may not create the best learning experience for Māori.

Tikanga (Māori practices and values) lifestyle values of manaakitanga (hospitality) and awhi (to embrace) were woven into the pilot and activities over the course of the 12-month pilot timeframe. Importantly, the pilot not only engaged the workers but also their whānau recognizing there is a far greater chance of embedding good health and safety practices if they are supported at both home and work.

The Te Ao Maruiti: Health and Safety Learning Pilot was evaluated in March-April 2018. This process evaluation addressed four key questions:

1. How well did WorkSafe engage with workers, employers, whānau and community during the pilot?
2. Does the approach work in terms of providing education on Health and Safety for Māori workers, their whānau and their employers?
3. Did the pilot have any impact on the enforcement function of WorkSafe?
4. What were the critical success factors of the pilot?

WorkSafe developed relationships with two forestry companies operating in the Ngāti Porou area – Ernslaw One and Ngāti Porou Forest Limited (NPFL). Combined, these two companies operate across approximately 42,500 hectares of forest land within the Ngāti Porou area. A total of four contracting crews involving 45 workers (95% Māori) were released from forest-floor production to spend a total of 32 hours on the pilot over a 12-month period.

The pilot structure consisted of four wānanga of eight hours duration, held at Te Taumata o Mihi Marae, Ruatoria. Each wānanga consisted of a mixture of health and safety intervention lessons, covering: tikanga, karakia, Tāne Mahuta mythology, health and well-being, workplace safety interventions, risk management, leadership, the effects of health on work with a focus on worker engagement and participation. The pilot ran between March and December 2017 with preparatory and planning sessions from October 2016 to March 2017.

There was a significant investment cost for both companies and contractors. In addition, whānau members attended specific parts of the pilot. At the first wānanga WorkSafe's Chief Executive Officer and a number of inspectors and assessment managers, along with the Research and Evaluation researchers took part. The representation from WorkSafe was pared back for the subsequent wānanga. WorkSafe invited the Forest Industry Safety Council (FISC) National Safety Director and the Chief Executive of the Eastland Wood Council to attend, present and observe at the final wānanga (learning lessons) in December 2017.

Findings

Overall, it was a highly successful engagement process involving the establishment of meaningful relationships and a collaborative investment into a kaupapa approach to health and safety.

The kaupapa approach provided a culturally appropriate and an empowering experience for Māori workers and their whānau. The approach provided a Māori lens on work and home for the workers and employers. The principals, contractors, workers and their whānau shared common concerns and the pilot allowed workers to express their concerns in a safe environment (Maruiti = Safe Haven).

The kaupapa intervention provided an opportunity for the inspectorate to be 'seen in a new light', as engagers and educators, rather than simply enforcers. It also provided the opportunity for the inspectorate to have a greater insight and appreciation of the Māori world view.

Using a pilot to test this form of engagement and health promotion enabled the team to iteratively adapt and adjust engagement as needed and correct when required.

The success of this intervention is measured in terms of empowering workers and key to this is strengthening Māori identity and understanding of Māori culture so that ultimately self-determination and tino rangatiratanga will be achieved.

Over the course of the four wānanga Māori forestry workers and their whānau increasingly spoke up on the marae and there was a demonstrable increase not just in participation but also in confidence about the value of speaking out. This evidences worker and whānau empowerment which are a prerequisite for changing behaviour.

The site visits for whānau were a resounding success and provided for many whānau the first opportunity for them to see where their partners and whānau worked. It allowed them to imagine their working day and the demands of working in forestry. Many had not been on site before and were genuinely surprised by how demanding the work was. These visits allowed insight, and insight is central to being able to see why the provision of the right kind of support for these Māori workers is necessary (eg a packed lunch, a good night's sleep, managing conflict in the home so the worker is not distracted when they get to work).

The health checks carried out at each wānanga were a success. Men who had health checks conducted annually by their contractor also benefited from the check at the wānanga, primarily because these men registered with the local health service centre for the first time. Being registered at the centre allows the local health professionals to monitor their health over time and intervene when necessary.

The pilot has also enabled the formation of a transferable model that will allow other regions and local communities to take ownership of health and safety for their workers. This will in the long term mean that ongoing tikanga learning is taking place in the regional forestry environment, Maori identity is being strengthened and workers are increasingly empowered to drive their own health and safety agenda.

Significant outcomes from this intervention include:

- A Crown–Māori health and safety intervention relationship model for all sectors.
- A Crown–Māori health and safety intervention programme transferable to other sectors.
- A worker leadership model.
- A transferable health and safety model that is led by regions, by Māori for workers.

Sustainable change

This pilot has prompted the following initiatives, all of which should contribute to sustainable change.

The WorkSafe Maruiti team have established a transition for the pilot working with the CE of Eastland Wood Council (EWC), the CE of the Forestry Contractors Association (FICA), the Director of the Forestry Industry Safety Council (FISC) and the local Māori community representative with a clear line of sight to retain a kaupapa Māori approach for health and safety in forestry.

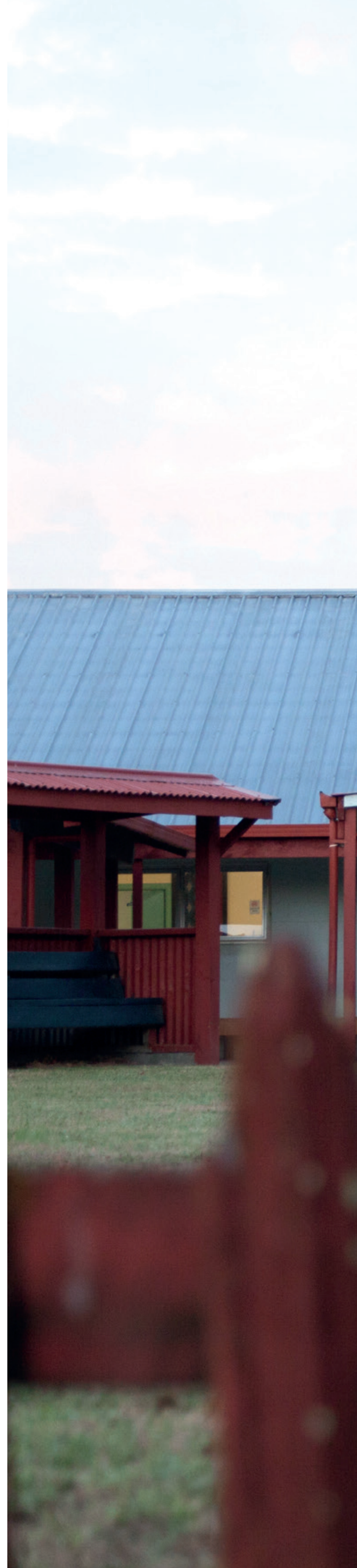
Retaining the kaupapa approach to health and safety in forestry will involve establishing a new forestry community Roopu (group) which will fall under the auspices of the Eastern Wood Council. The community Roopu will enable workers, whānau and local community to work alongside the industry and to contribute to best health and safety practice; and, decision making around social and work issues in the sector. The inclusion of this Roopu addresses what has been to date a significant gap in the health and safety system.

The vision of the Roopu is: A community working together to ensure everyone who goes to work deserves to come home healthy and safe 'To mahi haere haumaru atu hoki haumaru mai'. The Roopu, provides industry with a meaningful and working relationship with local community , particularly in times of need.

Achieving this vision will involve:

- ensuring tikanga practices are woven into the fabric of the Roopu and of health and safety learning
- promoting and innovating best practice health and safety through sharing knowledge across the region
- ensure that the Roopu convenes as soon as is practicable following a forestry fatality
- support kaimahi (workers) leadership and training opportunities to increase workforce capability
- ensuring risks and issues are pro-actively and consistently managed
- ensuring the forestry community is adaptable to change (social, economic and political)
- ensuring kaimahi and whānau are connected to social and health community services.

The team is currently working with members of the local Māori community to undertake the worker whānau support group, worker representation and worker engagement, participation and representation (WEPR) lead roles. The key role of the Māori community representatives is to bring to the Roopu health and safety issues and risks raised by workers and whānau that need to be resolved; and, to provide feedback on outcomes to the community and to support industry.



1.0 Background

IN THIS SECTION:

1.1 The problem

1.2 Maruiti 2025

1.3 The Māori economy is a significant contributor to New Zealand's economy

1.4 A new 'systems' approach

1.5 The purpose of the evaluation

1.6 A 'soft' behavioural change intervention

1.7 Key evaluation questions

1.8 Method

1.9 Measures

1.1 The problem

Maori represent 11.5% (271 000) of New Zealand's workforce (2.3M).

Māori workplace fatality rates are 19% higher by industry and 10% higher by occupation than for non-Māori.[9] In 2007 the rate of serious non-fatal injuries among Māori workers was 31.6 per 100,000– approximately 71 injuries per year. By 2016, this had dropped to 22.5 per 100,000 – approximately 57 injuries per year. While the decline in serious injuries among Māori workers is good news, the overall rate of serious non-fatal injury for the population as a whole has been decreasing at a faster rate.

Injury rates for Māori are also higher than non-Māori across all industry, with rates varying between industries. Māori also experience a disproportionate burden following injury shaped by lower rates of accessing health services, including accident compensation from the Accident Compensation Corporation (ACC), than non-Māori.[10,11]

Improving health and safety performance for Māori workers involves addressing a range of barriers:

- Historically health and safety interventions have not employed a kaupapa approach to health and safety for Māori workers.[12] Evidence suggests that to be well as Māori requires access to the environmental, social and cultural resources that sustain Māori identity and allow for equal participation in socio-political networks of reciprocal support.
  - A kaupapa approach has an underpinning principle of social justice where health and safety interventions should empower Māori workers, their whānau and their communities so they can determine their own health outcomes and working futures.
  - A kaupapa approach works toward building capability and capacity for Māori communities. The core standpoint of kaupapa Māori health interventions is tino rangatiratanga defined as sovereignty, self-determination, governance, autonomy; and, independence.
- Labour market constraints and marginality in the labour market.
- Disenchantment with state sector agencies arising from historical relationships where they felt surveilled and looked down upon and where promises have been made but not delivered.
- Rural isolation and rural occupations with working hours that largely prohibit the ability to access health services (this also involves agencies needing to have a better understanding of the labouring realities of those working in industries like forestry).
- A tendency to keep on working even when unwell.
- A common and shared experience between Māori workers of not being asked what they think, not being listened to, or thinking their views will not be valued.
- Likelihood a worker will have a range of comorbidities which will impact on their health and safety at work.
- Poor learning experiences in the past – health promotion as a health intervention not perceived as an attractive thing (like school) to engage with.
- A level of discomfort addressing health and safety issues as an individual (rather than as a member of a collective).

[9] Driscoll T, Mannetje A Dryson E, Feyer A-M, Gander P, McCracken S, Pearce N, Wagstaffe M The burden of occupational disease and injury in New Zealand: technical Report. NOHSAC: Wellington 2004, p112-113 https://cohsr.aut.ac.nz/nohsac-reports

[10] Wyeth, Emma. Samaranayaka, Ari, Davie, Gabrielle, Derrett, Sarah (2017) Prevalence and predictors of disability for Māori 24 months after injury. Australian and New Zealand Journal of Public Health 41(3)262-268.

[11] Hayward, Brooke, Lyndon, Mataroria., Villa, Luis., Madell, Dominic., Elliott-Hohepa, Andrea., Le Comte, Lyndsay. (2017) My Home is My Marae: Kaupapa Maori evaluation of an approach to injury prevention BMJ Open7:e013811.doi:10.1136/bmjopen-2016-013811.

[12] Kaupapa is a way of doing things from a Māori worldview, Māori values and principles.

- A sense that it is unsafe for workers to raise issues and concerns. In particular fears that raising issues may jeopardize their employment or put them at disadvantage.
- Many forestry workers are resigned to the normative industry idea that production comes before people (keep working when unwell; take risks to meet production targets).[13]

Industry

Following the deaths of 13 forestry workers in 2013 there has been increasing interest on the part of industry to address the poor health and safety outcomes for all forestry workers and an acknowledgement that Māori working in forestry are disproportionately affected. Industry bodies, corporates and contractors have been working with WorkSafe to address these poor outcomes via a variety of interventions.

WorkSafe's obligations under the Treaty of Waitangi

As the indigenous population of Aotearoa, Māori have the right to the highest attainable standard of physical and mental health.[14] The Treaty of Waitangi assures equity and government responsibility to ensure that the rights of Māori are upheld.[15] The Te Ao Mauriti Pilot aligns with WorkSafe's Treaty obligations as a crown agency.

	WORKSAFE'S TREATY OBLIGATIONS	TE AO MARUITI PILOT ALIGNMENT
Partnerships	Actively forging and maintaining enduring relationships with iwi, hāpu and whānau.	Building connections with Ngāti Porou to improve health and safety for local Māori through Te Rūnanga o Ngāti Porou and access to marae and whānau.
Protection	Actively ensuring Māori have at least the same level of health and safety outcomes by advancing tino rangatiratanga (qualities of chieftainship).	Application of a Te Ao Māori approach to health and safety learning.
Participation	Actively leading a Crown-Iwi relationship, respecting and trusting each other's ability and knowledge to achieve shared-outcomes.	Through Treaty partnership, the ability to work with Māori workers to improve health and safety in their workplace.

TABLE 1: WorkSafe's Treaty obligations as a crown agency

1.2 Maruiti 2025

Maruiti 2025 is WorkSafe's strategy to address Māori health and safety needs and to meet WorkSafe's obligations under the Treaty of Waitangi. Maruiti 2025 has two goals:

- That Māori workplace injury, health and fatality outcomes will be equal to or lower than non-Māori; and
- WorkSafe will reach Te Ao Māori capability and capacity excellence by 2020.

[13] Lovelock, Kirsten and Ros Houghton (2017) 'Healthy on the outside, sick on the inside' Research and Evaluation, WorkSafe, New Zealand Government.

[14] Hunt P, The human right to the highest attainable standard of health: New opportunities and challenges. Transactions of the Royal Society of Tropical Medicine and Hygiene, 2006; 100: 603-607.

[15] United Nations. Implementation of General Assembly Resolution 60/251 of 15 March 2006 Entitled 'Human Rights Council'. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt. Geneva: United Nations, 2007

1.3 The Māori economy is a significant contributor to New Zealand's economy

The Māori economy is a significant and increasingly important contributor to New Zealand's economy. GDP from Māori economic producers totalled $11 billion in 2013, representing 5.6% of NZ economic production.

Estimates of the Māori economy asset base stands at $42.6 billion, which comprises: $23.4 billion in businesses of Māori employers; $6.6 billion in businesses of self-employed Māori; and $12.5 billion in Māori trusts, incorporations, and other collectively-owned enterprises. Agriculture, forestry and fishing are significant components of the Māori asset base; with just under half of all assets held by Māori enterprises engaged in the primary sector.[16] Te Tairāwhiti rohe (district or region, or area of land) consists of a majority of primary sector production, as is expected in a predominantly rural area.

Forestry comprises a significant component of the Māori economy asset base.

Te Tairāwhiti rohe (district or region, or area of land) consists of a majority of primary sector production in their asset base.

1.4 A new 'systems' approach

Maruiti 2025 and the ACC Māori Strategy Whāia Te Tika are a new approach (Te Ao Māori) to Māori health and safety learning for Māori workers, whānau and the wider Māori community.

The Te Ao Māori approach to prevention of fatality, health and injury impacts is tailored to meet the learning needs of Māori and to promote through a Māori world view how more positive health outcomes can be realized by Māori workers for Māori workers.

In 2016 WorkSafe, the ACC and Ngāti Porou embarked on a multi-agency initiative aimed at the prevention of serious injuries and fatalities in Forestry within the Ngāti Porou rohe. The forestry sector has the highest proportion of Māori within its workforce (34%).

The Te Ao Maruiti: Health and Safety Learning Pilot is the beginning of partnership with the Ngāti Porou Iwi. The pilot was initiated to inform the development of a transferable model that could be managed and operated by regional and local communities at the grass roots level. The pilot aimed to raise standards on:

- how we engage with Māori workers
- how we promote healthy practices with Māori workers, and
- how we all work together to achieve better health and safety outcomes for Māori workers.

The framework for the Te Ao Maruiti: Health and Safety Learning Pilot employs a Māori lens to the world of work. This involves moving beyond a sole focus on the work place or industry and into the homes and lives of whānau, hapū and iwi and Māori industry partnerships.

The key focus of the pilot was providing marae-based promotion of health and safety at work through a Māori lens. The intervention seeks to provide Māori workers and their whānau with the knowledge and skills they need to be able to identify hazards at work and to know how to act to minimalise, isolate or eliminate hazards at their worksites.

The pilot was implemented to test whether this model could be translated into a sustainable Te Ao Māori health and safety learning programme that would be managed by local Māori communities and delivered in alignment with the WorkSafe Maruiti 2025 targeted work programme.

Occupational injury has a significant social and economic cost for individuals, their whānau, businesses and economies.

Employing a Māori world view to realize positive health outcomes for Māori.

[16] Ibid.

The core components of the pilot

The pilot was conducted over a 12-month period between March and December 2017. Initial engagement commenced in October 2016 and ran through until February 2017. The pilot included a series of core components:

- The Pilot embraced the Te Ao Maruiti concept of health and safety which is based on a holistic approach to health and safety. Tikanga (Māori practices and values) and the values of manaakitanga and awhi were woven into the four wānanga held over the 12- month pilot period.
- The pilot would engage workers and their whānau, assuming that there would be greater success if the workers were supported at work and at home.
- Relationships were to be established with the two largest forestry companies operating in the Ngāti Porou area – Enslaw One and Ngāti Porou Forest Limited (NPFL). These two companies operate across approximately 42,500 hectares of forest land.
- The pilot would engage with four contracting crews, from Enslaw One and NPFL, involving 45 workers (95% of whom are Māori).
- The team would negotiate the release of crews and contractors from forest-floor production for a total of 32 hours (for four wānanga) over a 12 month period and a final awards event of one hour. Each wānanga would involve eight hours of marae-based learning and held at Te Taumata o Mihi Marae, in Ruatoria.
- Each wānanga would promote health and safety interventions through a Māori world view and therefore covering: tikanga, karakia, Tāne Mahuta mythology, health and wellbeing, workplace safety interventions, risk management, leadership and the effects of health on work with strong focus on the importance of worker engagement and participation. The wānanga will represent a significant commitment for these contractors involving a significant investment cost for all organisations involved.
- The learning pilot would be supported by Te Reo Māori promotional collateral and incentives, the constant presence of local kaumātua and their whānau, kaukainga (current Māori community of Ruatoria) and WorkSafe's team. Whānau specific incentives would also be created to encourage good health and safety practices to promote across the community.
- The pilot would establish links with the workers' whānau via the contractors, so whānau could be involved in the wānanga.
- The pilot would establish relationships with the community of Ruatoria.
- The pilot results will inform a sustainable Te Ao Maruiti health and safety learning programme to be managed and operated by regional industry and Māori community in Te Tairāwhiti (East Coast, North Island).

Premises underpinning the core components: the Māori world view

- Good health is achieved when there is a balance between spiritual, mental, social and physical dimensions.
- Individual wellbeing is linked to the wellbeing of the wider Māori collective.
- There is an understanding of the impacts of the social determinants of health.
- Connections between past, present, and material spiritual worlds are recognized.[17]

Central to good health for Māori is access to cultural resources and understanding that a secure Māori identity is fundamental to good health.[18]

[17] Signal, Louise and Mihi Ratima (2015) Promoting Health in Aotearoa, New Zealand. Otago University Press, Dunedin.

[18] Ibid.

1.5 The purpose of the evaluation

The pilot was initiated to inform the development of a transferable model that could be managed and operated by regional and local communities at the grass roots level. The purpose of this evaluation was to understand the strengths and weaknesses of the pilot and views on how the marae-based educational intervention could be strengthened or improved. This evaluation does not provide outcome measures (injury and fatality rates for this time period) as it is unlikely that an educational intervention would result in a shift in injury or fatality outcomes over a 12-month period.

1.6 A 'soft' behavioural change intervention

WorkSafe's approach to health and safety is a variant on approaches used by other safety regulators (notably in transport); but differs as one of the E's used in the former is engineering, for WorkSafe this is replaced with Engagement. The three E's for WorkSafe are Engagement, Education and Enforcement. Critical appraisal of the effectiveness of employing both types of '3 E's' to guide intervention reveals that there is an E missing, that of Environment. A truly holistic approach also addresses the wider social and cultural context – the Environment. A kaupapa approach includes this crucial fourth 'E' and, as such, can be considered holistic.

'Soft' behavioural change interventions such as education, training and the provision of information through campaigns or advertising have had success in a number of domains, notably public health. 'Soft' behaviour change interventions encourage or persuade individuals to choose desired actions. There is sometimes an assumption that aiming for 'soft' behaviour change is some-how less valid. It is the case that soft effects are hard to measure but it is known that soft effects can over time result in hard (measurable) outcomes. 'Soft' effects (eg improved self-confidence; strengthened individual and group identity and sense of place; individual and group empowerment) can over time shape improved health outcomes. Soft interventions and effects are valid, they are merely different.

Making a difference can be about employing interventions that bring about soft behavioural change which over time can be measured by hard outcomes (reduced serious harm, fewer fatalities). Soft interventions – such as educational interventions – aim for soft behavioural change, which in the long term will have real health implications as these behavioural shifts (increased confidence, improved interpersonal skills, strengthened identity, social and cultural validation) invoke changes in health and safety practices, the behaviours of the social group and the wider social and cultural environment.

Evidence demonstrates that negative subjective experiences trigger a physiological response and are associated with poor health outcomes. For example, when people are subjected to racism or discrimination or are lonely (soft effects), the body responds with heightened general reactivity. Over time, this can manifest in poor health outcomes (hard effects). Strong associations have been demonstrated between these soft effects and health conditions such as cardiovascular disease and cancers. Interventions that aim to improve confidence and strengthen identity can help with resilience to negative soft effects and can enable individuals and the social group to resist work place practices that contribute to poor health outcomes.

[19] Magne, H. (2004). Do campaigns really change behavior? New understanding of the behavioral effects of advertising, Political campaigns and health communication campaigns. Nordicom Review 25(1-2), 277-290.

[20] Harris, R., Cormack, D., Tobias, M., Yeh, L-C., Talamaivao, N., Minster, J., Timutimu R., (2012) The pervasive effects of racism: experiences of racial discrimination in New Zealand over time and associations with multiple health domains. Social Science and Medicine 73(3):408-415.

Holistic approaches, such as the kaupapa approach, have been demonstrated to be more effective for behaviour change than partial or one-dimensional approaches. Approaches that address normative relationships, trust, shared values and beliefs between individuals and within social groups; and, are driven by the social group (ie 'grass roots'), have been shown to be successful in bringing about behaviour change. Underpinning grass roots approaches is the observation that people are influenced by significant others (family, friends, neighbours, work colleagues) and involving these others helps to drive behaviour change.[21] Approaches that encourage group discussion and reflection on habitual and subconscious behaviour are common for educational interventions aiming to change behaviour. These approaches enable involvement in the process which contributes to motivation and behavioural change.[22,23] The wānanga involved bringing together workers and significant others and the facilitation of group discussion.

The Te Ao Maruiti pilot is a grass roots initiative, it is holistic and it addresses the need to include the cultural and social environment (the fourth E) for an intervention to be truly holistic and effective.

1.7 Key evaluation questions

There are four key evaluation questions for this evaluation. They are:

1. How well did WorkSafe engage with workers, employers and partners during the pilot?
2. Does the approach work in terms of providing education on Health and Safety for Māori workers, their whānau and their employers?
3. Did the pilot have any impact on the enforcement function of WorkSafe?
4. What were the critical success factors of the pilot?

1.8 Method

To answer the evaluation questions the following methods were employed:

- a kaupapa Māori consultant assisted the WorkSafe evaluator in the design and delivery of this evaluation
- document analysis of planning documents, feedback from wānanga participants at the time of the wānanga
- individual face-to-face interviews (kanohi ki te kanohi) with forestry workers and their whānau, forest contractors, forestry company managers and Chief Executives, in Gisborne and Ruatoria and its surrounds.

  The issues explored were:

  - their understanding of and views on the Te Au Maruiti pilot
  - the meaning that the wānanga had for workers, contractors and companies
  - the effects, if any, of participating in the wānanga
  - how these may be improved if rolled out more widely
- an appreciative inquiry methodology underpinned the analysis and focus of this evaluation.[24] This involves focusing on what is working well as the starting point for considering how things can be better or might be more

[21] Schultz, P.W., Nolan, J.M., Cialdini, R.B., Goldstein, N.J. and Griskecius, V. (2007). The constructive, destructive and reconstructive power of social norms. Psychological Science 18, 429-434.

[22] GAP (2008). EcoTeams Evaluation Report. Global Action Plan, June 2008.

[23] Timletta, R.E. and Williams, I.D. (2008). Public participation and recycling performance in England: A comparison of tools for behaviour change. Resources, Conservation and Recycling 52(4), 622-634.

[24] Bushe, G.R. (2011) Appreciative inquiry: theory and critique. Cited in Hayward, Brooke et al. My Home is My Marae: Kaupapa Māori evaluation of an approach to injury prevention. BMJ Open (2017):7.

ideal. For the evaluator this means that the best aspects of this pilot were top of mind throughout the evaluation. In addition, the kaupapa approach taken in this pilot and evaluation sought to normalize Māori worldview and practices and to consider and refine the marae-based health and safety learning approach

- hui with participants at the conclusion of the evaluation drafting provided opportunity for challenging the evaluation preliminary findings and refining as necessary.

1.9 Measures

Measuring effectiveness of health promotion interventions is problematic as it is difficult to differentiate the impact of other factors from the impact of the intervention itself. In addition, some of the challenges are Māori specific – how can we measure a secure Māori identity, or whether whānau are flourishing? Health status (positive and negative) and health determinants (population and structural) are measurable, but only over a longer time frame. A 12 month pilot would be unlikely to generate hard outcomes, but it is possible to observe changes in behaviour at the wānanga over the course of a year, in particular, increased confidence in speaking up and making a stand. Participant feedback from the end of each wānanga also provided measurement of soft effects.

Ethical considerations

The following ethical considerations were adhered to for this evaluation:

- the evaluators adhered to the basic principles of respect, confidentiality, integrity and safety of all participants
- recognition and application of these basic principles to Māori individuals, their whānau, hapū and iwi
- evaluators had cultural, subject and research competencies
- the application of appropriate methodologies
- conveyed clearly to participants the aims of the evaluation and the anticipated outcomes of the evaluation
- communicated what would become of the information they provided, its use and application
- reported back to all participants involved or affected by the evaluation in a timely manner.[25]

[25] Aroturuki me te Arotakenga Monitoring and Evaluation Branch Te Puni Kōkiri, May 1999. Evaluation for Māori, Guidelines for Government Agencies.

2.0 How well did WorkSafe engage with workers, employers and partners during the pilot?

IN THIS SECTION:

2.1 The Maruiti marae-based pilot

2.2 The importance of whānaungatanga

2.3 Commitment to a kaupapa approach

2.1 The Maruiti marae-based pilot

How well did WorkSafe engage with workers, employers and partners

Face-to-face interviews were conducted with the Maruiti team in Wellington and Gisborne. At the outset of the evaluation and on completion of the four wānanga, face-to-face interviews were conducted with Principals and Contractors in Gisborne and Ruatoria. Interviews and focus groups were conducted with workers on completion of the pilot.

All of the participants were asked about their experiences of engagement at the outset and throughout the pilot. All acknowledged the engagement process was complicated because of geographic distance and poor access to telephones or internet connections. Overall, however, all thought the Maruiti team had worked hard to overcome obstacles, had worked in partnership, with integrity and in good faith.

Overall, it was a highly successful engagement process involving the establishment of meaningful relationships and a collaborative investment into the idea that a kaupapa approach to health and safety would help address poor health and safety outcomes for Māori workers and their whānau.

2.2 The importance of whānaungatanga

Engagement involved WorkSafe, Te Rūnagnanui and Ngāti Porou developing relationships with Ernslaw One and Ngāti Porou Forest Limited (NPFL), two forestry companies operating in the Ngāti Porou area covering a land area of approximately 42,500 hectares of forest land. Following establishing a relationship with these two companies and after consulting the crew members about whether they would be interested in attending the wānanga; access was provided to four contracting crews employing 45 workers – of whom 95% identified as Māori.

The four crews were released from production to attend four wānanga and a final one-hour Safety Award event. In total, this involved 32 hours of engagement over the twelve-month period. The economic commitment from these two companies and their contractors was significant due to lost production time and continuing to pay wages on the days of the wānanga.

2.3 Commitment to a kaupapa approach

The commitment from the companies and contractors to participate in the wānanga demonstrates openness to an approach tailored for Māori workers. Whānau and community also committed to this approach and appreciated their inclusion in the pilot.

It was important to acknowledge the importance of whānau and community to Māori working in forestry. Many whānau gave examples of how one death in forestry impacted on many people in the community up and down the coast, hapū and iwi, kaungāngāue (workmates) and auhoaraa (friendships). In a small community like Ruatoria everybody knows one another and having a wide range of relationships is both valued and the norm (whānaungatanga).

The overall buy-in financially and socially indicates a highly successful engagement process and the establishment of meaningful relationships over the course of the year. It also demonstrates support for a kaupapa approach to addressing poor health and safety outcomes for Māori workers and their whānau.

All of the principals agreed there was a need for change and that the kaupapa approach was something that had not been tried before and which they believed might make a difference. The company representatives also agreed that this was worth trying as the fatalities and injury outcomes for workers in the sector were unacceptable.

Key to a kaupapa approach is building relationships and understanding the centrality of relationships (whānaungatanga). The project team from the outset placed whānaungatanga at the centre of their engagement process. A dominant theme in the face-to-face interviews was the importance of whānaungatanga – which evidences that this approach was meaningful for participants and an appropriate vehicle through which to communicate health and safety messages. As observed by a number of participants in this evaluation:

A kaupapa approach in the words of one: *Avoids being a tick box thing.*

The Maruiti team engaged and communicated over the course of the year, with the intention of establishing long term relationships, and, ensured the content of the wānanga addressed the right health and safety messages in the right way for this audience.

"WorkSafe did a really good job, well resourced, good information, good people and the items that were given out to all the participants …good participation from some of the forest owners and the contractors and their kaimai …we were getting more people to open up and talk more around one another and willing to talk more about the issues. A key thing for me was breaking down those perceived communication barriers…no one is better than anyone else, speak up and talk, just because we sit in an office and aren't out with you every day it is doesn't mean you can't talk to us…"

PRINCIPAL

3.0 Does the approach work?

IN THIS SECTION:

3.1 Agency partnerships

3.2 The shape of the wānanga pilot

3.3 Marae-based

3.4 Spirituality – Tāne Mahuta

3.5 Workers, whānau and community

3.6 An inclusive form of engagement

3.7 On Te Reo

3.8 Health and safety education

3.9 Hearing, listening and being heard

3.1 Agency partnerships

The pilot was a multi-agency initiative between WorkSafe, ACC and Te Rūnanganui o Ngāti Porou.

The intention behind the pilot was to provide the best learning experience for Māori and a tailored approach to health safety for Māori. This involved, in partnership with ACC, a trial kaupapa Māori approach to learning. Tikanga (Māori practices and values) and lifestyle values of manaakitanga and awhi were woven into the pilot and through the activities and delivered through four wānanga held over a 12-month period. The approach was developed through close consultation with Ngāti Porou elders and community and with direct engagement with the workers. The latter engagement occurred before the wānanga took place and involved visits to forestry sites on the outskirts of Gisborne.

3.2 The shape of the wānanga pilot

The initial response to the pilot and the importance of addressing both fatality and serious harm in the sector was acknowledged. Following the four wānanga, feedback was resoundingly positive as the following quote from a Chief Executive Officer demonstrates:

"The proof is in the pudding…apart from knowing the risk profile for our industry…the workforce is largely Māori and a lot of our family members are in the industry, historically they have been and currently. So when WorkSafe scoped a meeting and showed their interest in this sector and that they wanted to trial an approach in our district, we said 'Why not!' It has been an iterative process, we thought the intent was fantastic, their way of going about things was humble but very effective. They tried very much to work with our industry people rather than try and impose something on workers. Clear and good intent…

…In the course of the Maruiti pilot there were two fatalities involving young men who are from the east coast, one from the east coast and the other from Tolaga Bay… and we know that for one of the young men, it was an avoidable tragedy.

It is a matter of shame to us that we haven't collectively got our heads around how to keep these men and women safe. So when WorkSafe takes the time and trouble to pilot with our people, like with Maruiti, it indicates a sense of purpose, irrespective of where the balance of the evaluation lands, it is Te Ao Maruiti and is a tangible response and we should be championing effective responses."

CEO

3.3 Marae-based

The following quote highlights the importance of having the wānanga in a marae setting. This setting immediately provides access to environmental, cultural and social resources and provides the 'place' for cultural engagement.

Overall the majority of participants were in support of the intervention taking place on the Marae. They considered that even for Māori who did not have great familiarity with the marae or marae protocol that the experience was a good one and that it was a special place for Māori and of Māori. For pakeha participants it also allowed an opportunity to contextualize what a kaupapa intervention was about and to appreciate the Māori world view.

"… forcing them back to who they are and to accept who they are."

"… it was good being on the marae, the best place for us to meet."

3.4 Spirituality – Tāne Mahuta

Forestry workers raised the presence of kēhua (ghosts) and that in certain areas in the forest they felt unsafe spiritually. This sense of spiritual dis-ease has not been factored into harvesting schedules and it can interrupt the harvesting operation if workers become anxious and feel the need for a local elder or religious leader to come and make the site safe to be in.

The Maruiti team in recognition of this and, in accordance with Māori health promotion models, embedded Māori myth making into modern forestry practices. Tāne Mahuta was employed as a model for understanding that the forest was fundamental to life, Tāne the god of the forest needs to be embraced and respected as a life energy force and to understand the unpredictability of this natural environment.

Tāne Mahuta also served as a role model for leadership and having the courage to speak out when practice was unsafe and accepting that speaking out is the right thing to do.

Leadership is fundamental to improving health and safety outcomes. Evidence demonstrates that virtually every outcome variable in occupational health psychology is empirically associated with leadership. Poor leadership is associated with negative outcomes such as employee stress, cardiovascular disease, workplace incidents and injuries and behaviours which negatively impact on health, such as excessive alcohol consumption.[26,27]

"Does it (this approach) save lives? Change serious injury outcomes?. .it allows the men to feel more worthwhile, they have a bigger connection now when they go to work, they have sat with the Principal, these people have taken time to do this ..it is shifting the mind, these things later come back and hit you…"

3.5 Workers, whānau and community

The approach involved engaging on the marae with workers, their whānau and their employers. This approach is informed by the understanding that for Māori the world of work involves more than focusing on industry or the place of work, it also involves the world of home and lives of whānau, hapū and iwi. Underpinning this is also the understanding that embedding good health and safety practices is more likely to be successful if these practices are supported at home and at work and through whānau and community involvement.

Worker Engagement, Participation and Representation (WEPR) are considered central to successful health and safety interventions in workplaces. This pilot, from the planning to the implementation and completion stage successfully engaged with workers and sought their participation at each wānanga, sharing their perceptions of health and safety and how their health and safety outcomes

[26] Mullen, J.E., & Kelloway, E.K. (2009) Safety Leadership: A longitudinal study of the effects of transformational leadership on safety outcomes. Journal of Occupational and Organizational Psychology, 82:253-272.

[27] Kelloway, E.K., and Julian Barling (2010) Leadership development as an intervention in occupational health psychology. Work & Stress 24(3):260-279.

might be improved. Some workers said that they were already aware of the safety issues, but they also conceded that participation in the wānanga had value and particularly for younger members of the crew.

Some suggested that the engagement at the wānanga needed to be more active for younger members who were unused to sitting for lengthy periods of time and listening to many presenters. The Maruiti team did address this in the later wānanga, in the future it might want to look at a wider range of interactive (active) engagements for these workers.

The engagement experience of this pilot has led to a service improvement in how WorkSafe responds to a Māori fatality.[28] In turn, workers' families learned what kind of support is available to them and the role played by WorkSafe in the provision of support.

The wānanga development was an iterative process; at the end of each wānanga participants were invited to provide feedback. The Maruiti team responded to this feedback and incorporated suggestions into the following wānanga. The next section combines responses to all wānanga and provides a thematic analysis.

3.6 An inclusive form of engagement

Overall, the pilot was perceived to be inclusive, as one participant observed:

> "I think the guys – crew... be under no allusion that it was all about them and their families...tacit or implicit agreement is that these guys are well equipped and supported and understand what it means to be safe...and so they can go home to their loved ones ...and won't be lost to their families."

Participants felt that the approach was inclusive of all and that the inclusion of whānau enlarged the community involved in improving health and safety outcomes.

3.7 On Te Reo

A number of participants addressed the use of Te Reo during the wānanga. It is acknowledged that using Māori language in kaupapa health promotion is appropriate and that it can unlock histories, values and beliefs. However, many Māori are not fluent in Te Reo and some have no working knowledge of the language. The first wānanga involved a significant amount of engagement through Te Reo, feedback revealed that many did not have a good understanding of Te Reo. The Mauriti team responded to this feedback and in the following wānanga translation was provided.

The use of Te Reo needs to be retained as one of the aims of a kaupapa approach (empowerment and strengthened identity) is realized through the revitalization of Te Reo. For any future roll out ascertaining the level of understanding of Te Reo prior to commencing the wānanga was recommended by a number of participants. Community representatives would play a role in ascertaining this.

[28] Inspectorate policy and procedure outlines process steps which should be considered at the scene of a Māori Sudden Death to help ensure that cultural practices are followed (Mate Ohorere Māori Resource Kit).

3.8 Health and safety education

Over the course of the four wānanga a range of health and safety issues were addressed on the marae, including: what the key problems are in forest harvesting, serious harm and fatalities, fatigue, the importance of good nutrition and hydration, chain saw safety, drugs and alcohol, supply chain issues, risk management and production pressures.

The tailgate demonstration was praised highly by a number of participants. Tailgates were also widely acknowledged as being central to engagement with workers, but not always well done. The demonstration enabled workers and contractors to see what best practice is with a tailgate. In the words of one participant:

> "...one of the few opportunities where engagement can happen... we want to improve tailgates, it is a tool of communication. If you had better communication you would have less deaths."

A range of speakers spoke to the participants and stressed a number of topics including: how 'I' can make a difference; the importance of tailgates; what does a good tailgate look like?; drugs and alcohol; what does going to work and coming home safe look like?; the importance of leadership; and the implications of increasing mechanization.

Demonstrating how to do something is important particularly when the audience is concerned with practical things and is known to not like classroom type situations. Many participants stressed that the tailgate demonstration was one of the best presentations and more helpful than being spoken to about what needs to change. Others also stressed that humour was important. The use of humour is also important when addressing leadership at work. There is a vast literature on leadership, of particular interest for this intervention is that which focuses on Māori leadership in workplaces and the importance of humour to performance for Māori leaders.[29] In addition the use of humour allows successful navigation of conflicting values or cultural expectations. Using humour to address health and safety offers this kind of navigation – when the regulator (WorkSafe) is intervening to promote healthy and safe behaviours, and the workers are navigating the realities of working in a high risk sector.

[29] Holmes, Janet (2007) Humour and the Construction of Māori Leadership at Work. In Leadership, Sage Publications, London, vol 3(1) 5-27.

Some of the participants were concerned about graphic depictions and descriptions of injuries and fatalities in forestry; and other expressed concern that this was traumatizing some whānau. The use of 'fear' in health promotion is contentious and there is evidence which suggests that using fear can have unintended consequences such as: the negative message ends up reflecting badly on the sponsor; if the threat (fear) is thought to be exaggerated people will ignore it (not all tree fellers die at work); it can induce anxiety for the audience and the message gets lost as they focus on coping with the anxiety; it can also lead to people denying any personal relevance – this happens to others not me. There is evidence that for audiences who have low self-efficacy, using fear has low efficacy.[30-40]

There is evidence that while most health promotion has focused on providing knowledge to trigger behaviour change, appealing to feelings – how a person feels about a health outcome – is a better predictor of how they will behave than their knowledge of the risks associated with activities.[41-49]

[30] Levental, H. (1970) Findings and theory in the study of fear communications. Advances in Experimental Psychology, 5, 119-187.

[31] Rogers, R.W. (1983) Cognitive and physiological processes in fear appeals and attitude change: A revised theory of protection motivation. In J. Cacioppo & R Petty (Eds) Social Psychophysiology. New York: Guilford Press.

[32] Hackley, C.E., & Kitchen, P.J. (1999) Ethical perspectives on the postmodern communications Leviathan. Journal of Business Ethics 20, 15-26.

[33] Japerson, A.E., & Fan, D.P. (2002). An aggregate examination of the backlash effect in political advertising: The case of the 1996 US Senate race in Minnesota. Journal of Advertising, 31, 1-12.

[34] Meirick, P. (2002). Cognitive responses to negative and comparative political advertising. Journal of Advertising, 31, 49-59.

[35] Tripp, G. & Davensport, A. (1988/89). Fear Advertising – It doesn't work! Health Canada Online. Available: www.hc-sc.gc.ca/hppb/socialmarketing/resources/somarhpe/smhp12e.htm

[36] Blumberg, S.J. (2000) Guarding against threatenng HIV prevention messages: An information-processing model. Health Education and Behavior, 27,780-795.

[37] Schoenbachler, D.D. & Whittler, T.E. (1996) Adolescent processing of social and physical threat communications. Journal of Advertising, 25, 37—54.

[38] Ruiter, R.A.C., Abraham, C., & Kok, G. (2001) Scary warnings and arational precautions: A review of the psychology of fear appeals. Psychology & Health 16, 613-630.

[39] Henthorne, T.L., LaTour, M.S., & Nataraajan, R. (1993) Fear appeals in print advertising – An analysis of arousal and ad response. Journal of Advertising, 22, 59-69.

[40] Schoenbachler, D.D. & Whittler, T.E. (1996) Adolescent processing of social and physical threat communicaions. Journal of Advertising, 25, 37-54.

[41] MacAskill, S.G. & Eadie, D.R. (1995) The Scottish Office Home and Health Department domestic violence media campaign – Part 1: Qualitative evaluation. Glasgow, Scotland: University of Strathclyde, Centre for Social Marketing.

[42] De Turck, M.A., Goldhaber, G.M., Richetto, G.M., & Young, M.J. (1992) Effects of fear-arousing warning messages. Journal of Products Liability, 14, 217-223.

[43] Witte, K., & Allen, M. (2000) A meta-analysis of fear appeals: Implications for effective public health campaigns. Health Education & Behaviour, 27, 591-615.

[44] Slater, M.D. (1999) Drinking and driving PSAs: A content analysis of behavioural influence strategies. Journal of Alcohol and Drug Education, 44, 68-81.

[45] Peckmann, C. (2001) Changing adolescent smoking prevalence: Impact of advertising interventions. The National Cancer Institute, Smoking and Tobacco Control Monograph No 14. [online], Available: http://cancercontrol.cancer.gov/terb/monographs

[46] Randolph, W., Viswananth, K. (2004) lessons learned from public health mass media campaigns: marketing health in a crowded media world. Annual Review of Public Health 25: 419-37.

[47] Noar, S.M. (2006) A 10 year retrospective of research in health mass media campaigns: where do we go from here? Journal of Health Communication 11:21-42.

[48] Alcalay, R. (1983) The impact of mass communication campaigns in the health field. Social Science and Medicine 17:87-94.

[49] Centre for Automotive Safety Research (2010) Best practice in road safety mass media campaigns: A literature review.

3.9 Hearing, listening and being heard

Hearing, listening and being heard emerged as a central and dominant theme from the interviews with workers, contractors and principals. This is an important outcome as for many of these workers it is the first time that they have been heard as a collective by their employers and forest companies.

Being listened to by those in power:

"...All the stakeholders were at the table, talking, sharing, senior representatives including CEOs, this dynamic has never occurred with these workers before ... listening and engagement are very important..."

"Bosses from all of the areas of forestry were represented."

"Whānaungatanga."

"That our forest owners/Principals are more aware that it's not just about the job it's about the worker, the whānau, the community."

"Interaction with WorkSafe – outstanding to have discussions with the CEO and staff."

Kaupapa approaches are meant to be empowering and the constant reference to 'being heard' by all participants evidences success with this approach. It is also a success that could be replicated with a wider range of workers, not just Māori workers and not just in this sector.

Over the course of the wānanga the workers, contractors and principals spent lengthy periods of time listening. Hearing others was an important outcome from the pilot, even if it was tiring for some. The following feedback comments illustrate this:

"Because we had to and to hear what others had to say about mahi and safety in the job we do."

"Hear different sides of safety in forestry."

"Listen to learn a different way of safety at the marae."

"Interested in the korero. Day off."

"To learn more about safety and how WorkSafe can help us loggers..."

"Listening to people talk for ages – patience."

"To listen to other's speak."

Meeting as a group was an unusual experience for some, but it also complied with a Māori norm, that is whānaungatanga. It was important as it also allowed the opportunity for all to note that they shared many of the same concerns. And there were many concerns. At one wānanga participants collectively identified 143 shared concerns. Sharing their concerns allowed both workers and contractors to see things from a different perspective.

"Hearing from the contractors and learning they face the same issues."

WORKER

"Seeing the men expressing their worries and concerns was good."

CONTRACTOR

4.0
On being heard

IN THIS SECTION:

4.1 What has been learnt?

4.2 Feedback over the course of the year

4.3 The speakers

A number of workers noted that it was hard to speak up, or that it made them feel uncomfortable. In spite of this, they all thought that it was important to get past the discomfort and to speak up. Speaking in front of others took courage and it also took time for many of the workers to feel comfortable about speaking up. Initially too, what was said was 'polite' and issues had to be brought up and the men confronted.

"For the men, it was good to be confronted by the inspector... so it didn't end up being all nicey nicey..."

4.1 What has been learnt?

Sometimes it is assumed that an educational intervention success should be measured in terms of 'what is learnt' or 'remembered' after the educational engagement. There are however other important measures of success and key for the Māori forestry worker and their whānau – having the opportunity to be heard – and to be listened too.

The feedback from workers and whānau made this clear:

"I came today because it was the first time that whānau have been able to come and talk and listen without feeling whakama about the job our fathers/sons/husbands do..."

WHĀNAU

"Support the kaupapa and the bros. Hear what other people had to say and how they dealt with situations. Talk about my concerns and issues (Worker)."

"To come together with other crews on the East Coast (Worker)."

"Confidence to speak (be heard) and not be judged (Worker)."

"The family is finally involved with workers, we are able to bring them in on what we do (Worker)."

4.2 Feedback over the course of the year

By the fourth wānanga workers and contractors were noting that people were speaking up a lot more. Participants said they were also surprised by some of those who spoke up, as they were typically whakama about standing out in the crowd.

"Good because more people spoke."

"Awesome improvement on the last one."

Feedback from owners and contractors:

"A lot better than the first one."

"Everyone I spoke to indicated that wānanga two was a step up."

"Good to see younger crew speaking."

"Impressed with shyer guys speaking out."

"Great to see Te Reo translated.

"Wf the crews are engaged let it run, don't run to time."

"What will they remember, what can they take away to keep front of mind?"

"I can make a difference' was reasonably well received; participants seemed to engage with the ideas about 'what makes for a day when things go really well'."

"Workers mentioned the WorkSafe team being open to feedback and improvements incorporated."

4.3 The speakers

The feedback about the invited speakers was also generally positive; some preferred some over others and there were differences, but generally they appreciated having invited guests. As noted above, the use of humour was appreciated by the audience, as this participant observed:

"High quality presenters ... contracted in – they all had their value, in a broad sense they added value to the workers, new stuff to hear .... Te Hamua (was a) inspirational speaker. Why I say that is because he shifted me from a serious state that I had built myself into, and then I was crying and laughing...everyone was engaged and got caught up with him ... he hit home... these are our people who you know, we need to make them feel better about themselves, they are not just workers."

All of the participants provided their views on the invited speakers. Most stressed the importance of humour and presentations that were not too technical or complicated.

How home impacts on work life and work life impacts on home life

In the wānanga, three issues impacting on performance at work and health and safety were addressed – including how home can impact on work and work on home life. Discussion focused on 'What does a 'good head space' look like?'

The workers fed back that a 'good head space' is about: having a good night sleep, knowing that you have your gear ready for the day, having a job, pay day, having a good packed lunch, knowing you can pay your bills and leaving home knowing that your whānau are all good and having good morale across the crew; and, getting some love.

IN RESPONSE TO WHAT DOES A 'BAD HEAD SPACE' LOOK LIKE?

The workers fed back: being tired, not being organized, having no lunch, having a hangover, not knowing what the workplan is, sleeping in, having bills to pay. Also, being distracted and thinking about non-work related stuff. Making mistakes on the job, bad weather, break down of equipment and down time. Worrying about other crew members safety; coming to work after an argument at home; and being, kept awake all night by babies.

HOW DO PARTNERS SUPPORT EACH OTHER?

The workers fed back on this question:

A supportive partnership is one where each other's feelings are acknowledged and where time is taken to teach and explain things to each other. It is also necessary to show love, respect for each other, to help each other through, not to be shy and to make light of some situations (have a laugh or be cheeky). The only one question is the one not asked and don't be shy.

THE WHĀNAU FEEDBACK ON:

What does a good head space look like? Hug I love you, have lunch made and ready from day before, good moe (feelings of affection), bills are paid, kids are happy, cold beer (just 1), dinner, hydration and hearty meals, talk and listen, communication, vent, organization.

What does a bad head space look like? Wife, sex frustration, lack of moe and nutrition, water; drugs and alcohol; domestics, finances, whānau issues – helping others; peer pressure; relationships in the workplace; brainless foreman making bad decisions; the manager; not working as a team but as an individual.

How do partners support each other? Whānau responded, being humble, having humility, understanding, listening, compassion, hugs, empathy, spread the love, focus on the positive, encouraging people to speak up, don't be whakama, positive decisions, hui, wānanga, building capability and capacity and having training, build up and support one another, have each other's back.

The feedback from the workers and their whānau is important, particularly because many of the whānau had never been on a forestry site or seen the harvesting process in action.

Whānau site visits: 'I had no idea what it was like until I saw it'

There was unanimous support for the whānau site visits from principals, contractors, workers and whānau and all said how successful this idea had been. It allowed whānau to see where their partners and fathers and mothers go every day. For many whānau this was the first time they had ever been into the forest and seen forestry production in action. It also ensured that whānau felt included in the pilot.

> “High value for those families who did come, added value. It is a work setting and often wives and family are not connected to a work setting and that allowed that to happen.. No engagement between the wife and husband, when the worker goes home there is an emptiness and that disconnection for a lot of them. They thought their wives would not be interested, that they just wanted the pay packet, so when the mind is not on the task it is often because of home life…”

Whānau said that they “had no idea about the work that he did”, “I didn’t realise how hard the work was”. Some also reflected on their behaviour toward their partners before they went to work in the morning and said “Ngāti Porou women are hard on their men”. One partner said that there had been times when she had thrown her gumboots at her partner as he walked to the van in the morning and that after the wānanga and seeing the work site she would not do this anymore.

It was clear that the site visits had an important impact on everyone and that whānau gained a great deal from the visits as it allowed them to imagine for the first time where their partners and fathers and mothers were working and why it was that they were so tired at the end of the day. It also allowed partners who remained at home to understand how important a packed lunch was for the workers, why it was important that they needed to go to work with a ‘good head space’ so they would concentrate on their work and not be preoccupied with conflict at home. They also experienced first-hand the lack of amenities that forestry workers and contractors work with every-day (no running water, no toilets).

Since the conclusion of the wānanga, feedback suggests that these site visits have continued to have an impact with partners from different crews talking to each other about the site visits months after the pilot concluded. This indicates that this activity has had positive flow-on effects for many families and the community more generally.

5.0 Did the pilot have any impact on the enforcement function of WorkSafe?

IN THIS SECTION:

5.1 Seeing the inspectorate in a different light

5.1 Seeing the inspectorate in a different light

Participants in the wānanga said it allowed them to see a different side of the inspectorate, one that was not enforcement. Having inspectors at the wānanga allowed members of the inspectorate to engage and take on an educational role. This was considered a success by participants and made them appreciate the role of an inspector more fully. It was however also acknowledged from a WorkSafe perspective that having this initial level of involvement was considered too resource intensive and the presence of the inspectorate was cut back for subsequent wānanga. The presence of a large number of WorkSafe staff may also have impacted on the initial reluctance to talk.

It was suggested that the resource intensive nature of a pilot of this kind may not be sustainable and that maybe the work in other regions should be contracted out. This, however, would be problematic as the establishment of a relationship cannot take place via a third party (instead of WorkSafe), face to face and direct relationships are central to a kaupapa approach. Engagement in good faith and with integrity and sustaining and maintaining this relationship over time is crucial to the success of a kaupapa intervention and this was the undertaking made between WorkSafe and Iwi in this pilot.

6.0 What were the critical success factors of the pilot?

IN THIS SECTION:

6.1 Convergence

6.2 Collateral

6.3 The development of models

Employing a kaupapa approach to health and safety for Māori forestry workers was a critical success factor for this pilot. Using a pilot to test this form of engagement and health promotion enabled the team to iteratively adapt and adjust engagement as needed and correct when required.

The success factors of this educational (health promotion) intervention are not simply learning about the risks in forestry and safe behaviours: as many workers noted *'we know what the risks are'*. This intervention while sharing knowledge is as much about empowering workers which contributes to strengthening Māori identity and understanding of Māori culture and ultimately will mean that tino rangatiratanga can be achieved.

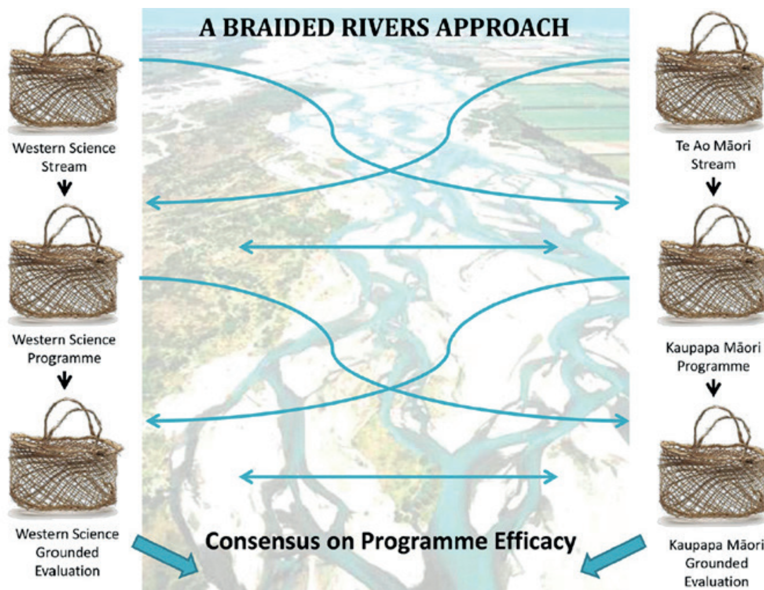
Over the course of the four wānanga Māori forestry workers and their whānau increasingly spoke up in the marae and there was a demonstrable increase not just in participation but also confidence in speaking up. This evidences worker and whānau engagement and an increasing willingness to take a stand and to be involved in their health and safety, which evidences empowerment. This is a critical success.

This pilot has also helped the formation of a transferable model that will allow other regions and local communities to take ownership of health and safety for their workers. This will in the long term mean that there is ongoing tikanga learning taking place in the regional forestry environment and that Māori, community and industry will be supported by other national forestry groups.

Since the conclusion of the pilot, the WorkSafe Maruiti team continue to work with the Eastland Wood Council, Te Rūnangaui o Ngāti Porou, the Forestry Industry Safety Council (FISC) and local community to ensure that the transition from WorkSafe driven pilot to a worker, whānau, community and forest contractors and companies owned and driven tikanga learning about health and safety for Māori workers.

6.1 Convergence

The kaupapa approach allowed a culturally appropriate intervention for Māori. It also allowed for the health and safety (western science) perspective to be communicated. Two perspectives that operate independently, but where at times there is convergence where it was clear that similar issues were being raised, but were simply coming from a different direction. This is aptly illustrated by the following 'braided' river depiction, developed by Superu.



There was evidence of convergence – where the kaupapa approach facilitated shared perceptions and experiences between contractors, workers and whānau. In one wānanga 143 issues were collectively identified by participants. And the objectives of the regulatory body and 'western science' approach to health and safety converged over concern about fatalities and injuries and the very real impact this has on Māori workers, whānau, iwi and communities. Ultimately, the evaluation revealed consensus around the programme's efficacy. While some expressed concern that there had not been a reduction in injury and that this would be a measure of efficacy, all agreed that the kaupapa approach was an appropriate approach for addressing health and safety for Māori workers and that this potentially had utility for all workers.

6.2 Collateral

The pilot led to the development of tikanga collateral including: karakia cards to be used in tailgates before the work of the day is commenced; and to address cultural perspectives around Tupaapaku (deceased) and Kehua (ghosts). Tikanga practices were also shared on the marae with the intention that they would resonate both at home and at work.

6.3 The development of models

In response to high Māori serious injury rates, the pilot has developed a:

- Crown-Māori health and safety intervention relationship model for all sectors
- Crown-Māori health and safety intervention programme for all sectors
- worker-leadership model
- a transferrable health and safety model that is led by regions and the Māori community (in transition).

7.0 Conclusions

IN THIS SECTION:

7.1 The expected outcomes of this pilot

7.1 The expected outcomes of this pilot

At the outset of this pilot it was anticipated that a short term outcome of this kaupapa engagement and health promotion initiative would be:

- acceptance that there are different knowledge systems, but that their status is equal
- that engagement should be inclusive
- that engagement will allow convergence of world views.

A medium term outcome would be that forestry workers would put what they have learned into practice. That is, empowerment has led to behaviour change.

And, the long term outcome would be a reduction in fatality rates and serious injuries where Māori would have rates equal to or lower than those of non-Māori by 2025.

The pilot has realised the anticipated short term outcomes outlined above.

Appendix

IN THIS SECTION:

Appendix A: Glossary

Appendix A: Glossary

AWHINA	TO ASSIST, HELP, SUPPORT, BENEFIT
Hapū	Kinship group, clan, tribe, subtribe.
Iwi	Extended kinship group, tribe, nation, people, nationality, race- often refers to large group of people descended.
Karakia	Māori incantations and prayers, used to invoke spiritual guidance and protection. Karakia are generally used to increase the spiritual goodwill of a gathering, so as to increase the likelihood of a favourable outcome. They can also be used as a formal greeting at the beginning of ceremony.
Kaumātua	A well respected Māori elder, knowledgeable in all areas of Te Ao Māori and Tikanga.
Kānohi-ki-te-kānohi	Face to face, in person, in the flesh.
Maruiti	Safe Haven. A surrounding environment that provides protection.
Mana tangata	Power and status accrued through one's leadership talents, human rights, mana of people.
Manākitanga	Hospitality, kindness, generosity, support – the process of showing respect, generosity and care for others.
Ngāi Tahu	Tribal group of much of the South Island, sometimes called Kāi Tahu by the southern tribes.
Ngāti Porou	Tribal group of East Coast area north of Gisborne to Tihirau.
Nga Tohenga	Goals, path and direction.
Ngāi Tūhoe	Tribal group of the Bay of Plenty in the Kutaere-Ruātoki-Waimana-Waikaremoana area.
Taonga	Treasure, anything prized – applied to anything considered to be of value including socially or culturally valuable objects, resources, phenomenon, ideas and techniques.
Tino rangatiratanga	Self-determination, sovereignty, autonomy, self-government, domination, rule, control, power.
Treaty of Waitangi	The agreement signed between the Crown and Māori in 1840.
Whānau	Extended family, family group, a familiar term of address to a number of people – the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.
Te Ao Māori	Te Ao Māori literally means 'the Māori world' it includes Te Reo (language), tikanga (processes and practices), marae (community vocal point), Waahi Tapu (sites of importance) and access to whānau, hapū and iwi. Te Ao Māori – seeing the world through a Māori lens.
Pōwhiri	A traditional Māori welcoming ceremony, or ritual of encounter. Ceremonial dance performed to welcome visitors. Sometimes leaves are waved by the performers as a symbol of death.
Tāniko	Finer woven, embroidered cloth.
Whakawhānaungatanga	Process of establishing relationships, relating well to others.

Notes

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