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Ministry of Business, Innovation and Employment
15 Stout Street, Wellington 6011
PO Box 1473, Wellington 6140

Submission on Bullying and Harassment at Work Issues Paper

Thank you for the opportunity to comment on Ministry of Business, Innovation and Employment's (MBIE) issues paper related to bullying and harassment at work.

The following submission represents the views of ARPHS and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to Appendix 1 for more information on ARPHS.

The primary contact point for this submission is:

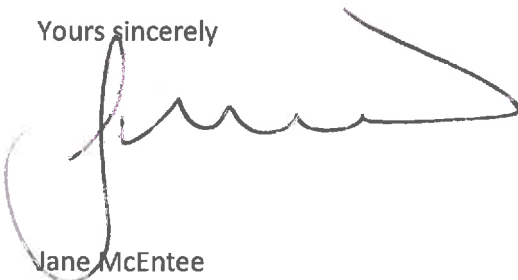
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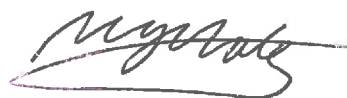
Yours sincerely



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Introduction

1. Auckland Regional Public Health Service (ARPHS) supports efforts to prevent and respond to bullying and harassment at work and to create healthy, inclusive workplaces. ARPHS acknowledges the effort that has gone into preparing this issues paper and commend the Ministry of Business, Innovation and Employment (MBIE) on taking steps to improve the regulatory systems and policies designed to address bullying and harassment in the workplace.
2. This submission draws from ARPHS' knowledge of work as a determinant of health and driver of equity, and insights from stakeholder engagement with workplaces and industry in Tāmaki Makaurau. ARPHS recognises that the features of work which impact health and wellbeing are often beyond control of individual businesses¹. They are influenced by macro-level national and regional business, employment and labour market legislation, policies and strategies, and cultural and societal values. ARPHS therefore actively seeks to influence systems which impact work and health in Tāmaki Makaurau. ARPHS has previously submitted to MBIE on '*Addressing Temporary Migrant Worker Exploitation*' and '*Designing a Fair Pay Agreements System*', and to the Productivity Commission on '*Technological Change and the Future of Work*'.

Background and key recommendations

3. Poor mental health, cardiovascular disease (CVD), diabetes and harmful drinking contribute to a significant burden of ill-health for the population of Tāmaki Makaurau and New Zealand.
 - One in five New Zealanders experience mental illness or significant mental distress each year;¹
 - One in five New Zealanders report hazardous drinking patterns;
 - 4.4 per cent of New Zealanders are living with heart disease;
 - 5.9 per cent of New Zealanders are living with type 2 diabetes.²
4. There is strong evidence that exposure to workplace bullying increases the risk of these health issues and reduces wellbeing both in the short and long-term. Adverse mental health effects of workplace bullying include anxiety, depression, burn out and post-traumatic stress disorder. Prolonged exposure to workplace bullying has been identified as a key predictor of mental ill-health five years later.^{3,4} Workplace bullying and violence is also linked to an increased risk of CVD, developing type 2 diabetes and harmful alcohol consumption.⁵ Adverse health effects extend beyond the individual being bullied; they are also experienced by people in the workplace who observe bullying behaviours.⁶
5. Workplace bullying, harassment and discrimination are common; 11.4 per cent of New Zealand workers report that they have experienced bullying, harassment or discrimination in the last twelve months.⁷ Research conducted over 2019-2020 found high rates of workplace racism; over 20 per

¹ Features of work which support health and wellbeing include: fair income; job stability and security; opportunities for training and progression; healthy, safe and inclusive work environment and culture; mechanisms to voice concerns; feeling supported and valued; having a good balance between job demands and resources.

cent of Māori and Pasifika employees and 15 per cent of Muslim employees reported a moderate level of racism at work.⁸

6. Tāmaki Makaurau has a diverse population and workforce. 42 per cent of the Auckland population was born outside New Zealand.⁹ Māori and Pacific Peoples make up approximately 22 per cent of the labour force, and the Auckland region hosts the largest number of migrant workers in New Zealand.¹⁰
7. Māori, Pacific Peoples and migrants are at increased risk of exposure to bullying and harassment at work along with women, disabled people, young people and members of the Rainbow community.¹¹
8. Inequity in exposure to bullying and harassment at work is of particular concern to ARPHS because it contributes to existing health inequities for these groups:
 - Māori have poorer health outcomes and die younger than non-Māori. Māori have higher levels of psychological distress, CVD mortality and self-reported diabetes than non-Māori;¹²
 - There are persistent and significant inequities in health outcomes for Pacific Peoples;¹³
 - Disabled people fare worse across a range of outcomes compared with non-disabled people. On average, disabled people are more likely to be lonely and to experience discrimination;¹⁴
 - Young people and members of the Rainbow communities are at greater risk of mental health issues including suicide.¹⁵
9. Work characterised by low control, low rewards, high effort, high demands and a hierarchical, competitive, unsupportive workplace culture are harmful to health and wellbeing, and are drivers of bullying and harassment in the workplace.¹⁶ Creating healthy, inclusive workplace culture is important to prevent workplace bullying and support the wellbeing of the workforce.¹⁷
10. ARPHS therefore recommends that MBIE:
 - Prioritise Māori collaboration and policies designed to address bullying and harassment at work in order to contribute to reducing health inequities for tangata whenua;
 - Review the Health and Safety at Work Act 2015 and regulations with a view to improving its effectiveness in preventing bullying and harassment at work;
 - Develop systems and pathways for improved intelligence and data on workplace bullying and harassment;
 - Take leadership in supporting businesses to create healthy, inclusive workplaces where bullying cannot thrive.

Recommendations

Prioritise Māori collaboration and policies designed to address bullying and harassment at work in order to contribute to reducing health inequities for tangata whenua.

11. ARPHS recommends that MBIE prioritises active and on-going collaboration with Māori representatives as part of efforts to improve regulatory systems and policies designed to address bullying and harassment at work. Māori report a higher incidence of bullying and harassment than Europeans (12.7 per cent compared to 10.8 per cent) and experience poorer health outcomes than non-Māori.^{18,19} Inequities for Māori, have resulted from, and been entrenched through, colonisation. Te Tiriti o Waitangi is the foundation to achieving health equity, necessitating consistent and ongoing Māori involvement in all aspects of decision and policy-making.²⁰

Review the Health and Safety at Work Act 2015 and regulations with a view to improving its effectiveness in preventing bullying and harassment at work.

12. ARPHS calls for a review of the Health and Safety at Work Act 2015 (HSWA) and Regulations. ARPHS is concerned that there are weaknesses in the current health and safety legislative framework which limit its effectiveness in preventing bullying and harassment at work. Weaknesses include:

- A heavy weighting towards physical safety and managing physical risks. Workplaces do not give equal weighting to psychosocial risks in the workplace as highlighted on page 54 of the issues paper where only 68 per cent of business reported having processes to manage risk to mental health compared to 86 per cent having processes for physical health;²¹
- A reliance on a strong culture of reporting errors and communicating risks, including psychosocial risks, to superiors. A report prepared for ACC by the Superdiversity Institute for Law, Policy and Business (2019) highlights that New Zealand's approach to health and safety may be less effective for cultural and linguistically diverse (CALD) workers as they may be unable to express concerns out of fear of reprisals, language barriers or due to cultural factors.²²

13. Improvements to address these weaknesses could include:

- Strengthening the 'health' and 'mental health focus' of the HSWA to signal to employers and employees that psychosocial harm is as important as physical harm and elevate the need for a workplace culture shift to address psychosocial risks and support health and wellbeing;
- Adding 'industries with a high number of CALD workers' to the high-risk sectors or industries part of the HSWA Regulations to magnify the importance of health and safety, and new approaches to worker engagement, for workplaces with high CALD workforce.

Develop systems and pathways to collect and disseminate improved intelligence and data on workplace bullying and harassment.

14. ARPHS recommends that MBIE develops systems and pathways to collect and disseminate improved intelligence and data on workplace bullying and harassment. Improved intelligence and data are important to provide an accurate picture of the extent and nature of workplace bullying, and to inform and support effective interventions to prevent it, including supporting

workplaces to develop healthy, inclusive cultures. Recommendations for specific improvements are listed below:

- Use and improve dissemination of existing data and intelligence from the Living Standard Framework (LSF) Dashboard to demonstrate the extensive positive impact of creating healthy psychosocially safe workplaces on our nation's wellbeing.²³ In the context of preventing and responding to bullying and harassment at work and creating healthy, inclusive workplaces, relevant indicators include but are not exclusive to:
 - Ability to express identity
 - Health status plus mental health status and suicide rates
 - Employment rates and earnings
 - Social connections including discrimination, social networks and loneliness
 - The impact on subjective wellbeing on the family, general life satisfaction and sense of purpose
 - Work-life balance;
- Increase emphasis on workplace culture indicators within the Household Labour Force Survey. There is a lack of official data sources on the factors which impact quality of work and workplace culture including working hours, absenteeism, presentism, work-life balance and bullying and harassment at work;
- Promote more accurate bullying prevalence data collection by promoting use of questions related to behaviours associated with bullying and harassment (operational method), rather than a closed question assessing respondent's perceived exposure to bullying (subjective approach). The subjective approach is reliant on a respondent's perception of what bullying and harassment is and what behaviours may constitute bullying. This approach commonly results in a significantly lower estimation of bullying;²⁴
- Support workplaces to develop systems to collect, aggregate and report on data and intelligence related to psychological health and safety in the workplace, including bullying and harassment. ARPHS recommends that MBIE refer to the Canadian National Standard of *Psychological Health and Safety in the Workplace (2013)* which lists potential data sources including rates of absenteeism, rates of turnover and review of worker complaints;²⁵
- Support Non-Government Organisations (NGOs) including Citizens Advice Bureau, Auckland Disability Law and Human Rights Commission to collect and report on data related to bullying and harassment at work and wider workplace culture indicators. There are multiple barriers to reporting or help-seeking for people who are being bullied at work including difficulty in expressing concerns, power imbalance within the workplace and uncertainty where to seek help.²⁶ NGOs maybe the first point of contact for people seeking help to respond to employment issues, including bullying and harassment at work;
- Work with tertiary institutes/research bodies to undertake quality, robust research including Kaupapa Māori research related to effective interventions for the prevention of bullying in the workplace. A 2018 Cochrane review concluded that there is a lack of quality evidence about effective interventions for the prevention of bullying in the workplace;²⁷
- Collect and disseminate stories about people's experiences of workplace bullying and about examples of good practice in creating healthy, inclusive workplaces. Prioritise stories from Māori, Pacific Peoples, migrants and disabled people. Storytelling can be a powerful method to bring about systems and organisational change. In many safety-critical industries, stories of real events are actively used to capture and share lessons with staff in the workplace

because they are more memorable than data or lengthy manuals. The Health Foundation in the UK actively uses and promotes storytelling as a way of encouraging health care improvements within the National Health Service.²⁸

Take leadership in supporting businesses to create healthy, inclusive workplaces where bullying cannot thrive.

15. ARPHS strongly recommends that MBIE take leadership in supporting businesses to create healthy, inclusive workplaces where bullying cannot thrive. There is significant New Zealand evidence that creating a safe, supportive and strong workplace culture prevents bullying and harassment.²⁹

16. Actions that MBIE should consider at a society/policy level are:
 - Link with WorkSafe to develop a national standard to set standards of behaviour for New Zealand workplaces such as the Canadian National Standard of *Psychological Health and Safety in the Workplace (2013)*. This sets the standards of accepted behaviour, which are cascaded to employers who are actively encouraged to implement them;³⁰
 - Raise awareness and increase social dialogue amongst industry influencers about bullying and harassment at work, its impacts and drivers, and promote the benefits of creating healthy, inclusive workplaces. For example, ensure that it is on the agenda of existing industry sector bodies and existing industry forums such as the Construction Sector Accord³¹ and Tripartite Forum.³²

17. Actions that MBIE could take at a business level are:
 - Promote the benefits to business of creating healthy, inclusive workplaces where bullying and harassment cannot thrive;
 - Promote best practice frameworks and tools to support organisations to create healthy, inclusive workplaces such as the World Health Organisation (WHO) Healthy Workplace Framework and Model.³³ The WHO healthy workplace model offers a comprehensive way of thinking and acting that addresses work-related physical and psychosocial risks, promotion and support of healthy behaviours, and broader social and environmental determinants;
 - Support training for people leads at all levels of the businesses which focus on 'soft skills' training and with an emphasis on compassionate/empathetic leadership. Compassionate leadership is important in creating a psychological safe organisational culture where people feel that they can speak up and pivotal in preventing and addressing bullying and harassment in the workplace;^{34,35}
 - Support businesses to access skills-based training designed to eliminate discrimination such as training related to unconscious bias and mental health first aid, and provide staff with language to talk about differences;³⁶
 - Strengthen support for businesses to engage employees and build healthy, inclusive workplaces. ARPHS has heard from workplaces in Tāmaki Makaurau that employee engagement is challenging, particularly for workplaces with a diverse workforce.
 - ARPHS acknowledges WorkSafe's efforts to engage Māori and Pacific workers in Health and Safety through its Maruiti and Puatunofu programmes.^{37,38} ARPHS would like to see learnings/support from these programmes shared widely with workplaces.
 - Recent reports prepared for WorkSafe and ACC by the Superdiversity Institute for Law, Policy and Business provide a number of recommendations for engaging with and

educating CALD communities. ARPHS recommend that MBIE liaise with WorkSafe and ACC to jointly consider these recommendations in order to support workplaces with diverse workforce to engage with employees.³⁹

Conclusion

18. Thank you for the opportunity to comment on the Ministry of Business, Innovation and Employment's issues paper on bullying and harassment at work.

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Appendix 1: Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Counties Manukau Health, Auckland and Waitemata District Health Boards).

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.