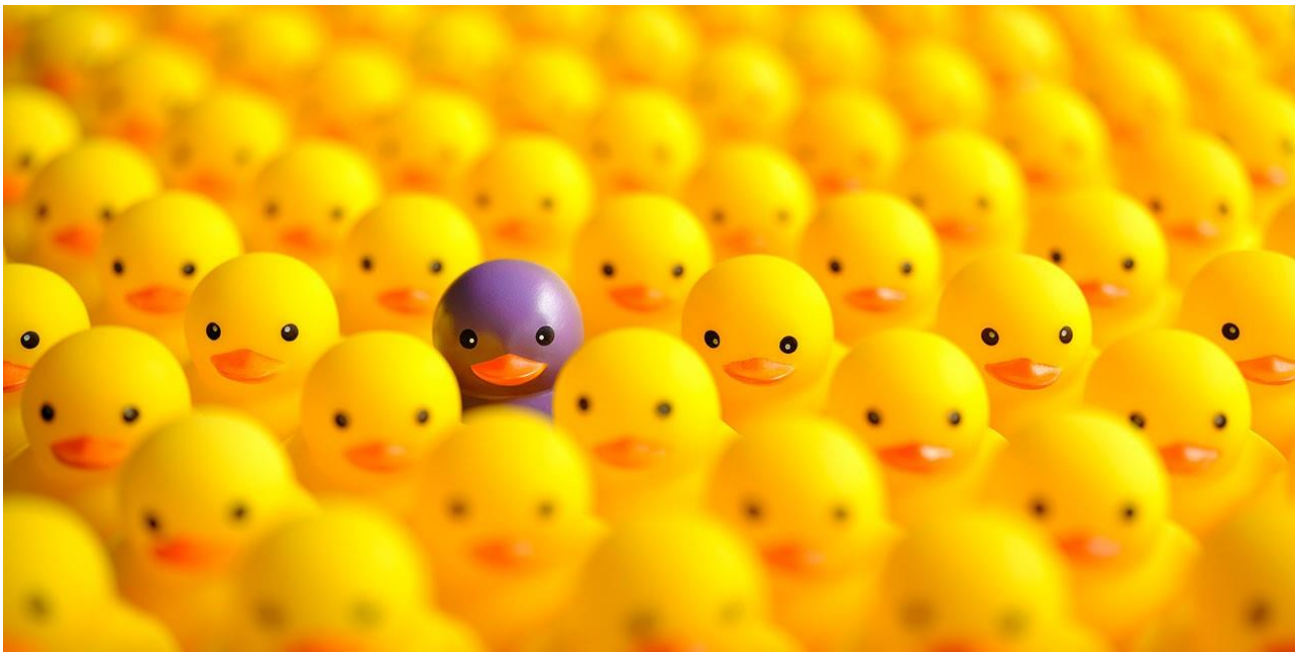
HAUMARU HS LIMITED
ARTICLE #3

RACISM IN HEALTH AND SAFETY PRACTICE.



Credit: istockphoto

I was interviewed this week by an overseas researcher examining biases in health and safety practice. They were however, more interested in my perspective concerning racism within practice in Aotearoa New Zealand.

In hindsight my views about this subject have matured over time. Although my analysis remains imperfect, I'm more balanced and informed.

Just to be clear, I discussed racism in local health and safety practice, not any other form of prejudice, discrimination, or antagonism found anywhere else. And some of the terms I used reflected research language used overseas.

Below is a synopsis of what I said. Its not analysis or alike. I'm writing it because some people have posed similar questions to me and being anxious and sometimes, timorous, I've either given obscure answers or just side stepped the issue. It is time I was honest with them. The interview provided the opportunity.

Is there racism in health and safety practice? Yes.

What makes you say that? I've heard and seen related behaviors. Practitioners making racist remarks and documentation that presumes Western practice possess different attributes that are superior to another ethnicities without validation. And to a very minor extent, I've witnessed the reverse.

Why is there racism in health and safety practice?

I have witnessed aversive racism and xenophobia. On balance, I thought that had to do more with the individual as opposed to the practitioner. I haven't met any overt racist practitioner(s) probably because the work I perform omits them from my surroundings. I surmise this group however as being small because practitioners are for the most part altruistic and, dealing with the different ethnicities goes with the job.

It has been my experience that the main source of racism is a form of practice hegemony. Other practitioners are conditioned and comfortable with an assumption of superiority that can pervade thinking consciously and unconsciously. This lens sees some minority ethnic workers as liabilities in achieving good health and safety outcomes and as a result, conventional practices as the best and perhaps only solution. Institutional racism usually in the form of shared leadership thinking, competency frameworks and forums, that gloss over or are color blind, reinforce the above kind of adverse hegemony.

What can be done to address racism in health and safety practice?

Dismantling practice hegemony involves opposing the status quo. That's slowly and tentatively happening although by only a few and therefore not to any meaningful extent.

A large part of poor progress is due to a very conservative practice leadership. I think a change is needed along with one or two leaders making bold maneuvers followed by results that engender further support. I recognize some practitioner associations are under resourced but on balance, they've been largely invisible to ethnic stakeholders.

I'm told that racism has a supply and demand interaction. If the workplace risks merit, business leaders need to demand and procure more culturally appropriate practitioner services, that would change the economics of practice and displace hegemony.

Deficit data or rather its imbalanced overuse in lieu of anything else, inadvertently advantages racist reasoning. Emphasizing an added value narrative and a significant investment in robust practice change would be valuable.

The absence of ethnicity based research projects reinforces an illusion that minority ethnic workers are irrelevant. While the modest size of the health and safety research arena is grappling with its own hegemony, it is encouraging to see new investments being made that value different cultures in the workplace.

Is it possible to reverse racism in health and safety practice?

Yes. Although I mentioned that some practitioners are predisposed, this can also include businesses or other people who interface with practice. As such, practice will for the foreseeable future, be exposed to racism.

But this can reverse. I think practice here in Aotearoa New Zealand is in a good position in the short term sign posted by changes in the health and disabilities sector, that is examining and connecting more with wellbeing in the workplace. Health and safety practice could leverage off the overwhelm of experience and infrastructure this sector contains. For instance, much of the practice hegemony I spoke about has already been encountered and continues to be addressed by several clinician and allied health practitioner associations resulting in a gambit of practices that while imperfect, are nevertheless progressive.

I've encountered an immense amount of goodwill and cooperation from practitioners and businesses wanting to understand and connect with the health and safety values of minority ethnic workers. Apart from being anxious about being included in another culture and possibly causing offence along the way, a lack of a competencies to work towards is a significant stumbling block for practitioners.

A new kind of practitioner needs to be grown equipped with a co-designed and proven genre of culturally intelligent practices that enable them to bring out the best in themselves and the workplaces they support.

I promote the use of research but what I'm really advocating for is practice research, where willing practitioners, businesses and ethnic workers collaborate on applied research projects aimed at improving practice. With the right support, I think this learning experience offers practitioners a new lens to view ethnic issues and understand why and how they as practitioners can contribute to their community of practice. I also believe that emerging practitioners are trying to find their own identity in Aotearoa New Zealand and therefore the World. And for them, there is an appeal in using practices based on different ethnic values and behaviors.

Enabling practitioners to connect with other ethnic groups is a key part in overcoming racism in health and safety practice.

About the author. Vance Walker is a Director of Haumaru HS Limited and its international brand, IndigeSafe. Vance is a health and safety professional and practice researcher. He is a recognized leader of indigenous Māori health and safety.