

# WHAT YOU DON'T KNOW CAN HURT YOU

David Magee MIH looks at the connection between low levels of literacy and workplace accidents and financial losses within our industry

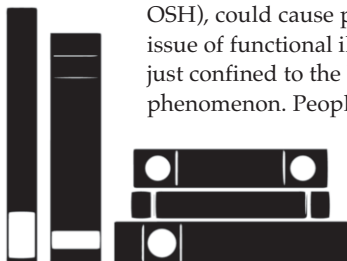
**L**iteracy is the ability to read, write and understand a particular language and is the foundation of education systems around the world. Within the workplace there are also subject-specific literacies such as health literacy, financial literacy, computer literacy and Occupational Safety and Health (OSH) literacy.

Like finance, health and IT, OSH has its own subject-specific meta-language including signs, symbols, shapes and colours. It can become even more specialised depending on the industry sector. Having the skills needed to interpret OSH literacy is essential to understand risk communications and prevent workplace accidents and ill health.

## Vulnerable

In comparison to other sectors, hospitality accounts for relatively few fatal accidents, but for a considerable amount of non-fatal accidents. Furthermore although the number of reported accidents has decreased in the last few years, the number of workers reporting a work-related health problem more than doubled between 1999 and 2007. Although this has stabilised, the numbers are still worrying. The International Labour Organisation lists the following occupational health problems in our sector:

- High levels of job stress (and other psycho-social disorders)
- Violence
- Musculoskeletal disorders (MSD)



- Sprains, strains and repetitive motion injuries
- Cuts and lacerations
- Burns and scalds
- Problems related to industrial chemicals.

Our industry employs higher-than-average levels of vulnerable groups such as young workers, seasonal and part-time staff, migrants and others who may have English as second language (English being the lingua-franca of OSH and the international hospitality industry), and adults with lower than average levels of education. Furthermore, the vast majority of hospitality businesses (over 90%) are relatively small, with fewer than 10 employees and have fewer resources to devote to Occupational Safety and Health training.

## Functional

Around 16%, or 5.2 million adults in England, can be described as 'functionally illiterate,' meaning they have literacy levels at or below those expected of an 11-year-old. At this level, people can understand short straightforward texts on familiar topics accurately and independently, and obtain information from everyday sources, but reading information from unfamiliar sources, or on unfamiliar topics (such as OSH), could cause problems. The issue of functional illiteracy is not just confined to the UK. It is a global phenomenon. People with low levels

of literacy tend to find temporary or seasonal jobs in

industries such as agriculture or hospitality. In terms of education, only 10% of workers in hospitality have a high level of education, with 40% of workers being relatively unskilled.

Although low literacy is not the only reason for accidents, ill health and financial losses in the workplace, research has shown that there is a very real link. For example, in 2012, the World Literacy Foundation published a report on the economic and social cost of illiteracy. It found that: "employees with poor literacy are more likely to have accidents... This puts themselves and their co-workers at risk, increases the need and cost for medical services, leading to higher absenteeism and damages long-term productivity."

## Colour-blind

There are a number of reasons why persons may have difficulty in accessing OSH information: having a different first language, cognitive (dyslexia), physical (auditory and vision impairment, such as being colour-blind) or social, cultural and other educational issues.

In 2003, the UK's Health and Safety Executive (HSE) found that: 'current HSE leaflets have a readability level higher than desired and a level of comprehensibility suitable for undergraduates,' (HSE, Ferguson et al 2003). Although that report was published over a decade ago and the HSE now has a policy of making their own advice accessible, generally within British and international workplaces, nothing much has changed in this regard.

Risk communications are only as good as the recipient's ability to access



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and understand them. This can only be tackled through raising awareness of the issue, education and training.

### Shy to admit

In 2010, the Conference Board of Canada, a not-for-profit research organisation, published a report entitled: What you don't know can hurt you. Literacy's impact on workplace health and safety. The research, which looked at around 400 Canadian workers, found that one of the main challenges in raising literacy skills in the workplace is that "many employers are not aware there are any literacy skills issues in their workforce". In addition, it found that employees "may not realize that their literacy skills are low enough to pose a potential health and safety risk at work". Furthermore, research has shown that people with low levels of literacy are shy to admit it for fear of being thought stupid or of losing their jobs. Many will have developed strategies from a young age to conceal their literacy inadequacies making it difficult to identify, especially for people with no training or experience in this field.

Within the hospitality industry, an employee will come into contact with many different forms of OSH literacy, including health and safety induction, legal regulations, food hygiene and allergy information, manual handling, chemicals (many industrial strength), instructions on how to operate machinery, safe working practices and evacuation procedures, to name a few. The industry is constantly changing and innovating to keep up-to-date with new technologies, trends and regulations.

### Duty of care

Research has also shown people with lower levels of literacy are less likely to report an accident. Furthermore, they have more difficulty in finding information regarding their rights and responsibilities within the workplace. With these results in mind, as duty holders we all need to ask ourselves if our current OSH induction and training, materials and modes of risk communication are fit-for-purpose and accessible to all.

For example, the Canadian study found that "when health and safety practices are communicated in written format, a disconnect occurs if workers' literacy skills are

too low for them to read or comprehend the manual. So, as managers and trainers we need to plan how we will get messages across to anyone with low levels of literacy, or those whose first language is not English.

We all have a legal duty of care (under the Equality Act 2010 and EU Directives 2000) and moral responsibility to provide good education and information regarding OSH literacy. This means equipping people with the basic fundamentals in OSH literacy and making all stakeholders aware of barriers and solutions in the acquisition of OSH information. Adherence to health and safety policies and procedures demands more than just cooperation; it requires comprehension and communication skills among all concerned. ■

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## EFFECTIVE HEALTH AND SAFETY COMMUNICATION

- Initially assess people's literacy skills when they start . People can be very shy about having literacy issues, colour blindness etc... and may not confide.
- When giving OSH training and induction, don't just keep it in the classroom, make it real. Have a walkabout to show where fire safety services such as emergency exits, first-aid boxes and fire extinguishers can be found and used.
- Pitch your writing for a target age of around 10-11 years of age (try not to be patronising). There are lots of tools on the web to help you calculate the reading level/age of your written information.
- Involve your target audience in planning risk communications and training – ask for an opinion.
- When providing written information, use larger font sizes (14 and above).
- Use the Comic Sans font (research has shown it is the most readable). Times Roman, Arial, Tahoma and Helvetica are also good.
- Print information on coloured paper – preferably yellow (research has shown that it makes reading more accessible – especially for people with dyslexia.) A person can be dyslexic in English and not in their mother tongue.
- Try to use as many pictures and internationally-recognised signs and symbols as possible.

