

**Workplace Health and Safety  
Strategy for New Zealand to 2015**  
*Rautaki mō te Haumaru me te Hauora o te Wāhi  
Mahi mō Aotearoa ki te 2015*

Analysis of Public Submissions  
Department of Labour

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# **Workplace Health and Safety Strategy for New Zealand to 2015**

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# Executive Summary

## Workplace Health and Safety Strategy for New Zealand to 2015

The Department of Labour is spearheading the development of the **Workplace Health and Safety Strategy for New Zealand to 2015** (the Strategy) which will be launched by June 2005. The Strategy will provide a strategic direction for workplace health and safety in New Zealand. It will help New Zealand better focus its workplace health and safety efforts by providing a guide for action for central government agencies, local government, unions, industry and employer organisations, other non-government organisations and individual workplaces.

To ensure the final Strategy has wide relevance and support, a public consultation phase was conducted to assist the development of the Strategy. A total of 63 written submissions was received and analysed representing a wide range of audiences including employers and their representatives, central and local government agencies, District Health Boards (DHBs), volunteer and not for profit organisations, professional associations, unions, and researchers and consultants.

## Consultation Feedback

### *The Strategy*

There is **widespread support** for the Strategy amongst submitters. Submitters believe it is essential to have a national strategy for workplace health and safety in New Zealand, to improve health and safety of our workforce and contribute to the productivity of our workplaces.

Overall, submitters comment favourably on the **focus and direction** of the draft Strategy. Submitters generally support the **framework** for the Strategy, its individual **components, content, language and tone**.

Substantial feedback from submitters is related to **implementation issues** which will be very useful and relevant when it comes time to develop the Implementation Schedule for the Strategy.

## Specific Components

The following is a summary of key feedback as it relates to each of the components of the Strategy.

### *Vision – “Healthy and Safe People in Productive Workplaces”*

Overall feedback on the vision is **very positive** with most submitters supporting the vision in its entirety. Submitters believe the vision is a fitting one for the Strategy as it is both inspiring and achievable.

Submitters particularly **welcome the health focus** of the vision. It is seen to reflect an holistic approach to risk management and to raise people’s awareness of the importance of preventing occupational illness and disease as the changing nature of work means that health risks are becoming more prevalent. In addition, it may assist employers to manage employee’s health-related issues because it could provide mechanisms for encouraging employees to participate in employer-initiated health promotion programmes, and it may encourage government agencies to review the way in which New Zealand’s current compensation system treats claims for illness.

There is general **support for the vision’s focus on productivity** as this is a key objective of most businesses. Furthermore, submitters support linking health and safety with productivity, because it acknowledges that the two activities are interrelated, is vital for integrating health and safety into workplaces and the wider community, and introduces a positive incentive for workplaces to have good health and safety records.

While acknowledging the importance of an inclusive term to embrace all audiences the word **‘people’ causes some debate**. A few submitters recommend replacing ‘people’ with ‘individuals’ or ‘all New Zealanders’ which are considered more personal and to foster a sense of ownership respectively. Others feel the focus needs to move from people being safe to organisations being safe, which in turn leads to healthy and safe employees.

## Outcomes

Submitters generally support the **long-term and medium-term outcomes** proposed for the Strategy. They are considered appropriate for achieving the vision, reflect the principles behind good risk management, and are compatible with organisations’ own aims.

Submitters suggest specific ways to strengthen the outcomes, ways to link them together, and to align them with legislation. They raise issues around roles and responsibilities, and areas of focus. A number of implementation issues are also raised, along with suggested wording changes and enhancements to aid clarity and improve the intent of outcomes.

In order to achieve outcomes submitters believe that there will need to be strong leadership within business, adequate funding and resources to business, effective employee participation, as well as wider community input and ownership.

### Outcome 1 - “Workplace Quality Culture”

Submitters overwhelmingly believe that health and safety should become an **integral part of each workplace’s culture**, as workplaces are more likely to achieve excellence if risk management is a core part of their operations.

Several submitters (particularly industry and employers associations and central government agencies) perceive health and safety as being **compliance rather than culture driven** at present. They therefore believe that integrating health and safety into workplaces’ everyday practices and extending beyond a compliance focus will be challenging.

Submitters (particularly industry and employer associations) acknowledge that Outcome 1 is **important for achieving business goals**, such as productivity. They however believe that the intent of the outcome could be strengthened further by rewording the outcome to emphasise that workplaces remain healthy by having healthy staff engaged in safe, productive workplaces, providing robust scientific evidence that investing in healthy and safe workplaces has tangible benefits, encouraging managers to systematically manage health and safety in the same way that they manage other benefits and risks, rather than regarding it as a separate process.

A few submitters (particularly employers) suggest **removing the word ‘quality’** because the phrase ‘workplace culture’ emphasises the importance of culture, and the expression ‘quality culture’ is vague and might be confused with quality improvement. They also believe that quality is a wider concept than culture – quality refers to business excellence and covers all organisational systems, while culture refers to individuals’ thought patterns, attitudes and behaviours.

Some industry and employer organisations acknowledge that while employers are responsible for providing a safe and healthy workplace, **employees have a responsibility** for arriving fit for work and for their actions (or inactions) in relation to risk management.

Two divergent views are evident in relation to the **reference to health and safety representatives**. Some submitters (particularly employers and industry or employer organisations) believe that the Strategy overemphasises the importance of health and safety representatives and it should be up to individual employers whether or not to have representatives, while other submitters (unions in particular), believe that health and safety representatives are an important link between management and employees, and that the Strategy could focus more on developing the representatives’ skills, and their enforcement powers.

### Outcome 2 - “Industry and Community Engagement”

Submitters across the board welcome the focus on **increasing industry and community leaders’ promotion of better management in workplace health and safety**, as they acknowledge the influence that health and safety beliefs and behaviours in the community has on the workplace.

Several submitters believe however that leading improvements in workplace health and safety standards and practices is an **equal responsibility between all stakeholders** – namely government agencies, unions and other industry representatives, professional organisations, employers, employees, family members and the wider community.

While endorsing industry and community leaders' role in promoting health and safety, a few submitters note that the **leaders will need support** (i.e. funding, information and general assistance) in order to raise awareness of the benefits associated with good health and safety practices, and implementing health and safety policies, procedures and training programmes.

### Outcome 3 - "Government Leadership and Practice"

**Co-ordination between and the alignment** of government workplace health and safety roles and activities is welcomed by submitters across the board, because they believe it may reduce the current level of duplication between government agencies.

Submitters generally endorse the government promoting **high expectations through its role as an employer** for health and safety, as this will have a flow-on effect of improving health and safety in government and non-government workplaces. The resources and mechanisms provided for achieving this will be critical to its success.

Submitters generally support government **leading by example** because it seems equitable – central government agencies should demonstrate excellent health and safety practices in their workplaces because they expect private sector industries to do so.

## ***Intervention Approaches***

Overall, there was **substantial discussion, and general agreement with the seven intervention approaches** proposed for the Strategy. While all intervention approaches generate a lot of discussion there is considerable feedback on 'sound research and evidence', 'capability development', and 'effective regulation'.

When commenting on intervention approaches submitters raise common themes in relation to effective **collaboration and relationship building, adequate funding and support, prioritising and planning, involving all stakeholders, and aligning with other legislation**. Several submitters suggest **specific, practical ways of implementing** the approaches in workplaces.

Some submitters (notably employers) feel that **effective communication** is not adequately reflected in the Strategy and suggest adding 'improved communication' or 'clear communications of what works' to the list of intervention approaches. Others suggest expanding the approaches to become more inclusive (for example to address health related illnesses).

Some mention the need to ensure that intervention approaches are used in an **appropriate and balanced manner** so that some are not emphasised to the detriment of others. Others suggest **reordering** intervention approaches based on perceived importance (for example, listing 'effective regulation' or 'appropriate incentives' first).

## ***National Priorities***

Overall the **proposed national priorities generate a lot of comment** from submitters, particularly over the selection of the priority areas, the emphasis given to national priorities and the evidence and criteria for selecting national priorities.

Some submitters (particularly employers and employer and industry associations) question the need for **'groups with particular needs'** to be included as specific priority areas. Reasons for this include the belief that health and safety hazards affect all workers, health and safety advice and information must be applicable to the circumstances to which it relates, the HSE Act requires workplaces to provide suitable communication mechanisms and training for all workers, and human rights and race relation legislation covers workers' particular cultural needs.

Mention is also made of extending the list of national priorities to **include others at risk of workplace injury and illness** (for example, childcare workers, casual workers, those who work more than a forty hour week or in multiple jobs, and those in high risk industries, etc).

Some researchers and consultants, and unions and employer representatives in particular note that the national priorities could be strengthened by including the **criteria and research evidence** used to select the national priorities.

Mention is made that rather than having set national priorities, it may be more useful for **industry sectors to identify their own priorities** based on industry specific illness and injury data.

Some suggest fine-tuning the list of national priorities by **regrouping the priorities** under headings such as 'health', 'safety', 'target groups' and/or according to key indicators for reducing workplace illnesses and injuries, or **reordering priorities** based on importance.

There is also debate around including **psychosocial factors** as a priority area. Industry and employer associations believe psychosocial factors (particularly stress) should not be a national priority because these are subjective and therefore hard to define and measure, and may be caused by factors outside the control or influence of workplaces. In contrast, DHBs and public health services welcome the inclusion of psychosocial factors because they acknowledge the effect these factors may have on workers' health and safety.

Many comments received in submissions relate to clarifying the intent of priorities, defining key concepts to avoid incorrect interpretation, and wording enhancements. Submitters also suggest a few additions to each of the proposed lists to ensure a future focus and the inclusiveness of all workers.

## ***Delivering the Strategy***

### Implementation

Submitters believe that the **Strategy's success will depend on the way in which it is implemented in workplaces**. Consequently, they are keen to be actively involved in the Strategy's implementation and identify a range of issues they believe need to be considered when introducing the Strategy. They relate primarily to involving and gaining buy-in from key stakeholders - by establishing collaborative relationships with these groups, providing realistic timeframes, funding and support, and developing a multi-faceted approach that accommodates the needs of various groups.

### Monitoring and evaluation

Submitters mention that **monitoring and evaluating the Strategy's effectiveness over the long term, and providing regular reports to businesses is vital** for ensuring that workplaces continue to improve their health and safety practices. Submitters recommend including positive performance indicators in the Strategy, and that all tools and methods for measuring effectiveness should align with the NZIPS' measures, reflect commitment to the HSE Act, and support an environment in which workplaces are comfortable about sharing information with one another.

### Review

Submitters see the **review as vital for maintaining effective health and safety strategies** over the long-term. They note the importance of informing stakeholders of the review process, including them in the process, having mechanisms for sharing information about the Strategy's effectiveness, and informing stakeholders about how they can maintain or improve their performance.

# Introduction

## Background

### *Rationale for Strategy*

It is estimated that several hundred New Zealanders die each year as a result of occupational diseases and traumatic work injuries. The Accident Compensation Corporation (ACC) received 214,345 claims for work-related injuries and disease in 2003/2004 - equivalent to one claim for every nine workers each year. The costs to individuals, their family or whanau and community are substantial, as is the impact to business through reduced productivity.

### *Strategy Purpose*

The Strategy provides a strategic direction for workplace health and safety in New Zealand. The Strategy will help New Zealand better focus its workplace health and safety efforts by providing a guide for action for central government agencies, local government, unions, industry and employer organisations, other non-government organisations and individual workplaces.

The Strategy is about better *managing* hazards in the workplace. This does not mean eliminating every hazard or removing all forms of risk, it means being sensible and focussing on important issues and priorities.

### *Key Audiences*

The Strategy is intended for a wide range of organisations and individuals including:

- Business owners and managers
- Workers and their unions
- Health and safety representatives
- Self-employed peoples
- Employers and industry organisations
- Occupational health and safety practitioners
- Non-government organisations and community groups
- Local government
- Central government, and
- Families, whanau and individuals.

## **Principles**

The Strategy is underpinned by seven core principles<sup>1</sup>:

1. *Integration – Having health and safety integrated into the workplace is fundamental to keeping people healthy and safe at work.*
2. *Leadership – Leaders in workplaces, industries, the wider community and government need to demonstrate a visible and active commitment to improving workplace health and safety.*
3. *Responsibility – While workplace health and safety is everyone’s responsibility, people in different roles have specific responsibilities.*
4. *Participation - The participation of everyone will lead to better workplace health and safety.*
5. *Prevention – Workplace health and safety activities should focus on preventing new cases of illness and injury.*
6. *Vulnerable are protected – Some groups of workers are particularly vulnerable to poor health and safety outcomes, and require specific attention.*
7. *Flexible, responsive and adaptable – Workplace health and safety activities need to anticipate and respond to change where required.*

## **Contribution to Wider Goals**

The Strategy is part of the implementation of the New Zealand Injury Prevention Strategy (NZIPS) which was released by the Government in 2003. The Strategy also has links to other national strategies, policies, and projects<sup>2</sup>, and to wider government goals (particularly reducing inequalities in health, education, employment and housing, and the growth of an inclusive and innovative economy for the benefit of all).

## **Strategy Development**

The Strategy is being developed by the Department of Labour Project Team, a Government Agency Group and a Stakeholder Group. It will be launched by June 2005.

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<sup>1</sup> Abridged. For a full description of principles please refer to the Strategy document.

<sup>2</sup> Projects focussing on work-life balance, decent work, workplace productivity, and industry and skills development.

## Consulting on the Strategy

To ensure the published Strategy has wide relevance and support, a public consultation phase was an integral part of the Strategy's development.

The purpose of the consultation phase was to:

- Raise awareness that the Strategy is being developed
- Allow interested parties to have their say on the content of the draft Strategy
- Develop wider ownership and support for the Strategy.

A core outcome of the consultation was to gain specific feedback from stakeholders on the draft Strategy to feed into the future development of the Strategy.

The consultation process was promoted via a Ministerial press release, items in newsletters produced by Safeguard, the NZIPS Secretariat, Injury Prevention Aotearoa New Zealand (IPNANZ), and the Environmental Risk Management Authority (ERMA), and through prominent links on a range of websites (Department of Labour, Occupational Safety and Health (OSH), ACC, ERMA and NZIPS). In addition, a website ([www.whss.govt.nz](http://www.whss.govt.nz)) and an e-mail address were set up to take requests for the consultation document and to provide further reference material.

A total of 916 consultation documents and submission booklets<sup>3</sup> were sent to a range of organisations and individuals representing unions, employers, employer associations, industry training organisations, central government agencies, local government agencies, public interest groups, professional associations and researchers.

A total of 63 submissions was received and analysed as follows:

**Table 1: Overview of those who made a written submission**

Submitter category	Number of submitters
Industry or employer organisations	16
Employers	10
Central government organisations	8
Local and regional government organisations	7
District Health Boards and services	6
Volunteer/not for profit organisations	6
Professional associations	4
Unions	3
Researchers and consultants	3
<b>TOTAL</b>	<b>63</b>

<sup>3</sup> Submission booklets provided a framework for people and organisations to make a submission, and to assist with ease of analysis. Submitters could prepare a submission in an alternative format if they wished.

During the consultation period, the Department of Labour Project Team conducted workshops and meetings<sup>4</sup> to inform key interest groups on the draft Strategy, to provide additional information to assist them prepare written submissions, and to gain their feedback on the draft Strategy. These workshops and meetings were not intended to be a standalone consultation component, and instead were designed to provide context for the written submissions. Many who participated in a workshop or meeting also made a written submission, and therefore workshop/meeting feedback largely reflects the intent of the written submissions. For this reason, this report focuses on the feedback from written submissions.

Consultation began on 23 August 2004 and officially closed on 29 October 2004.

## Introduction to Findings

This report summarises the key themes arising from public consultation on the Strategy document. The Department of Labour Project Team, Government Agency Group and Stakeholder Group will consider this report when finalising the Strategy and making recommendations to the Associate Minister of Labour and Cabinet.

The findings of consultation are structured as follows:

- Overview of the Strategy – includes overall perceptions of the Strategy
- Key themes in relation to the vision, long-term outcomes, medium-term outcomes, intervention approaches, national priorities and delivering the Strategy, which includes
  - An introduction to each section
  - The key takeouts from submissions as they relate to each component \*
  - Other comments, suggestions or additions in relation to components
- Other comments – includes feedback on comments relating to other aspects of the Strategy
- The way forward – includes suggestions for further developing the Strategy in light of submissions' comments.

\* The key takeouts in this report reflect comments and suggestions made in submissions from across the categories of submitters. Instances where one group of submitters in particular raises a specific issue, or there are differences between groups of submitters, are noted.

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<sup>4</sup> The list of workshops and meetings is appended.

## Overview of the Draft Strategy

### Endorsement of Strategy

There is **widespread support** for the Strategy amongst submitters. Submitters believe it is essential to have a national strategy for workplace health and safety in New Zealand, to improve health and safety of our workforce and contribute to the productivity of our workplaces. Only two submitters suggest alternatives to the Strategy (see Other Comments section).

Overall, submitters comment favourably on the **focus and direction** of the draft Strategy, and suggest few fundamental changes.

Submitters generally support the **framework** for the Strategy, its individual **components, content, language and tone**.

While much comment received refers to the vision and outcomes, substantially more comment is received on the **intervention approaches**, and to a lesser extent on the **national priorities**. Most comment relates to specific wording changes to enhance or strengthen the Strategy.

Substantial feedback from submitters is related to Strategy **implementation issues** which will be very useful and relevant when it comes time to develop the Implementation Schedule for the Strategy.

### Overarching Themes

A number of overarching themes are evident in the analysis of submissions. These are as follows:

- The need for a **greater focus on small and medium businesses** in the Strategy, as they make up a significant proportion of businesses and they therefore need to be on board to ensure the Strategy is a success.
- In addition to small and medium businesses, there is a need to better **acknowledge the full range of people and groups** affected by the Strategy, for example the self-employed, non paid workers, those in high risk industries, precarious and casual workers, rural people, people with disabilities, workers working with children, Maori, Pacific peoples, unions, the medical community, third party claims administrators and safety managers, etc.
- The need to make **reference to and align the Strategy with relevant legislation**, for example the HSE Act, HSE Amendment Act, the Regulations, Codes of Practice and the Human Rights Act 1993, as a number of existing Acts are relevant to the Strategy's goal of having a healthy and safe workforce. Substantial comment is also

made about aligning the Strategy to international standards, such as ILO Conventions and the Universal Declaration of Human Rights.

- The need for **greater linkages between elements of the Strategy and the parent Strategy (NZIPS)**, so the Strategy is not viewed in isolation. Comment is also made about ensuring greater linkages between specific components of the Strategy (in particular links between the vision and outcomes).
- The need for **clearer evidence** to substantiate information provided in the Strategy. This theme came through particularly strongly in the 'national priorities' section.
- The need to **recognise past achievements**. Some industries have improved their health and safety performance in recent years by implementing health and safety initiatives that aim to achieve excellence in this area. Submitters believe that industries and their initiatives should be recognised in the Strategy. This will inspire these industries to maintain their 'good record', enable others to learn from their successes and raise the wider community's expectations in relation to having healthy and safe workplaces.
- The need to acknowledge that in most cases employers currently have good health and safety systems in place, and acknowledge its importance in the workplace.
- Give greater weight to **employees' and the wider communities' responsibilities** in relation to health and safety in the workplace, as these groups are deemed critical to effective health and safety.
- The need for **balanced reference to health and safety representatives**. Some submitters believe that the Strategy overemphasises the importance of health and safety representatives. Others however, believe that health and safety representatives are an important link between management and employees, and that the Strategy could focus more on developing the representatives' skills, and their enforcement abilities. These comments are particularly expressed in relation to Outcome 1.
- The need for **greater reference** to effective **collaboration and coordination, communication, planning and prioritisation**, as well as signalling commitment from Government to adequate **funding and support** in terms of the Strategy's delivery.

# Vision

## Introduction

A strong and inspiring vision is important for any Strategy. The vision for the Strategy is for New Zealand to have a healthy and safe workforce in productive workplaces. This requires us to manage workplace hazards and prevent work-related illness and injury.

The vision has a dual focus on health and safety. Given the country's historical focus on safety issues, more attention needs to be given to addressing health. The new challenges for workplaces also tend to be health-related.

The proposed vision is:

***“Healthy and Safe People in Productive Workplaces”***

## Key Takeouts

Overall feedback on the vision is **very positive** with most people either supporting the vision in its entirety, or suggesting minor improvements to it. Submitters believe the vision is a fitting one for the Strategy and is both inspiring and achievable.

Submitters particularly **welcome the health aspect** to the vision for a range of reasons, namely that it:

- Reflects an holistic approach to risk management; health and safety are not mutually exclusive activities
- Raises people's awareness of the importance of preventing occupational illness and disease, as the changing nature of work means that health risks (such as stress and workplace violence) are becoming more prevalent in workplaces
- May assist employers to manage employees' health-related issues because it could provide mechanisms for encouraging employees to participate in employer-initiated health promotion programmes, such as ongoing health monitoring initiatives
- May encourage government agencies to review the way in which New Zealand's current compensation system treats claims for illnesses (i.e. an individual disabled from a work-related injury can access a superior level of healthcare through ACC, than an individual disabled from a work-related illness).

However, while supporting the inclusion of a health component to the vision a few submitters suggest:

- Clarifying the difference between ‘health’ and ‘safety’ and explaining how they relate to one another, as people often confuse these two concepts (i.e. ‘health’ refers to factors that impact on the internal body such as airborne viruses, while ‘safety’ refers to factors that impact on the external body such as tripping)
- Replacing ‘healthy and safe’ with ‘healthy people in safe productive work’ because the former phrase has become a cliché, thereby losing its meaning and “poignancy”
- Replacing ‘healthy and safe’ with ‘health and safety’ because the submitter personally prefers the latter.

There is general **support for the vision’s focus on productivity** as this is a key objective of most businesses. Furthermore, submitters support linking health and safety with productivity, because it acknowledges that the two activities are interrelated, is vital for integrating health and safety into workplaces and the wider community, and introduces a positive incentive for workplaces to have good health and safety records.

A few (particularly industry and employer associations and unions) however suggest removing the word ‘productive’ because:

- Employers already know that health and safety is good for productivity
- Some workplaces might not be defined as, or consider themselves, productive
- Productivity is only one of a number of critical outcomes for business that the Strategy could emphasise in order to improve workplaces’ health and safety performance (other outcomes include effective health and safety education, and high regulatory compliance)
- The word ‘productive’ is incompatible with the HSE Act and its inclusion in the Strategy’s vision may cause confusion in situations where employees are working with volunteers, or contractors are working in domestic dwellings. A ‘productive workplace’ would need to be defined in conjunction with the HSE Act.

While acknowledging the importance of an inclusive term to embrace all audiences the word **‘people’ causes some debate**. A few submitters recommend:

- Replacing ‘people’ with ‘individual’ which is more personal
- Replacing ‘people’ with ‘all New Zealanders’ as the latter fosters a sense of ownership amongst all stakeholders and takes into account the country’s diverse workforce
- Changing the vision’s focus from people being healthy and safe to organisations being healthy and safe, which in turn leads to healthy and safe employees; the submitter believes that health and safety initiatives need to be proactive and focus on increasing value for workplaces
- Rewording the vision to exclude reference to ‘people’ because, while employers are concerned about the effect that employees’ non-work issues have on other employees and workplace productivity, the law does not compel them to address such issues
- Expanding the vision to include references to all those involved in achieving the vision, their common interests, their personal responsibility for risk management, and the commitment and action required to achieve the vision.

## Additional Comments and Suggestions

The following additional comments and suggestions are raised in relation to the vision. They refer to suggested wording changes, clarifying who is responsible for achieving the vision, educating people on the vision, etc.

- Replace ‘workplaces’ with ‘work’ as the former has connotations of only referring to large industrial or commercial worksites. Most workers in New Zealand however, work in small team environments. In addition, the at-risk populations identified in the Strategy include small businesses, and part-time or casual workers who may be working from home
- Reword the vision to ‘optimising occupational health and process safety to maximise productive workplaces’ because the current vision does not (1) differentiate between health and safety, (2) link effectiveness with increased productivity in workplaces, or (3) build understanding among smaller businesses
- Clarify whether individuals are responsible for remaining healthy and safe in workplaces, or whether employers are responsible for providing healthy and safe workplaces for employees
- Educate people about the vision’s meaning
- Reflect both (1) the need to change workplaces’ current attitudes towards health and safety by making it a fundamental workplace issue, and (2) the importance of health and safety in all environments by recognising it as a public interest goal
- Reword the vision to emphasise that it is about productive workplaces, where health and safety have priority (The submitter is concerned that the focus on “employee well being” extends beyond the workplace).

# Outcomes

## Introduction

Three **long-term outcomes** are proposed to support the Strategy’s vision. These outcomes reflect the importance of these broad sectors to workplace health and safety in New Zealand. They give structure to the Strategy and provide a guide to where action is needed.

Under each long-term outcome are three **medium-term outcomes**, so that action can be prioritised in the first five years. They signpost critical stages in achieving the long-term outcomes and may need to be achieved before other actions can be attempted.

The long-term and medium-term outcomes proposed for the Strategy are as follows:

<b>LONG-TERM OUTCOMES</b>	<b>Workplace quality culture</b>	<b>Industry and community engagement</b>	<b>Government leadership and practice</b>
<b>MEDIUM-TERM OUTCOMES</b>	1a. Business owners, directors and senior managers recognise that health and safety benefits their business.  1b. Managers are motivated and committed to the systematic management of workplace health and safety.  1c. Workers participate effectively in processes for improving workplace health and safety.	2a. Industry partnerships and networks share information about good practice in workplace health and safety.  2b. Members of the wider community are aware of the impact of workplace health and safety on individuals and families.  2c. Industry and community leaders promote workplace health and safety to their networks and communities.	3a. Agencies and levels of government co-ordinate and align their workplace health and safety roles and activities.  3b. Government sets high expectations for health and safety through its role as an employer and purchaser.  3c. Central government agencies demonstrate improvements in their management of workplace health and safety.

## Key Takeouts

Submitters generally support all three **long-term outcomes** because they are appropriate for achieving the vision, reflect the principles behind good risk management and are compatible with organisations’ own aims.

The **medium-term outcomes** are also largely endorsed by submitters because they believe the outcomes are realistic, achievable and cover all of the actions required to meet the long-term outcomes.

Submitters suggest specific ways to strengthen the outcomes, ways to link them together, and to align them with legislation. They raise issues around roles and responsibilities, and areas of focus. A number of implementation issues are also raised, along with suggested wording changes and enhancements to aid clarity and improve the intent of outcomes.

In order to achieve the proposed long-term and medium-term outcomes submitters comment on the importance of providing practical support to workplaces (such as funding), collaboration amongst all key stakeholders, and tailoring strategies to meet the needs of different workplaces.

## Key Feedback on Outcome 1: Workplace Quality Culture

Submitters overwhelmingly believe that health and safety should become an **integral part of each workplace's culture**, as workplaces are more likely to achieve excellence if risk management is a core part of their operations.

However, several (particularly industry and employer associations, and central government agencies) perceive health and safety as being **compliance rather than culture driven** at present. They believe therefore, that integrating health and safety into workplace's everyday practices – thus extending beyond a compliance focus - will be challenging. Submitters suggest the following ways to meet this challenge:

- Place more emphasis on health and safety culture in the Strategy
- Ensure that quality is integrated with health and safety at an operational and practical level, rather than just at a theoretical level
- Engrain health and safety in individuals before they enter the workforce so that it becomes a basic skill like reading, writing and arithmetic
- Gain management commitment, trade union support (especially in the provision of information and training) and legislative provisions for worker representation that is actively supported by regulatory inspectorates.

Some submitters (particularly industry and employer associations) acknowledge that Outcome 1 is **important for achieving business goals**, such as productivity. However they believe that the intent of the outcome could be strengthened further by rewording the outcome to emphasise that workplaces remain healthy by having healthy staff engaged in safe, productive workplaces, providing robust scientific evidence that investing in healthy and safe workplaces has tangible benefits, encouraging managers to systematically manage health and safety in the same way that they manage other benefits and risks, rather than regarding it as a separate process.

A few submitters (particularly employers) suggest **removing 'quality'** because the phrase 'workplace culture' emphasises the importance of culture, and the expression 'quality culture' is vague and might be confused with quality improvement. They also believe that quality is a wider concept than culture – quality refers to business excellence and covers all organisational systems (including management and products), while culture refers to individuals' thought patterns, attitudes and behaviours.

Some industry and employer organisations acknowledge that while employers are responsible for providing a safe and healthy workplace, **employees have a responsibility** for arriving fit for work and for their actions (or inactions) in relation to risk management.

Two divergent views are evident in relation to the **reference to health and safety representatives**. Some submitters (particularly employers and industry or employer organisations) believe that Outcome 1c overemphasises the importance of health and safety representatives and it should be up to individual employers whether or not to have representatives. Their varying reasons for this are:

- Workplaces are not obliged to have a health and safety representative
- Expanding the existing health and safety representative programme mandated under the HSE Act is unnecessary because other strategies (like strong management and staff working relationships) are equally as effective as having representatives
- Organisations provide opportunities for employees to have direct input into health and safety policies (i.e. employees do not need to use health and safety representatives as a conduit for their comments)
- While some overseas research shows that health and safety representatives can improve workplace productivity, other research shows they can disrupt such productivity.

Others (notably unions) however, believe that health and safety representatives are an important link between management and employees, and that Outcome 1c (and the remainder of the Strategy) could focus more on developing the representatives' skills, and their enforcement abilities. Suggested ways of achieving this are:

- Increasing the number of funded, standardised, ongoing training courses for health and safety representatives
- Enabling independent training providers to provide training for health and safety representatives
- Trialling a "roving reps" system as the United Kingdom and Scandinavia have done
- Providing opportunities for dialogue between representatives and health professionals, unions, employers, ACC and OSH.

### ***Additional Comments and Suggestions***

The following additional comments and suggestions are raised in relation to Outcome 1. They include specific wording changes and enhancements, implementation issues, and the need to involve all stakeholders in order to successfully achieve the outcome, etc.

#### **1a - Business owners, directors and senior managers recognise that health and safety benefits their business**

- Add that business owners, directors and senior managers recognise that health and safety 'is a statutory requirement that also benefits their business'.

1b - Managers are motivated and committed to the systematic management of workplace health and safety

- Recognise that the provision of comprehensive and prescriptive written policies might encourage the perception that an issue has been addressed and requires no further attention.

1c - Workers participate effectively in processes for improving workplace health and safety

- Managers should not have the discretion to decide whether or not a workplace has a Health and Safety Representative.

Outcome 1 non-specific

- Develop a Strategy that encourages business owners to plan for training, hazard management, and incident investigation and recording
- Encourage workplaces to value all stakeholders' input into processes for improving workplace health and safety, rather than treating workers' participation in isolation. This will assist workplaces to incorporate risk management into all of their operations
- Government's commitment to a workplace quality culture based on "decent work and working hours" contradicts their promotion of the tourist service industry which requires employees to have flexible working hours in order to remain competitive
- Define 'workplace'
- Recognise that 'culture' in its broadest sense (for example, societal culture, business culture, individual's culture) plays a significant part in achieving health and safety excellence
- Promote 'value based' rather than 'cost based' decisions by stakeholders.

## Key Feedback on Outcome 2: Industry and Community Engagement

Submitters across the board welcome the focus on **increasing industry and community leaders' promotion of better management in workplace health and safety**, as they acknowledge the influence that health and safety beliefs and behaviours in the community has on the workplace.

Several believe however, that leading improvements in workplace health and safety standards and practices is an **equal responsibility between all stakeholders** – namely government agencies, unions and other industry representatives, professional organisations, employers, employees, family members and the wider community. They believe a sense of equal responsibility from all stakeholders is necessary for the successful implementation of strategies aimed at improving workplace health and safety.

While endorsing industry and community leaders' role in promoting health and safety, a few submitters note that **leaders will need support** (i.e. funding, information and general assistance) in order to raise awareness of the benefits associated with good health and safety practices, and to implement health and safety policies, procedures and training programmes.

### *Additional Comments and Suggestions*

The following additional comments and suggestions are raised in relation to Outcome 2. They relate to specific wording changes and enhancements, stakeholder roles and responsibilities, educating the wider community, focus and directional issues, etc.

#### 2a - Industry partnerships and networks share information about good practice in workplace health and safety

- Specify that the information that is shared through health and safety partnerships includes information on 'accident losses' – namely organisations' ACC claims for workplace illnesses and injuries
- Include 'professional associations' in the list of key players who may be involved in health and safety partnerships
- Spell out the need for worker participation in industry-level development of strategies and programmes.

#### 2b - Members of the wider community are aware of the impact of workplace health and safety on individuals and families

- Acknowledge that workers (rather than members of the wider community) have the most to lose when they become ill, are injured, or are killed
- Emphasise the positive impact of 'good' health and safety practices, as well as the negative impact of having ill, injured, or killed workers

- Inform the wider community about the impact that unhealthy and unfit workers have on workplaces
- Recognise that the wider community's expectations in relation to good risk management will be influenced by whether community leaders have similar health and safety responsibilities to managers in the workplace
- Consider swapping the order of medium-term outcomes 2b and 2c.

2c - Industry and community leaders promote workplace health and safety to their networks and communities

- Expand the leaders' role to include promoting individuals' responsibility for risk management, the quality culture and improvements in health and safety. The industry leaders' role should also involve health and safety education and compliance
- Clearly separate employers' and unions' roles in establishing good risk management practices in order to avoid potential conflicts of interest
- Need more community action on individual's behalf to prevent injury (Note submitter did not specify type of action required).

Outcome 2 non-specific

- Replace 'industry' with a term that includes all workplace environments
- Emphasise community 'engagement in' rather than 'support for' improvements in health and safety
- Focus on 'excellence' rather than 'improvements' because the latter are hard to measure and indicate an acceptance that some workplaces will continue to have poor health and safety records
- Recognise that simplicity is essential for health and safety management
- Introduce Community Health and Safety Advisors, which could be supported by local councils.

## Key Feedback on Outcome 3: Government Leadership and Practice

**Co-ordination between and the alignment** of government workplace health and safety roles and activities is welcomed by submitters across the board, because they believe it may reduce the current level of duplication between government agencies. A few (particularly industry and employer associations) note ways of strengthening such co-ordination and alignment:

- Encourage more co-ordination and collaboration in workplace health and safety by looking beyond traditional roles, such as working with the education sector on incorporating risk management in the education curriculum
- Government agencies need to have the same outcomes, and develop standardised policies and approaches for achieving them
- Responsibility for workplace health and safety in an industry sector should be vested in one government agency (i.e. responsibility for an industry sector should not be split between agencies as at present).

Submitters generally endorse the government promoting **high expectations through its role as an employer** for health and safety, as this will have a flow-on effect of improving health and safety in government and non-government workplaces. The resources and mechanisms provided for achieving this will be critical to its success, according to some submitters (particularly employer and industry associations, and DHBs and public health services).

However, other submitters note that if the government sets its expectations for health and safety too high in purchasing and contracting guidelines it may, for example, exclude some small and medium sized businesses from being able to compete for government contracts. Government needs therefore, to set different levels of requirements and assist providers to meet them. This will help to ensure that government expectations are realistic.

Submitters generally support government **leading by example** because it seems equitable – central government agencies should demonstrate excellent health and safety practices in their workplaces because they expect private sector industries to do so. A few industry and employer associations believe however, that such examples may be of limited value to high risk industries because government agencies do not operate in high risk areas. Consequently, government also needs to provide an environment in which private sector industries can excel. This may include minimising administrative requirements and compliance costs associated with health and safety initiatives arising from the Strategy (for example, “pre-qualifying” contractors whose tenders specify safety management practices, identifying ways that purchasing models can support good health and safety outcomes, and including health and safety in the Government Procurement Guidelines and the Statement of Good Practice).

Two unions suggest **expanding the government’s role** to include, for example, its responsibility as a regulator and enforcer of law and expanding the government’s leadership responsibilities to sectors where it acts as a funder of industry initiatives.

## ***Additional Comments and Suggestions***

The following few additional comments and suggestions are raised in relation to Outcome 3. They relate to wording enhancements, the need for adequate resourcing, aligning with outcomes for industry, ratifying ILO conventions, and the Government's role in relation to Outcome 3, etc.

### 3a - Agencies and levels of government coordinate and align their workplace health and safety roles and activities

- Reword the outcome to emphasise agencies and levels of government aligning their roles and activities 'in partnership with industry'.

### 3b - Government sets high expectations for health and safety through its role as an employer and purchaser

- Note: No specific comments.

### 3c - Central government agencies demonstrate improvements in their management of workplace health and safety

- Provide adequate resourcing for central government agencies to be able to demonstrate improvements in their management of workplace health and safety
- Government needs to demonstrate improvements through 'innovative best practice'
- Central government is not a high-risk employer. It is therefore unlikely to assist employers in high risk areas.

### Outcome 3 non-specific

- Focus on all workplaces (rather than just government) actively promoting a high level of workplace health and safety performance and having their own excellent practices
- Consider using words that reflect the strategy for local government leadership and practice
- Ensure that the government's workplace outcomes as an employer are the same as those for industry, in 3b and 3c (some parts of government are currently exempt from health and safety requirements)
- Include an outcome stating that the government seeks to ratify ILO conventions with respect to injury and illness treatment by removing ACC co-payments
- Emphasise the government's role of actively promoting 'and supporting' health and safety performance, and of demonstrating 'optimal' (rather than 'excellent') health and safety practices.

## Key Feedback on Outcomes as a Whole

### *Specific Comments and Suggestions*

The following specific comments and suggestions are raised in relation to the outcomes as a whole. They focus mainly on issues around reordering, condensing and aligning outcomes with wider business goals, ensuring greater linkages between outcomes, strengthening and clarifying wording, and their application in the workplace.

#### Reordering/aligning/condensing/ensuring greater linkages

- Reorder outcomes 1 and 2 so that the outcomes begin with an overarching outcome that refers to establishing a health and safety culture amongst individuals and the wider society. This would be the starting point for delivering workplace health and safety initiatives
- For each long-term outcome, condense the three medium-term outcomes into one and add a fourth medium-term outcome: 'government agencies are required to report their improvements and outcomes annually'
- Align outcomes with businesses' broader financial, operational and organisational goals
- Strengthen the link between the three long-term outcomes.

#### Clarify/strengthen wording

- Strengthen wording so the outcomes represent challenges for the future, rather than reflect current practice as at present
- Replace 'to help' and 'to show' with 'to influence' and 'to work with' as the current "paternal wording" is unlikely to achieve employers' "buy-in" to the Strategy
- Clarify wording so that the outcomes are more understandable to target audiences, such as small to medium businesses.

#### Application in workplaces

- Identify how the outcomes will be interpreted and applied in workplaces
- Target small to medium businesses because large businesses already focus on quality, and have established partnerships with government and stakeholders.

#### Other

- Review the outcomes because they appear to be objectives, or ongoing processes, rather than measurable outcomes
- Include 'improving workplace rehabilitation outcomes'. This may involve the medical profession assisting employers with their Return to Work programmes
- Include a clear outcome such as New Zealand being one of the top 10 developed countries in terms of having a healthy and safe workforce, by 2015.

# Intervention Approaches

## Introduction

The Strategy proposes the following seven intervention approaches. They reinforce each other and need to be well integrated. A number of government agencies have responsibilities for promoting workplace health and safety, including Occupational Safety and Health Service and ACC. The implementation schedule will support these broad approaches and build on past achievements by identifying new actions for implementation.

Number	Intervention approach
1	Sound research and evidence
2	Capability development
3	Social dialogue
4	Good governance
5	Better design and technology
6	Appropriate incentives
7	Effective regulation

## Key Takeouts

Overall, there is **substantial discussion on, and general agreement** with the proposed intervention approaches. While all intervention approaches generate a lot of discussion there is considerable feedback on ‘sound research and evidence’, ‘capability development’, and ‘effective regulation’.

When commenting on intervention approaches submitters raise common themes in relation to effective **collaboration and relationship building, adequate funding and support, prioritising and planning, involving all stakeholders, and aligning with legislation**. Several submitters suggest **specific, practical ways of implementing** the approaches in workplaces.

Some (notably employers) identify additional intervention approaches, such as ‘**improved communication**’ which would indicate the benefits of improved communication between stakeholders (for example government agencies and employers), or ‘clear communication of what works’ which would include strategies for communicating activities developed in the other seven approaches. Others suggest expanding the approaches to, for example, address health-related illnesses, or include “systems principles and models”.

A few submitters agree with the Strategy that the intervention approaches need to be **appropriate and used in a balanced manner** so that some are not emphasised to the detriment of others. For example, the resources provided for sound research and evidence need to be balanced against those provided for implementing successful risk management practices. There is some discussion in submissions around the **ordering** of the intervention approaches, such as listing ‘appropriate incentives’, or ‘effective regulations’ first given their perceived level of priority.

## Specific Intervention Approaches

### *Sound research and evidence*

There is general support for the use of research evidence to monitor trends, set benchmarks, identify new risks, and change practices to minimise or eliminate those risks. Some (particularly industry and employer associations) stress the need for a national set of longitudinal data that can be used to compare illness and injury statistics across the country and across industry sectors. This may require scoping existing data, standardising reporting requirements, and co-ordinating data collection and management in order to reduce duplication.

A number of specific comments are made in relation to sound research and evidence. They cover collaboration, prioritisation, the use and challenges of national data, funding and incentives.

#### Collaboration

- More focus should be given to involving non-government organisations (such as the tertiary education sector) in health and safety research. Regular engagement and information sharing between non-government and government agencies should also be highlighted in the Strategy. This may involve agencies working together to interpret work-related illness and injury data
- Workplaces may resist reporting their illness and injury data because they fear regulatory agencies will target them due to their poor health and safety record. This may be overcome by developing a “no blame reporting process”.

### Prioritisation

- Prioritise the following topics for research: health and safety management; effect of individual's and workplace's beliefs, attitudes and behaviour on health and safety practices; health and safety in the wider community; and health research such as nutrition and physical activity
- Need government initiatives that are aimed at improving the quality of health and safety information and reporting (for example, key performance safety indicators for rail operators).

### National data

- National data could be more beneficial than overseas data, although lessons from international studies may be applicable in New Zealand
- National statistics have no particular relevance to individual workplaces while occupational diseases (such as stress) may have their origins in factors outside the workplace.

### Funding and incentives

- Funding for research is vital for encouraging academics and practitioners to undertake research on workplaces' health and safety activities
- Concern that workplaces may bear the costs of additional research
- Recognise that workplaces are currently conducting research on work-related illnesses and injury, and that they may be willing to undertake more, if their investment is recognised in the form of a 'tax break' for example.

## ***Capability development***

Submitters strongly endorse developing people's capability to manage workplace hazards more effectively (particularly students' and trainees' capability) because they believe this will reduce the incidence of workplace accidents.

They specifically comment on the need to start educating early in life, the need for funding and support to develop capability, the need for occupational health and safety to be part of a national framework, and the need to engage and involve stakeholders in developing capability.

### Early/primary/secondary education

- Risk management should be a basic 'life skill' like literacy, so Strategy needs to focus more on the development of risk management skills at an early age
- The education sector needs to plan how the curriculum may accommodate health and safety programmes for early childhood education, and primary and secondary schools
- Board of Trustees could be required to develop risk assessment and management plans.

### Funding and support

- Provide practical support for annual conferences for regulatory agencies and health and safety representatives and practitioners in the tertiary sector
- Additional assistance is required from government, such as providing funding for capability development (particularly to small businesses), developing initiatives based on peer support and regulating health and safety advisors
- Provide partially subsidised training programmes, seminars and conferences that cover all aspects of health and safety, allow participants to share practical information and are tailored to meet the needs of different 'types' of participants (i.e. employees, managers, business owners, industries, small businesses).

### National framework

- Work with stakeholders to develop a national career development framework for occupational safety and health practitioners to which the content of training programmes may be aligned
- Develop a national training framework and outcome based training programme.

### Engaging and involving stakeholders

- Emphasise the importance of businesses fostering and developing managers' leadership skills (particularly frontline managers)
- Engage key stakeholders (particularly those in the rural sector) and gain their commitment to investing in skill development
- Recognise industry associations' and unions' role in developing risk management capability in workplaces.

### Other comments about capability development

- Emphasise that industry registration, training and continuing professional development programmes should include relevant health and safety training
- Improve the quality and co-ordination of health and safety information that is provided to workplaces
- Recognise that information alone will not reduce workplace hazards because some people (particularly young employees) deliberately embrace hazardous behaviour
- Include the development and measurement of core competencies for patient handling in training programmes because this is a potential source of manual handling related injuries
- Recognise that 'early intervention' also involves training and education
- Recognise that architects, engineers and product designers 'self-police' the safety of their products and systems because they know that they will no longer be employed if they design unsafe items.

## ***Social dialogue***

Submitters support information sharing and discussions amongst key parties involved with health and safety in the workplace, as this will raise awareness and increase understanding of health and safety issues, which in turn will lead to the key parties working together to improve workplaces' risk management performance.

Submitters suggest involving all key stakeholders in social dialogue, the need for a separate body, and incentives and support for businesses partaking in social dialogue:

- Involve in communications all key stakeholders including representatives from the rural sector, employer organisations and employees
- Start the social dialogue with employees, managers, health and safety professionals, cultural groups and local government. Then extend the dialogue to include government agencies and unions if required
- Highlight the need for government agencies, industry sector groups and employment groups to emphasise how health and safety should be integrated at all levels of business and social practice (for example, business planning, and risk assessment and management)
- Establish a Health and Safety Council for the health sector to develop and promote advice that is specific to that sector
- Ensure small businesses have access to effective occupational health and safety advice that is affordable and meets their needs
- Reduce levies for industries that participate in social dialogue processes, and increase them for industries that are slow to become involved and continue to have high injury rates.

## ***Good governance***

Submitters (particularly DHBs and public health services) welcome the Strategy's intent to raise the profile of health and safety at senior levels, because they believe that leaders' commitment to managing hazards and risks in workplaces and governance mechanisms are critical for improving New Zealand's health and safety performance.

The following few suggestions are made in relation to good governance:

- Include middle management in the list of people for whom governance is a key function because they directly influence workers' health and safety attitudes and behaviours
- Develop mechanisms for encouraging leaders to recognise the ways that the Strategy would benefit them personally as well as their workplaces
- Routine reporting and performance assessments may produce a distorted picture of businesses' health and safety performance because one major accident (often attributable to unforeseen employee behaviour that the employer has no control over) can mar an otherwise excellent safety record.

## ***Better design and technology***

Submitters agree with including better design and technology as an intervention approach in the Strategy because they believe that improvements to both will help to prevent illnesses and injuries. A few note however, that the Strategy needs to focus more on the importance of design professionals considering health and safety when designing things. This may be achieved by, for example, encouraging designers to consult with workers when designing new products and systems, or making it compulsory for design students to complete a health and safety course.

Other suggestions and concerns relate to equipment, processes, the tenuous relationship between technology and stress, and potential lack of expertise in the area:

- Expand to include the availability of suitable equipment in workplaces
- Establish processes that enable all workplaces to introduce better design and technology
- There are funding implications of encouraging improvements in design and technology
- Concern that linking technology changes with increased levels of workplace stress will divert attention to an area that employers have little control over, as stress is a subjective experience that may be caused by factors outside the workplace
- It is difficult to identify how the Government and other stakeholders will contribute to designing products and systems that promote workplace health and safety, due to lack of expertise concerning developments that may reduce hazards.

## ***Appropriate incentives***

The use of appropriate incentives to reward desirable behaviour and discourage unwanted (or illegal) practices is supported by submitters. They regard it as a means for achieving excellence in workplace health and safety, because rewarding desirable behaviour will encourage that behaviour to be repeated. Some submitters indicate that current incentives are ineffective for encouraging a wide range of workplaces to implement health and safety initiatives, and more needs to be done to provide incentives to particularly small business.

The following suggestions relate to the ACC Partnership Programme, and other incentives both existing and proposed:

### Partnership programmes

- Return savings from “excellence in ACC Partnership Plan” to workplaces so they are able to meet health and safety needs, such as purchasing equipment
- Encourage participation in the Tertiary Partnership Programme because it is an effective incentive
- Provide similar programmes to the ACC Partnership programme to small businesses.

### Other incentives

- Current incentives may have the unintended consequence of rewarding undesirable behaviour. Providing bonuses for 'no lost time injury reports', for example, encourages workplaces to 'hide' any injuries that occur
- Extend current incentives to reward workplaces that are able to demonstrate the effectiveness of their health and safety practices through reductions in illness and injury rates. ACC could, for example, provide rebates for such workplaces
- Motivate small to medium sized businesses by raising the threshold for premium discounts in ACC's proposed incentive scheme for small businesses, particularly if employers are required to bear greater health and safety compliance costs
- Provide new incentives that will encourage workplaces to undertake initiatives such as: provide health and safety programmes in homes and other settings in the wider community; implement programmes that focus on health-related issues; undertake research and development in health and safety; assist employers to develop systems for identifying when incidents and errors occur and the benefits of minimising or eliminating them. These incentives could include direct incentive schemes such as experience rating.

### ***Effective regulation***

Submitters endorse the approach the Strategy takes to setting and enforcing standards, particularly the emphasis on regulators co-ordinating their efforts as it is anticipated that this will minimise compliance costs and ensure that workplaces with consistently poor health and safety records are targeted.

Submitters make a number of suggestions and comments in relation to effective regulation. These relate to the role of regulatory agencies, the need for regulatory agencies to build collaborative relationships with business, effective communication, alignment with other legislation, and the need for best practice guidelines.

### Regulatory agencies

- Add organisations to the list of key regulatory agencies such as the Energy Safety Service, Ministry of Consumer Affairs and Ministry for the Environment
- Place more emphasis on the government's role as a regulator and enforcer of the law. For example, the government should commit to conducting workplace inspections and administering appropriate penalties until elected union health and safety representatives are empowered to pursue enforcement action
- Regulatory agencies will need to share a common understanding of the purpose of enforcement, and agree on the way in which legislation is to be enforced.

### Relationship building

- Regulators will need to build trust and respect for their work in workplaces and amongst groups that represent employees, as this may assist employers and employees to recognise the benefits of complying with health and safety standards
- Place more emphasis on regulatory agencies encouraging individuals to improve their risk management behaviour by agencies acting as advisors where a person has not been harmed in a workplace incident, and by ensuring that individuals are held accountable for their actions in cases where a person has been harmed.

### Effective communication

- Inform industry sectors about the principles that underpin health and safety standards and the areas that will be focused on in relation to enforcement
- Ensure that the context of any information regulatory agencies share is understood and acted on appropriately.

### Align with legislation

- Wording needs to reflect the HSE Act, which should be the primary statute for workplace health and safety
- Revise and amend industry regulations to reflect progress in the industries, for example, the Abrasive Blasting Regulations were issued in 1958
- Reinforce the importance of controlling the importation and trade of unsafe plant, equipment and materials.

### Best practice guidelines

- Identify priority areas for developing new regulations, codes of practice and best practice guidelines. Involve stakeholders in drafting these new standards, because industry developed standards are more likely to succeed than government developed standards, as industry will 'own' and support the standards they develop
- Rather than develop additional standards and penalties, focus on improving workplaces' health and safety performance by developing best practice guidelines and benchmarks, communicating these in 'plain language' through a range of media, encouraging people to share their experiences of minimising or eliminating hazards, encouraging employers to engage external people identify hazards in workplaces and ensuring that employers are not subject to 'inordinate penalties' which discourage reporting and undermine their ability to provide a more effective safety system.

### Other

- An effective regulation approach will require regulatory agencies to be properly resourced to enforce standards
- Government agencies should contract providers who are accredited by a professional association
- Consider moving towards an 'administrative penalty system' where inspectors identify and impose penalties as an incentive to eliminate the hazard.

# National Priorities

## Introduction

The following ten national priorities account for a significant proportion of all work-related illnesses and injuries. They also reflect a need to focus on emerging issues, and to help businesses and groups of workers who have particular needs or are more at risk. The national priorities tabled for inclusion in the Strategy are as follows:

Significant or emerging hazards	Groups with particular needs
<ul style="list-style-type: none"> <li>▪ Airborne substances</li> <li>▪ Psychosocial factors</li> <li>▪ Manual handling</li> <li>▪ Slips, trips and falls</li> <li>▪ Workplace transport</li> </ul>	<ul style="list-style-type: none"> <li>▪ Small businesses/self-employed</li> <li>▪ Māori</li> <li>▪ Pacific people</li> <li>▪ Young and older people</li> <li>▪ New migrants</li> </ul>

## Key Takeouts

As with the intervention approaches, there is **much discussion in submissions on the national priorities**.

Submitters generally support the proposed national priorities that focus on **significant or emerging hazards** because they reflect current and emerging major potential risks that impact on the New Zealand community. However some submitters (particularly employers and employer and industry associations) are less comfortable with prioritising **groups with particular needs** for the following reasons:

- Health and safety hazards affect all workers, health and safety advice and information must be applicable to the circumstances to which it relates
- The HSE Act requires workplaces to provide suitable communication mechanisms and training for all workers
- Human rights and race relations legislation covers workers' particular cultural needs.

Some suggest strengthening the national priorities by including the **criteria and research evidence** used to select the priorities (researchers and consultants, and unions and employee representatives in particular suggest this). It is also noted that ongoing trend analysis is required to identify improvements (or otherwise) in the illness and injury rates for each national priority.

Others suggest that rather than having national priorities, it may be more useful for **industry sectors to identify their own priorities** based on industry-specific illness and injury data (industry and employer associations in particular make this comment).

Some also suggest fine-tuning the list of national priorities by **regrouping the priorities** under headings such as 'health', 'safety', 'target groups', or according to key indicators for reducing workplace illnesses and injuries (this suggestion particularly comes from central government organisations), or **reordering priorities** based on importance.

Of the national priorities '**psychosocial factors**' causes the most debate and results in very divergent views. Industry and employer associations in particular believe that psychosocial factors (particularly stress) should not be a national priority because they are subjective experiences which are hard to define and measure, and may be caused by factors that are outside the direct control or influence of workplaces. Psychosocial factors should only become an employer concern if they are brought to the employer's attention and are within his or her power to control. Others however (particularly DHBs and public health services) welcome the inclusion of psychosocial factors because it acknowledges the effect that these factors may have on workers' health and safety, such as contributing to musculoskeletal conditions.

## Specific Comments, Suggestions and Additions

The following specific comments and suggestions are raised in relation to each national priority listed under 'significant or emerging hazards' and 'groups with particular needs'. They mainly relate to clarifying the intent of the priority, defining key concepts to avoid incorrect interpretation, and wording enhancements. Submitters also suggest a few additions to each of the proposed lists to ensure a future focus and the inclusiveness of all workers.

### Significant or emerging hazards

#### Airborne substances

- Clarify the priority's intent and wording. The term 'other illnesses', for example, is open to broad interpretation
- Remove 'asbestos' and 'environmental tobacco smoke' from examples of airborne substances because legislative changes, such as the forthcoming ban on smoking in bars, have minimised the impact of these substances
- Include examples of airborne viruses and bacteria as these may cause workers to become ill, and consult with health providers to address issues associated with preparing for 'outbreaks' of airborne illnesses such as SARS
- Acknowledge that increased monitoring of airborne substances will require training more people to perform this task and purchasing more monitoring equipment.

### Psychosocial factors

- Define 'high workloads' and 'violence' as 'psychosocial work factors' in order to emphasise the link between these factors and the workplace
- Clarify how 'occupational disease' (particularly stress-related illness) is to be defined, identified and addressed, as government regulations and standards need to be clear to employers (especially those covering work-related illnesses)
- Rename 'psychosocial factors' as 'psychological focus' in order to encompass a wider range of issues such as psychosocial factors, and factors associated with workplaces' ethos and environment
- Remove 'violence' and create a new national priority named 'violence and aggression' because the latter appears to be an emerging hazard in a wide range of industry sectors
- Recognise the risk from 'intimate partner violence' in the workplace, for example harassing phone calls, stalking, or physical violence on worksites. Recognising such violence will contribute to making workplaces safer (especially for women) and therefore more productive.

### Manual handling

- Focus needs to be on work tasks where there is a risk of serious harm.

### Workplace transport

- Change 'workplace transport' to 'workplace vehicles' to include on-road and off-road vehicles
- Remove 'place' from 'workplace', because 'place' infers semi-static vehicular movements such as transporting miners underground. These vehicular movements exclude workers who injure themselves while driving work vehicles on roads, and the potential risk of such injuries should be covered in the Strategy
- Acknowledge that workers in rural areas may require specific skills to operate vehicles such as four wheel drives and quad bikes. This raises the issue of whether these workers need specific training in operating vehicles used in rural areas.

### Slips, trips and falls

- Greater sense of individual responsibility for injury prevention amongst workers will help to minimise the risk of injuries due to slips, trips and falls.

### Suggested additions to significant or emerging hazards

- Sun protection (particularly for outdoor workers) in order to reduce the incidence of skin cancer
- Conditions and substances that impair workers' ability to perform their duties safely, for example stress, fatigue, alcohol and drugs
- Hazardous contact substances that might injure workers, such as oils and chemicals
- Emerging illnesses because this reflects the Strategy's focus on health
- New technologies as the Strategy needs to emphasise risks associated with technological developments

- Traffic (mobile plant) management, and safe access to worksites (for example guarding, interlocks and isolation for maintenance), because these are areas of potential risk for industry sectors such as manufacturers
- 'Health monitoring' in order to address the health impacts of agents that are not airborne, such as personal hygiene.

## **Groups with particular needs**

### Small businesses/self-employed

- Rewrite the explanation of why small businesses and self-employed workers are identified as a group with a particular need, because the current explanation implies that this group is 'less able' to manage health and safety issues in the workplace, or has 'greater difficulty' doing so. Rather, these groups are more resistant to change, or choose to prioritise other operational activities above risk management
- Provide research evidence for the Strategy's claim that small businesses and self-employed workers are harder to influence through incentive programmes and regulation.

### Māori and Pacific peoples

- Develop mechanisms that accommodate Māori and Pacific peoples' cultural needs, whilst sending strong health and safety messages to these groups (i.e. avoid 'diluting' or 'losing' these messages in politically correct language and strategies).

### Young and older people

- Focus more on older people's specific needs in relation to injury prevention (particularly the risk of older people injuring themselves when performing manual handling tasks)
- Focus on workers' lack of work experience (i.e. new workers) rather than their age, because workers' unfamiliarity with workplace operations is likely to put them at greater risk of harm than their age.

### New migrants

- Focus on new migrants more, because there is anecdotal evidence that some workplaces will not employ migrants due to health and safety reasons, such as the inability to read warning signs. However, some New Zealand born workers may also have low literacy levels and pictograms could be used in warning signs
- Clarify the extent to which new migrants' potential risk of harm is due to low levels of literacy, communication problems, and workers not reading the health and safety information that workplaces supply to them
- Provide health and safety information to migrants when they enter New Zealand, so that they have some knowledge of risk management prior to entering workplaces.

Suggested additions to groups with particular needs

- Workers who also care for children, because they need to maintain an appropriate work life balance in order to provide good care for the next generation of workers
- Members of the wider community, to ensure that they are aware of impact that workers' beliefs, attitudes and behaviour have on workplace health and safety
- Casual workers as they are unlikely to be familiar with workplaces' health and safety practices, and those who work more than 40 hours per week in multiple jobs because they are likely to suffer from fatigue which may impair their ability to perform their tasks safely
- Those who work in high risk industries
- People with disabilities.

**Additional Comments on Priority Areas**

A few additional one off comments are made on priority areas. They relate to consideration of the workplace environment, the need for consistency of look and feel and risk assessment processes for all priorities, the need to include priorities as part of health and safety training, and replacing hazards with health and safety issues.

- Consider the effect that the 'workplace environment' has on each of the hazards and groups identified as a national priority. For example, the availability of high calorie food in the workplace may contribute to weight gain, which in turn may lead to illnesses such as diabetes
- Present each national priority in a consistent format and develop consistent risk assessment processes, as this will aid workplaces to implement strategies that address any identified risks
- Health and safety training should treat each national priority as an integral part of a healthy and safe workplace, as this will establish a workplace culture of managing risk which will have a flow on effect in the home and wider community
- Replace hazards with health and safety issues based on major workplace and demographic trends such as the aging of workers, the increase in multi-cultural workplaces, and the increased use of drugs and alcohol in society.

# Delivering the Strategy

## Implementation

### *Introduction*

The final strategy will be accompanied by an Implementation Schedule for the initial 2005/06 year. This is likely to involve a process of social dialogue, with a focus on promoting increased awareness of the Strategy in workplaces and among stakeholders, communities and all levels of government.

The implementation schedule will also identify key activities being undertaken by government agencies to progress aspects of the Strategy. These will be selected to support the achievement of medium-term outcomes, with the national priorities used, when necessary, to target activities associated with the outcomes.

### *Key Takeouts*

There is a general perception that the **success of the Strategy will depend on the way in which it is implemented in workplaces**. Consequently submitters are **keen to be actively involved** in the Strategy's implementation and identify a range of issues they believe need to be considered when implementing the Strategy including:

- Establishing buy-in to the Strategy through the development of **collaborative working relationships**
- Developing a **multi faceted approach** that is not a 'one size fits all' solution to business
- Ensuring thorough and well considered **planning**
- Ensuring appropriate **funding, support** and adequate **timeframes** for delivery
- Creating an **environment** in which the Strategy will be well received
- Raising **awareness and understanding** in workplaces of health and safety issues
- Ensuring the most appropriate **people and organisations** are involved in delivery
- **Assist industry** to take the charge in developing its own work priorities.

## **Specific Comments**

Specific comments in relation to these key takeouts are listed below:

### **Ensuring collaborative working relationships**

- Gain 'buy-in' from key stakeholders, such as government agencies (particularly regulatory agencies), non-government agencies, industry sector groups and community groups.
- Establish collaborative working relationship with stakeholders, which will:
  - Raise stakeholders' awareness of the Strategy and encourage them to take ownership for leading its implementation over the long-term
  - Enable the Department of Labour to utilise stakeholders' expertise and skills to deliver the Strategy to their constituents. Submitters believe that using stakeholders as conduits for implementing the Strategy will increase workers' and community members' commitment to it because, for example, industry sector groups are able to reach all of their constituents and position the Strategy in a way that helps them recognise the moral and economic benefits of workplace health and safety
  - Allow the Department of Labour to co-ordinate stakeholders' risk management activities, which in turn will help to achieve the Strategy's outcomes and intervention approaches (such as collecting comprehensive health and safety data) without creating additional compliance costs that have no associated benefits.

### **Develop a multifaceted approach**

- Developing a multi-faceted approach to implementation that accommodates the needs of various groups, thereby enabling the people implementing the Strategy to provide practical assistance to these groups (particularly small to medium businesses, workers from various cultures, workers with low levels of literacy and workers with varying learning styles).
- Tailor approaches and associated compliance costs to businesses' size, needs, degree of risk in terms of workplace hazards, and health and safety performance record. The approach may include strategies such as making injury prevention data available to workplaces so they can understand the issues, keeping processes simple and easy to use, making initiatives behaviour-based rather than compliance-based, having an 0800 call centre to answer questions about health and safety, reviewing ACC payments, developing networks to supply information to workplaces (particularly small to medium businesses) and teaching health and safety in schools.

### **Undertaking through planning**

- Develop an action plan that sets out how the Strategy' outcomes will be achieved, who will be responsible for taking required actions and the timeframes in which the actions will be taken
- Develop a research agenda as part of the Strategy's implementation phase.

### **Ensuring an appropriate level of funding and support and adequate timeframes**

- Provide workplaces with the funding and support they need to introduce the Strategy successfully, such as providing funding for equipment that will minimise or eliminate workplace illnesses and injuries.
- Give workplaces realistic timeframes for attending meetings to learn about the Strategy, and for considering how it will impact on their policies, operational activities and budgets (DHBs and public health services in particular make this comment).

### **Creating an environment in which the Strategy will be well received**

- Foster a positive perception of OSH amongst workplaces because some workplaces may fail to report work-related illnesses and injuries due to the perceived threat of punitive action
- Develop a health and safety culture in which people take personal responsibility for risk management in the workplace and wider community, as this will help to integrate health and safety into New Zealand society, which in turn may reduce the number of illnesses and injuries in the workplace
- Promote occupational safety and health as an important issue to the wider community and provide government agencies (for example OSH) with sufficient resources to implement the Strategy
- Heighten the importance of workplace health and safety by including associated standards in all aspects of business law and legislative requirements
- Take a proactive approach to implementing the Strategy as this will ensure that improvements in workplaces' health and safety performance are sustained over the long term. This may involve improving access to 'pro-active health and safety initiatives' (such as providing equipment for people returning to work) by, for example, addressing the anomaly between what is recognised and covered under the HSE Act and what is claimable under the ACC Act. It may also include providing incentives for workplaces that currently have good health and safety records, and/or that proactively establish a culture based on health and safety.

### **Raising awareness and understanding in workplaces**

- Target industries and groups with high rates of workplace fatalities and serious injuries in order to improve their health and safety performance. This could, for example, be achieved by providing action-based programmes that workplaces can use to deliver effective health and safety initiatives
- Initially focus on assisting businesses to recognise that health and safety is beneficial, and on aligning government agencies' workplace health and safety roles and activities (i.e. medium-term outcomes 1a and 3a). The national priorities 'manual handling' and 'slips, trips and falls' should also be addressed first in order to prevent injuries from these hazards
- Raise workplaces' awareness and understanding of the Strategy through 'positive communication' as this will foster workplaces' support and commitment to it (i.e. avoid positioning the Strategy as 'just another bureaucratic requirement' that workplaces must comply with)
- Promote collective agreements as a tool for effectively delivering the Strategy in unionised sites.

### People/organisations to implement Strategy

- More appropriately trained and skilled people will need to be available to take a proactive approach to assisting workplaces to implement the Strategy, because currently there is an insufficient number of people such as OSH staff, ACC Injury Prevention Consultants and ERMA staff, particularly in small towns and rural communities
- Allocate implementation duties to individuals best suited for those tasks and identify the agency that will take enforcement action against workplaces that fail to implement health and safety policies and procedures
- Nominate one agency (for example ACC, or a Health and Safety Council) as the key driver for coordinating the implementation of injury prevention initiatives in New Zealand
- Acknowledge the need for a tripartite OSH Commission through which social partners (employers and unions) can oversee and transact standard setting and government initiatives.

### Assisting industry sectors to develop own work priorities

- Assist each industry sector to develop its own health and safety priorities, strategies and implementation plan because workplaces are more likely to 'own' and support initiatives that are targeted to their needs.

## Monitoring, evaluation and review

### *Introduction*

The Department of Labour will monitor progress with the Implementation Schedule and report to the Associate Minister of Labour. Reports will also be made available to the public.

The Department will work with the Statistics New Zealand Injury Information Manager and workplace health and safety experts, to identify valid and reliable indicators for measuring progress towards achieving the Strategy's vision and outcomes.

The Strategy will be reviewed after five years.

### *Key Takeouts*

Submitters mention that **monitoring, evaluating and reviewing the Strategy's effectiveness over the long term, and providing regular reports to businesses, is vital** for ensuring that workplaces continue to improve their health and safety practices.

Submitters comment on the need to:

- **Inform and involve stakeholders** to ensure 'buy-in' to the monitoring and evaluation process, and workplaces can learn from the findings
- Ensure appropriate measurement **methods and tools** that link with the NZIPS and align with HSE legislation, and support a 'learning environment'
- Have **performance indicators** that are positive and meaningful

- Collect **useful and meaningful information** that will inform the future direction of the Strategy
- Ensure appropriate **timeframes** for the review.

### **Specific Comments**

Specific comments in relation to these key takeouts are listed below:

#### **Informing/involving stakeholders**

- It will be important to inform stakeholders (particularly small to medium businesses and professional associations) about the monitoring and review process, and include them in that process
- Have appropriate mechanisms for sharing evaluation data with stakeholders and provide them with information about the Strategy's effectiveness
- Monitor the progress towards the Strategy's outcomes and inform workplaces when they have met the required standards, so that workplaces do not continue investing in health and safety to the detriment of productivity
- Consider the extent to which employers will be involved in monitoring and reporting on their workplace's health and safety performance, because this has implications for employers' workloads.

#### **Methods and tools**

- All methods and tools for measuring the Strategy's effectiveness should: link with NZIPS's measures that cover the costs of injury and ill health for the whole population; reflect the Strategy's commitment to the HSE Act; and support an environment in which workplaces are comfortable about sharing information with one another (i.e. continually raising standards may lead to competition and limited information sharing between organisations).

#### **Performance indicators**

- Include positive performance indicators in the Strategy. For example, reducing the number of working days lost to work related illness by x% by 2010, or recording workplace actions that reduce risks of harm to workers with disabilities
- Review the indicators that are used to measure progress towards the Strategy's vision and outcomes throughout the implementation process, to ensure that they are actually measuring progress
- Add an indicator that measures progress towards ACC providing work-related information to employers, including the total cost of all claims (i.e. medical fees and open claims where the employment relationship may have been terminated).

### **Monitoring and evaluation needs**

- Monitor the impact of funding for health and safety strategies, and any associated compliance costs, on small to medium sized businesses and the wider community
- Undertake longitudinal studies that look at trends in work-related illnesses because these are difficult to identify in the workplace
- Analyse data from the Strategy's evaluation with non-work data to gauge the "long term community cost effects of work systems with significant areas of non sustainability"
- Provide sound research and evidence about the strengths and weaknesses in workplaces' current health and safety systems, and the barriers to improving their performance.

### **Review timeframe**

- One submitter recommends reviewing the Strategy at the end of two rather than five years. Another believes however, that the five year timeframe may be too soon, especially for developing a workplace quality culture.

## Other Comments

Submitters took the opportunity to give feedback on other components of the Strategy including the Strategy's principles, Stakeholder and Government Advisory Groups, terms used in the Strategy, effective communication, alternatives to the Strategy, and additional one off comments.

### ***Strategy's principles:***

- Use the New Zealand Injury Prevention Strategy's ten objectives as the starting point for the Strategy
- Place the aims and principles of the HSE Act at the core of the Strategy
- Clarify some of the Strategy's principles (for example 'participation')
- Emphasise 'line management OSH leadership' in the Strategy's principles, or when referring to ACC's financial incentives
- State in the principle titled 'prevention' that prevention is 'always' rather than 'usually' the most cost effective way of addressing workplace health and safety.

### ***Stakeholder Group and Government Agency Group:***

- Include a greater diversity of representatives on the Stakeholder Group (for example self-employed people and small businesses). Provide information about the members' backgrounds as there should be a mixture of university trained people, workers who have learnt 'on the job' and been promoted in organisations, and 'blue collar workers'
- Include the Ministry of Economic Development on the Government Agency Group.

### ***Terms used in the Strategy:***

- Rename the Strategy to 'Occupational Health and Safety Strategy' because 'Workplace' has connotations of referring only to large scale industrial and commercial settings
- Add 'the ability of work to provide individuals and the nation with economic and social benefits' to the reasons why the workplace is an important context for health and safety on page 2 of the Strategy
- Expand the reference to 'unions' in the list of individuals and organisations the Strategy is for (page 3), to include other representatives of employees
- Redefine the existing terms in the glossary and add terms (for example 'paid work' and 'unpaid work')
- Replace 'workers' with 'employees' because the term 'workers' should refer to all people involved in carrying out work activities (for example, employees, managers, self-employed people, contractors)
- Include the concept 'tripartism' and the associated words and processes
- Demonstrate a greater understanding of occupational health and process safety in the Strategy's wording.

**Effective communication:**

- In order for the Strategy to have widespread appeal and support, submitters suggest that it needs to be written clearly, concisely and use words that people with lower literacy levels are able to understand. This will be particularly important for implementing the Strategy.

**Alternatives to the Strategy:**

- Consider placing greater emphasis on educating the general public about the importance of risk management rather than developing a Strategy for workplaces, because the number of non-workplace accidents exceeds the number of workplace accidents
- Develop clear, easily accessible information, workable advice and practical assistance for all employers, employees and the wider community rather than a Strategy, because workplaces are aware of the importance of having good health and safety strategies, and are responding well to current initiatives.

**Other comments:**

- The socio-economic determinates of health are not referred to in the NZIPS
- Concern that a change in Government may lead to legislative changes in health and safety practice and implementation
- Concerns around audit procedures and compliance with regard to Australian retailers operating businesses in New Zealand
- Consider the effects that the new Primary Health Organisations (PHOs) will have on workplaces (for example, PHOs are adopting responsibilities as employers, which is changing the role of general practitioners as employers)
- Discourage the loan of personal protective equipment (PPE) to staff for use outside the workplace, because employers may be prosecuted for a workplace accident if workers have left their PPE at home
- Use the report from NOHSAC to inform the Strategy
- Focus on the extent to which the contracting environment, in which organisations conform to the lowest price, affects health and safety
- Include data that supports the statement that “Workplace health and safety is often seen as costly and an imposed compliance issue, rather than as a positive investment in the business.” (Page 6 of the Strategy).
- Explore possible risks and threats to health and safety in the future
- Make reference to the New Zealand Transport Strategy, New Zealand Disability Strategy.

## The Way Forward

The consultation findings provide some valuable insights for moving forward. These will need to be considered in the context of wider information available to the Project Team.

While there are many suggestions to consider in relation to further refining the Strategy, a focus on the following main suggestions would considerably enhance the Strategy. These are:

- Making reference in the introduction of the Strategy to key relevant legislation (for example, the HSE Act, the Human Rights Act 1993), and ensuring that key concepts and terms align with such legislation
- Linking more closely with the NZIPS in the introduction section of the Strategy document, to ensure it is grounded in the wider context of injury prevention
- Carrying key themes throughout the Strategy (for example, linking health more clearly in the vision and the outcomes)
- Providing clearer evidence to substantiate the priority areas, in order to provide stakeholders with more confidence in their selection
- Having a greater focus in the Strategy on small and medium businesses, as well as ensuring the Strategy refers to the full range of people and groups affected by the Strategy, for example the self-employed, non paid workers, those in high risk industries, precarious and casual workers, rural people, people with disabilities, workers working with children, Maori, Pacific peoples and unions
- Giving greater weight to employees' and the wider communities' responsibilities in relation to health and safety in the workplace, as these groups are deemed critical to effective health and safety
- Ensuring balanced reference to health and safety representatives, particularly under Outcome 1
- Giving greater acknowledgement of the good work done to date in the area of health and safety management
- Ensuring greater reference is given in the Strategy to the need for effective collaboration and coordination, communication, planning and prioritisation, as well as signalling commitment from Government to adequate funding and support in terms of the Strategy's delivery.

# Appendix

## List of Submitters

**Table 2: List of Submitters**

Submitter category	Submitters
Industry or employer organisations	Boating Industries Association of New Zealand Incorporated Business New Zealand Electricity Engineers' Assn of New Zealand Inc Employers and Manufacturers Association (Northern) Inc Federated Farmers of New Zealand Hospitality Association of NZ Meat Industry Association of New Zealand Motor Trade Association (Inc) NZ Abrasive Blasting Association Inc New Zealand Building Industry Federation New Zealand Retailers Association NZ Roadmarkets Federation Inc Recruitment and Consulting Services Association Ltd Road Transport Forum NZ Inc Roding New Zealand Small Business Advisory Group
Employers	Comalco NZ Coverstaff CSR Limited Feltex Operations Ltd Massey University Methanex NZ Ltd Spotless Services (NZ) Ltd Telecom Corporation of New Zealand Ltd Toll Consolidated Ltd Turners & Growers
Central government organisations	Department of Child, Youth and Family Service Department of Conservation Department of Corrections Human Rights Commission New Zealand Qualifications Authority Sport & Recreation NZ (SPARC) State Services Commission Transport Accident Investigation Commission

**Table 3: List of Submitters (continued)**

Submitter category	Submitters
Local and regional government organisations	Canterbury Regional Council Dunedin City Council Invercargill City Council Marlborough District Council South Waikato District Council Wanganui District Council Wellington City Council
District Health Boards and services	Auckland Regional Public Health Service Canterbury District Health Board Hawke's Bay District Health Board MidCentral District Health Board Southland District Health Board Taranaki District Health Board
Volunteer/not for profit organisations	Action on Smoking and Health "ASH" Cancer Society of New Zealand Concerned Caregivers Head Injury Society of New Zealand Inc Kidsafe Taranaki Trust Spectrum Care Trust
Professional associations	NZ Institute of Safety Management New Zealand Society of Physiotherapists Inc Occupational Health Physiotherapy Special Interest Group of the New Zealand Society of Physiotherapists Inc Royal New Zealand College of General Practitioners
Unions	Engineering, Printing and Manufacturing Union New Zealand Council of Trade Unions New Zealand Nurses Organisation
Researchers and consultants	At Work Limited Centre for Human Factors and Ergonomics (Note: part of Massey University) Individual researcher, University of Auckland

## Government Agency Group

The Government Agency Group comprises representatives from the following agencies:

- Accident Compensation Corporation
- Civil Aviation Authority
- Department of Labour
- Environmental Risk Management Authority
- Land Transport Safety Authority
- Maritime Safety Authority
- Ministry of Health
- Ministry of Pacific Island Affairs
- New Zealand Police.

## Stakeholder Group

**Table 4: Stakeholder Group Members**

Member	Nominated by
Mike Aberhart	Road Transport Forum
Carl Ammon	Department of Labour to represent an industry training perspective
Alison Beswarick	New Zealand Occupational Health Nurses Association
Karen Fletcher	New Zealand Council of Trade Unions
Melissa Haskell	Local Government New Zealand
Irene King	Aviation Industry Association
No'ora Samuela	Department of Labour to represent a Pacific Island perspective
Parekura White	Te Puni Kokiri
Ross Wilson	New Zealand Council of Trade Unions
David Wutzler	Business New Zealand

## Workshops and meetings

**Table 5: Workshops and meetings facilitated by the Project Team**

<b>Date</b>	<b>Workshop/meeting</b>	<b>Region</b>
2 September 2004	Agricultural Health and Safety Council	Wellington
2 August 2004 and 28 October 2004	Site Safe New Zealand, and the Construction Industry Council Presidents Meeting	Wellington
7 September 2004	On-hire Employment Services Health & Safety Forum	Wellington
10 September 2004	Representatives of Te Runanga o Ngai Tahu	Christchurch
27 September 2004	Union officials convened by the NZCTU	Wellington
4 November 2004	Pacific Community Reference Group	Wellington