



Review of the Workplace Health and Safety Strategy for New Zealand to 2015

SUMMARY OF WRITTEN SUBMISSIONS

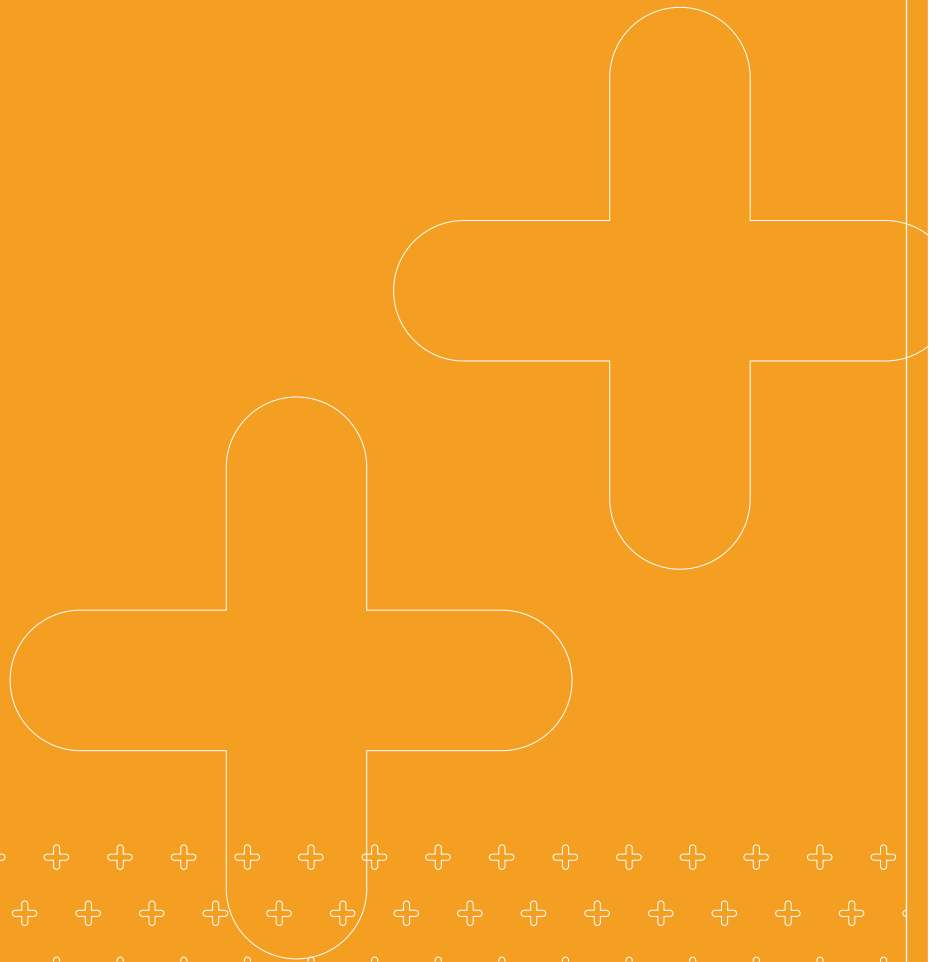


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1. INTRODUCTION

The Workplace Health and Safety Strategy to 2015 was launched in June 2005, with the intention to review it after three years of implementation.

The first review of the strategy was conducted over the first half of 2009. It involved a series of consultation activities, including public events in Auckland, Wellington, Christchurch and Dunedin, consultation with agencies, and in-depth interviews with a range of health and safety experts and practitioners.

In addition, written submissions were encouraged and a total of 58 submissions were received. Numerous organisations or individuals that attended the public events also provided written submissions.

The tables and charts below provide a summary of written submissions by type of individual or organisation, by sector and by geographic distribution. In summary, there was a good spread in each of the categories. Geographically, Wellington and central government were over represented.

In terms of types of organisations, while there was good representation of sector groups, employee organisations and government, there were relatively submissions from employers.

Nearly a third of submissions were from individuals/employees. This includes a small number of individual submissions from departmental staff, which have been included in the analysis.

Similarly, in terms of industry representation, although submissions were received from a good range of sectors, central government and the health sector were over represented.

This did not surprise the reviewers, as sector and specialist groups have tended to engage most readily with the strategy.

Our analysis of submissions

Submissions were invited in response to four general questions. In this summary we have recorded the responses to each of these questions, and according to each to the strategies four areas of focus, i.e. leadership, capability, knowledge, and infrastructure.

The summary attempts to show a consistency of views, rather than describing individual submissions in detail, or attempting to give a complete description of all submissions.

In describing comments or proposals for improvement, it therefore describes a commonality of response, rather than addressing the merits or otherwise of individual submissions. Similarly, the summary does not generally distinguish between, or refer to the type of submitter making a comment or suggestion, i.e. individual vs employer or union etc. Instead, it describes each individual

submission at face value and gives weight to recommendations or criticisms only according to the numbers received.

This method was chosen as most fairly representing the range of views of a committed but otherwise sometimes divergent group of submitters, and given the relatively small number of submissions received.

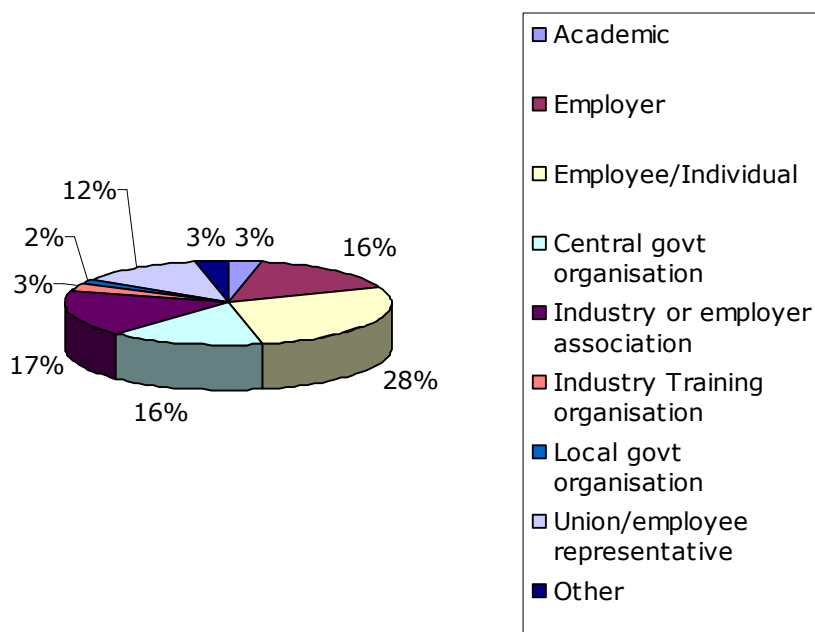
Individual submissions are referred to by numbered lists only, and are itemised at the end of the report.

Table 1: Submitters by type

Academic	2	3%
Employer	9	16%
Employee/individual	16	28%
Central govt organisation	9	16%
Industry or employer association	10	17%
Industry training organisation	2	3%
Local govt organisation	1	2%
Union/employee representative	7	12%
Other	2	3%
Total	58	100%

NB: No submissions from Maori or Pacific Island groups

Chart 1: Submissions by Type



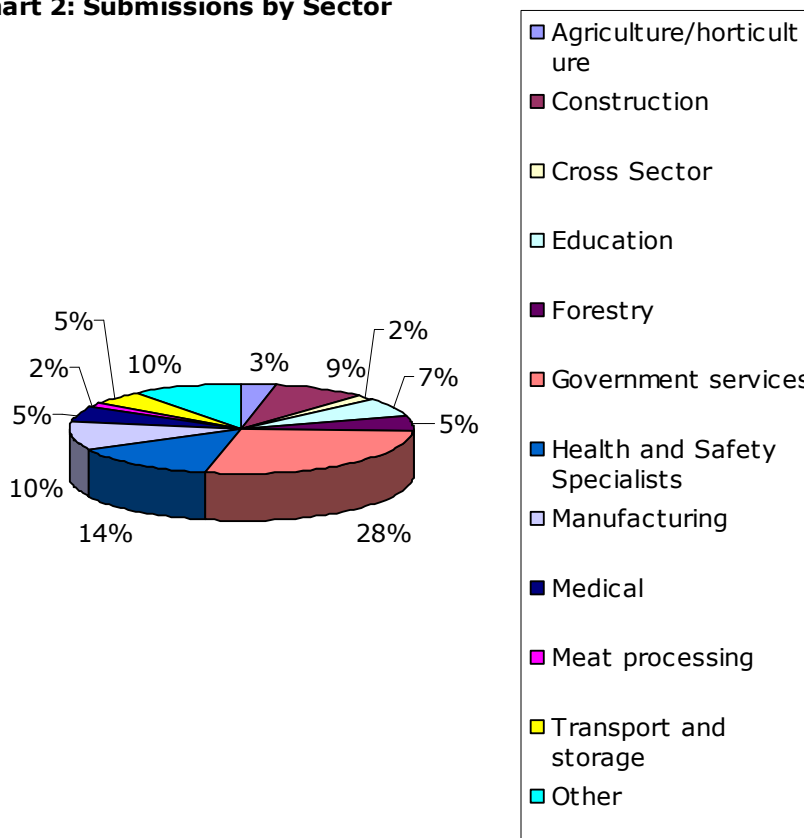
This pie graph is based on the data from Table 1, and illustrates the percentage distribution of submissions received by type of submitter.

Table 2: Submitters by Sector

Agriculture/horticulture	2	3%
Construction	5	9%
Cross Sector	1	2%
Education	4	7%
Forestry	3	5%
Government services	16	28%
Health and safety specialists	8	14%
Manufacturing	6	10%
Medical	3	5%
Meat processing	1	2%
Transport and storage	3	5%
Other	6	10%
Total	58	100%

NB: No submissions from Financial, Retail, Tourism or Comms/IT Sectors

Chart 2: Submissions by Sector



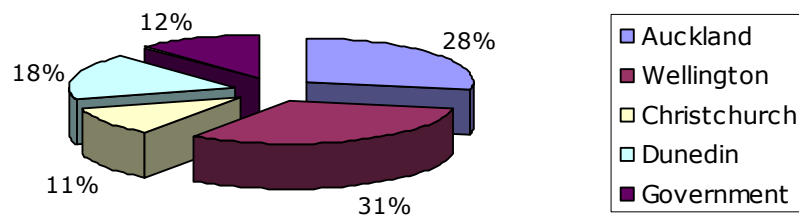
This pie graph is based on the data from Table 2, and illustrates the percentage distribution of submissions received by sector type.

Table 3: Submitters by region

Auckland	16	28%
Wellington	18	32%
Christchurch	6	11%
Dunedin	10	18%
Government	7	12%
Total	57	100%

NB: one submitter from Australia

Chart 3: Submissions by Region (Govt)



This pie graph is based on the data from Table 3, and illustrates the percentage distribution of submissions received by geographical region.

2. SUMMARY OF SUBMISSIONS BY QUESTION

2.1 Responses to question 1: What progress has been made in workplace health and safety in New Zealand over the last 3 years?

51 of 58 (88%) written submissions provided information in response to this first, scene-setting question.

22% of people described local progress and activity in their own workplace, agency or industry when answering this question. Such responses provided concrete examples of 'the Strategy in action', and could be interpreted as a sign that people are making the connection between the overarching framework provided by a national Strategy and their own workplace experience.
Submitters: 12, 25, 29, 39, 45, 47, 48, 50, 53, 55, 57

16% of those responding to the question asserted that little or no progress had been made in their opinion, although some also provided information about specific areas of success.
Submitters: 13, 15, 18, 31, 33, 34, 36, 56

Common themes that emerged are presented below, organised under the four areas of focus.

Leadership

Increased awareness of workplace Health and Safety

Submitters: 3, 4, 6, 7, 8, 9, 14, 16, 17, 18, 20, 23, 24, 25, 26, 27, 28, 29, 30, 32, 34, 36, 37, 38, 44, 56, 57, 58

More than half of the respondents (56%) agreed that general awareness of workplace Health and Safety has increased since the launch of the Strategy in 2005 – for both workers and employees. 8 respondents noted that health and safety is becoming 'the norm', and more integrated into core business rather than being seen as an additional task. 7 respondents noted the role of large business or industry leaders in leading and achieving culture change, in some instances stating that small businesses are still struggling by comparison. The general sense that attitudes are changing is illustrated by this comment from one submitter:

"Employers are beginning to realise the value that a strategic thinking and knowledgeable health and safety professional brings to their business"

Highlighting occupational health and psychosocial issues

Submitters: 12, 22, 28, 35, 37, 41, 50

A group of submitters indicated that the Strategy has gone some way towards raising the profile of occupational health and disease. One noted an apparent increase in reporting of psychosocial issues, potentially indicating raised awareness. Two submitters considered the Department's appointment of an Occupational Health physician at a senior level to be a significant step forward.

An emerging focus amongst some employers on workplace wellness was also seen as a positive move.

Directing the strategy at high risk sectors/hazards

Submitters: 11, 12, 25, 50, 56

A small group of submitters noted that the Strategy has resulted in improved efforts (and associated gains) in particular high risk industries – notably Forestry, Agriculture and Construction, among others. ACC’s Priority Industry programmes are one example in this regard.

Establishment of Workplace Health and Safety Council

Submitters: 35, 37, 42, 43

The establishment of “an overarching strategic high-level body to provide a forum for promoting and discussing health and safety issues” was considered to be an important aspect of the progress under the Strategy by some submitters.

Better collaboration and relationship building

Submitters: 19, 21, 23, 25, 33, 35, 36, 37, 42, 43, 47, 50, 52, 53

A significant group of submitters cited improved collaboration on a number of different levels - between government agencies, between government and industry, within industry, and within workplaces (i.e., between management and employees). A range of activities were provided as evidence (Puatonofu project, Forestry Safety Culture, Construction Safety Focus Group in Taranaki, partnership reference group forums), as well as general statements of acknowledgement:

“acknowledge the key support in providing opportunities for cross sector and interagency collaboration, sharing and problem solving by the ACC as well as the Department of Labour ... these opportunities are essential to the efficient introduction of safe and innovative practice.”

Capability

Health and Safety representative training

Submitters: 5, 12, 22, 23, 28, 29, 35, 37, 42, 43, 44, 50, 58

There was strong agreement that the training provided to approximately 25,000 health and safety representatives was a key area of progress under the Strategy, with one submitter also noting mandated employer’s provision of time to attend such training as a critical advance in achieving the desired outcomes.

Industry-specific initiatives and programmes (e.g Sitesafe and Operatesafe)

Submitters: 30, 38, 40, 42

A group of submitters noted initiatives and programmes tailored to the needs of specific high risk sectors in their response to this question. However, some respondents qualified this by outlining implementation difficulties, particularly for smaller businesses.

Making links between H&S and productivity

Submitters: 3, 43, 50

Work demonstrating the links between effective health and safety and higher workplace productivity was cited as progress by a small group of submitters.

Knowledge

Increased access to (and development of) resources to support H&S

Submitters: 12, 17, 19, 22, 24, 27, 28, 29, 30, 35, 38, 43, 50, 52, 53, 55

A range of resources and tools (from government agencies as well as industry-generated) to provide key information and/or support businesses to meet their obligations were commonly noted in submissions answering this question.

Publications, online tools, web information and contact centre assistance were mentioned, although the latter received somewhat qualified support in one instance. Being able to access guidance material via the web rather than having to request hard copy publications was seen as an advantage, although some questioned whether the "mountain" of information available was helpful to the end user.

Acknowledgement of successful initiatives and excellent practice

Submitters: 22, 28

Providing support and sponsorship to Health and Safety conferences and the annual Safeguard awards helps to raise the profile of Health and Safety by recognising excellence. Although this was mentioned by only a small number of submitters, it is linked to the common theme noted earlier under leadership about raised awareness.

Infrastructure

ACC levy discount programmes have provided a strong incentive to improve H&S practices

Submitters: 4, 5, 22, 23, 24, 28, 30, 34, 38, 52, 58

Programmes offering a reduction in ACC levies in exchange for evidence of health and safety systems and processes were seen by a number of submitters as being a key mechanism in affecting change in businesses. However, three submitters offer qualified support in this regard, citing difficulties for small businesses, a need for expansion to other industries, and issues of quality assurance:

"The ACC audit system does not give us total confidence as we have been presented with Tertiary level ACC WSMP certificates from companies who we find have poor on site systems and performance. This indicates that all the information has been provided for the auditor on the day of audit but has not followed through in the intervening years by continuing use of the systems presented at audit."

Deterrence and profile raising effect of enforcement

Submitters: 12, 14, 18, 25, 52

Some respondents pointed to the effects that high profile prosecutions and a higher level of fines have had – on public awareness as well as on the behaviour of business, as illustrated by the following comment:

"By increasing fines, employers are more likely to take this into consideration in determining how much their spend is towards improving safety at the workplace. Therefore the positive spin off has been that there has been greater investment into safety improvements in the workplace."

2.2 Responses to question 2: What is working well and should be continued or expanded?

50 of the 58 submitters (86%) provided a response to this question. Unsurprisingly, many of the responses to this question are closely aligned to those of the first question, as people generally felt that activities identified as progress were also working well and should be continued or expanded.

Common themes that emerged are presented below, organised under the four areas of focus.

Leadership

Utilising and continuing the NOHSAC research legacy

Submitters: 9, 22, 28, 43

Some submissions noted the wealth of knowledge gained about health and safety from research undertaken by NOHSAC in years past, and urged that this knowledge be utilised and expanded on to improve health and safety outcomes.

Inter-agency collaboration

Submitters: 47, 48, 53, 55

The continuation and expansion of collaboration between government agencies to achieve common goals in the health and safety space and reach a wider audience was a common theme among submissions received from other government agencies.

Balancing proactive and reactive inspector functions

Submitters: 5, 14, 25, 29, 39, 52, 57

Feedback about the role of the department's inspectorate covered a range of views. Some submitters felt there should be more advisory visits to business by Health and Safety inspectors with the aim of suggesting and supporting improvements in practice. However, other submitters felt that more enforcement visits were needed in order to affect change. One submitter advocated the introduction of a penalty fine system that inspectors could use in addition to improvement notices, as financial consequences were seen as a powerful motivator that should not only be reserved for prosecutions.

One submitter felt it would be beneficial to 'de-mystify' the inspector's role by providing information to business. The department's recently released enforcement statement 'Keeping work safe' is a significant achievement in this regard.

Appropriate leadership in health and safety from the department

Submitters: 11, 12, 17, 18, 19, 21, 23, 25, 42, 54

A number of responses called for the department to continue leading and working alongside industry to facilitate improved health and safety outcomes. Focus groups and fora such as the safety leadership summit and Construction Safety Focus Group in Taranaki were cited as examples. Specific projects such as that occurring in Forestry were also commended:

"we have a long way to go so it is important that DoL and ACC continue to support our growth both in terms of contributing expertise and funding assistance"

A small number of submitters commented that the department needed to take a stronger leadership stance, presenting clear positions on issues rather than taking a more consultative approach.

Capability

Employee Participation

Submitters: 5, 8, 23, 26, 27, 29, 35, 36, 37, 42, 44, 45, 58

Building on the progress made in the area of employee participation was a common theme. As with question 1, there was strong support for ongoing health and safety representative training. Some submitters recommended that this training be expanded to include managers/supervisors, and that more funding be allocated. 2 submitters advocated an expansion of the role of the health and safety representatives to become an integral part of any investigation undertaken by the department, and to have increased powers in the workplace. Providing more opportunities for health and safety representatives to be part of a wider network, supporting each other and share ideas (beyond training) was also advocated.

There was also a small group of submitters calling for an approved code of practice for employee participation.

Education and training programmes

Submitters: 4, 15, 16, 30, 38, 50, 52, 56, 57

The importance of ensuring that education and training programmes provided participants with a good grounding in health and safety issues was a common theme. Some submitters noted that industry training and apprenticeships were providing this in some instances, and called for it to continue. Other respondents outlined the value of introducing health and safety to students while still at school so they are well equipped to become future workers.

A number of submitters mentioned basic level 'on-the-job' training in particular industries, with Site safe commonly cited. Expanding these programmes to encompass managers/supervisors was seen as a way to increase effectiveness.

Improving capacity in businesses

Submitters: 16, 22, 26, 28, 44, 45

A group of submissions supported encouraging and extending the integration of health and safety through all levels in the workplace – from senior management down.

Knowledge

Resource development and information provision

Submitters: 2, 14, 15, 17, 22, 24, 25, 28, 29, 35, 36, 41, 43, 44, 45, 52, 56

There was a strong theme regarding continued information provision to raise awareness and support businesses to meet their obligations. Some submissions focused on the various 'channels' for communication to be expanded, such as the website, contact centre, social marketing campaigns, regular newsletters/updates for business and reality television programmes. Some submitters noted the

recent development of electronic options for reporting, risk assessment or training as showing promise.

Other submissions were more concerned with specific topics, with suggestions including wearing of PPE, HSNO, the aged care sector, psychosocial issues, and NIHL. Information provided by ACC relating to injury prevention, and safe return to work for injured employees was also mentioned as successful initiatives.

Three submissions stated further guidance was needed about the legal rights and responsibilities relating to employee participation – targeted at both workers and management.

Emphasising occupational health and psychosocial issues

Submitters: 24, 53

Two submissions called for an increased emphasis on occupational health and disease, particularly noise induced hearing loss.

Infrastructure

Making the best use of ACC incentive programmes

Submitters: 15, 23, 50, 56

Building on the incentive effect caused by ACC levy discount programmes was advocated by some submitters. Some suggested these should be measured based on the performance of businesses in reducing injury claims over time, not just processes.

2.3 Responses to question 3: What are the barriers to achieving the goal of 'healthy people in safe and productive workplaces'?

Submitters provided a range of responses to this question, but clear themes emerged.

Leadership

The strategy doesn't give enough emphasis to occupational health and psychosocial issues

Submitters: 2,20,22,23,28,29,36,37,43,44,52,53,54

This was one of the most commented on aspects of the strategy. There were comments received on from all categories of submitters, but particularly from health and safety professionals and unions.

It was commonly stated that, although there was already some emphasis on occupational health and psychosocial issues in the strategy, there needs to be more, as a better reflection of where the hazards and h.

Health and safety professionals commented that the strategy needs to be recast to place more emphasis on occupational health hazards for it to be effective.

There were extensive reference to the prevalence and significance of psychosocial hazards and the impact they have on all aspects of health and safety practices, and even more significantly, workplace cultures in support of health and safety.

The strategy isn't pitched at the right level to encourage engagement across or within the sectors it is seeking to influence

Submitters: 20,29,31,34

A group of submitters expressed the view that the strategy was addressed mainly at government agency level, i.e. not at sector, or hazard level, and as such was pitched too high. They suggested that this made the strategy hard to relate to and to apply meaningfully at the level of sector level, or in individual levels where it is intended to make a difference.

Some suggested that the strategy could be restructured at a level that is more immediate to those expected to put it into place. Various submitters proposed focussing on more sector or hazard specific goals or initiatives aimed at more easily identified workplace harms, rather than the current "high-level" descriptors and goals used by the strategy.

The strategy doesn't set appropriate directions and goals for occupational health and safety

Submitters: 31,34,50,53,54

In general there was agreement on the broad outcomes sought by the strategy, but some submitters commented that at the level below that there was a need for more clearly stated objectives or directions to achieve change.

Some proposed the strategy be phrased as one or more targets or measurable changes in outcomes that agencies and businesses could measure progress against.

Others asked for more direction setting or priorities in terms of the wide range of activities described in the strategy.

The strategy isn't directed at high-risk sectors/hazards

Submitters: 31,40,48,50

Submissions from some health and safety specialists and researchers commented that the strategy is not having an impact on accident and injury rates because it is trying to be "all things to all people, rather than targeting high hazard sectors. They argued that only by reorienting the strategy towards high-hazard sectors would the strategy make the best use of scarce resource and have the greatest impact on accident and injury rates.

The strategy doesn't pay adequate regard to Maori and Pacific populations

Submitter: 49

Te Puni Kokiri made extensive submissions on the need for the review of the strategy to engage more directly with Maori groups and individuals.

There is inadequate funding for the strategy and health and safety

Submitters: 2,7,12,14,22,25,26,29,44

Numerous submitters, particularly unions and health and safety practitioners, referred to a lack of resourcing for both the strategy and occupational health and safety activities generally. Most of these submissions did not clearly differentiate between funding for the strategy and funding available to agencies and sectors to implement the health and safety strategy or specific programmes or initiatives.

Governance issues

There was little comment on or criticism of the strategy's governance structure. From this we conclude that the administrative arrangements and processes in place for the strategy are not as seen as an obstacle to its effectiveness. There was, however, extensive commentary on the need for the department to take a more active role in leading the strategy.

The Department of Labour needs to take a more active role in leading the strategy

Submitters: 24,26,33,38,42,58

The important leadership of the role of the Department of Labour in leading the strategy was commented on indirectly or in passing in many submissions. Some were critical of the level of leadership shown by the department and its management, and others suggested that there needs to be better alignment between the department's programmes and interventions, and the goals of the strategy.

Some suggested that there was a confusion of roles between the ACC and the department in particular, and that this was undermining

No submissions suggested that the department was not the best agency to lead the strategy.

The Department of Labour interventions are not in support of the strategy

Submitters: 3,9,12,14,17,21,24,58

Several submitters commented on the importance of maintaining active enforcement and deterrence policies to underpin the framework, and unions and employees in particular suggested this is of particular importance.

There was some further comment on the need for the department to balance proactive and reactive inspector functions accordingly, and on the need to ensure policy initiatives reach the "coal face".

Employees and unions suggested that inspection rates and the resourcing of the health and safety inspectorate had fallen to an unsatisfactory level, and that this in turn undermined the impetus for employers and others to make improvements in health and safety practice and engage with the strategy.

Capability

Numerous submitters described capability building as a major vehicle for improving workplace health and safety. Similarly, several expressed difficulties or frustration at the strategies not providing meaningful goals or means to improve capability in government, the health and safety sector, or at the enterprise level.

Health and safety representatives are unable to take an active role in the workplace

Submitters: 23,29,35,36,37,42,43,44

A group of submitters said that although there had been a great deal of progress in training health and safety representatives in New Zealand workplaces over recent years, there was a danger that this would not be fully utilised if there was not more encouragement for employers and representatives themselves to make more of employee participation processes in workplaces.

Some submitted that there needed to be additional means provided by legislation or other means, while others proposed incentives and positive messaging to encourage employers to make more use of employee participation.

Three submissions from unions noted that there an approved code of practice for employee participation has not been developed over the first three years of the strategy, and that it should be a priority. They said it would clarify the role of representatives already trained and in workplaces and provide impetus to unions, employers and others to continue to promote effective employee participation in health and safety. (Submitters: 35,37,43)

Some submitters said that employers remain unwilling to involve employees in OHS processes and that direct steps needed to be taken to encourage uptake of employee participation systems (Submitters: 23,37,43,44). However, the majority commenting on the issue referred instead to it being a matter of opportunities not being taken and existing investments in representative training not being taken advantage of.

It was a recurrent theme of submitters to comment that employee participation had been a significant achievement during the first three years of the strategy.

There are no reliable competency standards for health and safety consultants and intermediaries

Submitters: 11,14,18,22,28,56

Businesses, employer organisations and health and safety consultants commented in different ways on the difficulty businesses have in gaining access to reliable advice on health and safety management, the appropriate hazard controls for their workplaces, and the things they need to do to meet their legal duties. This was particularly the case with respect to SMEs.

Reflecting this concern, a number of industry groups and specialists and others able to take a broader view of the sector commented that the lack of a reliable accreditation process for consultants to benchmark themselves against and businesses to use as they purchased consultancy services was a significant impediment to businesses accessing the necessary knowledge and/or services in health and safety.

The role of industry accreditation/endorsement programmes and processes is unclear

Submitters: 11,14,15,38,40,56

There was some uncertainty expressed concerning the place of industry maintained health and safety programmes such as SiteSafe. Some commented that there was confusion concerning these programmes' place in the framework, between the Department of Labour, ACC and individual employers' ability to maintain their own health and safety management initiatives.

There is a shortage of training for managers and supervisors in OHS

Submitters: 4,14,15,20,27,38,45,51,56

A lack of capability at the enterprise level was pinned by some submitters to managers and supervisors, and this was seen as an impediment to, among other things, employee participation, and effective hazard management in workplaces. There was extensive comment on the need for managers and supervisors in businesses to have access to useful and concise education and training to make them more conversant with and comfortable with their health and safety management responsibilities.

Others submitted that there is a need to increase the emphasis on OHS is through education and training programmes outside the workplace (Submitters: 4,8,15,16). Submitters remarked that there were gaps in polytechnic and other tertiary, secondary, and other forms of training and education that were yet to be

filled if people were to enter or re-enter the workforce and be receptive to health and safety.

Workplace cultures do not support improvements in health and safety

Submitters: 20,27,29,32,37,43,44,50,53,56

There was clear recognition among submitters of the need to improve workplace health and safety cultures for any sustainable improvement to workplace health and safety. Some suggested that New Zealanders, and therefore workplaces, have qualities that can work against a positive health and safety culture, and that to make progress the strategy would need to provide additional emphasis on encouraging the workplace attitudes and practices that will sustain positive health and safety cultures.

Smaller businesses have difficulty accessing health and safety knowledge and guidance

Submitters: 1,16,22,23,24,25,28,38,50,51,52

There was extensive reference to the difficulties of SMEs in gaining access to meaningful health and safety knowledge and guidance. Some submitters suggested that there needs to be new materials produced specifically to meet the needs of SMEs, and others emphasised the need to improve their access to health and safety information.

Knowledge

Standards and guidance published by the Department of Labour are often incomplete or out of date

Submitters: 12,13,14,16,22,24,25,26,27,28,32,34, 38,42,52,56,57

There was extensive comment on this subject from all categories of submitters, but there was particular comment from several employers and health and safety practitioners. Numerous submitters said that a lack of up-to-date guidance, approved codes of practice and other standards is a significant barrier to businesses meeting their legal obligations, and as such is a barrier to the implementation of the strategy.

Two submitters referred to a situation where HSNO, HSE and ACC standards and guidance are fragmented and uncoordinated, and said that this was leading to inconsistencies and said that this was a significant barrier to the strategy (submitters: 44,52).

Businesses cannot access information on causes of accidents or solutions to problems or hazards as they arise

Submitters: 2,3,39,40,41

Related to a perceived lack of standards and guidance, some employers in particular referred to a need for information to be made timely information on the causes of accidents as they are made know to the department, and on the steps that employers and others could take to manage hazards in response to this knowledge.

Related to this, several submitters comment that the strategy misses opportunities by not promoting successful initiatives and excellent practice. (Submitters: 16,17,19,22,28)

Businesses cannot access data to benchmark their own performance in OHS

Submitters: 2,17,19,22,26,42,54

There was extensive comment on the lack of data on occupational safety and health performance. Businesses expressed most interest in being able to access data that would allow them to benchmark their own performance. Several submitters referred to deficiencies in this area and said that it was an impediment to workplaces being able to put the strategy into practice.

There is a lack of health and safety surveillance

Submitters: 2,28,31,39,42,54

Health and safety practitioners and agencies, particularly those with a health focus, referred to a lack of comprehensive or even indicative health and safety surveillance data. It was suggested that this meant that while the extent of the problem went unknown was a barrier to the strategy making progress in occupational health in particular.

Businesses need access to information and resources to promote OHS internally

Submitters:8,17,18,21,22,27,28,38,52,56

A common theme from submissions was a failure of the strategy to engage at the workplace level. Employers and others referred not only to the structure and content of the strategy in that respect, but also to a lack of resources for individual workplaces to base their own health and safety promotions and programmes on. They said that failure to provide materials in support of this work created a barrier to progress and prevented the strategy from being more positive and proactive.

Infrastructure

There is confusion about the respective roles of DoL and ACC in the framework

Submitters: 9,21,22,25,28,33,35,42,44

Commenting on health and safety infrastructure, submitters were most likely to refer to the legislative framework and the respective roles of the Department of Labour and the injury prevention functions of the ACC. While there was a considerable number of comments on the importance of the ACC's leading role in workplace injury prevention, several submitters also referred to the confusion between the two and some inconsistency of approaches and resourcing. Some commented that this could lead to ambiguities and inconsistency in enforcement. Others said that it meant injury prevention effort was not applied consistently or effectively.

There remains uncertainty about the enforcement and education roles of DoL (and ACC)

Submitters: 9,11,12,17,24,25,26,28

This issue is significant given the number of submissions that said that the administration of health and safety legislation by the department provided the foundation on which the WHSS is built. It is also related to the relationship between the respective roles of the Department and ACC. Further to this, some submitters said that low levels of enforcement by the Department of Labour undermined the strategy and provided a disincentive for businesses to improve workplace health and safety. (Submitters: 14,20,21,29,38)

HSNO enforcement is not integrated and there are low levels of compliance which undermine progress in health and safety

Submitters: 13,24

Businesses don't have access to timely and relevant information on meeting their legal obligations

Submitters: 13,16,32,38,50

Call centres were described by three submitters as a poor substitute for contact with a health and safety inspector, or were described as providing an inadequate level or quality of information (submitters 15,24,25).

Maintaining the right ratio of inspectors to workplaces, and ensuring appropriate levels of inspection of workplaces

Submitters: 11,15,24,35,37,42,43,44,50,58

Two submitters commented on a lack of clarity caused by aligning the functions of the inspectorate with employment law and processes (submitters 24,34)

2.4 Responses to question 4: What should the current and future priorities for workplace health and safety in New Zealand be?

The basis for many of the suggested priorities is given in the responses to question 3, above. The discussion below is therefore brief and limited to those priorities not arising out of the perceived barriers to improvement discussed there.

Some of the barriers identified in response to question 3 did not lead to matching suggestions for new priorities. One such discrepancy was the significant number of submitters who referred to inadequate resourcing for the strategy or health and safety generally, while no submitters proposed additional funding be provided.

Similarly, a significant number of submitters described deficiencies in various aspects of the Department of Labour's role in workplaces, but few suggested changes to the department's programmes and policies as a priority for change.

Leadership

Three priorities for leadership of the strategy stood out in submissions.

These were, firstly, the need to clarify the strategy's direction and goals, including targeting high-risk sectors or hazards as appropriate. Secondly, to increase the emphasis on occupational health and psychosocial issues.

And, thirdly, to affirm and strengthen the Department of Labour's leadership of the strategy and reinforce it through the department's policies and programmes.

Pitching the strategy at the right level and setting appropriate directions and goals

Submitters: 8,14,22,23,25

Directing the strategy at high risk sectors/hazards

Submitters: 11,29,31,35,37,47,50,53

Building sector and community engagement

Submitters: 11,15,33,50

Increasing consultation with and initiatives aimed at Maori and Pacific populations

Submitter: 49

Te Puni Kokiri submitted on the need to extend the reach of the strategy to include more consultation and engagement with Maori populations.

Utilising and continuing the NOHSAC research legacy

Submitters: 22,36,43

There was concern that the research work completed by the National Occupational Health and Safety Advisory Council is built on through the implementation of its findings to date, or through further research as appropriate.

Improving cross discipline communication in OHS

Submitters: 28,31,34

Giving more emphasis to occupational health and psychosocial issues

Submitters: 2,6,11,12,25,28,29,37,41,43,44,52,53

Strengthening the Department of Labours' leadership of the strategy

Submitters: 3,6,18,22,23,24,26,28,42,56,58

Maintaining the right ratio of inspectors to workplaces, and ensuring appropriate levels of inspection of workplaces (Submitters: 12,35,58)

Capability

Increasing capability was suggested as a priority area by many submitters. There was extensive positive comment on what has already been achieved through health and safety representative training and employee participation processes implemented in New Zealand workplaces in recent years. Numerous submitters said that it is a priority for the strategy to ensure that the good work already done is better utilised in workplaces and not lost. The priorities were therefore described as enhancements or refinements rather than new initiatives. They tended to be suggested by unions or employees.

Businesses and employer groups also commented extensively on the need to improve health and safety capability in workplaces. Their suggestions focused particularly on the need to increase the availability and quality of health and safety education and training for supervisors and managers, as well as increasing it's inclusion in pre-employment training and education. Other areas seen as a priority to improve capability within businesses were SMEs and through improving workplace health and safety cultures.

Ensuring health and safety representative training continues to be available and meets the needs of workplaces

Submitters: 22,36,37,43,58

Enabling health and safety representatives to take an active role in the workplace

Submitters: 29,35,36,43

Unions in particular said it was a priority to complete development of an approved code of practice for employee participation (Submitters: 29,35,37,42,43,44).

Improving the competency of health and safety consultants and intermediaries

Submitters: 14,22,34,42,56

Improving the training in OHS available to managers and supervisors

Submitters: 5,19,20,21,26,27,34,42,56

Including OHS in education and training programmes

Submitters: 19,22,25,33,34,43,44

Improving workplace safety cultures

Submitters: 21,22,25,33,34,43,44,56

Easing access to OHS for smaller businesses

Submitters: 9,16,19,23,50,52

Knowledge

Three clear priorities emerged for building sector knowledge in occupational health and safety. The most mentioned priority was for the Department of Labour to give priority to maintaining and updating its standard setting and guidance material. The second most mentioned priority was for the development of improved data on occupational safety and health, particularly statistics that workplaces can use to benchmark their performance against. Thirdly, submitters asked that priority be given to the development of materials on successful practice and the provision of materials that businesses are able to use to implement the strategy and promote health and safety in their own workplaces.

Maintaining and updating guidance developed by the department

Submitters: 6,9,16,17,24,34,38,53

Providing resources for SMEs (Submitters: 9,16,23)

Providing information on causes of accidents for industry to respond to (Submitters: 2,54)

Aligning HSNO, HSE and ACC standards and guidance

Submitters: 10,22,38

Providing data for businesses to benchmark their own performance in OHS

Submitters: 2,3,6,15,17,29

Improving health and safety surveillance

Submitters: 2,6,28,29,54

Promoting successful initiatives and excellent practice

Submitters: 2,3,4,5,9,17,34,45

Providing materials for businesses to promote OHS internally

Submitters: 17,34,45

Infrastructure

Submissions described two broad priorities for maintaining the health and safety regulatory framework. The first concerned better aligning ACC and other health and safety programmes and those of the Department of Labour.

A second priority is maintaining the consistent application of the Health and Safety in Employment Act in workplaces by the Department of Labour.

Aligning legislation and agency roles

Making best use of ACC incentive programmes and the role of injury prevention consultants

Submitters: 16,23,27,44

Better aligning the roles of DoL and ACC in the framework

Submitters: 3,4,5,22,29,32,44,50

Clarifying the place of HSNO, particularly enforcement – solving low levels of compliance and enforcement

Submitters: 10,38

Incentives and deterrence

Making best use of the deterrence effect of HSE and other enforcement

Submitters: 3,4,20,35,42,43,52

Maintaining the right ratio of inspectors to workplaces, and ensuring appropriate levels of inspection of workplaces

Submitters: 12,35

Providing up to date and relevant information to businesses on meeting their legal obligations

Submitters: 3,5,32,42

Improving links between ACC incentive programmes and HSE guidance and programmes

Submitters: 44,50

3. LIST OF SUBMITTERS

Submission	Agency name
1	Tony Herstatt
2	Ramazzini Ltd

3	Hilton Haulage Transport Ltd
4	Watermart- Wairarapa
5	Porirua City Council - Works Operations
6	Clothing and Textiles Sciences - University of Otago
7	The National Library of New Zealand
8	The National Library of New Zealand
9	Director of Air Force Safety and Health
10	Ministry for the Environment
11	Department of Labour - Workplace Services
12	Department of Labour - WPS Nelson Regional Office
13	Red Diamond Security Services Ltd
14	Pilz NZ Ltd
15	Guardian Health Care
16	NZ Collision Repair Association
17	PGG Wrightson
18	Impac Services
19	PF Olsen Limited
20	Community Probation and Pyschosocial Services
21	Forest Industry Contractors Association
22	New Zealand Occupational Health Nurses Association
23	UCOL Branch of Tertiary Education Union
24	OH&S Services Ltd
25	Taranaki H&S Managers group and the HSE Strategic Group
26	Employers and Manufacturers Association - Central
27	NZ Horticultural Training Organisation
28	Janice Riegen
29	NZ Meatworkers Union
30	Registered Master Builders Federation
31	Injury Prevention Research Unit, University of Otago
32	Northpower Ltd
33	Employers and Manufacturers Association - Northern
34	Occupational Health and Safety Industry Group.
35	Rail & Maritime Transport Union (Inc)
36	NZ Nurses Organisation
37	Tertiary Education Union
38	Amalgamated Builders
39	New Zealand Aluminium Smelter
40	Roading NZ
41	Workplaces Against Violence in Employment
42	NZ Amalgamated Engineering' Printing & Manufacturing Union Inc.
43	NZ Council of Trade Unions
44	NZ Public Service Association
45	Work and Income / Ministry of Social Development
46	Borsel Enterprises
47	Ministry of Pacific Island Affairs
48	Ministry of Transport
49	Te Puni Kokiri
50	ACC
51	National Road Safety Council
52	Human Resources Institute of NZ
53	CAA
54	DoL Communications and Marketing

55	ERMA New Zealand
56	S Lawson, D Darier, D Calvert (attending Auckland consultation forum)
57	David James Tree Services
58	Hillside Engineering



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