

WorkSafe New Zealand and Ministry of Business, Innovation and Employment

Summary of Submissions: Consultation on draft Health and Safety at Work Strategy 2018- 2028

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Introduction

Legislative mandate

Section 195 of the *Health and Safety at Work Act 2015* (the Act) requires the Minister responsible for Workplace Relations and Safety to develop a Health and Safety at Work Strategy (the Strategy). The Strategy aims to set out the overall direction for work health and safety in New Zealand over the next ten years and provide a firm platform for change where everybody in the system works towards a common vision and set of priorities for health and safety in New Zealand. WorkSafe New Zealand (WorkSafe) and the Ministry of Business, Innovation and Employment (MBIE) have been developing the draft Strategy which is required to:

- address any significant capacity or capability issues in the work health and safety system
- take account of Accident Compensation Corporation’s (ACC) injury prevention programme
- be developed in consultation with stakeholders and regulatory agencies
- have its performance measured and a transparent evaluation process
- take a system-wide approach and connect with existing strategic plans, and
- address issues associated with high-risk populations.

Development of draft Strategy

WorkSafe and MBIE developed the draft Strategy for public consultation through a series of workshops and ongoing testing with key stakeholders. In developing the Strategy, the tripartite relationship between Government, unions and industry has been supported by input from expert and community groups. These stakeholders include the New Zealand Council of Trade Unions and affiliated unions, Business New Zealand, businesses including Fonterra and Z Energy, the Business Leaders’ Health and Safety Forum, and industry bodies, such as the Forest Industry Safety Council.

The diagram below outlines our vision for the draft Strategy along with the goals and priorities that support it.



Stakeholder Engagement Process

In April 2018 the Minister of Workplace Relations and Safety, Iain Lees-Galloway released the draft Strategy for eight weeks of public consultation, closing on 8 June 2018. WorkSafe and MBIE held public workshops in seven locations including Wellington, Whangarei, Rotorua, Gisborne, Auckland Central, Manukau and Christchurch. Around 500 attendees from over 400 organisations attended these workshops. The feedback from each of these workshops followed similar themes to the submissions.

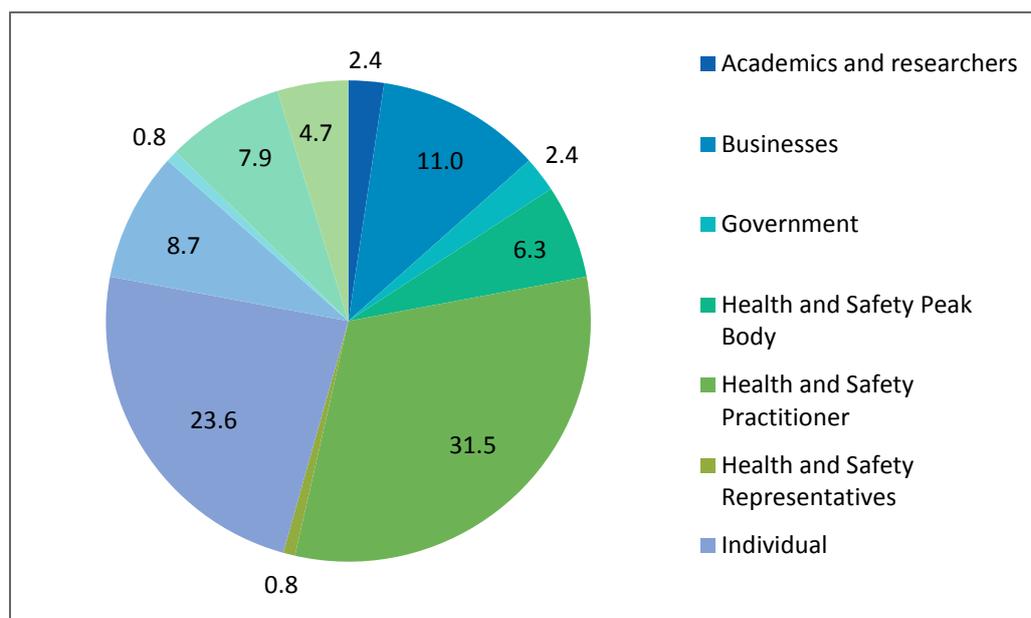
MBIE and WorkSafe took the following approach to using the feedback from workshops and the submissions process. All the input from consultation (workshops and submissions) has been analysed, some of the feedback has been incorporated into the Strategy, some will be used in resources to support the Strategy and inform the Strategy's implementation and some will become part of an ongoing dialogue with stakeholders and some will be used to help inform strategy implementation. This summary of submissions will be made public.

Written Submissions

A total of 127 written submissions were received on the draft Strategy which reflect a variety of interests. Submissions have been made by academics and researchers, businesses, Government, health and safety peak bodies, health and safety practitioners, health and safety representatives, individuals and industry associations. The written submissions covered a range of issues and addressed all of the questions outlined in the document as well as covering issues not covered directly by the document.

Summary of Submissions Received

This document summarises the submissions received in response to the draft Strategy and the key themes raised throughout submissions. This document does not directly follow the questions asked in the Strategy asked submitters instead it follows key themes that have emerged through submissions. A breakdown of submitter type is included below:¹



¹ A list of all submitters is included at the end of this document.

How to read this document

The following section (Summary of Feedback) provides a high level overview of all comments received through submissions and the major themes and comments that emerged.

Following this, the document is split into **Parts 1 - 5** – one for each **key theme** identified.

Responses to each of the questions asked in the consultation document are set out within the relevant theme.

A list of submitters is at the end of the document.

Meaning of terms used

This document is designed to give the reader a general idea of the numbers of submitters making similar comments throughout the document. The numerical value of terms used are outlined below:

Term	Number of submissions
One/single/a	1
A few/ a couple	1-3
Several/a number of	3-7
Group or a collection	7-15
Many or a large number	15 – 63 (up to 50% of total)
Most or the majority	Over 64 (over 50% total)

A note about actions

Throughout the document, “Action areas suggested by submitters” are included alongside key areas of comment. These are the views reflected by submitters in their submissions only. While these will inform the submissions analysis and future action planning, inclusion in this document does not amount to a commitment by the Government to undertake these suggested actions.

Disclaimer

Some, but not all submissions, have been directly quoted in this document. All submitters were notified that their submission or the content included in a summary or other report about this consultation process could be made public. Making a submission was considered consent to make the submission public, unless the submitter clearly specified otherwise.

Summary of consultation feedback – overall response to the draft Strategy

Feedback on the draft Strategy has been largely positive. Most submitters agreed with its direction, vision and ambition of the draft Strategy as well as the priority areas. Submitters also strongly supported the draft Strategy's proposal to create a performance framework to measure the success of the draft Strategy and the overall system.

Several key themes emerged from the submissions on the draft Strategy. Submitters commented on:

- the overall vision and framing
- priorities and focus areas
- the policy and operational settings of New Zealand's health and safety at work system
- turning the Strategy into action
- the monitoring and evaluation of New Zealand's health and safety performance and data.

Most submitters focused their comments on the overall vision and framing of the Strategy, its priorities and focus areas, and data needs for monitoring and evaluation.

Overall, submitters expressed strong support for the Strategy and supported the Strategy and its aims in principle. More than half of submitters generally supported the vision and goals set in the Strategy.

A smaller group of submitters proposed that the Strategy be more ambitious and aspirational. Many submitters provided feedback that the Strategy was not concrete enough, and wanted clearer objectives, targets and definitions. Many submitters suggested specific language or phrasing changes.

Submitters strongly supported focusing on high risk sectors, high risk workers, and small businesses. Many supported developing leaders, to improve the poor health and safety skills and practice that many submitters identified. Submitters agreed that the Strategy should focus on the need for good risk management skills and practice.

Submitters supported placing workers at the centre of the system, with a focus on encouraging all workers to engage in health and safety. Submitters also supported the Strategy recognising New Zealand's diverse, multi-cultural workforce, as well as focusing on outcomes for Māori.

Submitters wanted more focus on work-related health including mental health risks at work, such as risks from workplace bullying. Improving the health and safety skills and practice of all people within the system was a key theme in submissions.

Many submitters wanted more and better education and training, and suggested that New Zealand needs to develop a better health and safety culture. Many submitters also raised concerns about poor compliance, and perceived inadequate and inconsistent enforcement.

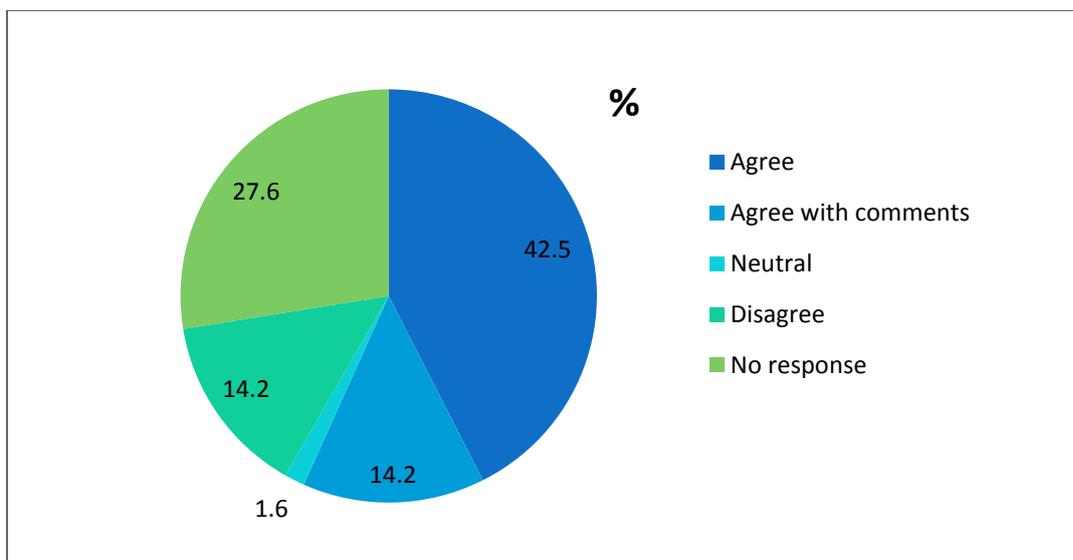
A perceived lack of quality of health and safety data in New Zealand emerged as a key theme. Most submitters shared their ideas about what is needed to support the monitoring and evaluation of New Zealand's health and safety performance. Many saw the Strategy as an opportunity to improve New Zealand's health and safety data, and encourage better information sharing across the health and safety system. Submitters clearly felt that everyone needed to be involved to implement the Strategy and take action to improve health and safety outcomes in New Zealand. This includes industry and sector groups, businesses, workers, educators and the government. A number of submitters asked to be involved in turning the Strategy into action.

Part 1 – Overall vision and framing of the Strategy

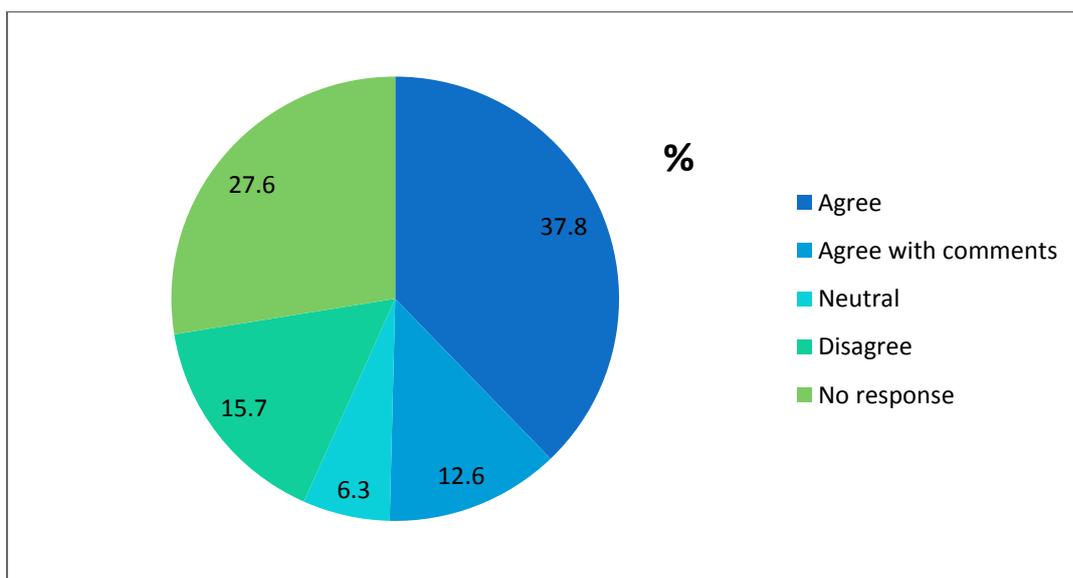
Submitters were asked the following questions on the framing and vision of the Strategy. Note the vision statement: “All New Zealanders are healthy and safe at work.”

1. Does the draft Strategy set a clear and ambitious direction?
2. Does the vision describe what you think our health and safety system should achieve? Why or why not?

“Does the Strategy set a clear and ambitious direction?”



“Does the vision describe what you think our health and safety system should achieve?”



Summary – Vision and framing of the Strategy

Many submitters commented on the overall vision and framing of the draft Strategy. The majority of submitters across each of the groups supported its overall direction. A small group of submitters did not find the draft Strategy, vision and goals clear enough, or suggested it could be better communicated.

A number of submitters felt that the draft Strategy's vision statement should be reworded to communicate that **all workers in New Zealand** need to be health and safety at work, not just **all New Zealanders** as it was worded.

A group of submitters suggested that the scope of the draft Strategy should be expanded to cover other groups. A few submitters suggested it should cover volunteers and community workers. Several submitters proposed that it expand its scope to all aspects of life, not just health and safety at work. They felt the draft Strategy should take a holistic approach that more clearly links health and safety at work and health and safety in the home.

Submitters made a number of suggestions on the framing of the draft Strategy. Although a few submitters found it easy to engage with, a number of submitters found it unclear and/or vague. Many submitters wanted clarity around the objectives, targets, and definitions for the vision of the draft Strategy, especially a definition of 'world class.' Many submitters suggested new or revised wording for different parts of the draft Strategy, to make the material clearer.

A few submitters commented on the Strategy development process not being inclusive enough.

The discussion below is set out according to the key themes raised by submitters

- Aspiration and vision for the Strategy
- Scope of the Strategy – what it should cover
- Framing of the Strategy
- Development and process for the Strategy.

Aspiration and Vision for the Strategy

Strategy sets a clear and ambitious direction

The majority of submitters across each of the groups supported the overall direction of the Strategy. Over 25 per cent of submitters agreed that the vision statement describes what our health and safety system should achieve.

Comments made by submitters in support of the vision include that it's game-changing, has a good focus and is proportionate.

One submitter noted that the Strategy is likely to lead to a better future and establish good health and safety as a value in New Zealand.

However, a small group of submitters suggested that the Strategy was not ambitious enough. The main criticism raised by these submitters was that the Strategy is nothing new, just more of the

"The Strategy is significantly more sophisticated, impressive and game-changing than previous strategies have been."

same. One submitter suggested that the Strategy’s vision needs to recognise that over the next ten years the world of work will be changing and the Strategy needs to reflect this.

Views on ‘world class’ statement

A group of submitters suggested that becoming ‘world class’ was not ambitious enough. A few submitters said that ‘world leader,’ would be more appropriate than ‘world class.’ One submitter

“We need a truly aspirational (off the wall) approach... looking both forward and at the next generation.”

suggested that the vision should include a culture of safety and operational excellence where New Zealand would set the benchmark for what world class should look like. Another said that a more achievable aim might be “a level of work related harm among the lowest of the best 15 performing OECD countries.”

One submitter stated that New Zealand is already world class, just not where we want to be.

Several submitters asked what ‘world class’ health and safety levels are and for a clear definition for this.

Use of targets

Several submitters suggested that to be considered truly ambitious, there needs to be defined targets and measures to track the progress of the vision, goals and priorities in the Strategy, and that clarity and commitment were needed to improve New Zealand’s health and safety system in the long term. Another noted the importance of interim targets to avoid complacency. Industry-level targets were raised as potential key motivators for people, with submitters suggesting that targets should be set by industry groups.

One submitter said that not including a target number of fatalities was positive.

Gaps in vision of Strategy

A few submitters outlined that there are gaps in the vision of the Strategy such as in the area of worker health. Several submitters proposed that the Strategy needs to focus on the real impact of workplace deaths and injuries on small to medium-sized enterprises (SMEs) and make sure the system is useable for everyone. It was suggested that the Strategy needs to link its vision and goals to government priorities.

One submitter stated that there is no clear, ambitious and strategic direction for Māori within the Strategy, with one submitter suggesting that the Strategy should also be in te reo Māori. Another submitter proposed incorporating the Te Whare Tapa Whā Māori health model into the vision of the Strategy.

“The vision needs to be broadened to include all working in the New Zealand workforce, not just New Zealanders.”

One submitter suggested that there are not enough linkages between the overall goal, specific goals and priority areas.

Vision not inclusive enough

A group of submitters suggested that the vision statement was not inclusive enough. The wording “all New Zealanders,” implies that those who are working and in New Zealand as migrants or seasonal workers would not be covered in the Strategy. Some submitters suggested alternate wording to include a larger number of people.

Alternate wording suggested by submitters

- “All workers are healthy and safe in New Zealand.”
- “NZ is the safest and healthiest place in the world to work.”
- “Everyone working in New Zealand is healthy, safe and resilient.”
- “Improving the health and safety outcomes to world class levels for ‘all workers’, in New Zealand.”
- “Each and every New Zealander returns home from work in the same state of mental and physical wellness each day.”
- “By 2028 New Zealand will be the #1 country in the world for the least fatal work related injuries combined with the highest productivity, per 100,000 workers.”

General support of goals

The majority of submitters expressed support for the Strategy’s goals. A few submitters said that these were the most useful goals and that they reflected key areas well. The submitters provided

“Great goals which incorporate a huge amount, whilst looking like being achievable.”

comments such as ‘the goals and priorities highlight and address gaps in the system’. One submitter suggested that the goals of the Strategy are not designed for New Zealand’s SME business environment so will not work as intended. Two submitters highlighted that the goals were not achievable and zero harm is not a realistic aim.

Some submitters noted that the priority areas were clearly communicated and easy to follow. However, a few submissions noted that mental health and well-being should be made more prominent in the priority areas of the Strategy.

Scope of the Strategy – what it should cover

Needs to include anyone who does work of any kind

A few submitters suggested that the scope of the draft Strategy should be extended to cover volunteers and community workers. A suggestion was made that volunteers were not clearly covered by the draft Strategy although they are a vulnerable workforce who voluntarily give up their time.

One submitter mentioned that motor vehicles should also be brought within the scope of the draft Strategy.

The draft Strategy should not be limited to “at work”

A group of submitters outlined that the Strategy needs to take a holistic approach, linking health and safety at work with health and safety at home. One submitter emphasised that health and safety is a “whole of life activity” and needs to be integrated into society holistically.

Framing of the Strategy

There were mixed views on whether the draft Strategy’s, vision and goals were clear enough

A few submitters found the draft Strategy easy to engage with, and mentioned that they would use, or had already used the draft Strategy in their workplace.

A number of other submitters suggested that the draft Strategy is unclear, vague and/or needs more detail. Of these comments, a few pointed out that it needed to be more clear and direct in what it proposes. One submitter suggested that framing the draft Strategy around “the system,” risks people blaming “the system” rather than taking responsibility for their role.

Several submitters also said that the draft Strategy could be communicated more effectively. One noted that the document was too high level and another that the material for the final Strategy should be simplified.

One submitter suggested the draft Strategy does not have clear enough terms and some groups may have trouble understanding it.

In contrast, a few submitters said that the draft Strategy’s, vision and goals were clear as they are.

Framing changes suggested from submitters

- Take into account the International Labour Organisation’s ‘approach to Strategic Compliance Planning for Labour Inspectorates.’
- Priority areas should be split by region.
- ‘Significant reduction’ is not readily quantifiable – ‘reducing deaths by 60% is more quantifiable’.
- Use the term ‘vulnerable workers’ in heading for ‘workers at greater risk.’
- Substitute health and safety with a new brand that better reflects what the Strategy is trying to achieve – which is well-being of workers and others impacted by their work.
- ‘Don’t call it Health and Safety but caring for our people – Manaakitia ā Tātou Tāngata.’
- Instead of referring to a capable system, refer to it as a system ‘to deliver sustained improvements in health and safety performance with workers at the heart of the system’.
- Instead of a system focused on what will make the biggest impact ‘resources are focused on making an effective impact.’
- Instead of “system capability” talk about people being capable.
- Change health and safety Strategy to ‘health, safety and wellbeing Strategy.’

Defining terms within the Strategy

A group of submissions raised the point that certain terms used throughout the Strategy should be formally defined, including:

- health and safety outcomes
- risk
- risk management
- high-risk sectors
- high hazards
- work-related harm
- serious harm
- acute harm
- chronic harm
- good health
- poor health
- chronic health condition
- serious injury, and
- severe injury.

One submitter suggested that the Strategy should specify the sectors and industries that are at greater risk. Another asked for clarity on why certain sectors are defined as high-hazard.

Development and process for Strategy

Was there sufficient communication and engagement with stakeholders undertaken?

A few submitters commented on a lack of inclusion of key players within the Strategy consultation process and that it should have involved more engagement.

Another submitter pointed out that the documents used in the formation of the Strategy were made at different times and therefore don't promote alignment across the system.

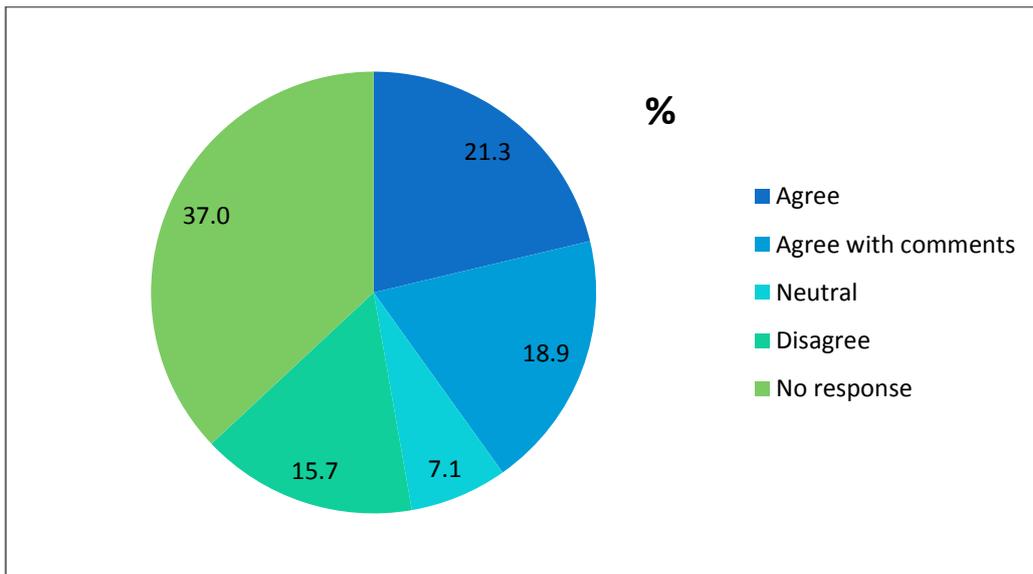
One submitter noted the perception within their industry was that not all stakeholders have been identified and adequately involved.

Part 2 – Data, monitoring and evaluation

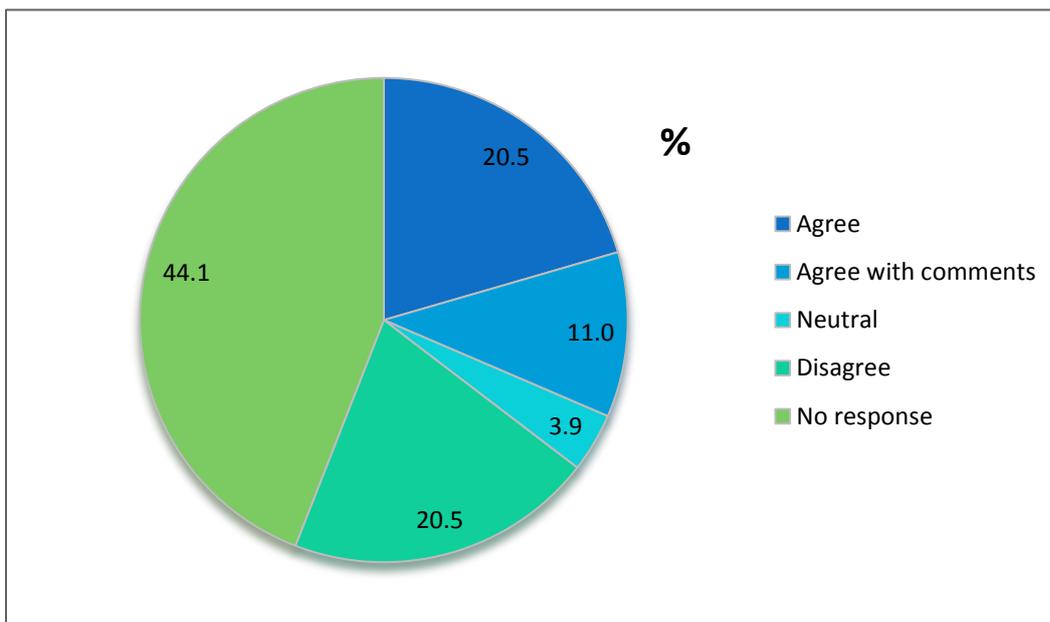
Submitters were asked for views on the monitoring performance and action planning for the Strategy and responded to the following questions:

1. Does the draft Strategy take into account the best information we have?
2. Are these the measures we need to know if the system is working better?
 - o What else do we need to know?

“Does the Strategy take into account the best information we have?”



“Are these the measures we need to know if the system is working better?”



Summary – Data, monitoring and evaluation

Many submitters talked about the monitoring and evaluation of New Zealand’s health and safety system and the data that informs this. Relatively few submitters explicitly talked about the suitability of the Strategy’s proposed data and performance framework.

A key theme raised by submitters was a perceived lack of quality data and analysis readily available for Health and Safety in New Zealand. These submitters pointed out gaps in the data and challenges with the way data is collected. Many submitters appeared to see the Strategy as an opportunity to gain better data, and suggested areas for further data collection.

Submitters expressed strong support for developing and using lead indicators as well as lag indicators, and suggested particular indicators as well as areas for further data collection. Key lead indicators suggested were highlighting health and safety successes and monitoring specific hazards and risks (as well as the harm they caused). Many submitters also reinforced for the need for better data and information sharing across government and the wider health and safety system.

The discussion below is set out according to the key themes raised by submitters

- Data and measurement framework
- Monitoring and evaluation

Data and measurement framework

Does the draft Strategy use the best available information?

A collection of submitters said that the data used in the draft Strategy is not the best it could be. A group of submitters suggested that quality and analysis of data used was inadequate. One submitter said that this is not the best information available for New Zealand as it was largely taken from other jurisdictions such as Australia, UK and Canada.

Two of the submissions questioned whether the draft Strategy was informed by international strategies. Two of the submissions mentioned that it was missing data and information around psychological harm. One submitter noted a lack of predictive data, including opportunities associated with Artificial Intelligence.

A few submitters emphasised that the proposed indicators were not adequate and need to be improved. A number of submitters mentioned that measures should be defined more clearly to identify areas of improvement across industries and sectors.

Two submitters suggested that the data informing the Strategy was not accurate in regards to the categorisation of injuries. One of the submitters suggested that the Strategy should acknowledge the significant issues with collection of data, surveillance and monitoring of work-related health problems.

A few submitters stated that the data used in the Strategy is sufficient. Three submitters pointed out that the information that was used is the best information available. Two submitters welcomed a proactive approach to gaining meaningful and insightful data.

There are gaps in health and safety data

A group of submitters pointed out that there are gaps in the data in New Zealand generally, including:

- mental health harm
- work-related health
- current capacity of the health and safety workforce in New Zealand.

One submitter suggested using overseas data where New Zealand sample sizes are too small.

Challenges with data collection

Several submitters expressed concern that a number of incidents often go under-reported. One submitter challenged the reliability of the data because of the prevalence of under-reporting. A submitter suggested that a reason for this under-reporting was that companies fear that they will be investigated if they speak up. Another submitter said the Strategy should encourage anonymous reporting of health and safety matters in order to combat under-reporting.

One submitter suggested that a reason there are data gaps is that organisations fear completing data analytics because identifying patterns of poor performance and not acting on these could increase their liability.

Another submitter noted that ACC claim thresholds drive what is measured and counted and this does not necessarily reflect the harm occurring.

Importance of better information and data

Submitters provided reasons why good information is needed:

- so that “at risk” categories can be more targeted
- to conduct sound comparisons with other countries
- to inform health and safety decision making in New Zealand businesses.

“Better information means a focus on the future as well as the past, and on understanding success as well as failure.”

A few submitters emphasised the importance of timely access to good information arising from incidents to inform good practice and risk management; as well as using data to become better at predicting and preventing harm.

Areas suggested for further data collection

A number of submitters talked about areas where data was either missing or in need of collection. They suggested that both lead and lag indicators should be used to inform the data.

Work-related health

A group of submitters emphasised the importance of work-related health data which could be obtained through a number of different indicators. These indicators ranged from measuring fitness, diet, sleep or fatigue, to general well-being. A few submitters recommended a system for recording health harm from work, including reporting requirements to WorkSafe on work-related ill-health. Another suggested that the Strategy should look at the scope of the work-related health problem.

One submitter suggested exploring the link between worker health and sick leave provisions.

Psychosocial harm

Several submitters identified a need for psychosocial harm and risks to be included in the Strategy. These included psychosocial measures within the Strategy and measures for bullying in the workplace. Two submitters suggested that the best expert information available around mental health and well-being needs to be used to inform the Strategy. Two submitters suggested sending out surveys to see how widespread the problem of bullying in the workplace is.

Worker engagement, participation and representation

A few submitters suggested the Strategy introduce targets and indicators for worker engagement, participation and regulations. One submitter identified an option would be to survey the insights of health and safety representatives.

At-risk workers

A number of submitters identified a need for indicators and measures relating specifically to workers at greater risk.

Māori workers

A few submitters highlighted the importance of measures and targets being developed alongside iwi. One submitter suggested that more work needs to be done in defining Māori injury rates and identifying which industries and iwi should be engaged to make this happen. Another asked for clearly defined reduction targets for Māori workers.

Migrant workers

A submitter outlined the importance of measuring outcomes for immigrant workers as workers at who are at greater risk.

Road-related incidents

A few submitters raised concerns that road-related statistics and indicators were not included in the data, and that New Zealand doesn't have a single data count of harm that includes work-related road, rail, air, sea and land.

Other indicators were suggested

A number of other indicators were suggested such as:

- workplace health and safety culture
- farm-related statistics
- quantity of businesses that are not up-taking health and safety measures
- industry level performance reporting
- proportionality – whether businesses are focusing on the right things
- evidence-based statistics need to be more personal.

Support for lead indicators

A large group of submitters supported using lead indicators in monitoring performance and data collection. Of these submitters, several outlined the importance of using a combination of lead and

lag indicators for informing and monitoring performance of the Strategy. One submitter said that the Strategy seemed to concentrate on lag indicators. A group of submitters supported more of a focus on success factors that contribute to positive health and safety, including the need to go beyond the absence of harm in measuring our success.

A key reason for moving from lagging to leading indicators was that it will give participants in the health and safety system advance notice of potential problems, allowing businesses more response time. Lag indicators affect the usefulness of the data and its relevance to businesses.

Submitter suggestions for lead indicators

There were a group of submitters who supported using near misses as a lead indicator. A few comments included that near misses should be documented, that they are a great lead indicator, and a lot can be learned from 'near misses' in the industry and the experiences of others.

Other lead indicators suggested for monitoring performance are:

- number of businesses with access to effective risk management advice from their industry
- focussing on monitoring hazards and risks
- using health and safety education and training indicators
- highlighting health and safety successes
- measuring factors for poor performance
- monitoring and measuring health and safety culture
- identifying good health and safety risk management practices that are well integrated into normal business practices
- monitoring trends over the short, medium and longer term
- training hours per 100,000 employees
- health and safety graduates per 100,000 employees
- amount of money spent on health and safety training per business.

Submitter suggestions for lag indicators

- number of incidents
- severity of incidents
- causes of incidents
- minor injuries
- assess these against pre-identified harm measures
- need measures specifically for at risk worker injuries.

The importance of information sharing

A few submitters talked about the importance of sharing information between different sectors and industries for early intervention such as those within medical professions; between government departments; and industries.

A group of submitters noted that data is needed from industries. A number of these submitters suggested industry information sharing should be a priority and a few submitters suggested the Strategy had missed the concept of data sharing. One submitter said that information being gathered across industry is not being reflected in the Strategy. Another submitter said that industry

and sector groups needs to share anonymously more often on incidents occurring in their respective businesses.

One submitter suggested relevant government departments should be held to account for data sharing.

Data collection and sources

There were a few submitters that suggested holding forums and discussions as a way of collecting data, particularly for PCBUs. One of these submitters also suggested monitoring the progress of the Strategy through forums and discussions, in particular in regards to outcomes for Māori.

A few of the submitters identified a need for a more joined up approach in information and research sharing internationally. They suggested that information should include accidents, injuries and deaths from other countries, as well as hospital and medical providers' data to capture the full range of injuries and the treatments accessed.

Two of the submissions talked about ACC injury trends and also how data needs to capture ACC claims free text fields. Another submitter raised that reporting on work-related ill-health claims declined by ACC could inform a fuller picture of harm across New Zealand, for example noise-induced hearing loss below the ACC threshold which nevertheless reflects harm caused.

One submitter noted that insurers are not required to report details from insurance claims for work-related driving, reducing visibility of risks from driving.

One submitter noted that insights from Australia may be particularly useful given New Zealand has adopted the same legislative model.

Benchmarking and standards

A few submitters talked about the importance of a consistent base to be used for measuring performance across the board. One submitter suggested this data should be integrated via benchmarking. A few submitters suggested that this could be achieved by industries and sectors benchmarking themselves against international benchmarks, sourced within the OECD.

Monitoring and evaluation

Several submitters supported the idea of needing improved monitoring and accountability for the Strategy to be effective. One noted that the Strategy's performance framework would be an essential guide to health and safety performance.

One submitter suggested that this could be run by an independent data review group, for the monitoring and evaluation of the effectiveness of the Strategy – reviewing the Strategy in a few years to ensure it effectively addresses and reflects the system was suggested.

One submitter suggested an annual public report on progress would ensure the workforce is kept up-to-date. Another suggested that publishing annually was too infrequent, and that 6-monthly was preferable.

Monitoring and evaluation action areas suggested by submitters:

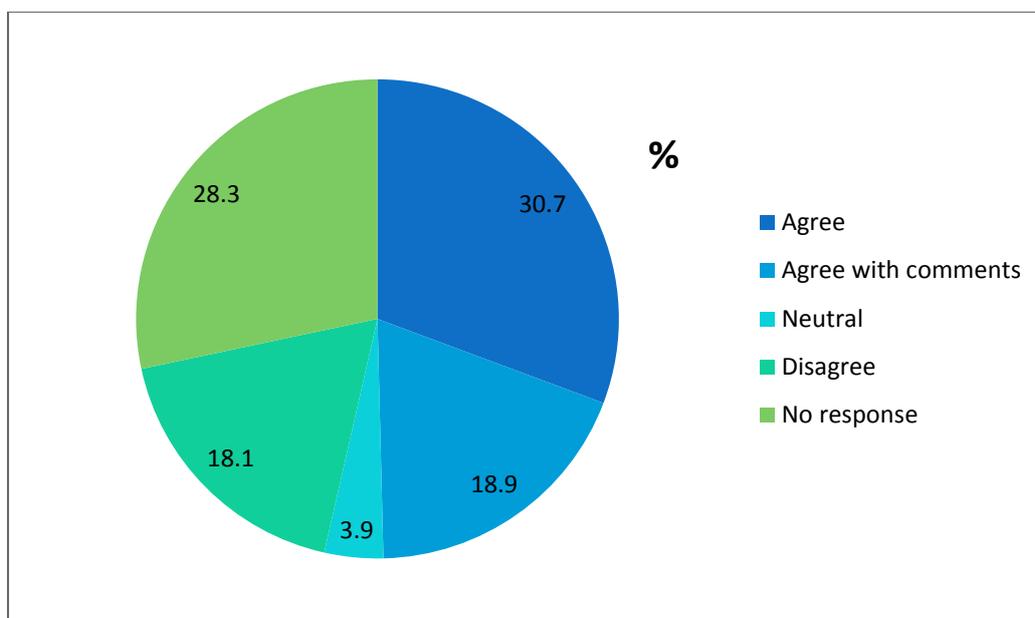
- publish regular health and safety reports on the state of health and safety in New Zealand
- encourage industry accumulation and sharing of health and safety data
- facilitate anonymous sharing of incidents
- establish a national health surveillance and reporting system that is not reliant on employers maintaining records
- use new data to trigger a campaign to address the problem, e.g. publicising the correct protective equipment for reducing exposure to a particular contaminant.

Part 3 – Focus Areas within the Strategy

Submitters were asked for their views on the focus of the strategy:

3. *Does the draft Strategy focus on the areas and people that will achieve the biggest change?*

“Does the draft Strategy focus on the areas and people that will achieve the biggest change”?



Summary - Priorities and focus areas

Many submitters supported developing and driving leadership within individual businesses to enable better health and safety outcomes. The importance of leadership was recognised in SMEs, from Government players and in the area of procurement. A key theme was the lack of good health and safety skills and practice in businesses. Submitters strongly supported focusing on improving the health and safety performance of high risk sectors and other groups, particularly small businesses.

Submitters also strongly supported focusing on worker engagement and participation in health and safety – for all workers, not just health and safety representatives and union representatives. There was also strong support for the Strategy recognising Māori and New Zealand’s diverse, multi-cultural workforce. Many submitters suggested the Strategy should focus on all workers at risk, particularly migrant workers, Pacific workers and workers in industries with higher rates of harm. Submitters identified a need to improve health and safety skills and practice by all people in the system, including those of health and safety specialists and professionals.

Submitters wanted the Strategy to focus on particular areas for improvement and target certain groups for improvement. A key theme was the need to focus on improving businesses’ risk management skills and practice, especially in managing critical risks.

Submitters strongly supported focusing more on occupational health, including risks to mental health at work. Submitters raised a wide variety of views on improving the focus on wellbeing in the Strategy, partly because submitters often referred to wellbeing when they talked about other risks

like occupational health.

Most submitters wanted more and better health and safety education and training to be developed. Many submitters also spoke of the need to develop a good health and safety culture in New Zealand to decrease rates of harm. Several submitters supported using the supply chain to encourage good health and safety practices, and that government should be a health and safety leader by modelling best practice.

A few submitters wanted the Strategy to recognise how work is changing and how this affects health and safety.

The discussion below is set out according to the key themes raised by submitters:

- Key groups to focus on
- Key topics to focus on

Key groups to focus on

Leadership development to drive better health and safety

A group of submitters clearly supported a focus on leadership to drive better health and safety outcomes. Some pointed out leaders are needed at all levels to drive culture, prioritise health and safety, lead behaviour change and allow workers to engage and participate. One submitter stated the Strategy would not deliver change without leadership. Several submitters advocated for more to be done to encourage and incentivise health and safety leadership.

Many submitters supported developing leaders in sectors and within individual businesses to better drive health and safety. Another submitter advocated the use of a business mentor model to lift performance and assist and support PCBU's to develop appropriate safety information.

One submitter highlighted the opportunity for the opportunity for the training market to redefine what leaders do.

Leadership important for improving skills and capability in business

Several submitters mentioned that leadership capability in business is lacking – with ambiguity about what good health and safety leadership looks like. Areas where there were capability gaps identified by submitters included: worker participation, officers and PCBU's understanding of their duties; and supporting senior managers in lead enterprises. A group of submitters proposed that businesses' lack of capability to implement good health and safety practices is often combined with poor business skills in general. One submitter noted the role of business leaders in improving work-related ill-health in particular.

Leadership is important for developing good health and safety culture

Many submitters also spoke of the need to develop a good health and safety culture in New Zealand, to improve our poor rates of harm. These submitters held the view that often, New Zealand workplaces have poor health and safety cultures, which can be a barrier to workers challenging poor practices.

“Health and safety... should be embedded into how all businesses operate to become ‘how things are done around here.’”

A focus on culture was seen as the key to ensuring the system isn’t reliant on rules to keep workers safe. A few submitters emphasised the importance of talking about why health and safety instructions are in place, not just what to do in order to make it meaningful to both business leaders and workers. Submitters also cautioned against relying on a “cosmetic acceptance” of health and safety by business leaders, instead focusing on coaching and mentoring, fostering emotional intelligence and a growth mind-set. Other submitters stressed the need to create a culture where everyone takes personal responsibility for health and safety, instead of just focusing on meeting compliance expectations.

“There needs to be a change in perception regarding health and safety from being a burden to being a value-added ‘must have.’”

A number of submitters mentioned a need to educate businesses to recognise the value of good health and safety, including that health and safety is good for business. A few submitters talked about the importance of the way health and safety is framed in the business. For example, submitters suggested integrating health and safety into business decisions, or enshrining it as a business value, rather than a business priority, so that health and safety is not an “added extra” or a promise but part of everyday work.

A few submitters noted the need to take a targeted approach to find the causes and drivers of non-compliance with health and safety requirements or rules, by both workers and businesses. One suggested that cultural attitudes to risk and risky behaviour need to be more clearly reflected in the Strategy.

Specific leaders the Strategy should focus on

A group of submitters identified the need to support small to medium-sized enterprise (SME) leadership, noting that not everyone who winds up running an SME has leadership skills or ability.

Sector or industry level leadership to support businesses with greater needs was seen as a priority.

Another suggested that an area of focus should be middle management and supervisors who have a big impact on the effectiveness of health and safety. Two submitters suggested middle management are overburdened with health and safety. Submitters recommended the Strategy should focus on duty holders with the biggest role and influence in reducing injury rates. One suggestion was that sectors with identified health hazards and exposures should be required to verify that middle and upper managers have been trained for “known health exposures” within their business. Officers and the requirements on them for due diligence were identified as needing a particular focus.

A group of submitters suggested that the government should take a lead role in health and safety – with a stronger focus on leadership, beyond the relevant regulatory agencies and on government as a client. One submitter suggested action plans should be applied to government agencies first, to support this leadership role. Others felt that government should put more weight on health and

safety in the procurement process. A group of submitters strongly supported government leading in procurement practice – providing codes and guides for industry and not just accepting the lowest tender.

The role of unions as leaders in the health and safety system was highlighted in several submissions and a few submitters wanted to see more express reference to the role of unions alongside business leaders.

A small group of submitters felt the strategy should not focus on particular groups, or on demographics, but rather on roles.

Procurement and supply chains opportunities and challenges

A large number of submitters identified the opportunities in using procurement to drive health and safety, but also identified challenges with doing so. Issues with using procurement to encourage good health and safety identified by submitters include:

- difficulties meeting multiple pre-qualification requirements to demonstrate a good health and safety performance over time, especially for SMEs
- pre-qualification requirements not effectively assessing future health and safety performance
- using inaccurate data for pre-qualifications
- business decision makers not having enough health and safety expertise to successfully use procurement to promote good health and safety.

Meeting contract deadlines and budget constraints were also identified factors that could compromise health and safety, with submitters suggesting targeting clients and their expectations to allow SMEs to give health and safety due attention.

One submitter raised the Strategy as an opportunity to encourage a “cascade effect” from larger companies up and down the supply chain. Another submitter highlighted the key role contractor management plays in how work is carried out, noting pressures to deliver work at the lowest cost to contractual deadlines and to avoid reporting injuries if lost-time injuries is a key performance indicator.

One submitter suggested greater promotion of the proven success factors in supply chain relationships, including respect for the skills of the provider, longer-term thinking, and more collaboration between clients and suppliers.

Government leading health and safety practice

A group of submitters supported using supply chains to encourage good health and safety practices, and felt that government should be a health and safety leader by modelling best practice. Submitters identified the opportunity to encourage good health and safety by lifting procurement expectations and practices. Several submitters believed that the government could model best practice health and safety, within government departments and during the procurement process, e.g. by giving more weight to health and safety performance during the tendering process.

Action areas suggested by submitters:

- “celebrating success,” recognising good exemplars of risk management or leadership
- Boards should have a pledge to uphold health and safety for their organisation
- separating health and safety from other costing components in contracts – e.g. by way of a mandatory allowance
- using procurement “chain of responsibility” principles and expectations
- ensuring health and safety is valued in the procurement process
- requirements on central and local government to better build health and safety into procurement
- require all corporate owning entities to train in health and safety and contribute financially
- government, health and safety professionals, and industry partnering to deliver advice through industry forums
- regulations and frameworks should encourage leadership more.

Improving health and safety performance of high risk sectors and SMEs

A key theme in submissions was the lack of good health and safety skills and practice in businesses. Submitters strongly supported focusing on improving the health and safety performance of high risk sectors and SMEs, noting the importance of small businesses to the New Zealand economy and to the performance of larger businesses.

SMEs have skills and capability issues

A group of submitters supported the Strategy’s focus on SMEs. Several submitters identified a number of areas where SMEs are not doing health and safety well which could be the focus of future action through resources, training and education, incentives, tools and other programmes. Some pointed out the challenge of reaching SMEs was significant and there was no clear concept in the Strategy of how this would be achieved. A group of more than ten submitters considered that SMEs have particular skills and capability issues, with poor business skills in general, not just health and safety.

One submitter observed that SMEs are driven by their clients and if client expectations were reset then SMEs would be able to pay more attention to health and safety in their respective businesses.

Others suggested the focus of such activity should be on higher risk SMEs.

One submitter suggested that action plans need to deliver on concrete improvements that will engage and enable SMEs and the Government should use existing relationships to enable this.

Action areas suggested by submitters:

- business mentor model to assist SMEs to lift their performance
- focus on business capability in general
- improving the mutual recognition of various pre-qualification schemes and competency standards
- producing user friendly templates to create safety management systems, support

- understanding of risk frameworks, incident Identification and monitoring
- sharing risk management approaches within industry & allowing for individual business adaptation
- mandatory training for new businesses owners on their health and safety obligations, including Person Conducting a Business or Undertaking (PCBU) roles and responsibilities
- on-site co-ordination and compliance capability for high risk SMEs
- the *Health and Safety at Work Act 2015* should have an abbreviated guide to help SMEs
- two versions of each approved code of practice (ACOP), one for SMEs.

High risk sectors

A group of submitters supported the focus on industry and sector groups, in particular the focus on industries with the highest risk and highest needs. They suggested that more attention is warranted through advice, audits and monitoring. Some submitters contended that industry owned and developed solutions appear to offer a stronger chance of adoption and uptake.

Some submitters suggested this be refined further. For example, targeting sub-sectors within each high-risk sector to target risk effectively. Another submitter noted the importance of mechanisation in all jobs that can kill or seriously injure, learning from the forestry sector. A number of submitters suggested that work type competencies in high risk sectors needed to be standardised.

A few submitters suggested a need to shift the focus from response-driven modelling to predictive modelling and proactively target businesses where harm is likely to occur. In addition, deeper analysis was considered necessary to better understand the underlying contributing factors in sectors with the poorest health and safety records.

Several submitters considered the draft Strategy needed to go wider than high risk sectors, stressing the importance of health and safety being practised at all workplaces. One submitter was concerned that the narrow focus of the draft Strategy did not pick up on all risks of catastrophic harm – especially if the business is not classified as higher risk.

Submitters also noted the importance of ensuring sectors with high rates of work-related ill-health were included. The health workforce was raised as a particular area of concern.

One submitter noted the role that certificates of competence can play in ensuring that leaders in higher risk sectors understand the regulations and guidance, drawing on experience from the mining industry.

Action areas suggested by submitters:

- action plans targeted at high risk sectors
- industry standards and guides – supported by industry bodies
- approved unit standards or codes of practice for defined industries to support certificates of competence
- regularly reviewed approved codes of practice (ACOPs) for each high risk sector to communicate expectations & incorporate best practice
- legislated minimum competency requirements for certain work in high risk sectors
- research into mechanisation, to be funded through ACC

- regulation targeted at the higher risk sectors
- focus on delivery of key government programmes in higher risk sectors safely
- requiring businesses to report on self-certification of risk management practices to enable regulators to undertake more targeted interventions.

Worker engagement, participation and representation in health and safety (WEPR)

Support for focusing on WEPR

A large number of submitters supported workers being at the centre of the Strategy. Submitters strongly supported focusing on worker engagement and participation in health and safety for all workers, not just health and safety representatives and union representatives.

However, several submitters asked for a more express recognition of the valuable and important role of health and safety representatives. One submitter advocated for unions in the workplace to ensure workers are heard.

One submitter made the point that informal health and safety systems can work just as well as formal systems. Another submitter stressed the importance of supporting workers to develop deeper mastery of the concepts of risk management to enable them to be active participants in risk assessments. Another noted that worker engagement requires collaboration with professionals, researchers and sector organisations.

One submitter raised that the Strategy is unclear in what leading engagement with workers would look like. New Zealand Council of Trade Unions suggested including researcher David Walters' preconditions for good WEPR in the Strategy.

Another group of submitters made suggestions about how to encourage WEPR in health and safety including the importance of creating an environment of trust where workers are comfortable talking to their employers.

A few submissions made the distinction between worker engagement and worker representation and noted that non-unionised and temporary workers need to have visibility in the system. Examples provided included sectors such as agriculture, construction and telecommunications.

A number of suggestions were made around legislative requirements for WEPR. One suggestion was that the strategy should focus on removing the legislative barriers that workers currently face when seeking to participate or be represented in health and safety matters. Another suggested that workers in SMEs should be able to have elected representation, while another considered that Worker Agreements should be mandated. One submitter felt that because of the threshold to elect a health and safety representative, that some other mechanism was needed to support workers. One submitter suggested the need for the law to clearly require that health and safety representatives are on any health and safety committee.

Issues with WEPR

A group of submitters were less supportive of WEPR. Several thought there should be less of a focus on unions, and other submitters were less convinced about the role of unions in negotiating worker participation systems and arrangements. Some considered that WEPR was less feasible in SMEs.

A few submitters felt there was a need to introduce personal responsibility for workers to contribute to their own safety and wellbeing and that there needed to be more worker accountability to engage in health and safety and use the equipment that is provided.

Action areas suggested by submitters:

- personal accreditation for individual workers who provide proof of participation (leading to a tax credit)
- establishing roving health and safety representatives for SMEs as an alternative or complementary model to formal representation
- ensuring workers are given paid time to effectively participate in the workplace
- hubs of representatives elected regionally and trained and supported by WorkSafe staff and unions
- promotion of anonymous reporting of health and safety issues to remove barriers to workers engagement in health and safety
- review legislative requirements for WEPR.

Workers at greater risk

Many submitters felt the Strategy should focus on all workers at risk, particularly migrants and workers in industries with higher rates of harm. Another group of submitters highlighted the need to focus on, and strengthen policy and leadership for workers at higher risk of harm, and those disproportionately represented in injury and fatality statistics. Another group of submitters recognised the need to educate workers at greater risk about health and safety.

Recognising New Zealand's diverse workforce

There was strong support for the Strategy recognising New Zealand's diverse, multi-cultural workforce, including Māori. Several submitters highlighted the need to value diversity in the Strategy reflecting our diverse workforce. One submitter was concerned that the Act as it is currently drafted doesn't proactively include diversity. A group of submitters identified the need for health and safety materials to be culturally appropriate and in multiple languages. Literacy was cited as a barrier to some workers.

Māori

A large group of submitters supported a strong focus on Māori, recognising the Treaty partnership and that Māori workers can be at greater risk of injury and illness in high risk sectors and through temporary and precarious employment arrangements. Some pointed out the need to involve iwi, and to target certain industries to ensure Māori workers benefit.

Greater use of Kaupapa Māori (Māori knowledge, skills, attitudes and values) was encouraged in two detailed submissions as a way to better connect the strategy with Māori. Better models of

engagement with Māori were also advocated. Building internal Te Ao Māori (the Māori world) capability was promoted in one submission to strengthen workplace health and safety engagements with industry, businesses, local Māori communities and workers. Further suggestions included taking a holistic approach working with whanau and Māori communities to achieve a healthier and safer home and work life balance.

Action areas suggested by submitters:

- more explicit recognition of the Treaty Partnership in both goals
- Māori specific outcomes embedded in each priority sector – using the Maruiti 2025 references throughout the Strategy
- a target for the Strategy – that Māori workplace injury, health and fatality statistics will be equal or lower than non-Māori rates by 2025
- encourage Māori into advisory positions

Not all submitters agreed with the focus on Māori or on other groups. Some submitters felt a focus on workers in higher risk work was better than a focus on ethnicity or age, for example targeting high risk SMEs with Māori workers.

Health and safety professionals

Many submitters spoke about the need to improve the skills and capability of health and safety professionals. One submitter noted that out of a large number of professionals who applied to be approved assessors for the new government SafePlus programme, only a few met the criteria. Several submitters felt that the availability and consistency of health and safety advice in New Zealand is mixed.

Some talked about health and safety specialist businesses giving poor advice, and not achieving good health and safety outcomes.

Submitters talked about the lack of obvious career pathways to become a health and safety professional. These pathways need to be supported by education and training.

Some submitters noted that sometimes the information is good information, but people do not know about it or it's hard to access. A few submitters talked about the need to educate businesses on the roles of different types of specialists, including medical professionals. One submitter noted the underutilisation of parts of the health and safety workforce, including significant potential to use occupational health nurses more effectively for early identification and management of health risks.

In addition to formal registration, some submitters wanted people to have recognised and/or mandatory credentials before they can call themselves a health and safety professional. Several submitters favoured some form of occupational regulation, where health and safety professionals were registered and subject to accountability regimes.

Specialists' business and leadership skills were seen as necessary to engage and influence business leaders, including strategic planning and due diligence principles.

“Health and safety specialists need to be credible, they need to have industry experience and skills, not tertiary education, it isn't that complicated outside of specialised areas.”

Action areas suggested by submitters:

- defining standards and set skills
- developing a health and safety educational and expertise framework
- professional peer grading
- support for nurses to access funding for postgraduate education in health and safety
- encouraging Māori into advisory positions

Other groups to focus on

A group of submitters pointed out the need to pay attention to Pacific workers as a group who are increasingly part of the workforce. One submitter suggested Pacific workers should be a focus area and not lumped in as workers at higher risk. Some submitters suggested that Pasifika populations are at greater risk due to an imbalance of power and therefore need protections. Another pointed out the importance of getting Pacific workers to engage with health and safety systems for themselves – supporting greater pride and ownership.

Another group of submitters suggested the need to focus on migrants labour. Some expressed concern about the discrimination against workers in New Zealand who are not New Zealanders but should be healthy and safe at work.

Young workers were another focus group submitters recommended, some advocating more protection for young workers in the Strategy, focusing on those new to the workforce and ensuring that young workers are aware of their rights and entitlements around health and safety. Another suggested the Strategy should be more future focussed and look towards those who will be entering the workforce over the next ten years.

Several submitters suggested a focus on older workers was also warranted, noting that older workers are more and more a feature of most workplaces and they face discrimination and may be forced to accept undesirable work conditions. Submitters commented on the importance of creating suitable environments for older workers.

Several submitters identified caring and support workers as a group for focus. One submitter felt that volunteer and non-profit workers are being left behind.

Workers with disabilities

Several submitters highlighted the need to value diversity in the workplace. A few submitters felt the needs of workers with disabilities should be more overtly acknowledged in the Strategy. In contrast, another submission contended that workers with disabilities are not at greater risk of harm, and have been shown to have lower accident rates than others in the same position. This submitter noted that workplaces which adopt process to meet the needs of workers with disabilities often make the work safer for all their workers. For example, providing video guidance for Deaf workers has benefits for lower literacy workers. Other submissions raised the concern that the Act can be used by PCBUs to justify excluding people with disabilities from work.

Precarious employment

Several submitters highlighted the need to focus on those in precarious employment, including those on low wage work with long hours, including labour hire workers; short term and seasonal workers; and those working on precarious contracts, (for example, demolition of buildings with asbestos.) One submitter supported casual and temporary worker health and as a specific priority and another felt the need to recognise more explicitly the seasonal workforce primary industries.

Another submitter noted the need to support sectors to train competent workers in a short space of time when experiencing a boom.

A few submitters suggested the best way to improve outcomes for Māori in temporary work is to ensure that conditions and rights of temporary workers are the same as permanent employees, or to create more stable employment opportunities. One submitter noted that for new and casual workers, the impact of not being entitled to sick pay until 6 months contributes to poorer health at work and inhibits recovery.

Action areas suggested by submitters:

- literacy training for workers at greatest risk
- specific training for workers with greater needs
- information relating to home care workers
- information for PCBUs not used to diversity or the challenges of age
- frameworks and tools specifically for remote workers or businesses

Key topics to focus on

As well as focusing on particular groups, submitters also wanted the Strategy to focus on particular areas for improvement in the health and safety system. A key theme was the need to focus on improving businesses' risk management skills and practice, especially in managing critical risks.

Risk management

A large group of submitters strongly supported managing risks as a key priority. Several submitters advocated a sector and industry approach to risk management.

Submitters noted that the concepts of risk and risk management are generally poorly understood across all business sectors, with one submitter noting that this is leading to inadequate management in some instances, and overly complex and bureaucratic processes in others. Submitters suggested focusing on risk management would be a way of improving outcomes and ensuring businesses understand and embed appropriate practices. One submitter suggested that enhancing health and safety "literacy" was the most cost-effective way to reduce and prevent harm, and empower workers and SMEs.

Many submitters supported a focus on effective risk management that is proportionate to the risk. However a few submitters expressed concern about the messaging around "managing risks proportionately," suggesting it could be misused. One disagreed with the emphasis on the word

"In our view strong risk management is the cornerstone to good health and safety outcomes."

“proportionate,” as all risks need to be managed and the focus should be on encouraging and measuring effective risk management. Another recommended a greater emphasis on effectiveness.

One submitter noted the link between which risks are managed and the threshold for ACC claims, including flow on changes to what is measured by businesses and government.

“There should be no struggling, confusion or frustration involved in putting together your Health and Safety management system ... we should all be singing from the same song sheet.”

A number of submitters suggested that the Strategy should be clear about tangible actions businesses can take to manage risks well. Some submitters emphasised that the Strategy should not overcomplicate the process, requirements or solutions. Another suggested the strategy should reduce unnecessary paperwork.

A few submitters cautioned against the use of audits as this can drive a focus on paperwork and “set and forget” systems, rather than helping businesses improve their practices.

Critical risks

A group of submitters advocated risk management with a focus on critical risks. One submitter felt it was as important to prioritise agents of harm as the need to prioritise the industries themselves. Another felt that effective risk management needs to ensure that all five categories of risk management were considered including; physical, ergonomic, chemical, biological and physical. A few submitters pointed out there were still gaps in legislation or guidance in areas such as safety critical plant and equipment.

Action areas suggested by submitters:

- clearly identify what “good risk management” looks like for health and safety
- make sure risk management principles are accessible and linked to business outcomes
- ensure WorkSafe has a readily available, simple guide to the Act
- reward good health and safety practices and hold them up as champions
- provide a standardised risk matrix suitable for all business sizes
- establish simple tools to help people manage risks and comply with legislation
- include a review process in risk management systems being developed to help embed the risk management approach in SMEs
- use the international Occupational Health & Safety standard and certification (ISO 45001) to promote good practice

More focus on work-related health

Submitters strongly supported focusing more on work-related health, broadening the health and safety focus from acute harm. These submitters wanted to see a stronger emphasis placed on the ‘health’ component of health and safety. A number of submitters suggested that the focus on risk management meant there was a failure to consider gradual process disease and risks to health associated with hazard exposure. However one submitter cautioned that in seeking to be more comprehensive in the approach to work-related disease,

“Great to see health as a priority not a tack-on.”

traditional occupational health harms in agriculture, forestry and quarrying should not be neglected.

Some submitters said that the roles description in the Strategy needed to strengthen health as a separate specialist area. Others considered the Strategy should promote awareness of the role that health and medical professionals (hygienists, physicians, and occupational health nurses) perform.

"I would like to see the action plans deliver concrete improvements stepping up to the work-related health challenge."

One submitter noted that by engaging with occupational health nurses, WorkSafe could better determine a process for intervening before harm becomes disease. In addition, improving the understanding of work-related causes of harm among general practitioners, frontline medical staff, psychologists and psychiatrists was seen as important.

Other topics mentioned for further focus were women's work-related health, work-related injury management and rehabilitation, and exposure monitoring, including for work-related noise-induced hearing loss.

Focus on psychosocial risks and mental health

A large group of submitters strongly support focussing more on work-related health, including psychosocial risks and mental health.

"Mental health is the elephant in the room of health and safety."

A few submitters pointed out that psychosocial risk can cause harm in multiple ways. For example, mental health can lead to poor physical health (including through stress) and a greater likelihood of accidents, or bullying violence and verbal abuse leading to physical harm (including through limiting workers' ability to speak up). One submitter expressed concern about the levels of client induced violence in the disability support sector.

Focus on workplace bullying

A group of submitters commented specifically on giving workplace bullying more focus with some suggestions on what could be done. Some of the issues raised included: the high levels of bullying in workplaces and the stress this causes; the link between bullying and racism; denial in workplaces that bullying is occurring; limited media attention and; the contributing factors of long working hours and unrealistic expectations.

One submitter talked about their experiences of being pushed into unsafe practices by management and colleagues. A few submitters noted their experience indicated that most workers in New Zealand will have experienced bullying at work, with one characterising bullying as a "pandemic". Submitters considered that all sectors to be affected, including government and the health and safety sector.

Defining work-related health more widely and holistically

Several submitters thought there was a need to define workplace health more widely and holistically. A few felt the definition did not adequately recognise the link between work and home life. A submitter recommended using the World Health Organisation definition which states "the state in which the individual realises his or her own abilities, can cope with the normal stress of life and is able to make a contribution to his/her community."

Wellbeing

There were mixed views on how wellbeing should fit in. A few submitters supported a focus on wellbeing. One submitter advocated for workers to be included in creating systems around personal wellbeing, while another advocated a series of options to help PCBUs see the benefits of meeting the wellbeing needs of their workers. The benefits of “good work” for improving workers’ wellbeing were also raised.

However, several submitters felt there should be less focus on wellbeing and more focus on health and mental health. The reasons given were that the Strategy should be doing the basics of managing health risks rather than “supporting wellbeing.” Another submitter was concerned that the emphasis on wellbeing would detract from the primary duty of care to ensure that there are no adverse effects to workers health as a result of work. One submitter noted it was not clear whether wellbeing was a subset of health. According to one submitter, the Strategy is an opportunity to advise on what wellbeing is.

Action areas suggested by submitters:

- provide a structured regulatory response to latent, long term work-related disease
- explicitly including work-related health in any procurement work
- clear guidance for those experiencing workplace bullying
- a government supported framework for bullying developed with supporting toolkits, on-line learning, training and media awareness
- education campaign around workplace bullying and its impact
- looking at business turnover rates to indicate potential bullying culture
- using Great Britain’s “Health Risks at Work” toolkit
- shared programme of work across government, Mental Health Foundation, businesses, unions, workers, iwi and community groups to lift awareness of the problems and map out solutions.

Future of work and health and safety

A few submitters thought the Strategy should better recognise how technology and other changes to our society will affect the ways of working, and the ways of doing health and safety. This included making better use of predictive modelling technology. These submitters thought the Strategy needed to be more explicit about plans to respond to these changes.

Improving capability through better education and training

A key theme raised by submitters was the need to improve health and safety skills and practice by all people in the system, including health and safety specialists and professionals. Most submitters wanted more available and better quality health and safety education and training to be developed to help businesses to understand their health and safety obligations, and to improve their processes and practices. Both availability (quantity) and quality of training were highlighted as issues.

Some submitters felt that more education, training resources and tools need to be developed, for specific industries and for specific issues. Increased health and safety education and training would help businesses to understand their health and safety obligations, and to improve their processes and practices. In particular, submitters identified the need for more education and training on good risk management, the health and safety legislation and workplace bullying.

Submitters stressed the need for good, practical information that supports learning-based practices, identifies what 'good' looks like, and develop key competencies. Submitters discussed how health and safety messages needed to be communicated well to be effective. However, one submitter noted that training is currently used for corrective action, rather than for looking for the root cause of the issue.

A few submitters thought that New Zealand needed to adopt more internationally recognised training that incorporates international best practice.

One submitter noted that the costs of implementing these programmes should be subsidised so the costs of health and safety training do not become a barrier.

Specific training needs

SMEs, in particular, had issues accessing good quality health and safety education and training. Training was seen as especially important in high risk sectors.

"Access to quality education in provincial areas will make the biggest difference."

Submitters highlighted other groups in the health and safety system that need to improve their skills and capability. Several submitters thought that workers and their health and safety representatives needed better health and safety advice and training to perform their roles well. Others stressed that WorkSafe inspectors should have good technical and specialist knowledge that is industry specific, and noted that good and frequent training is not readily available.

Hazardous substances was highlighted as an area of training needing particular attention, in part because of the increased reliance on training instead of "approved handler" requirements.

A group of submitters discussed the ambiguity and lack of understanding around the Act and its application to SMEs, voluntary associations and PCBUs in general. Many submitters wanted accessible tools and material detailing how the Act applies to different groups and organisations.

Educating early

A group of submitters took a longer-term approach to developing skills and capability for health and safety. These submitters thought that education and training in health and safety should start at school, before young people enter the workforce.

"We need to shape people's behaviour before they join the workforce."

For this reason, these submitters thought the Strategy should focus more on young workers by developing health and safety education programmes at school and in tertiary education providers. Young people would then start work better able to identify risks and hazards; to do risk assessments; speak up assertively; and have a sense of personal responsibility for health

and safety. Early education and training was seen as a way to begin to develop a good health and safety culture in New Zealand and a way to ensure health and safety isn't seen as an "add-on", standalone extra.

Action areas suggested by submitters:

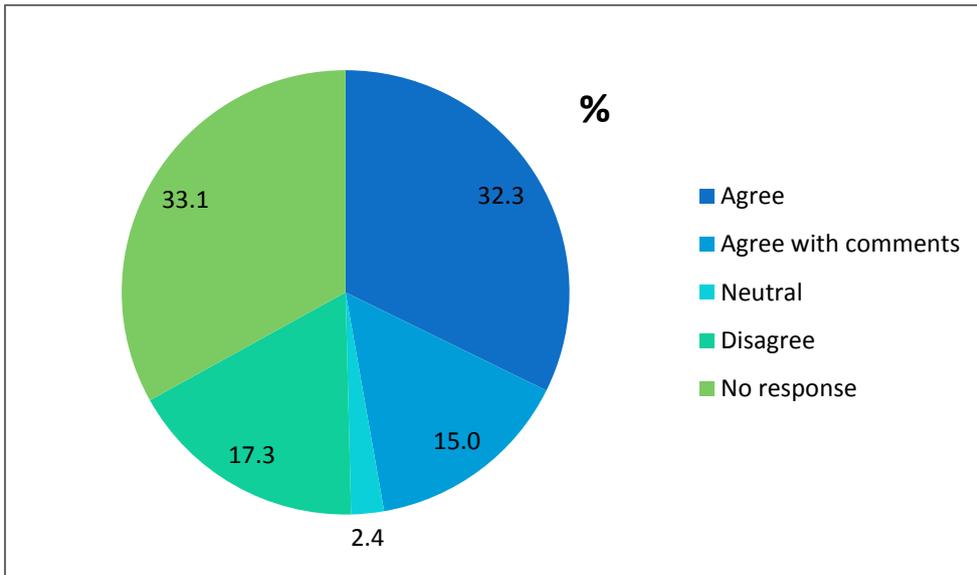
- resources for practical on-the-job skills for HSRs , rather than external training
- recognition and rewards opportunities for HSRs
- better use of new government SafePlus programme
- free or subsidised professional health and safety advice, education, resources, to small businesses, in particular
- endorsing accredited training providers only for First Aid Courses.

Part 4 – System settings

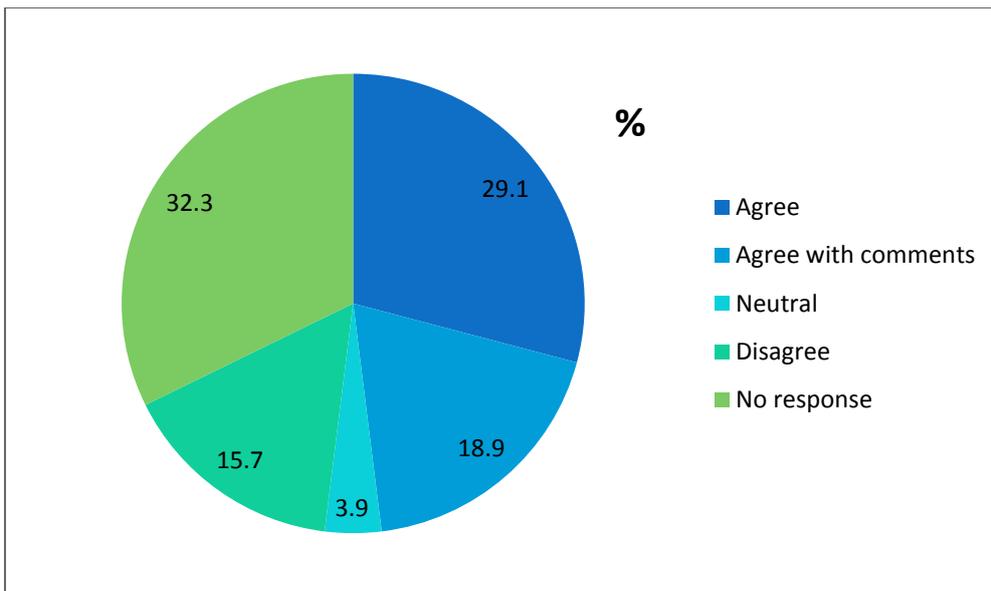
Submitters were asked for views on the roles and responsibilities in the Strategy, and the integration, coordination and alignment activity to support the Strategy. People were asked to respond to the following questions.

1. Does the draft Strategy provide clarity about roles and responsibilities?
2. Does the draft Strategy provide a platform for better coordination and alignment?

“Does the draft Strategy provide clarity about roles and responsibilities?”



“Does the draft Strategy provide a platform for better coordination and alignment?”



Summary – system settings

The submitters who commented on the policy and operational settings for our system had mixed views about whether the roles and responsibilities in the Strategy were clear. Several submitters suggested roles that particular groups should take.

A group of submitters thought the Strategy should focus on encouraging better coordination and alignment through the health and safety system, but were unsure how the Strategy would do this in practice. Several submitters highlighted the importance of a strong, effective regulator to implement this. A group of submitters raised issues about the current legislative and regulatory framework.

Submitters also discussed ways the health and safety system uses positive and negative reinforcement. Submitters raised concerns about poor compliance with health and safety requirements within the system, unclear expectations and inadequate and inconsistent enforcement. For positive reinforcement, several submitters felt that people needed to recognise the benefits of health and safety.

The discussion below is set out according to the key themes raised by submitters:

- roles and responsibilities in the Strategy and the health and safety system
- the integration, coordination and alignment activity to support the Strategy
- positive and negative incentives for health and safety.

Roles and responsibilities in the Strategy and the system

Views were mixed about whether the Strategy provided clarity about roles and responsibilities in the system. One submitter suggested providing a range of example to help clarify roles, as well as noting the points where roles overlap and call for consultation and collaboration. Submitters stressed that people need to have clear roles and responsibilities in the health and safety at work system, but some groups disagreed as to what these were. It was identified by a few submitters that workers do not understand their role in health and safety well. Practitioner roles were highlighted as another area which is not well understood including generalist and specialist roles.

A few submitters thought there should be more focus on the role of sector groups.

A number of submitters highlighted the need for the role of government agencies to be more clear, including the overlapping roles of those agencies. One submitter noted that where enforcement responsibility wasn't clear, businesses focus on the area less. They suggested the Strategy should identify and rectify any gaps in law or practice due to agencies' different ideas about the boundary between limits of their respective roles and responsibilities.

Suggestions for areas needing particular clarification included:

- how WorkSafe and ACC roles relate, including ACC's injury prevention role
- road safety enforcement responsibility, including relationship between WorkSafe and other health and safety regulators, e.g. NZTA and Police
- who deals with mental health.

One submitter suggested that the primary regulator needs to be integrated with health, education, immigration and other systems to be effective.

Submitters also commented on what they thought the roles and responsibilities for government should be:

- WorkSafe and government's role should be to support sectors and industry including industry representative groups
- WorkSafe should target higher risk sectors and businesses
- ACC should focus on high probability/low impact injuries and return to work, and WorkSafe should focus on low probability/high impact injuries, plus mental health (and health more generally)
- WorkSafe should be the sole lead on harm prevention (for acute and chronic conditions)
- WorkSafe Board should be tripartite by law
- NZTA's role should be on par with CAA and Maritime NZ as a designated regulator.

A group of submitters suggested what roles and responsibilities other groups should have, including:

- trade associations and industry groups should represent and educate their members and act as a bridge between WorkSafe and their membership
- medical professionals could play a bigger role in identifying and managing work-related issues.

Integration, coordination and alignment activity to support the Strategy

A large group of submitters discussed the current level of coordination and alignment across the health and safety at work system. There were mixed views about whether the Strategy will be a platform for better coordination and alignment across the health and safety at work system. Several submitters did not think the Strategy was clear about how people will coordinate and align their activities.

A number of submitters stressed the need for better coordination and alignment through the system including better alignment between health and safety, the priorities of individual government agencies, and the wider priorities of the Government itself. For example, several submitters considered that Work and Income New Zealand needed to think about the health and safety record of businesses they referred their clients to before placing people there. One submitter stated that the Strategy aligns well with the joint ACC/WorkSafe plan "Reducing harm in New Zealand workplaces 2016-2019".

Others raised the need to develop a wide political consensus about the need for better health and safety at work.

One submitter noted the importance of clarifying the expectations of each group, as well as working towards a shared goal.

Positive and negative incentives for health and safety

A key theme raised by submitters was how the system uses positive and negative incentives to ensure health and safety was a key theme in submissions.

People need to know health and safety is good for business

A group of submitters talked about the impacts of positive incentives on people's behaviour, to get better health and safety outcomes in New Zealand. Several submitters felt that people need to recognise the benefits of health and safety. They thought that knowing this would incentivise businesses to adopt good health and safety practices. Alignment and coordination across the health and safety system would therefore improve, as health and safety would become part of doing good business. A submitter suggested that, as it stands there are a lack of incentives for specialists in particular to undertake adequate training.

Several submitters thought people needed to take more accountability, regardless of formal compliance requirements. This includes government, businesses, industry groups, workers, unions, and other key stakeholders.

Submitters noted that a positive incentive was removed with the end of ACC's Workplace Safety Management Practice programme. Submitters also noted that this programme did not always provide benefits to businesses, and encouraged a focus on paperwork rather than actual rates of injuries.

Suggestions for new positive incentives included:

- partial reimbursement for high quality reporting
- tax reimbursement for workers participating in health and safety.

One submitter noted the importance of ensuring any incentives system focuses on the right outcomes, and factors in the size of the business.

Health and safety at work regulatory effectiveness

Submitters who commented on incentives mainly focussed on compliance with, and enforcement of health and safety requirements, and whether these tools are improving health and safety outcomes in New Zealand.

A group of submitters expressed views about the health and safety regulatory system and regulatory players in the health and safety system. Submitters stressed the need to have a strong, effective health and safety regulator and effective regulatory system.

While wanting better compliance, a group of submitters also raised concerns about the health and safety requirements people need to comply with, and how to meet them in practice. These submitters felt that health and safety requirements needed to focus less on paperwork, be more pragmatic and take less time to achieve. A group of submitters also thought that the expectations and requirements need to be clearer and more consistent.

Several submitters thought that a lack of compliance with health and safety requirements was an issue in New Zealand, and the Strategy should therefore promote increasing compliance with the law, including through WorkSafe's enforcement function. One submitter suggested that businesses who are found to be in breach of health and safety legislation should be placed under statutory management for a certain period of time.

Many submitters favoured regulator activity that encouraged compliance by enabling people, as well as holding people to account for not complying with health and safety requirements. A group of

submitters raised concerns about how adequately and consistently health and safety requirements are enforced. Submitters thought that enforcement activity should focus on the systemic causes of non-compliance, not just single incidents. Ideas suggested by submitters include WorkSafe visiting workplaces more frequently, in planned and random health and safety audits.

Some felt that specific risk areas needed attention. For example more enforcement may be needed in the hazardous substances regime and for problems with imported machinery.

Several submitters raised concerns about specific parts of the health and safety legislation and regulatory framework they thought needed attention, including:

- how the regulatory standards and systems are set, and what level they are set at
- extending the reach of the regulatory system to areas that are not covered now, such as volunteers
- how high risk sectors are classified.

Part 5 – Turning the Strategy into action

Submitters were asked for views on action planning to implement the Strategy. People were asked to respond to the following questions.

1. *Who needs to be involved in turning the Strategy into action?*
2. *What can you do?*

Summary – Turning the Strategy into action

Less submitters specifically commented on turning the Strategy into action, compared to comments about the vision, priorities, and focus areas in the Strategy. Broad actions suggested by submitters to support the vision, priorities and focus areas are discussed in the relevant section above. This section discusses very specific actions suggested by submitters. Some submitters also expressed an interest in staying involved in implementation.

A key theme was that submitters felt that everyone needs to be involved in implementing the Strategy, including leaders, industry and sector groups, workers, educators and the government. Several submitters liked the idea of setting up a governance group responsible for the Strategy's implementation, making suggestions about who should be on that group and what it should focus on. A group of submitters highlighted the need for good implementation and adequate resourcing for the Strategy to be effective. The submitters who commented on how to plan actions for the Strategy preferred building on existing activity, while focusing on the key focus and priority areas discussed earlier.

The discussion below is set out according to the key themes raised by submitters:

- Who needs to be involved in implementing the Strategy
- Suggested oversight arrangements for implementation
- Positive and negative incentives for health and safety
- What needs to be done for the Strategy to be implemented
- Suggested approach to action planning

Everyone needs to be involved in implementing the Strategy

The majority of submitters commented on who needs to be involved in implementing the Strategy. A key theme was that everyone needs to be involved. People from across the health and safety system need to be committed and participate to successfully deliver the Strategy.

A large number of submitters indicated they wanted to be involved in action planning or delivery of actions to implement the Strategy.

Specific groups that the need to be involved in the Strategy's implementation

Many submitters suggested specific groups that should help implement the Strategy, and indicated the roles these groups should play.

Many submitters thought that leaders with knowledge and expertise from all parts of the system were needed to implement the Strategy. This includes business leaders like iconic large New Zealand

PCBUs, academics and professionals, whose knowledge and expertise should be called upon for taking action.

Many submitters thought that business and industry involvement in implementation was important. These submitters supported taking an industry-led approach, where industry groups, trade

“Industry owned and adopted solutions would appear to offer the best chance of adoption and uptake for each industry.”

associations and industry representatives are actively involved in action planning. Several submitters suggested that the Strategy should be industry-led, with sectors having their own, specific strategies and action groups. One submitter noted that they currently see sector safety bodies driving change at a practical level.

A group of submitters stressed the need for workers and unions to participate in implementing the Strategy, as this would encourage a more proactive approach to health and safety.

A group of submitters also discussed how government should be involved in implementing the Strategy. Submitters favoured government working alongside and supporting industry, as well as with the full range of groups with roles in the system including consumers, community, cultural and professional groups.

Several submitters thought that educators, academics and researchers had a role in making the Strategy a reality. This is because these groups have direct contact with workers and businesses, and are therefore able to influence others’ health and safety practices. Several submitters highlighted the role of health and safety professionals in implementing the Strategy for the same reason.

A few submitters thought there were opportunities for health and medical professionals to play more a role in the health and safety system. This could include education promoting the interface between the health system and the health and safety system.

A few submitters directly referred to working with iwi to implement the Strategy. These submitters felt iwi needed to be involved as the Treaty partner, and because iwi will have insight into the factors that could help reduce the level of harm to Māori workers.

A few submitters suggested it needed to be clear what the regulators’ role would be in implementing the Strategy.

Suggested oversight arrangements for implementation

A group of submitters described the oversight arrangements they thought were needed to successfully implement the Strategy. These submitters favoured establishing a group that would be responsible for the Strategy and its implementation.

They discussed who should be in any oversight group, and what a possible group should focus on. Some noted that an advisory group overseeing the Strategy should be independent. Submitters suggested members such as decision makers like

“Establish bold governance arrangements to support a more agile system.”

chief executives (or equivalent senior business staff), along with representatives from the health sector. Some thought that such a group needed to be tripartite to be effective. A couple of submitters noted that other forums would be needed at lower levels to ensure work is coordinated, given the wide scope of the Strategy.

A few submitters also suggested the functions a governance group should perform, including:

- advising the Minister for Workplace Relations and Safety on the health and safety system
- focusing on the health and safety system at a systems level, by taking on a whole of system governance role
- not focusing on operational policy and practice.

What needs to be done for the Strategy to be implemented

A large group of submitters highlighted the need for the Strategy to be implemented well. They stressed the need to plan how to align and coordinate existing and new activities across the health and safety system.

*“Naku te rourou nau te rourou ka ora ai te iwi
With your basket and my basket the people will live.”*

These submitters thought that clear and consistent communication, training and guidance were important to implement the Strategy. Good communication and education would ensure that everyone understands the focus of the Strategy and is working towards a common vision.

A group of submitters also stressed the need for adequate funding and resourcing, if the Strategy is to be implemented well. These submitters felt that adequate funding and resourcing was crucial to:

- taking a tripartite approach to implementing the Strategy
- successfully leveraging roles and responsibilities under the Strategy.
- focusing on areas of high risk, including SMEs.

Action areas suggested by submitters:

- conferences once or twice yearly to share learnings best practice and celebrate success
- more funding for work-related health
- looking at international guidance for operationalising the Strategy.

Suggested approach to action planning

Many submitters had suggestions for how to plan to take action under the Strategy. The submitters who commented on this section preferred to build on existing activity, including by:

- continuing to focus on high risk areas and industries
- develop sector action plans
- incorporating the Strategy and its goals into existing training, workshops and safety talks.

These submitters also favoured businesses and other stakeholders aligning their strategic planning with the Strategy.

Submitters suggested a range of specific actions that could be carried out under the Strategy. Actions to boost activity in particular areas are discussed in their relevant sections above.

Action areas suggested by submitters:

- develop workforce development plans to boost the capability of health and safety professionals
- develop communities of practice for health and safety leadership
- Government partnering with providers on key initiatives like planting a billion trees and Kiwi build to ensure there are no fatalities associated with these initiatives
- develop concrete ways to align and lift government procurement expectations and practices
- apply action plans to government agencies first
- develop action plans to boost the capability of SMEs
- develop action plans to address work-related health issues.

Several submitters gave examples of best practice in health and safety. They thought these examples could be used to inform action planning under the Strategy, and provide inspiration to people doing health and safety. People mentioned the following best practice examples:

- “Farm Strong” as example of engaging well with specialised workforces
- Initiatives such as the Business Leaders’ Health and Safety Forum – use model across specific sectors
- World Health Organisation Healthy Workplaces model
- Capital & Coast District Health Board as an example of a District Health Board who has an active approach to supporting the health of their workforce
- London Olympics as an example of a project with major contracting arrangements delivered without fatalities
- Canterbury Rebuild Safety Charter
- Joint New Zealand Nurses Organisation and District Health Board Safe Staffing Healthy Workplaces Unit
- researcher David Walters’ conditions for good worker engagement, representation and participation
- good health and safety practices in the civil aviation sector
- specific examples of health and safety education and training models, including education programmes aimed at health and safety professionals
- kaupapa Māori models and tikanga principles.

List of Submitters

No.	Type	Submitter
001	Business	Bridgestone
002	Individual	Chris Alderson
003	Business	Iron Mountain Australia Group
004	Health and Safety Practitioner	Name withheld
005	Health and Safety Practitioner	R&G Health and Safety Coaching
006	Individual	Derek Stannard
007	Individual	Name withheld
008	Health and Safety Practitioner	Don Rhodes
009	Health and Safety Practitioner	Name withheld
010	Individual	Joanna Cranness
011	Individual	Jason Hanham
012	Individual	Sandra Stevenson
013	Health and Safety Practitioner	Jason Stapp
014	Health and Safety Practitioner	Jan Houston
015	Business	EROAD Ltd
016	Individual	Name withheld
017	Individual	Name withheld
018	Health and Safety Practitioner	Summit Systems Ltd
019	Business	Wellington Earthworks & Drainage Ltd
020	Health and Safety Practitioner	Robert Powell
021	Health and Safety Practitioner	Grant Plumbly
022	Health and Safety Practitioner	Kathy Shaw
023	Health and Safety Practitioner	The Learning Wave
024	Non Business Organisation	Federated Mountain Clubs
025	Health and Safety Practitioner	Trudy Downes
026	Government	Department of Corrections
027	Health and Safety Practitioner	Chris Ponga
028	Individual	Hannah Patten
029	Health and Safety Practitioner	Mandy Gudgeon
030	Health and Safety Practitioner	Land and Sea Health and Safety Systems
031	Health and Safety Practitioner	Michael Gott
032	Health and Safety Practitioner	Resolution consultancy
033	Academics and researchers	Superdiversity Centre for Law, Policy and Business
034	Non Business Organisation	Workbridge
035	Non Business Organisation	New Zealand Red Cross
036	Health and Safety Practitioner	Ran Paenga
037	Union	E tū
038	Individual	Howard Hutchins-Pond
039	Individual	Natalie Spray
040	Health and Safety Practitioner	Air Matters Ltd
041	Industry Association	Roofing Association of New Zealand
042	Industry Association	WasteMINZ (Health and Safety Sector Group)
043	Health and Safety Practitioner	Denise M Steele
044	Health and Safety Practitioner	Don Auckram
045	Individual	Jarred Moroney
046	Individual	Richard Hedley

047	Health and Safety Practitioner	Doubtless Safety
048	Health and Safety Practitioner	Agricultural Risk Management Associates Ltd
049	Business	Port of Tauranga Ltd
050	Individual	John Skudder
051	Industry Association	MinEx
052	Non Business Organisation	New Zealand Police Association
053	Business	Hancock Forest Management (NZ) Ltd
054	Health and Safety Practitioner	New Zealand Occupational Health Nurses Association
055	Health and Safety Practitioner	SiteSafe
056	Health and Safety Peak Body	New Zealand Institute of Safety Management
057	Non Business Organisation	Mental Health Foundation of New Zealand
058	Individual	Craig Shannon
059	Health and Safety Practitioner	Mel Brown
060	Individual	Claire Johnson
061	Business	Tonkin + Taylor
062	Health and Safety Peak Body	Health and Safety Association of New Zealand
063	Individual	Brigid Marsh
064	Industry Association	Motor Trade Association
065	Individual	Stephen Howard
066	Individual	Sheldon Walthew
067	Individual	Bevan Johnstone
068	Individual	Jim Allardyce
069	Industry Association	Electricity Engineers Association
070	Health and Safety Practitioner	Kelly Deathe and Glenn Taylor
071	Individual	Name withheld
072	Health and Safety Peak Body	Steering Committee of the Northland Health and Safety Forum
073	Individual	Ann Macrae Fullerton
074	Health and Safety Practitioner	New Zealand Occupational Health Society
075	Non Business Organisation	Working Women Resource Centre
076	Union	New Zealand Council of Trade Unions
077	Business	Vector Ltd
078	Individual	Brent Miller
079	Business	Fulton Hogan
080	Health and Safety Representatives	Hancock Forest Management (Peak HSE Committee)
081	Iwi	Te Rūnanga o Ngāi Tahu
082	Health and Safety Practitioner	Employer & Manufacturers Association Northern Inc
083	Health and Safety Practitioner	New Plymouth Injury Safe
084	Health and Safety Practitioner	HiViz Event Management Ltd
085	Business	Parker Cowan Lawyers
086	Health and Safety Practitioner	PGG Wrightson (Health and Safety Team)
087	Academics and researchers	University of Otago (Occupational Health and Safety)
088	Business	MinterEllisonRuddWatts
089	Non Business Organisation	Shine
090	Health and Safety Peak Body	Forest Industry Safety Council
091	Health and Safety Peak Body	Agricultural Leaders Health & Safety Action Group
092	Government	Ministry of Social Development (Oranga Tamariki Shared Health Safety & Security)

093	Health and Safety Practitioner	Chris Peace
094	Union	FIRST Union
095	Government	Office for Disability Issues
096	Business and Union	Hazel Armstrong Law and Rail and Maritime Transport Union
097	Industry Association	Forest Owners Association
098	Union	New Zealand Meat Workers Union
099	Health and Safety Practitioner	Falcon Planning Ltd
100	Business	Precinct Properties New Zealand Ltd
101	Business	Riteway Rigging & Scaffolding Ltd
102	Individual	Name withheld
103	Individual	William Holmes
104	Industry Association	Horticulture New Zealand
105	Non Business Organisation	St John New Zealand
106	Health and Safety Practitioner	Caroline Hunter
107	Health and Safety Practitioner	Nick Reedy
108	Industry Association	Electricity Networks Association
109	Industry Association	The Institute of Refrigeration Heating & Air Conditioning Engineers of New Zealand Inc and Climate Control Companies Association of New Zealand
110	Business	Fonterra Co-Operative Group Ltd
111	Individual	Peter Fitt
112	Non Business Organisation	Deaf Action (New Zealand)
113	Industry Association	Federated Farmers of New Zealand
114	Individual	Name withheld
115	Health and Safety Practitioner	4C Health and Safety Ltd
116	Industry Association	New Zealand Winegrowers
117	Health and Safety Peak Body	Responsible Care New Zealand
118	Union	New Zealand Nurses Organisation
119	Health and Safety Practitioner	Regulatory framework industry working group
120	Health and Safety Peak Body	Business Leaders Health and Safety Forum
121	Health and Safety Practitioner	Hasmate
122	Individual	Sarah Fair
123	Health and Safety Peak Body	Royal Society for the Prevention of Accidents (Scotland)
124	Non Business Organisation	New Zealand College of Midwives
125	Individual	Anonymous
126	Health and Safety Practitioner	Occupational Health Nurses Association (Waikato Group)
127	Academics and researchers	Health Benefits of Good Work Signatory Steering Group