

## **ACC Safety Taskforce:**

*Q1. What do you think is driving the differences in workplace health and safety outcomes for different demographic groups?*

- Males are disproportionately represented in high risk jobs – 7% of the our work force are female and most of that 7% are office based.
- Most females are smaller in stature and have less strength than males. This forces them to think of alternative ways to complete physically demanding jobs that put people at risk of injury.
- Older workers face the cognitive decline that is associated with older age.
- Older workers are typically more resistant to safety management, unless it is run from a floor-up approach.
- Time in role for older workers means that they would have been exposed to health risks that the new generations would not have. This is due to improvements in monitoring, hazard identification, automation and other such factors.
- As per the statistics, Maori and Pacific Island workers appear to sustain more injuries than other ethnic groups. However, our observation is that this group of people is disproportionately represented in higher risk jobs. We do not know why.
- Socio-economic conditions means that some people are never exposed to good learning environments or opportunities. This could make them high risk people in the work place as they may struggle to learn the non-core tasks of the role i.e. safety or quality related work.
- The impact of poor schooling may result in lowered cognitive function, meaning people from this category working in high risk jobs are more likely to have more incidents than those people who have had better education opportunities and have developed high levels of cognitive function. This is due to a number of factors:
  - Learning or taking information and transferring it to usable knowledge is a skill that is taught to us and that we acquire under the correct learning contingencies.
  - Lack of neural stimulation from learning and interacting with others between the ages of 0-5 has been shown to inhibit cognitive development later in a child's development. Under some circumstances this deficit cannot be reduced.
  - This means that when these people enter the workforce and are employed in high-risk jobs they will struggle to learn the appropriate levels of risk assessment, hazard identification and control.
- Self employed or smaller businesses may be more susceptible to injuries due to safety resources and management being costly both financially and with regards to time. With more immediate business demands it is possible that safety requirements are lower on the list of priorities.
- Safety for smaller businesses may be a 'future' concern that costs money that is not readily available to spend. This means that safety related training and

resources are not available at the times they should be (by law or by necessity).

*Q2. What changes are needed to the workplace health and safety framework to improve outcomes for demographic groups with higher than average rates of injury and illness?*

- Use training techniques suitable for those who have not had the opportunity learn how to retain and apply learned information.
- We need to identify at risk behaviours in at risk groups and target those behaviours.
  - Invest time and resources to analyse why/how/when/where these at risk behaviours are happening.
- Consequences for the employer need to be immediate and certain for breaches of legislation.
- The government bodies associated with safety management need to do more assurance auditing.

*Q3. What do you think the challenges are with the current workplace health and safety regulatory framework?*

- There are consultants out there who are marketing products that are not empirically supported or in line with the legislation and there is no system in place to protect businesses from these.
- The framework is very top down with little to no buy in.
- Our experience with the Department of Labour has sometimes left us in no better position when we have gone to them with questions regarding the application of the legislation. We have found that we don't often receive practical help.
- The framework is very reactive in its approach to managing safety.
- There does not appear to be a lot of focus on small to medium sized businesses and the safety issues they face i.e. limited resources and capital.

*Q4. How do you think the workplace health and safety regulatory framework could be improved?*

- While regulators will always need to retain a level of enforcement of compliance, a more proactive approach involving coaching and mentoring would be very effective.
- Initiate a forum that includes multiple businesses of differing sizes so that the framework is user friendly.
- Behavioural safety psychologists should be involved in the design of the framework as they have an in depth understanding of how the patterns of human behaviour influence a persons safety.
- There should to be tighter regulations for safety consultants and the products they sell to ensure that companies are implementing effective safety management tools and systems.
- Legislative documents and other help documents need to be easier to source and understand.

- Department of Labour needs to be able to provide more practical advice than they currently do. Our experience is that they often read straight from the policy documents rather than helping us to understand how we apply that policy.

*Q5. How effective are the regulators in influencing workplace health and safety outcomes?*

- The regulators do not appear to be effective at influencing health and safety outcomes. They seem to be more involved post-incident which is too late. However, as a regulatory body it is to be expected that their time would be spent post-incident.

*Q6. How could the regulators' roles and responsibilities be changed to improve their effectiveness in influencing workplace health and safety outcomes?*

- More auditing and visibility in the workplace in a proactive way.
- More coaching of HSE professionals from government agencies.
- Help with identifying best practice and knowledge transfer.
- A more formal link between HSE reps and DoL representatives would be beneficial. It would allow a better cascade of information right down to the shop floor.

*Q7. What impacts are New Zealand's changing workforce and work arrangements having on workplace health and safety outcomes?*

- Cultural diversity – difference in values and understanding (especially with regards to how different cultures teach and learn). This affects safety because different cultures accept different levels of risk. This risk tolerance does not change as soon as the individual resides in another country.
- Language barriers. In our experience most safety documents in New Zealand are only written in English.
- Automation has made roles more complex which requires a higher level of mental processing. This affects safety because a lot of these roles are still entry level roles that typically don't require higher levels of education. So there is an imbalance between what is required in the role and what is required in order to be considered for the role.
- There is a growing focus on cost and profitability which means its not enough only be good at the core tasks of your role.

*Q8. What changes to the workplace health and safety framework, if any, are needed as a result of the changing workforce and work arrangements?*

- Identifying at risk behaviours and training needs should take care of these issues.

*Q9. How effective do you think worker participation is in improving workplace health and safety in New Zealand?*

- It is very effective if you have good support from leadership. This support needs to cover standards, resources, processes etc.

- In our experience, some of the workforce see this participation as extra work because the work has never been done to gain proper buy-in.

*Q10. What improvements can be made to worker participation in workplace health and safety so as to get better workplace health and safety outcomes?*

- Provide more recognition.
- There should be more support so people can participate in safety improvement work that falls outside of their core tasks.
- Need to make safety appealing to people i.e. utilise peoples experience and knowledge in an approach that is both bottom-up and top-down rather than just top-down.
- Within leadership teams, there needs to be a better understanding of the value of safety.
  - In our experience some leaders still see safety as a cost rather than an investment.

*Q11. To what extent do directors and other senior leaders provide effective leadership and governance of workplace health and safety?*

- Within some organisations:
  - Strategic plan is cascaded down to all levels of the organisation.
  - Innovation awards – these recognise extra work that employees have done to reduce or eliminate risks on site.
  - Provide a structure to support policies, procedures etc.
  - Funding for consultants, training, PPE, trials of different safety processes and tools.
  - Recognition provided for safety performance –have a incentive system and people get mentioned at leadership meetings.
  - Monitor lagging indicators.
  - Town hall meetings.
  - Effectiveness audits of critical controls.
  - Brick time.

*Q12. What improvements can be made to directors' and other leaders' participation in workplace health and safety, so as to get better workplace health and safety outcomes?*

*Q13. To what extent do firms have the capacity and capability to effectively manage workplace health and safety issues (including through accessing external resources)?*

- Businesses might struggle to find resources (people and money). This is because a comprehensive safety programme requires significant resources for understanding and complying with legal requirements, training, procedure development, systems, mentoring and coaching.

*Q14. What options are there for improving firm level capacity and capability to deliver better workplace health and safety outcomes?*

- Make safety more affordable. Some training could be subsidised by the government.
  - WAH training as an example.
- Demonstrate the economic benefits of safety. This would require buy-in so that the target groups understood the benefit of keeping their employees safe.
- Have stricter compliance expectations. This would require harsher penalties for non-compliance and more assurance auditing.

*Q15. How effective are existing financial and non-financial incentives in improving workplace health and safety outcomes?*

- In our experience, financial incentives for improving safety, such as the end of year bonus, are seen as a given – not something that is earned from being safe.

*Q16. How could incentives be better used to improve workplace health and safety outcomes?*

- Use pin-pointed behavioural expectations. Pin-pointed expectations are written in such a way that they precisely describe what an individual must do in order to achieve a requirement.
- Base incentives on leading indicators.
- Recognition based on the positive things companies are doing.

*Q17. How successful are government, industry, corporate or other potentially influential bodies in influencing health and safety outcomes beyond their own workplaces (for example through influencing their suppliers, counterparts and competitors)?*

- Standards and policies that we must abide by.
- Preferred supplier listing
  - Level II accreditation.
- Workplace audits.
- Avoid doing business with unsafe people/companies.
- In our experience, the government legislation is not particularly good at keeping contractor groups safe. This is because some groups are not very familiar with all of the legislation.

*Q18. What could be done to get government, industry, corporate or other potentially influential bodies to exert greater influence on improving workplace health and safety outcomes beyond their own workplaces?*

- It is the responsibility of the management of the supplier group. If they are not onboard it makes it very hard to have a positive impact on their safety. Government would need to focus resources on these particular groups so that when they go and work for other groups they are compliant.

*Q19. How strong is New Zealand's current approach to regulating major hazards?*

- Based on the recent major safety events such as Pike River and the Rena grounding, it appears that the current approach is very time consuming and is not producing a lot of usable information.

*Q20. What improvements to the regulation of major hazards would lead to better workplace health and safety outcomes?*

- Quicker turn around on investigations.
- Share learnings quickly.
- Other recommendations other than "you must comply with".

*Q21. What are the most significant challenges to managing occupational health risks and exposure to hazardous substances?*

- Education and product knowledge.
- People not recognising the seriousness of on-going exposure to health risks.
- Aging work force.

*Q22. What changes could be made to the existing workplace health and safety framework to reduce the harm caused by occupational disease and ill-health?*

- Do health issues get as much focus as safety events?

*Q23. What workplace health and safety challenges are specific to the self employed and small to medium enterprises?*

- Access to resources.
- Time.
- Who pays.
- Remoteness for work sites. Forestry & Farming. How can they easily access all the info they may need etc out in the middle of no where. That may be why they wing it and at times get caught out.

*Q24. What improvements could be made to the workplace health and safety framework, and its implementation, to ensure that its effective for self employed and small to medium sized enterprises?*

- Needs to be more realistic.
- Easy to understand.
- Involving these groups in the design of standards and legislation.

*Q25. To what extent are New Zealand's workplace injury and occupational disease data collection mechanism conducive to robust monitoring, investigation and comparative analysis?*

- We don't see any.
- We only see prosecutions.
- Best practice transfer non-existent.

*Q26. What opportunities are there for improving data collection, integration and reporting?*

- Collect data that can be used by businesses i.e. critical safe behaviours that commonly cause incidents.
- No push reporting.

*Q27. Do you think New Zealand culture influences our workplace health and safety outcomes?*

- Yes. Too relaxed about safety, hazards in particular.
- Very high tolerance and acceptance levels.
- Lack of understanding/appreciation for academic research.

*Q28. What might we do to improve our culture relating to workplace health and safety?*

- Safety needs to be seen as an investment not a cost.
- Increased supervision.
- Pitch at employees – whats in it for me?