



Strategic Review of the Workplace Health and Safety System

Submission template

This template can be used to make a submission to the Independent Taskforce on Workplace Health and Safety. The template does not limit the length of your answers, and you can attach documents to supplement your answers if you wish. Alternatively, you can use the on-line questionnaire to make a submission, which can be found at www.hstaskforce.govt.nz. The on-line questionnaire restricts the length of your answers to about 300 words per question.

Please refer to the taskforce's consultation document, *Safer Workplaces* before completing this template. The consultation document can be found at www.hstaskforce.govt.nz

About you

* Indicates mandatory questions

1. *Your full name:

Charles Hayward

2. *Is this submission on behalf of an individual or an organisation?

☐ Individual ☒ Organisation

Name of organisation:

3. *Region

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Northland | <input checked="" type="checkbox"/> Whangarei | <input checked="" type="checkbox"/> Auckland |
| <input checked="" type="checkbox"/> Waikato | <input checked="" type="checkbox"/> Bay of Plenty | <input checked="" type="checkbox"/> Gisborne |
| <input checked="" type="checkbox"/> Hawke's Bay | <input checked="" type="checkbox"/> Taranaki | <input checked="" type="checkbox"/> Manawatu-Wanganui |
| <input checked="" type="checkbox"/> Wellington | <input checked="" type="checkbox"/> Marlborough | <input checked="" type="checkbox"/> Nelson |
| <input checked="" type="checkbox"/> West Coast | <input checked="" type="checkbox"/> Canterbury | <input checked="" type="checkbox"/> Otago |
| <input checked="" type="checkbox"/> Southland | <input type="checkbox"/> Overseas | |

4. *Respondent category

- | | |
|--|---|
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> Not in paid employment |
| <input checked="" type="checkbox"/> Manager | <input type="checkbox"/> Occupational health nurse |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Health and safety practitioner |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Employee representative | |

5. *Which type of industry do you manage, own a business in, or work in?

- ☐ Agriculture
- ☐ Forestry
- ☐ Fishing
- ☐ Mining
- ☐ Manufacturing
- ☐ Electricity, Gas, Water and Waste Services
- ☐ Construction
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Accommodation and Food Services
- ☐ Transport, Postal and Warehousing
- ☐ Information Media and Telecommunications
- ☐ Financial and Insurance Services
- ☐ Rental, Hiring and Real Estate Services
- ☐ Professional, Scientific and Technical Services
- ☐ Administrative and Support Services
- ☐ Public Administration and Safety
- ☒ Education and Training
- ☐ Health Care and Social Assistance
- ☐ Arts and Recreation Services
- ☐ Other Services

6. *Size of business that you own / manage or work for?

- | | |
|--|--|
| <input type="checkbox"/> Self employed | <input type="checkbox"/> 20-49 employees |
| <input type="checkbox"/> 1-5 employees | <input type="checkbox"/> 50-99 employees |
| <input type="checkbox"/> 6-9 employees | <input checked="" type="checkbox"/> 100+ employees |
| <input type="checkbox"/> 10-19 employees | |

7. Gender

☒ Male ☐ Female ☐ Other

8. Age

- | | |
|--------------------------------|---|
| <input type="checkbox"/> 15–24 | <input checked="" type="checkbox"/> 45–54 |
| <input type="checkbox"/> 25–34 | <input type="checkbox"/> 55–64 |
| <input type="checkbox"/> 35–44 | <input type="checkbox"/> 65+ |

9. Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> NZ Maori | <input type="checkbox"/> Asian |
| <input checked="" type="checkbox"/> European | <input type="checkbox"/> Middle Eastern/Latin American/African |
| <input type="checkbox"/> Pacific Island | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Other European | <input type="checkbox"/> Do not wish to indicate |

10. Your contact details

Phone number(s)

Email address:

Please tick the boxes below as appropriate

- ☒ I consent to my submission being placed on the Independent Taskforce on Workplace Health and Safety website
- ☐ I would like my name withheld from publication (submissions from individuals only)

Please note that your name and contact information, including any personal information, is being collected so that the Independent Taskforce on Workplace Health and Safety can publish the names of people and organisations who or that made submissions, follow up with a respondent if any submission needs clarification, and for the general purposes of the Strategic Review of the Workplace Health and Safety System. The Independent Taskforce on Workplace Health and Safety is the intended recipient and holder of the information and can be contacted at PO Box 3705, Wellington, New Zealand. In accordance with Privacy Principle 7, you have the right to access and correct any personal information you provide.

Submission template questions

Please answer the following questions and feel free to attach any supporting documents.

If you are completing the template on paper, please feel free to add other pages but make clear which questions your answers refer to. **If you are completing the template electronically** and need more space for any of your answers, please write the rest of your answer into another document, making clear which question your answer refers to, and attach it when you send your completed submission template to us. The answer fields below hold approximately 430 words.

Who gets hurt, killed or suffers from ill-health or disease as a result of work?

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

Lack of English language competency and lack of familiarity with Kiwi workplace practices are major factors in employees not understanding and not complying with H&S regulations - and therefore getting injured.

Paragraph 56 on the consultation document states "Other' workers fare worst, 33 per 1,000 FTE' around twice the rate of Maori (18%), Pacifica (15%) and Pakeha (14%).

In addition, para 56 reports that self-employed workers face twice the injury rate of workers in employment relationships. It is well documented that many new migrants, unwilling or unable to find work in mainstream jobs, become self-employed and once again, lack of English language competency and lack of familiarity with kiwi workplace practices and regulations contributes to their high injury rate.

Para 58 also notes the high rate of injury among 'sub-populations' engaged in seasonal work. This refers at least in part to migrant groups where the above references to lack of English language competency and lack of familiarity with Kiwi workplace practices again apply.

2. 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?

1. Provide H&S and induction information in plain English
2. Provide H&S and induction information in the workers' native language
3. Provide H&S info in poster and video format
4. Ensure migrant workers have access to Language Line and other agencies that can support them (like Settlement Support)
5. Use H&S as a vehicle for providing Literacy, Language and Numeracy training to those workers that need it.

Regulatory framework

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

Thorough as it is, it has not considered all segments of its audience. Much of the information is written in a formal style and uses technical jargon which is inaccessible to workers with low levels of literacy, language and numeracy. The number of people in New Zealand affected by low levels of LLN is significant, with 400,000 adults in Auckland alone in this category (see Auckland Council's 'Did you know' video).

4. How do you think the health and safety regulatory framework could be improved?

1. Consider how best to reach those with low levels of literacy, language and numeracy
2. Promote the relationship between H&S training and increased productivity (lean manufacturing etc.) to get employers' 'buy-in'
3. Promote the use of kpi's around H&S in the performance appraisal's of all middle and senior managers

Regulators' roles and responsibilities

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

More research needs to be done on how to reach workers from non-English speaking backgrounds (NESB) in order to keep them safe at work

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

See #5 above

New Zealand's changing workforce and work arrangements

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

The NZ workforce is becoming more ethnically diverse, and will become more and more so in future. If people from NESB are to be kept safe at work, there needs to be appropriate access to H&S information and training for these people.

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

1. Companies need to think about diversity in their workplaces - not just the commercial advantages that having a diverse workforce can lead to but how best to train and protect the employees whose first language is not English, or who may have literacy and numeracy issues.

2. Part of working with diversity means having migrant workers in leadership positions. These key people can ensure H&S training is appropriate for migrant workers and they can monitor the effectiveness of the training. They can also ensure that H&S training is ongoing and effective for the migrant workforce.

Worker participation and engagement

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

In accordance with lean manufacturing principles, involving the workers in the development of processes that affect them, (like keeping safe at work), produces the most meaningful (productive) results. Workers who have been involved with the development of H&S systems are likely to understand them, 'buy-in' to them and follow them. For workers whose first language is not English, however, systems need to be put in place that allow them to participate meaningfully in this development process. This may mean having interpreters, conducting meetings in the workers' first language or providing English Language support so that, in time, these people can participate in discussions in English.

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

please see #9 above

Leadership and governance

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

Directors and senior leaders may well provide effective leadership and governance of workplace H&S, but there need to be appropriate channels of communication down to workers at the coal-face. If these workers have language, literacy and numeracy issues, they will not be able to access the concepts of the 'effective leadership and governance'.

The key is in the word 'provide'. While senior leaders may be able to DEVELOP H&S leadership and governance strategies, they may need to employ language, literacy and numeracy specialists to make these strategies accessible, that is to do the PROVIDING, in such a way that all workers engage with the H&S policies and procedures.

12. 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?

Please see #11 above

Capacity and capability of the workplace health and safety system

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

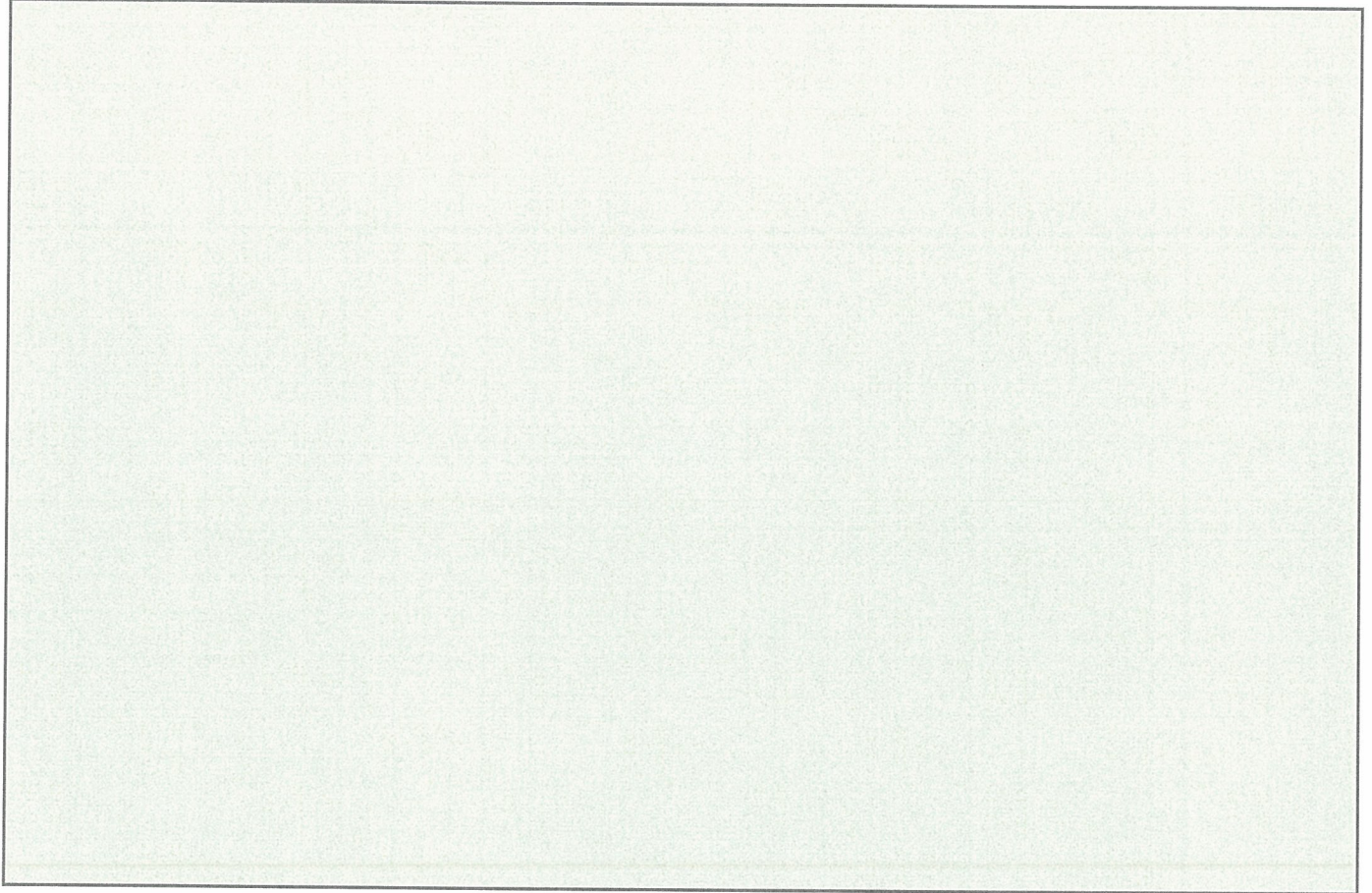
As para 174 notes, 'basic language, literacy and numeracy competencies of employees and managers are important features of the workplace environment which have been linked to improved health and safety outcomes. This being so, it stands to reason that support in LLN needs to go hand in hand with H&S training / induction and other forms of training.

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

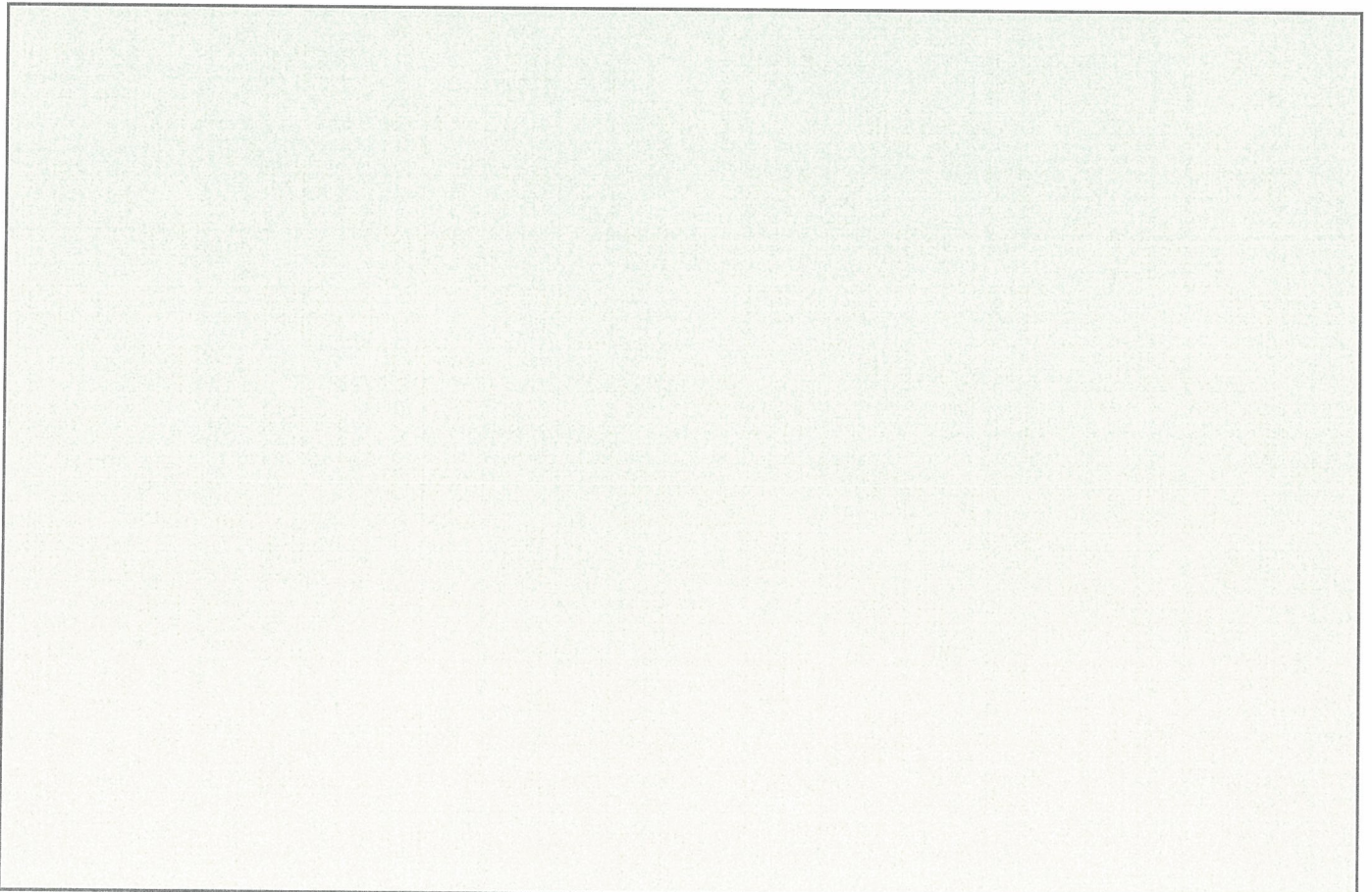
1. Increase awareness of the importance of the relationship between LLN levels and the safety (and productivity) of workers.
2. Use internal capacity to carry out all training and induction in ways appropriate to the LLN levels of employees and / or
3. Access the expertise of external organisation skilled in the appropriate delivery of training (i.e. LLN embedded provision)

Incentives

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



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



Influencing health and safety outcomes beyond one's own workplace

17. 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)?

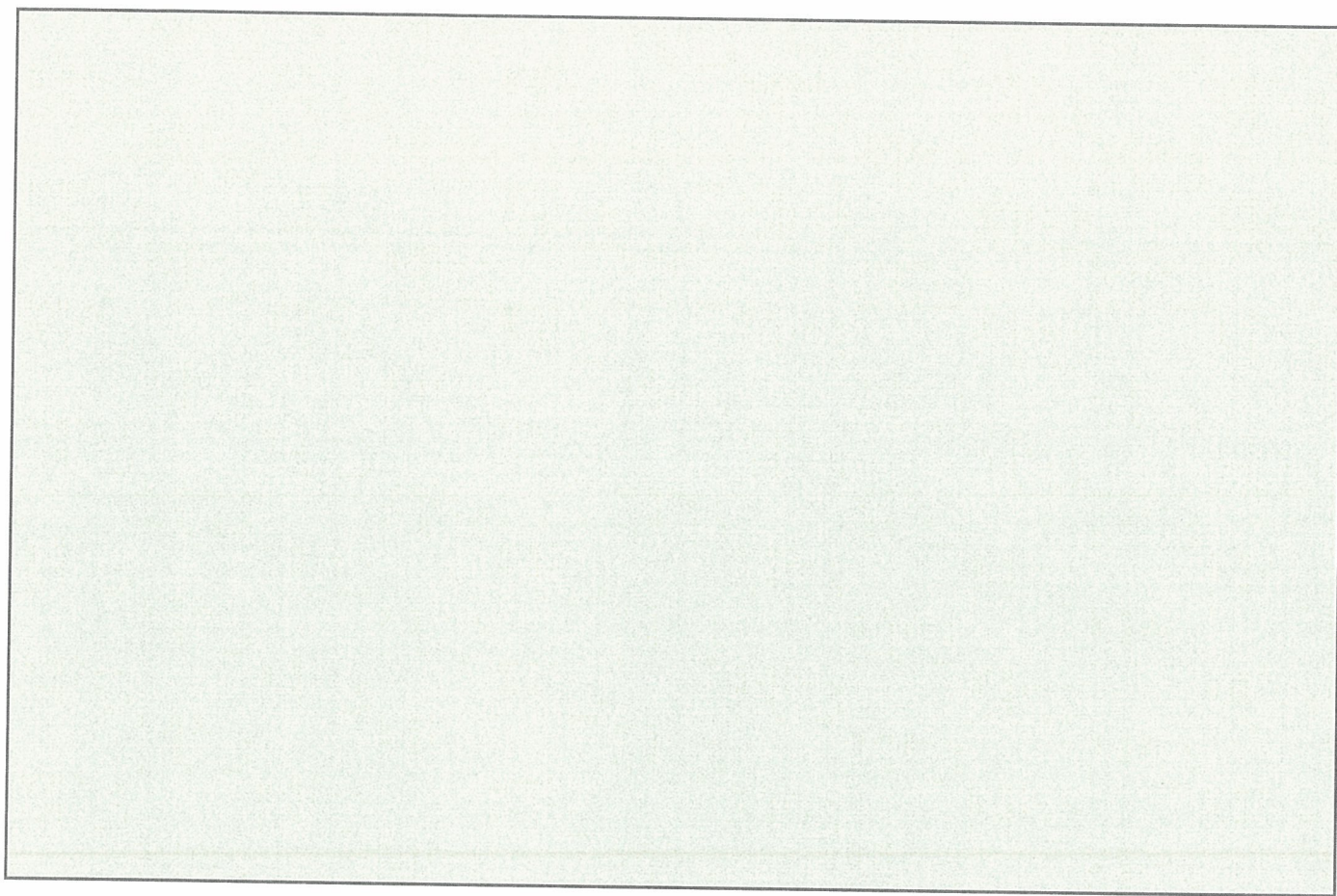
ITOs have a role to play and H&S components are usually included in vocational training qualifications. However, assessment and moderation of these unit standards often focusses on the academic aspects of whether or not enough evidence has been gathered for a trainee to pass all the 'performance criteria' of the unit standard, and once the unit standard is passed it remains permanently on the trainees record of learning.

There needs to be a real-world approach where passing the H&S unit standard is just a beginning and employers need to train workers in all the other H&S aspects relevant to their workplace. Also, workplace procedures often change, and employees move to different roles so H&S needs to be ongoing, not simply signed off at induction time or done and dusted once the U/S is passed.

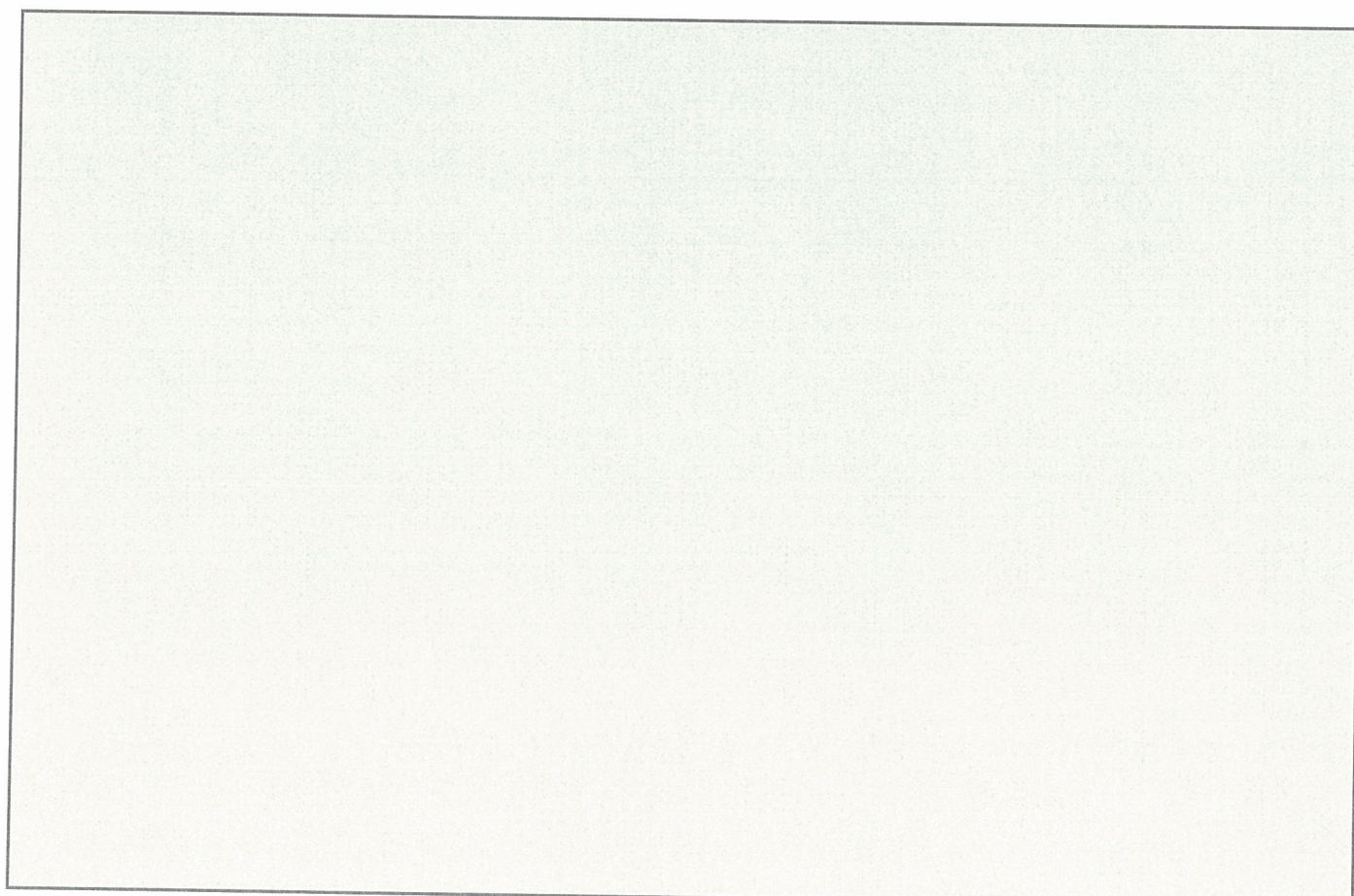
18. What could be done to get government, industry, corporate or other potentially influential bodies to exert greater influence on improving workplace health and safety outcomes beyond their own workplaces?

Major hazards

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

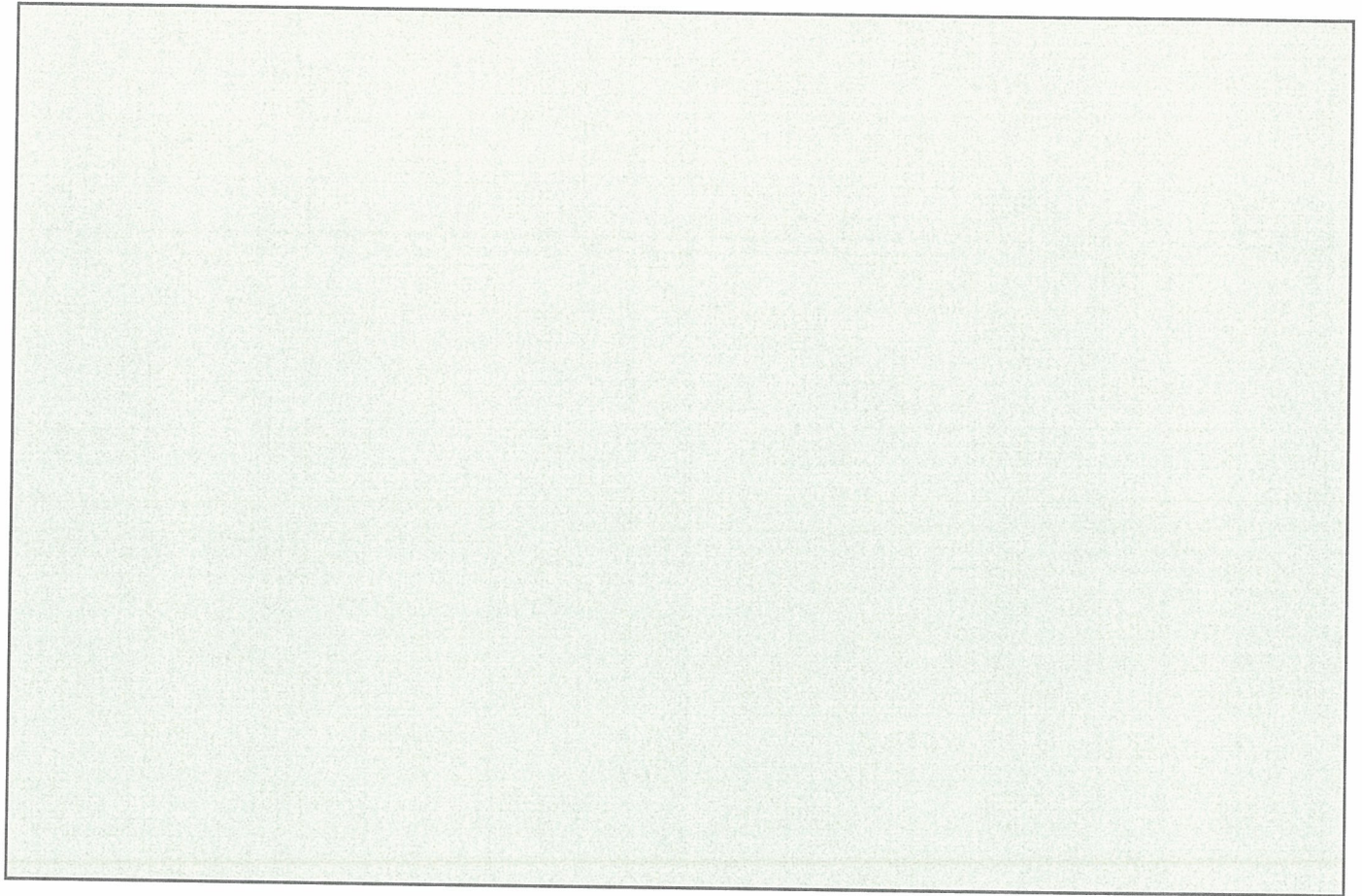


20. What improvements to the regulation of major hazards would lead to better health and safety outcomes?

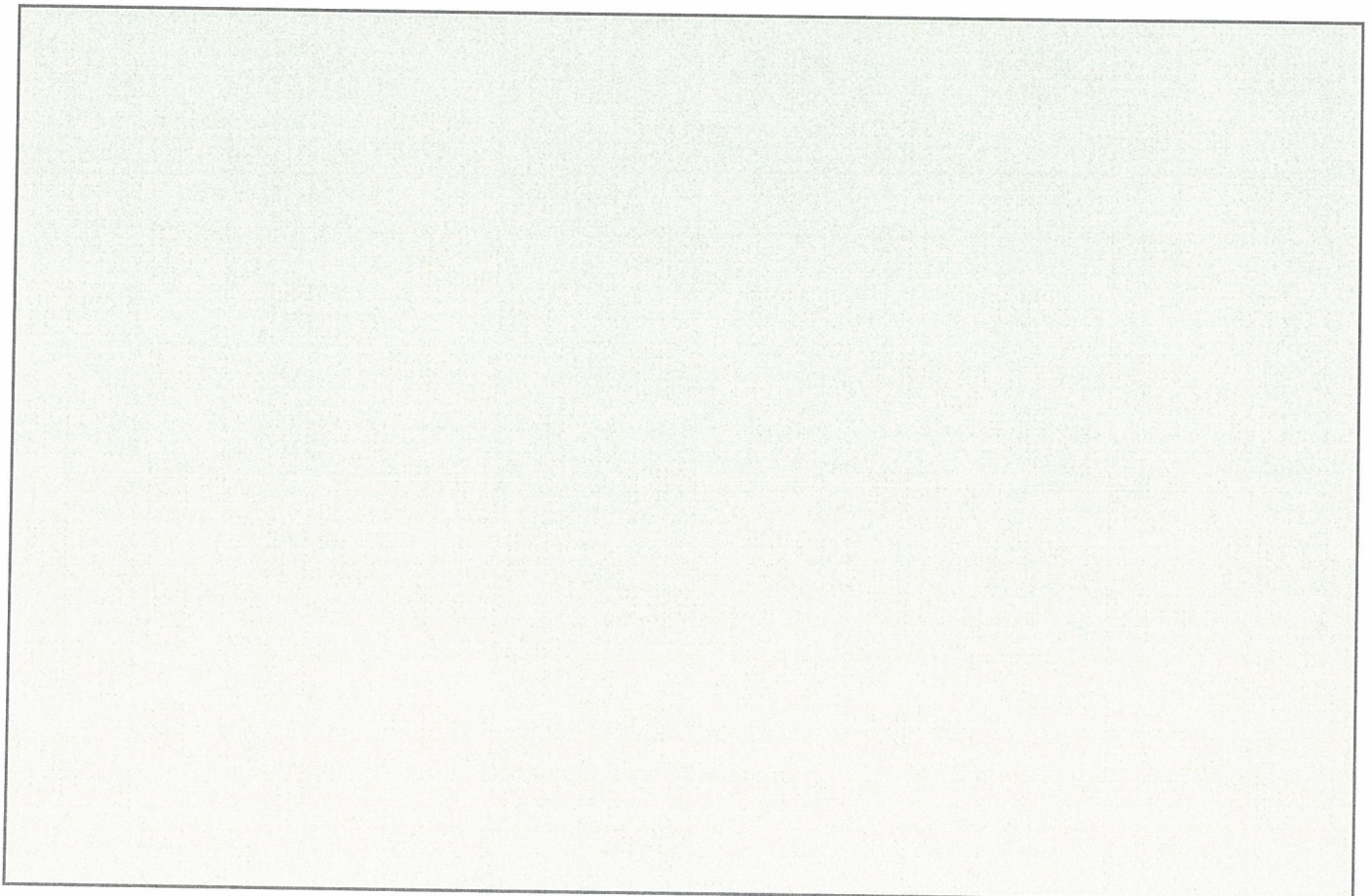


Health and hazardous substances

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



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



Small to medium-sized enterprises

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

24. What improvements could be made to the workplace health and safety framework, and its implementation, to ensure that it's effective for self-employed and small-to-medium sized enterprises?

Measurement and data

25. To what extent are New Zealand’s workplace injury and occupational disease data collection mechanisms conducive to robust monitoring, investigation and comparative analysis?

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

Our national culture and societal expectations

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

Yes. Many workplaces are still operating in mono-cultural or bi-cultural models. The reality is that NZ is now a multi-cultural society. Auckland Council recognises over 150 ethnicities resident in Auckland and over 50% of Auckland's current workforce was born overseas (see the Auckland Plan).

There needs to be greater recognition of the real ethnic diversity in NZ and and the instigation of communication strategies and increased training (in English language, for example,) relevant to this reality.

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

please see # 27 above

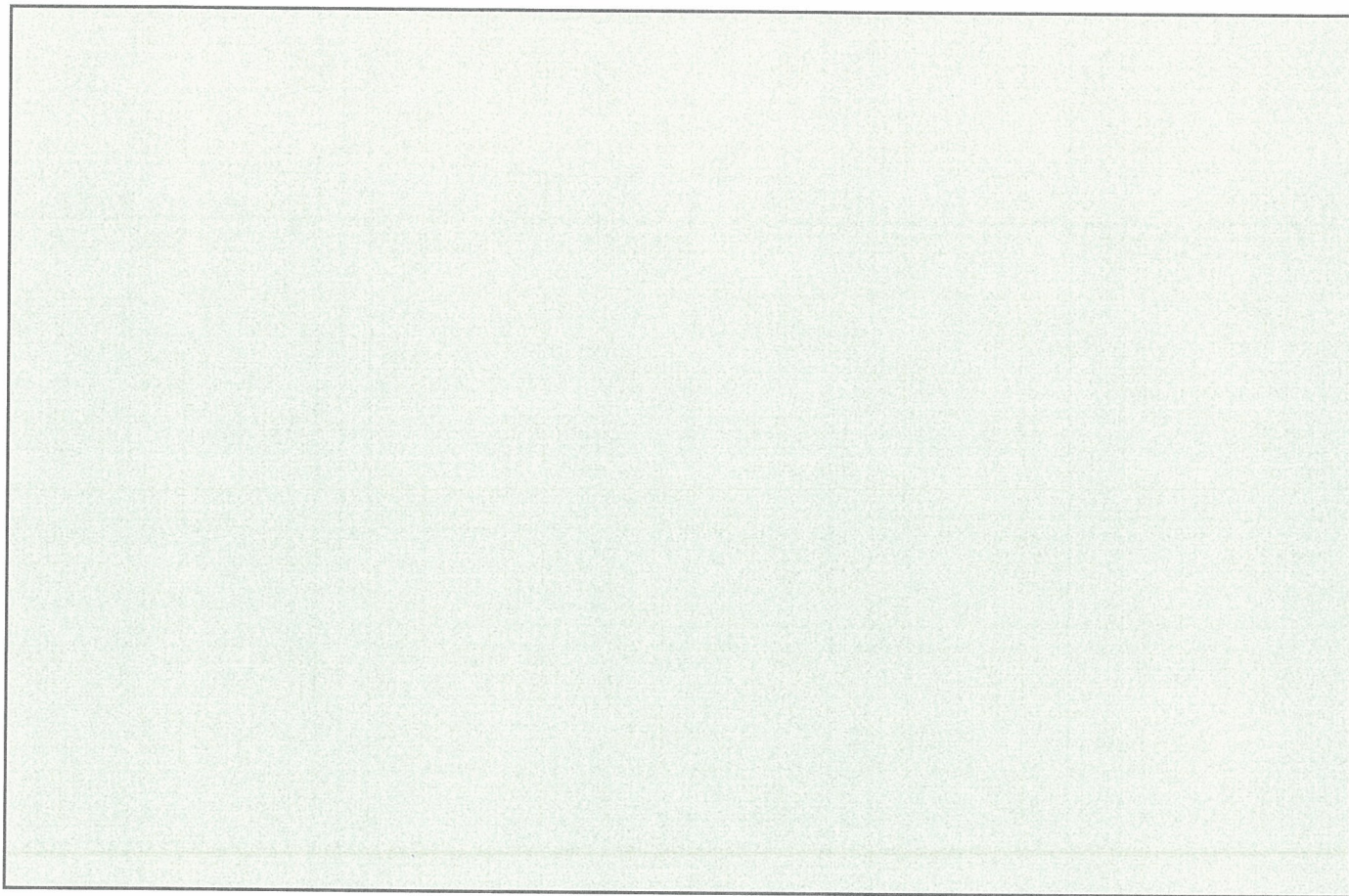
Other factors

29. Are there any other factors (not already covered) that influence workplace health and safety outcomes in New Zealand?

30. Do you have any other suggestions for how to improve workplace health and safety outcomes in New Zealand?

Other comments

31. Are there any other comments that you would like to make?



Please send your completed submission to secretariat@hstaskforce.govt.nz (preferred) or post it to: Submissions, Independent Taskforce on Workplace Health and Safety, PO Box 3705, Wellington 6140. We would appreciate it if you could get your submission to us as early as possible, but at the latest, you must get your submission to us by **5pm, Friday 16 November 2012**. If you are sending your submission to us by mail, you should put it into the post by 5pm, Wednesday 14 November 2012.