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Robert Jager
Chair
Independent Taskforce on Workplace Health and Safety
P O Box 3705
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By email: secretariat@hstaskforce.govt.nz

Dear Robert

Genesis Energy comments on the Strategic Review of the Workplace Health and Safety System

Genesis Power Limited, trading as Genesis Energy, welcomes the opportunity to provide a submission to the Independent Taskforce on your consultation "Strategic Review of the Workplace Health and Safety System".

Our responses to the consultation questions are in Appendix A and additional comments are set out below.

Need for a dedicated organisation to promote health and safety

A key issue that has become apparent to us is the lack of a coordinated approach from government in promoting health and safety in the workplace. Although the Ministry for Business, Innovation and Employment ("MBIE") has responsibility under the Health and Safety in Employment Act ("HSE Act") that relate to health and safety, their role is rightly focused on enforcement and monitoring under the Act. This punitive approach is not enough to create the positive change needed.

We consider that to improve the health and safety culture in New Zealand businesses, a proactive approach that provides organisations with support, advice and tools also needs to be taken to compliment enforcement actions. We suggest that this role would be important for companies who do not have the

resources to invest in good health and safety research and practice, particularly small businesses and for the self-employed.

We consider that a dedicated new organisation needs to be established as a catalyst to promote better health and safety performance in New Zealand. This new organisation should commission and disseminate research, establish widespread and international benchmarking opportunities, promote consistency in reporting across industries and grow the understanding of what constitutes effective leadership from senior levels down. This organisation could also provide advisory and advocacy services for employees and employers, focusing on safety best practice rather than on the partisan interests of the parties it serves.

If you would like to discuss any of these matters further, please contact me on _____, or _____ on _____.

Yours sincerely

Sheridan Broadbent

GM – People and Transformation

Appendix A: Responses to Consultation Questions

QUESTION	COMMENT
<p>1. What do you think is driving the differences in health and safety outcomes for different demographic groups?</p>	<p>There are significant differences in health and safety outcomes for different demographic groups. Groups such as new migrants, unskilled or low skilled employees, youth workers or persons returning to the workforce often do not have access to the knowledge and advocacy that they need to understand their rights and responsibilities in the workplace regarding health and safety. Employees in this group are more likely to feel powerless to raise health or safety concerns, not wanting to risk losing their job or damaging their future prospects and thus will be more likely to feel they cannot say no to tasks they believe put themselves at risk.</p> <p>There are also often cultural differences around the perception of risk and what is acceptable or not.</p> <p>Education about risk, safety and employee rights generally starts on the job. There is considerable variability around how this is provided within different companies and industries. The amount and quality of education received becomes 'luck of the draw' for individuals depending on who they work for. There is no significant foundation exposure to risk or safety management in schools and not enough focus provided in trade training.</p> <p>Furthermore, there is widespread lack of understanding of and a consistent approach to health and safety in the workplace from employers in small to medium enterprises - generally owing to a lack of access to useful, independent support and tools to help them do so.</p>
<p>2. What changes are needed to the</p>	<p>We believe there is a need for the establishment of an independent organisation, without a regulatory</p>

QUESTION	COMMENT
<p>workplace health and safety framework to improve outcomes for demographic groups with higher than average rates of injury and illness?</p>	<p>focus, to promote and facilitate strong health and safety practices across industry sectors, including a focus on identified demographic groups that may have higher than average rates of injury.</p> <p>We suggest that this organisation should operate in partnership with different businesses or institutions, and regulatory agencies for research and the delivery of various programmes. It will also be able to establish relationships with overseas agencies and research institutions. Analysis of safety performance, access to useful benchmarking data and insight from best practice in comparable industries and economic environments would be key outputs from this organisation.</p> <p>Trades training organisations can take a leading role in the delivery of training relating to risk and safety management and the rights, responsibilities and recourses of individual employees. However these businesses will may an interest in driving training course opportunities, rather than driving efficiency and best practice per se. In our view, these businesses play an important supporting role, but cannot lead improvement in a national health and safety framework.</p> <p>Ideally, an independent non-partisan employee advocate service needs to be established, that provides advice, guidance and advocacy for workers and small businesses. A confidential employee helpline would provide employees with advice about how to escalate safety concerns and/or be able to liaise with government agencies on employees behalf. This service could be provided by the same agency that provides employer (particularly smaller employer) support and advocacy services to drive balance and strong advocacy for safety and best practice, rather than simply employer or employee rights.</p> <p>Co-ordinated targeted programmes by Ministry of Business Innovation & Employment and ACC should be focused on industries with higher representations of demographic groups with higher than average rates of injury and illness, in the same way they focus on industries considered higher risk than others,</p>

QUESTION	COMMENT
	such as mining.
<p>3. What do you think the challenges are with the current health and safety regulatory framework?</p>	<p>The current health and safety regulatory framework does not differentiate between different types of organisation to who it applies. This varies from well-resourced, high risk organisations to small to medium enterprises ("SME's"). In our view, the one size fits all approach can be a barrier to innovation and transformation for larger organisations with the resources to invest in long term zero harm transformation. It can also be confusing and sometimes impractical for smaller organisations.</p> <p>The framework only passively reflects the critical role of leadership, which is ultimately the most significant factor in building a positive health and safety culture. Effective worker engagement, which we consider is currently very poor across NZ, is predicated on the right culture. Leadership encompasses regular engagement with the Board on Health and Safety (for larger companies) and having strong two way communications with team members at all levels, to hear what is going wrong first hand and what improvements can be made. The present framework focuses almost exclusively on worker representation rules that appear to have been derived from unionised workforce labour management practices, rather than upon effective and engaging communication across lines of business, or the use of safety champions and business improvement teams working on improvement initiatives across the business.</p> <p>Although it is promoted as being performance based, in the essential area of employee engagement the HSE Act is very prescriptive. It defines how companies must achieve engagement and promotes the same approach for everyone based on size of company. There are a vast number of ways in which deep engagement can be achieved across a business, beyond the appointment of safety representatives and the archaic view that committees are the sole means to drive engagement. It is also silent on the pivotal</p>

QUESTION	COMMENT
	<p>role of effective leadership.</p> <p>The HSE Act has a predominantly personal safety focus, with process safety (often carrying the potential for catastrophic consequences) receiving minimal attention. Effective process safety frameworks not only save lives, they contribute to higher productivity and better business performance. This is an area for considerable improvement in New Zealand. Furthermore, occupational health, including mental wellness, is also provided minimal focus. Given that a significant portion of long term disability claims in New Zealand are associated with mental wellness issues this is an area that should be given much greater focus.</p> <p>There are a number of other areas where practice has outgrown regulatory requirements. The HSE Act is strongly focused on the reporting and notification of events, but has a very shallow focus on the depth of investigation within businesses to determine and address underlying and systemic causes of events. It does not promote audit activities (dependent on risk levels) to provide assurance within businesses and across industry sectors. This seems at odds with best practice.</p> <p>Some key definitions are providing on going challenges. The definition of serious harm is widely acknowledged as being unclear and open to differences in interpretation. There is a need for a clear definition of accountabilities concerning Principals and Contractors, which are similarly not well understood. In the same way other definitions such as all practicable steps also cause confusion, particularly for SME's.</p>
4. How do you think the health and safety regulatory framework could	The health and safety regulatory framework needs to cater for the differing needs of larger or high risk organisations, versus the often more straight forward needs of smaller enterprises. It needs to be

QUESTION	COMMENT
<p>be improved?</p>	<p>streamed to be appropriate for various operations.</p> <p>Generally the performance based philosophy should be retained, adding more depth regarding desired outcomes for health and safety leadership, employee engagement and hazard/risk management. These can be supported with guidelines, providing a variety of options and approaches. A more prescriptive approach may be more appropriate for smaller organisations, where they often just wish to be clearly told what to do.</p> <p>Areas where a more prescriptive approach could be useful include:</p> <ul style="list-style-type: none"> • Provision of a hazard/risk management framework that covers both personal and process safety. • Strengthen requirements for investigation, particularly relating to actual or potential serious harm, driving stronger outcomes in terms of addressing underlying causes. • Where practical align with Australia, which is moving to a common framework covering all states. Though NZ can retain its own approach it would be advantageous to move to a common 'safety language', given the strength of our economic and cultural ties. • Provide clearer definitions accompanied by example guidelines, particularly relating to risk/harm, and Principal & Contractor accountabilities.
<p>5. How effective are the regulators in influencing workplace health and</p>	<p>There is a distinct lack of an organisation within NZ that promotes and facilitates good health and safety practice, sharing of knowledge and research , effective management of common risks across business sectors and how to influence culture. A focus on monitoring lag indicators, mostly based on injury rates,</p>

QUESTION	COMMENT
<p>safety outcomes?</p>	<p>has resulted in an unhealthy focus purely on the numbers, not on what they mean. There is no institution driving this type of discussion and partnering in sustainable measurable improvements.</p> <p>In addition, there is a clear need for a high level of education on health and safety issues on a national scale, in particular to address the apparent ingrained appetite for levels of risk in NZ culture (the number 8 wire mentality). We suggest that this role is best met by a body that can coordinate the health and safety curriculum through various education channels.</p> <p>The current regulatory framework does not, in our view, adequately address these issues. There does not appear to be a clear definition or understanding of the role of MBIE Safety Division (ex OSH Department) which has had to act as both a regulatory and education body, without being overly successful at either.</p> <p>In our experience, regulatory field staff are often lacking skills in risk assessment and risk management, and are not strong in knowledge or understanding of best practice in process safety generally. They also do not always have a consistent high level of understanding about the complex field of HSNO related issues.</p> <p>Finally, we note that industry sectors and individual companies should benchmark themselves internationally, in meaningful ways. This requires a facilitated co-operative effort. Similarly, we suggest that the regulatory roles of MBIE should be benchmarked internationally. In this regard we consider that the UK regulator is a good example that can provide useful learnings for MBIE.</p>
<p>6. How could the regulators' roles and responsibilities be changed to improve their effectiveness in</p>	<p>We suggest that a new body needs to be established to coordinate and partner with industry sectors, unions, employees and businesses. This new organisation could act as a catalyst to promote better health and safety performance standards, commission and disseminate research, establish widespread</p>

QUESTION	COMMENT
<p>influencing workplace health and safety outcomes?</p>	<p>benchmarking opportunities, promote consistency in reporting across industries, provide an employee advocacy service and liaise with learning and trade institutions. A primary focus would be facilitating research based benchmarking data, best practice insight and education.</p> <p>This will allow MBIE to focus on monitoring and managing compliance and accountability. However, we consider that this will still require an improvement in the overall technical skills of staff in risk management practices, HSNO management, process safety and incident investigation (particularly relating to high risk activities). This would likely result in the establishment of some specialist roles or teams in order to provide high quality, world-class guidance in these key areas.</p> <p>We also consider that any improved regulatory approach will be more effective if it places greater emphasis on coordinating with other government agencies. For example, currently MBIE and ACC seemingly act totally independent of each other. In particular the ACC Partnership Programme Audit does not appear to have any relevance in MBIE's eyes, despite it being regarded as 'best practice' by the ACC.</p>
<p>7. What impacts are New Zealand's changing workforce and work arrangements having on health and safety outcomes?</p>	<p>There are many and varied health and safety impacts due to New Zealand's changing workforce. Many industries - particularly in the trades - have an aging population, which has associated health related issues such as back degeneration, especially relevant for physical work activities. Fitness for work will become more of a factor with an aging workforce. This may also create a future skills shortage, with large numbers of employees reaching the end of their working lives broadly around the same time.</p> <p>Changing work arrangements also have an impact. There appears to be an increasing use of outsourcing to small, owner-operator contractors to undertake risky or undesirable work (such as house painting, window cleaning or fibre network construction), leading to increased risky behaviour and significant under-reporting of workplace injuries, especially where some Principals take a punitive or disinterested approach</p>

QUESTION	COMMENT
	<p>to safety.</p> <p>There will be a continuing pool of self-employed persons, moving between companies and industries such as the construction sector.</p>
<p>8. What changes to the health and safety framework, if any, are needed as a result of the changing workforce and work arrangements?</p>	<p>Employers who do not meet their health and safety responsibilities need to feel that there is a strong potential for them to be held accountable and, in many cases, to understand the benefits of a healthy and safe workforce and good process safety standards. The safety division of MBIE should be clearly defined as having a primary role of monitoring and managing compliance and accountability.</p> <p>An independent employee advocate service needs to be established, that provides advice, guidance and advocacy for workers and small businesses. A confidential employee helpline would provide employees with advice about how to escalate safety concerns and/or be able to liaise with government agencies on employees behalf. This same agency could provide advocacy and advice services to small employers and self-employed persons as well.</p> <p>Co-ordinated campaigns are needed targeting particular workforce segments such as the self-employed and small employers with a particularly focus on the construction sector, providing a mix of education, reporting and measurement tools and benchmarks, best practice examples, employee advocacy and compliance enforcement.</p>
<p>9. How effective do you think worker participation is in improving workplace health and safety in</p>	<p>Worker participation is essential to strong safety performance. It should be integral to day to day operations. Within New Zealand there is a very limited view on what engagement is.</p> <p>The HSE Act promotes a very limited, prescribed view of worker engagement. Although it claims to be</p>

QUESTION	COMMENT
New Zealand?	<p>performance based, in the important area of engagement the HSE Act dictates what companies must have in place and promotes the same approach for everyone. There are a vast number of ways in which deep engagement can be achieved beyond the appointment of safety inspectors and the archaic view that committees are the sole way to drive engagement.</p> <p>There is no guidance on what excellence in worker participation looks like, nor different ways it can be achieved beyond committees. There is also little in the way of promoting and driving personal responsibility amongst employees.</p> <p>The training requirements associated with worker participation are largely limited to the training of Safety Representatives. They do not promote an in depth knowledge of hazard and risk management, nor the power of personal influence, personal responsibility or the overriding influence of the relationship with one's direct supervisor (and the role of that supervisor).</p>
10. What improvements can be made to worker participation in workplace health and safety so as to get better workplace health and safety outcomes?	<p>There is no driving force to encourage organisations to find innovative and effective ways to achieve and maintain strong worker participation. The end result is that often companies have activities in place as required by legislation such as safety representatives and/or committees that provide limited value and limited personal fulfilment for workers involved. There is a need for the establishment of an independent organisation in the non-regulatory space to promote and facilitate genuinely effective worker participation practices across industry sectors and identified demographics. This will include the development of best practice worker participation guidelines.</p> <p>Engagement should be defined in terms of expected outcomes, allowing for engagement to grow and fit in with the different cultures within different organisations. There should be allowance for flexibility and innovation in worker participation, which should lead to deep, sustainable engagement amongst</p>

QUESTION	COMMENT
	<p>individuals and teams.</p> <p>The HSE Act is also very light on the responsibilities and accountabilities of workers. This could be strengthened. Training to support increased worker involvement should include, in some depth, hazard identification and risk management practices and how to achieve and exert personal influence.</p>
<p>11. To what extent do directors and other senior leaders provide effective leadership and governance of workplace health and safety?</p>	<p>Leadership is ultimately the most significant factor in building a positive health and safety culture. Effective worker engagement, which is currently also very poor across New Zealand, is predicated on the right culture. Leadership encompasses regularly engaging with the Board directly on health, safety and process control effectiveness (for larger companies) and having strong two way communications with team members at all levels, to hear what is going wrong and what improvements can be made.</p> <p>We consider that there is a distinct lack of an organisation within New Zealand that promotes and facilitates good health and safety practice including leadership, sharing of knowledge and research, benchmarking, effective management of common risks across business sectors and how to influence culture. There is a tunnelled vision of targets relating to health and safety being solely numeric, mostly based on injury rates. There is no institution driving this type of discussion and partnering in sustainable measurable improvements. Forums such as the Business Leaders' Health and Safety Forum have had a positive influence but lack a clear mandate.</p>
<p>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</p>	<p>The role of leadership needs to be more clearly defined with guidelines developed to promote and grow an understanding of what constitutes strong practice at each level within an organisation.</p> <p>A dedicated new organisation needs to be established as a catalyst to promote better health and safety performance. In our view, there is a lack of clear guidance and education available for leaders to form any</p>

QUESTION	COMMENT
outcomes?	<p>position on what constitutes effective leadership from senior levels down. As noted above, we consider a dedicated new organisation is required to promote better health and safety performance. We suggest that providing this guidance for leaders, as well as benchmarking industry performance, would be one of the functions of that organisation.</p> <p>Although there is a clear role for government in providing this guidance, other institutions such as the NZ Leadership Forum and the New Zealand Institute of Directors will be a strong partners in any programme of education for leaders.</p>
<p>13. To what extent do firms have the capacity and capability to effectively manage workplace health and safety issues (including through accessing external resources)?</p>	<p>All businesses must have the capacity to effectively manage workplace health and safety issues, as an integral responsibility for running a business.</p> <p>Although there may be gaps in understanding what is needed from board level down across industries large and small within NZ, we consider these are primarily to a lack of effective information and education.</p> <p>The educational institutions covering health and safety have a very traditional approach focused on areas such as noise control, machine guarding, industrial hygiene, health and safety rep training. There is a significant absence of research based development programmes covering leadership and engagement, or upon process safety frameworks or safety management systems.</p>
<p>14. What options are there for improving firm level capacity and capability to deliver better health and safety outcomes?</p>	<p>As noted above, we consider the single most effective measure to improve health and safety performance in New Zealand is the establishment of an independent organisation to promote and facilitate improved health and safety practices.</p> <p>In addition, we also consider that improvements can be made on the approach taken to health and safety</p>

QUESTION	COMMENT
	by educational institutions.
15. How effective are existing financial and non-financial incentives in improving workplace health and safety outcomes?	<p>Financial and non-financial incentives and recognition are very important in improving workplace health and safety outcomes, at both the business and business leadership level.</p> <p>An example is the ACC Partnership Programme that is intended to recognise good performance in health and safety, as well as injury management and rehabilitation. However, the programme needs to be improved for it to be credible.. It is very prescriptive in nature, resulting in ACC effectively prescribing what the health and safety programme must look like, something that is clearly not their core business. It is also very procedural in focus, it does not in any meaningful way measure the depth of effectiveness of factors such as leadership (including health and safety investment of time and resources), worker engagement, risk management, supply chain management. Finally, there is little focus on investment into and participation in wellness programmes or upon the effectiveness of process safety frameworks.</p>
16. How could incentives be better used to improve workplace health and safety outcomes?	<p>Mechanisms need to be established to be able to recognise effective investment in and improvement in health and safety. One way this could be achieved is through a redesigned audit process, that is recognised by both MBE and ACC. This audit would also measure in greater depth leadership, worker engagement, hazard and risk understanding and application, and supply chain engagement.</p>
17. How successful are government, industry, corporate or other potentially influential bodies in influencing health and safety outcomes beyond their own	<p>Applying consistent requirements to management health and safety to areas of the value chain where a principal has influence (such as the supply chain) is a way employers can seek to improve the safety and health performance of their business and sector. However, the role of the principal is not well defined in New Zealand health and safety frameworks creating a risk that major work specifiers and principals in can prescribe work and promote work practices with little regard for the safe design of work practices or the</p>

QUESTION	COMMENT
workplaces (for example through influencing their suppliers, counterparts, and competitors)?	risk for the worker undertaking the task.
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?	See response above.
19. How strong is New Zealand's current approach to regulating major hazards?	<p>We consider that New Zealand's current approach to regulating major hazards is very weak. This is because the approach takes a 'one-size fits all' approach to health and safety. With the notable exception of those limited activities being covered by MBIE High Hazards unit, all industries have the same regulatory framework. There is no distinction between very high risk activities and lower risk operations. This dilutes the focus on high risk activities and when combined with the personal safety focus on the HSE Act tends to support continued focus on health and safety committees and lag incident reporting analysis.</p> <p>In our view, the hazard management framework in the HSE Act is too simplistic, offering little guidance for high risk activities and industries and is to an extent incomprehensible in its general wording for small businesses, the self-employed or employees.</p>

QUESTION	COMMENT
20. What improvements to the regulation of major hazards would lead to better health and safety outcomes?	<p>We consider the regulation of major hazards can be improved by:</p> <ul style="list-style-type: none"> • Providing a risk management framework that covers both personal and process safety; and • Strengthening expectations around risk assessment, risk management and the provision of guidance for higher risk activities.
21. What are the most significant challenges to managing occupational health risks and exposure to hazardous substances?	<p>Smaller operations are unlikely to have the same access to Occupational Health resources that larger companies/institutions do.</p> <p>Generally occupational health risks are viewed through a traditional lens in New Zealand, Occupational Health as a profession remains tightly focused on issues such as solvents, asbestos, noise etc. However there are early signs of a focus beginning to emerge on wellness and mental health.</p> <p>The HSNO regulations are very prescriptive and difficult to interpret, and there is very limited accessible education and information. Gaining HSNO information or clarification of issues from the EPA can be very difficult, a common practice is for them to refer callers onto a small number of external practitioners. Furthermore, although there was an intention that the market for HSNO Test Certifiers would grow naturally, this hasn't occurred. It appears that the already small number of Test Certifiers is reducing, and there is no robust framework in place for certification for new Test Certifiers.</p> <p>MBIE inspectors do not appear to be very skilled in the application of HSNO standards; interpretations and style of approach vary widely from one person to the next. Generally they appear to be much more comfortable with the HSE Act.</p>

QUESTION	COMMENT
<p>22. What changes could be made to the existing health and safety framework to reduce the harm caused by occupational disease and ill-health?</p>	<p>The roles and responsibilities of MBIE & the EPA need to be reviewed. There needs to be a defined information/education service regarding HSNO, where individuals and organisations can seek clarification and clear advice.</p> <p>There is a need for the establishment of an independent organisation in the non regulatory space to promote and facilitate strong health and safety practices (including progress measurement) across industry sectors and identified demographics, for example it may form partnerships with different businesses or institutions for research and delivery. This organisation will lift the profile of occupational health issues and will be able to flag/educate on emerging trends and practices.</p>
<p>23. What workplace health and safety challenges are specific to the self-employed and small-to-medium enterprises?</p>	<p>Generally, we consider that many of the big health and safety issues that face self-employed and SME's are similar to those faced by all industry in New Zealand. In particular, we consider that the lack of a coordinated approach to health and safety promotion and advocacy is an issue for all levels of business.</p> <p>However, we consider there are some issues that, for SME's and the self-employed, may be particularly significant:</p> <ul style="list-style-type: none"> • Lack of information and support from an independent advisory agency, particularly for start up companies looking to establish their processes and practices for health and safety • Lack of education in industry and regulatory requirements beyond that prescribed by law (H&S Rep training as an example) or developed by training institutions who are incentivised by selling more courses.

QUESTION	COMMENT
	<ul style="list-style-type: none"> • Lack of independent advice for their employees, where this is requested • The self-employed, in particular, are at risk often by the nature of the work they undertake, which is often risky work undertaken without supervision and often in complete isolation (painting a roof or repairing an ATM at night). The desire - particularly with 'ticket of work' employment relationships - to move quickly to the next job will often see safety being compromised for speed. Often times of high demand for the self-employed tradesperson occur during crises (such as telecommunications outages during storms, or the Christchurch rebuild), meaning hazardous work is undertaken at highest volume when the environment is at its most hazardous.
<p>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?</p>	<p>See previous comments about overall improvements.</p>
<p>25. To what extent are New Zealand's workplace injury and occupational disease data collection mechanisms conducive to robust monitoring, investigation and</p>	<p>Presently, data collected tends to focus on lag indicators of incident volumes, particularly injuries. There is little focus on the collection and analysis of lead indicators (such as employee development in health and safety, near miss reporting or safety observation trends). Additionally, data capture and collection methodologies are inconsistent, meaning there is only limited meaningful benchmarking data available. One of the root causes of this is unclear definition of terms (such as serious harm).</p>

QUESTION	COMMENT
comparative analysis?	
26. What opportunities are there for improving data collection, integration and reporting?	<ul style="list-style-type: none"> • Clear definitions of data points. • Transparent benchmark data, so the reader can understand the assumptions behind data collected (such as what constitutes a reportable medical treatment). • More capture and analysis of lead indicators, such as training incidence or near miss reporting.
27. Do you think New Zealand culture influences our workplace health and safety outcomes?	<p>Yes. New Zealand's 'she'll be right' mentality around work preparation and worker practice influences the general perception of, and approach to, health and safety. Furthermore, the low productivity of our economy compared to our economic partners has led to a focus from employers on sustaining profitability through cost containment, meaning front line work is often undertaken at lowest possible cost - driving under investment in worker development, effective supporting tools and in safety training or time to prepare for a task.</p>
28. What might we do to improve our culture relating to workplace health and safety?	<p>Greater education, particularly of employees and smaller employers, in the benefits (both personal and business performance) of high standards of health and safety practice. The current approach is overly punitive, and provides little evidence to convince small employers of the economic sense of a strong and active approach to safety and wellness management.</p>
29. Are there any other factors (not already covered) that influence workplace health and safety?	-

QUESTION	COMMENT
outcomes in New Zealand?	
30. Do you have any other suggestions for how to improve workplace health and safety outcomes in New Zealand?	No.
31. Are there any other comments that you would like to make?	No.