



24 April 2024

Dear [REDACTED]

Thank you for your request made under the Official Information Act 1982 (OIA), received on 30 March 2024. You requested the following:

Can I please request a copy of the following internal documents that were current as of your operational reporting year 2023;

- *Health, Safety and Wellbeing Strategy*
- *Health, Safety and Wellbeing Policy*
- *Annual Health, Safety and Wellbeing Performance Reporting to your board for 2023.*

Health, Safety and Wellbeing Strategy and Policy

Inland Revenue's Health, Safety and Wellbeing Strategy is detailed in the attached documents *Health, Safety & Wellbeing Workplace Roadmap* (item 1), and *Achieving Mentally Healthy Work* (Item 2).

Inland Revenue's Health, Safety and Wellbeing Policy is outlined in the attached commitment statement titled *Inland Revenue's commitment to workplace health and safety* (Item 3).

Please note COVID 19 is no longer a critical risk at IR, though it was at the time the documents were published.

Health, Safety and Wellbeing Performance Reporting

Inland Revenue's performance reporting on Health, Safety and Wellbeing is outlined on page 49 of Inland Revenue's annual report for 2023 which is publicly available here: [Inland Revenue Annual Report, Te Tari Taake Pūrongo ā-Tau, 2022–23 \(ird.govt.nz\)](https://www.ird.govt.nz/annual-report/2023).

Your request for Inland Revenue's annual Health, Safety and Wellbeing Performance Reporting is therefore refused under section 18(d) of the OIA, as the information is publicly available.

Right of review

If you disagree with my decision on your OIA request, you can ask an Inland Revenue review officer to review my decision. To ask for an internal review, please email the Commissioner of Inland Revenue at: CommissionersCorrespondence@ird.govt.nz.

Alternatively, under section 28(3) of the OIA, you have the right to ask the Ombudsman to investigate and review my decision. You can contact the office of the Ombudsman by email at: info@ombudsman.parliament.nz.

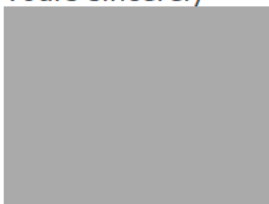
If you choose to have an internal review, you can still ask the Ombudsman for a review.

Publishing of OIA response

We intend to publish our response to your request on Inland Revenue's website (www.ird.govt.nz) as this information may be of interest to other members of the public. This letter, with your personal details removed, will be published in its entirety. Publishing responses increases the availability of information to the public and is consistent with the OIA's purpose of enabling more effective participation in the making and administration of laws and policies and promoting the accountability of officials.

Thank you for your request.

Yours sincerely



Erina Clayton

Enterprise Leader, People and Workplace Services



Health, Safety, & Wellbeing Workplace Roadmap

2023-2024

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Setting the scene

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Executive Summary

Inland Revenue (IR) must comply with legislative requirements under the Health and Safety at Work Act (HSWA) 2015, and provide a safe and healthy environment for employees, as much as is reasonably practicable. This involves managing risks to health (physical and mental) and safety. WorkSafe also encourages employers to support their employees in improving their overall wellbeing and in reducing lifestyle-related health conditions.

The Health, Safety & Wellbeing (HSW) Roadmap outlines IR's approach to measure and understand these risks, our approach to identify and implement appropriate and effective controls for such risks, as well as describing our plan to support employees in health promotion and wellbeing.

IR is also committed to ensuring that a more holistic lens is applied to the suite of HSW controls and interventions.

Our Vision

- As an employer it is recommended that IR influences improvements to the HSW of its employees. WorkSafe clearly describes an organisation's obligation to mandatory health and safety protection, as well as areas of voluntary health promotion and wellbeing of employees (Appendix A).
- IR places its organisational values and a holistic Māori model of health at the centre of this plan. This is to recognise how our HSW roadmap aligns with the wider IR strategic direction, as well as a te ao Māori view of the interconnected aspects of wellbeing and our whole selves.

Whanaungatanga

At IR we work together as a whānau. We take the time to make connections. We listen in a way that makes people feel heard. We value the experiences of others.

Manaakitanga

At IR we seek to lift the mana of others. We're generous with our knowledge and how we support people. We see true value in diversity. We care for those around us.

Mahi Tika

At IR we always seek to do the right thing. We're open about the decisions we make and the actions we take. We do what we say we're going to do. We're flexible and learn as we go.

Te ao Māori lens

Developed by Sir Mason Durie in 1984, Te Whare Tapa Whā is a Māori model of health and wellbeing and is widely recognised and regarded in New Zealand (see Appendix B). The model is a metaphor based on four pillars of a wharenuī/meeting house, with the foundation of whenua (land, roots) and has been a key resource in the development of this Health, Safety, & Wellbeing Roadmap. Te Whare Tapa Whā is well acknowledged as a guiding framework, both in Kaupapa Māori and generic New Zealand services such as The Mental Health Foundation and Ministry for Social Development.

When we look after all four aspects, we look after our hauora/wellbeing. Our workplace and home environments are important to create a space for us to thrive. We recognise that the home environment is not within the control of IR however can be influenced by the work environment. Employees who are supported at work to check in on the four pillars helps them to balance their hauora and support others to balance theirs too (Mental Health Foundation). The key differences between a European and Te Ao Māori approach to health, safety, & wellbeing are particularly noticeable regarding the wellbeing focus placed on spirituality, ancestry, and the land/whenua.

When the psychosocial wellbeing of our employees is prioritised and cared for, they are more empowered to do good work, be motivated and engaged, which results in increased productivity, and increased employee retention. It also correlates with decreased harm indicators such as sick leave, workplace injuries, and reports of bullying.

Our Vision

Our vision is to:

Protect the health and safety of our employees

- Create a safe and supportive environment that allows employees to flourish rather than languish, protecting against psychosocial and physical harm.
- Support organisational success through encouraging individual improvements in mental and physical health as defined by WorkSafe.

Promote health and wellbeing

- Provide services and support that are proven to reduce the risk of lifestyle-related health conditions and improve wellbeing.
- Educate and support employees to build and maintain the resilience to cope with challenges, both at work and beyond.
- Promoting psychosocial wellbeing in the workplace.

To move toward our vision, we have identified four key objectives:

Senior Leadership actively leads in health, safety and wellbeing

Leaders at all levels, especially senior, regularly seek assurance that risks are managed, especially psychosocial risk, as well as actively expanding their relevant knowledge in order to role model what good looks like.

Support the improvement of IR employee's overall health, safety and wellbeing

Implement initiatives that aim to prevent harm (illness and injury) and provide strategies to build resilience of our employees (considering all aspects of Te Whare Tapa Whā model), enabling people to feel like IR cares.

Identify critical risk areas at IR

Identify critical risks through reviewing incident data and put appropriate controls in place to reduce harm as is reasonably practicable. Monitor controls regularly.

Ensure we listen, engage and consult

Continuously encourage worker participation and engagement, to have wider organisation representation on health, safety, and wellbeing matters. Health and Safety Representatives have a high positive profile in IR and are actively involved in decision making.

Why does IR need this roadmap?

- Assist IR with meeting the legislative obligations as outlined in the *Health and Safety at Work Act 2015*, as well as assist IR to manage the [Enterprise Risk 4](#) - Insufficient people capability and capacity to deliver outcomes. It will also allow us to support and align ourselves with other Government Strategies:
 - New Zealand Health Strategy 2016 (Ministry of Health)
 - Inland Revenue's six Corporate Strategies 2016
 - Strategic Plan for Work-Related Health 2016-2026 (WorkSafe)
 - Health and Safety at Work Strategy 2018-2028 (MBIE and WorkSafe)

As well as meeting the standards set out by The Business Leaders' Health and Safety Forum (BLHSF) and Government Health and Safety Lead (GHSL).

Why does IR need this roadmap?

From an organisational value perspective, IR believes in doing the right thing for its employees, regardless of legal obligations.

For IR to uphold its values with respect to internal colleagues, customers, and external stakeholders, our people must feel safe, respected, supported and well. Research shows that prioritising physical and mental health in the workplace leads to reduced levels of absenteeism and presenteeism which correlates to higher organisational productivity.

WorkSafe highlight the wider social effect of one's health to be "The impact of work-related ill-health includes not only the societal costs of caring for those with poor health caused by their work, but also the impact on families, whānau and communities".

Commitment to a job is derived from multiple sources. In order to encourage employees to thrive and flourish in the workplace, they must be supported by their organisation, in the four cornerstones of wellbeing: family and social health, mental health, physical health and spiritual health.

WorkSafe have also defined their position on Mentally Healthy Work and set out expectations of PCBU's in this space. Mentally healthy work is work where risks to people's mental health are eliminated or minimised, and their mental well-being is prioritised. In contrast, mental health harm or mental ill-health is the significant cognitive, emotional, or behavioural impact arising from, or exacerbated by, work-related risk factors. Mental health harm may be immediate or long-term and can come from single or repeated exposure.

Outcomes

We will know the objectives of the plan are being met when the people of IR feel they are in an environment where:

They have a sense of belonging and inclusion

They feel resilient to the challenges of day-to-day life

Leaders have the tools to support their teams in health, safety & wellbeing, including resilience

They have options for support when their health, safety, & wellbeing are challenged

They feel safe in the workplace and able to have open conversations about health, safety & wellbeing with their leaders and colleagues

Health, safety & wellbeing environment at IR

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Working environment

Employees at IR mostly undertake sedentary work tasks and are predominantly office-based. Following the COVID-19 response and to align with the New Zealand Government's 'flexible by default' approach, IR now has a significant amount of people working from home on a regular (two or three days per week) basis which presents the risks associated with remote working. Workload, work pace, organisational justice, working relationships, communication and the physical working environment are all areas where our people have the potential to be harmed (psychosocial harm). Some of our people drive for part of their role which introduces the risks associated with driving. IR must also consider the risks to the physical security of our buildings and employees.

A large proportion (approximately 73%) of staff are in customer facing roles (Customer & Compliance Services, CCS) which involve a significant level of interaction with disgruntled or frustrated customers, or those with complex needs. Certain roles within CCS also require face to face interaction with customers, which may occur on an IR site or out in the community, introducing the risks associated with isolated working.

Those in customer facing roles are also sometimes exposed to:

- Distressing information or scenes
- People with uncontrolled mental health issues or addictions
- Harassment
- Abusive or offensive comments
- Physical violence, intimidation, or threatening behaviour.

Critical risks

Risk	Inherent	Current	Target
Physical security	Extreme	Very High	Very High
Overlapping duties due diligence (physical works contractors)	High	Medium	Medium
COVID-19	Extreme	Very High	High
Isolated and remote work e.g. customer visits, working at home)	Very High	Very High	Very High
Driving	Extreme	High	High
Failure to manage psychosocial risks	Extreme	Very High	High

For IR's critical health and safety risks, 'deep dives' are scheduled to understand the profile of the risk, using bowtie risk analysis. The aim is to review existing controls and if required, establish new controls, in order to provide the level of assurance to the business. Organisational Resilience are currently entering all critical risks into Jira we will then utilise the new H&S reporting tool and build a risk and control library which will be linked to incidents allowing us to identify controls that are not effective. This will enable us to monitor and target programmes to ensure continuous improvement in mitigating the risks which could impact on the safety of our people.

Feedback from our people

We have considered the wider health, safety & wellbeing environment in New Zealand as well as reviewing IR specific information such as employee feedback.

IR regularly seeks feedback from its employees on inclusion, development and opportunities, wellbeing, and advocacy via the People Experience Pulse (PXP) survey (Appendix C). We also consult with our people and seek feedback on certain business decisions such as change processes and new and updated policies. Recent examples of these are the Vaccination Policy, Driving Policy and our Worker Engagement, Participation and Representation Policy.

We will continue to seek feedback from HS representatives and the wider workforce to inform our thinking and decisions on new initiatives.

Data & insights

- Due to known limitations with our previous health & safety reporting tool, our ability to accurately understand the prevalence of health, safety, and wellbeing incidents at IR is restricted (Appendix D). With the implementation of a new, fit-for-purpose reporting tool in November 2022, we expect to see an improvement in the quality and availability of incident and injury data moving forward, which will assist in our critical risk register review process.
- The Accident Compensation Corporation (ACC) provides IR with work-injury claims data including the number of claims, cost of claims and weekly compensation days (Appendix D), which assists us in understanding lost-time workplace injuries however does not provide the whole picture due to differences in reporting approaches and metrics used. We expect the recent introduction of our new health and safety reporting tool to give IR a greater understanding of workplace injuries and the financial and social cost of these.
- We currently have the ability to report on customer interactions that have the potential to impact psychosocial wellbeing for our front-line staff (CCS). This is managed in two ways. These incidents are first reported against the customer in our Security Incident Database (SID/START), with a staff health and safety task being automatically generated to prompt a leader-staff member wellbeing conversation. Until recently, before the introduction of the new reporting tool, we only had the ability to measure leader compliance with the wellbeing follow up task, within START however this control is limited in understanding both the quality of the follow up, and the degree of psychosocial impact experienced by the staff member (Appendix D). With the introduction of our new health and safety reporting tool, we have the second way of reporting the impact on employee psychosocial wellbeing as staff have the ability to report a wellbeing impact against themselves, including the severity and impact level of the event.

Data & insights

We do not collect specific health data of those working at IR, other than a pre-employment question pertaining to conditions and disabilities that would affect one's ability to perform their role. As such we do not know the number of our employees who face issues highlighted nationally (for example through the New Zealand Census) such as obesity, depression, anxiety, smoking and harmful alcohol consumption. We do have data on gender and identified ethnicity which we can use, with limitations, to target initiatives if supported by wider national data.

There are two broad circumstances where health data must be collected:

- Employees have a responsibility to inform their employer of any health conditions or disabilities that would interfere with their ability to perform their specified job tasks, or if these health conditions could put them or others at risk.
- Health monitoring must be undertaken in accordance with Health and Safety at Work Regulations 2016, for example audiometry to detect work related, noise induced hearing loss. This is only required in there is known or likely exposure due to work tasks.

In all other circumstances, disclosure of health data is not required by an employee to their employer. Voluntary disclosures can always be made by an employee however information must be kept in accordance with The Privacy Act 2020.

Health data disclosed at pre-employment stage is not currently analysed at an organisational level to understand the health challenges faced by our employees.

Current & planned initiatives

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Current initiatives

To ensure this roadmap is focused appropriately, we first need to identify current actions taken as an organisation to then determine what additional actions we could look to take to fill the gaps.

Currently IR provides a range of initiatives that correspond with both the mandatory and voluntary aspects of health and safety protection, health promotion, and general wellbeing support.

Note: 'health' refers to mental and physical health

With the introduction of the new HSW reporting tool Te Aka Oranga, People Leaders and members of the Executive Team have access to a dashboard showing real-time information including analytics to provide assurance that risks to HSW are being managed.

Health and Safety Protection:

- Workstation assessments (WSA)
- Employee Assistance Programme (EAP) for employees and immediate family
- Electronic capabilities to enable people to work from home in line with Flexible Working Policy
- Health information and training
- Annual influenza vaccination programme
- COVID-19 vaccination stance encouraging vaccination and allowing this during paid work time
- Vision tests and eyewear reimbursement
- Discounted health insurance
- IR People Networks (which includes Diversability, Māori, Multicultural, Tagata Pasifika, Rainbow, Women's and more)
- Occupational health reviews by Occupational Physician in special circumstances if required

Policies and Resources

- Safe and Healthy Work Policy/Commitment Statement
- COVID19 Vaccination Policy
- Worker Engagement Participation & Representation Policy
- Workplace Administrative policy (smoke-free, family violence, safe driving)
- Harassment, Bullying & Discrimination Policy
- Diversity & Inclusion Policy
- Flexible Working Policy
- Injury and Illness Rehabilitation Guidelines
- Disabled Employees-Reasonable Accommodation Guidelines
- Code of Conduct - Tikanga Whanonga

Current initiatives

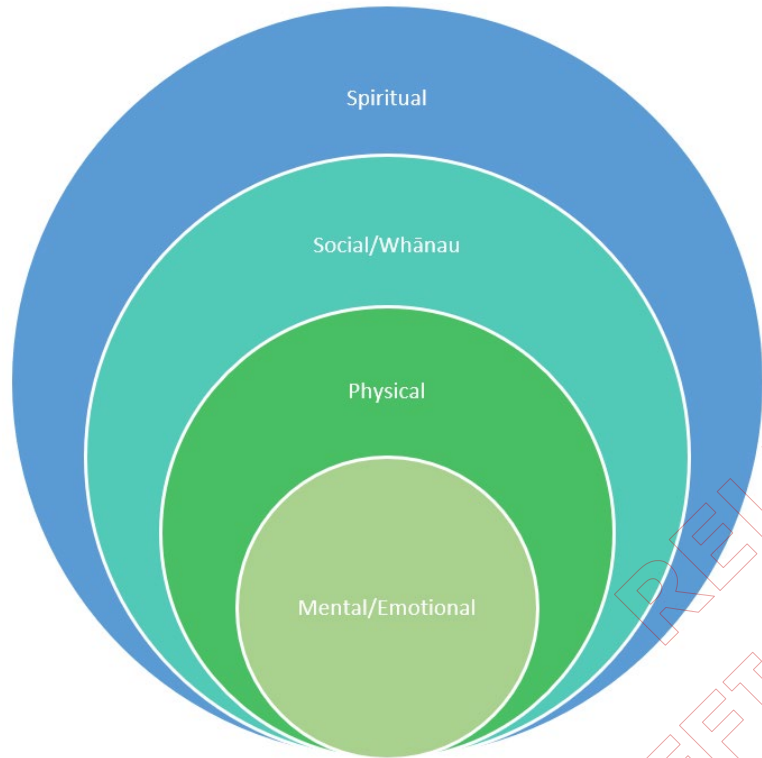
Health Promotion and Wellbeing:

- IR People Networks (which includes Diversability, Māori, Multicultural, Tagata Pasifika, Rainbow, Women's and more)
- Hauora Hub – Synergy Health wellbeing platform with resources and articles
- Hauora Hub offers subsidised deals relating to external health and wellbeing services
- Health information and training
- Five weeks of annual leave for all employees
- 11 days sick leave for the first two years of service, and 15 days per year after that
- One week of long service leave after completing 5 years of service, and for the next 5 years
- Whanake conversations (1:1 conversations between an employee and their leader to discuss overall wellbeing, professional development, individual goals)

Business group and regional initiatives are also carried out on a frequent but ad-hoc basis, such as external speaker seminars for staff and campaigns to support NZ-wide campaigns including Mental Health Awareness Week and Pink Shirt Day.

Staff Networks and our Health, Safety and Wellbeing Committees also engage in activities that promote overall health and wellbeing.

This diagram shows how our initiatives are holistic (whole person focused) and align with Te Whare Tapa Whā. It also represents the interconnectedness of all aspects of our Hauora/wellbeing.



Mental/Emotional (hinengaro)	Physical (tinana)	Social/Whānau	Spiritual (wairua and whenua)
<ul style="list-style-type: none"> Diversity & Inclusion Policy Employee led networks Whanake conversations Employee Assistance Programme (EAP) for all staff – work and personal concerns Staff HSW task in START to promote check in with leader Campaigns including Mental Health Awareness Week & Pink Shirt Day 	<ul style="list-style-type: none"> Workstation assessments & ergonomic equipment HSRs to assist and represent workers Onsite influenza (flu) vaccines Vision care policy Return to Work process post-injury/illness Discounted health Insurance 	<ul style="list-style-type: none"> Campaigns including Mental Health Awareness Week & Pink Shirt Day EAP for immediate family Flexible working options Hauora Hub access for family 10 days leave for Domestic Violence 	<ul style="list-style-type: none"> Reflection rooms in most offices Flexible working to allow people time for spiritual practice Campaigns for different cultures including celebrating language weeks and key cultural festivals

Some things we promote or offer target the hauora holistically, touching on all aspects of our experience.

- Leadership Mental Health Training
- Inclusive Leadership Framework
- Hauora Hub (wellness platform)
- Wellness rooms onsite
- Wellbeing & Resilience coaching

- Open minds e-learning
- External speaker webinars
- Leave entitlements
- HSW reporting tool
- Bullying/harassment/discrimination policy

Planned initiatives

We have based our planned initiatives on a review of national and international best practices along with an assessment of what is fit for IR in our current state.

Investment in health, safety, and wellbeing requires a long-term commitment from Senior Leadership and People Leaders in order to support and promote these actions.

Our immediate priority is to focus initial efforts on mental health protection initiatives, including support options.

To meet the goals detailed in this plan we will:

- Undertake assessment of critical health and safety risk levels to maintain updated critical risk register
- Conduct an annual **Psychosocial Safety Climate survey** across the organisation
- Manage health, safety wellbeing incidents using Te Aka Oranga (IR's reporting tool)
- Analyse data collected from various other sources such as the People Experience Pulse (PXP) and Psychosocial Safety Climate survey to obtain a baseline of the psychosocial safety culture of our organisation in quarter one 2023.
- Design and implement an anonymous survey to all staff quarterly, to determine the high-level effectiveness of Whanake conversations and perception of psychosocial safety
- Assess the feasibility and options available for more comprehensive employee data
- Assess with the help of HR Advisory, the benefit of reviewing and streamlining our Return-to-Work process to achieve better measurable outcomes for our people
- Work closely with People Operations and Policy, and People Strategy and Capability teams to enhance leadership knowledge and support
- Increase promotion of EAP by Vitae, particularly early intervention
- Be involved in All of Government Mental Health Awareness Week initiatives
- Continue to review and develop additional mental health support options in the future

Roadmap: 2023-2024

Leadership MH training	Trial a new approach to leadership MH training starting in Quarter 1 2023, focusing on new starters in leadership roles who did not complete STRIDE training. Recordings and resources available for all. Promote Open Minds e-learning for leaders (Mental Health Foundation) as a refresher opportunity.
Mental health network	Support the creation of a Mental Health Network as part of the suite of employee-led networks at IR. Primary purpose is to raise awareness, sign post information and destigmatise mental illness at IR.
Risk and reporting	New fit for purpose H&S reporting tool to allow better risk register creating, risk and control monitoring and review, and incident data reporting and trend analysis.
Senior leadership competency and sponsorship	Senior leadership (ELT) members to complete the GHSL officer training to better understand HSW risks and mitigation. Officer Development Programme, designed for public service agency senior leaders with officer responsibilities under the Health and Safety at Work Act 2015 (HSWA)
Business Leaders HS Forum benchmarking	The use of the Business Leaders HS Forum benchmarking survey and initiative as a way of comparing IR to other agencies.
Return to Work	Review and streamline our process for Return to Work to achieve better, more measurable outcomes with the employee's holistic wellbeing at the centre.
EAP promotion	Enhance promotion of EAP by Vitae through internal advertising. Encourage early, proactive (preventative) usage, identify any barriers to access and solutions to decrease stigma
Exit survey	Review exit survey process and available data in relation to health, safety, and wellbeing. Review questions included, specifically health, safety, wellbeing, and inclusion questions.
Pre-employment info, induction, and onboarding	Work alongside Talent to: Analyse recruitment criteria in relation to assessment of psychological suitability to ensure good fit. Review suitability for resilience criteria to be applied in certain roles. Contribute to an organisation wide review and update of induction and onboarding to ensure new starters are made aware of HSW risks, what IR does to prevent harm and all available support.
HS Representatives (HSRs) - worker engagement	Promote role, function, and engagement of HSRs in relation to health and wellbeing, not just safety. Acknowledge significance of their role. Offer appropriate training for the IR environment, including wellbeing, fatigue, discomfort, injury. Improve resources available to reps included updating the SharePoint page to create a 'Rep Hub'.
Mentally Healthy Work by Design/Protecting Mental Health and Wellbeing at Work – framework NZ BLHSF	Carry out a risk review of psychosocial harm using the Mentally Healthy Work by Design framework and process with key stakeholder groups within the business. Identify harm and risk assess roles within different areas of the business to identify trends, gaps, or high-risk areas. Findings will be used to help shape future actions.
Training and support - Customer service space	Participate in the review of the current customer service-specific training/support and contribute to the content and design of the new modules where they relate to resilience, wellbeing, health, and safety, and dealing with difficult customers.
Training and support - Customer service space	Work with the People, Strategy & Capability team to review current customer service-specific training/support and determine new approach to meet the business/specific roles' needs
Wellbeing rhythm resources	Awareness drive/campaign to promote Wellbeing Rhythm resources to be used by teams
Wellbeing communications plan for year	Campaigns for key wellbeing events throughout the year including Pink Shirt Day and Mental Health Awareness Week, with a holistic focus considering all Te Whare Tapa Whā dimensions of health.
Psychosocial safety moment (team meetings)	Campaign driving the awareness and action of psychosocial safety as an agenda item organisation wide.

Roadmap: psychosocial safety

All work is not equal. There is 'good work', which is well designed, organised, and managed and protective of mental wellbeing. On the other hand, there is work that is toxic, containing one or more factors that significantly harm wellbeing.

Aspects of work that harm or impair mental wellbeing are commonly referred to as psychosocial risks. These risks can cause mental harm which is costly to both individuals and organisations. The harm can be acute or chronic, result from a single or repeated exposure to risk(s) factors and range from mild psychological difficulties to severe psychological disorders e.g., depression, anxiety.

It is estimated that mental health problems cost New Zealand business at least \$1.65bn per annum. The WorkSafe Segmentation and Insights Programme Research (2019) found that in the last 12 months, 20% of respondents experienced depression, 31% anxiety, and 60% stress. The New Zealand Workplace Barometer (2020) reported that 70% of respondents reported an absence from work during the last 12 months due to 'physical or mental health'.

There are four approaches organisations can take to address mental wellbeing at work. Each of the four approaches serves an important purpose. Using all four approaches enables organisations to meet their legal obligations and also to harness opportunities to help people to thrive at work, not simply survive.

Obligations

Use these approaches to prevent harm:

PROTECT

Identify risks to mental health and wellbeing. Eliminate or minimise at source where practicable, and design in protective factors.

SUPPORT

Provide access to appropriate workplace and clinical support.

Opportunities

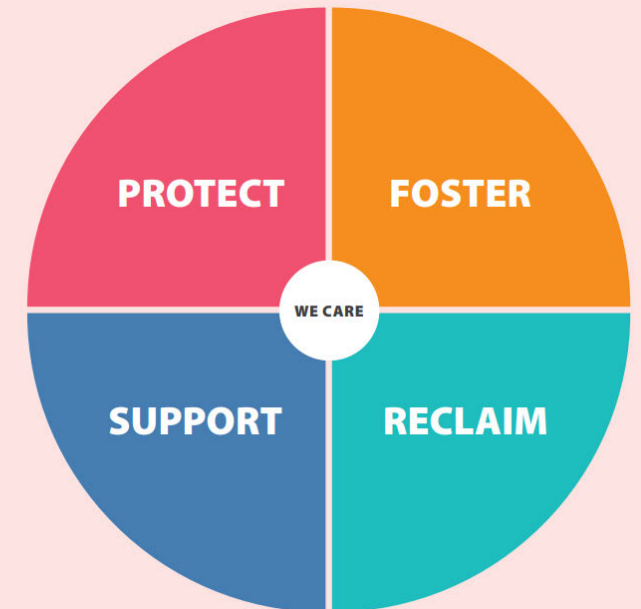
Use these approaches to help people thrive:

FOSTER


Develop the mental health and wellbeing capability of individuals and teams.

RECLAIM

Restore the mental health and wellbeing of individuals and teams.



Roadmap: psychosocial safety

 **Design** indicators focus on activities that assess, respond, or improve wellbeing interventions that protect, foster, reclaim and support wellbeing.

● Protect

Psychosocial risk bowtie documented
Wellbeing indicators reported to ELT
Staff and leaders awareness of risk
HSW moment for meetings centred around psychosocial risk where possible

Psychosocial safety identified in roadmap
Policies/procedures such as:
Bullying, harassment, discrimination
Flexible working policy
Leave policy

● Support

EAP (including onsite post trauma/incident)
Support with RTW from illness or injury
Manager's Assist line
HR Advice line (internal)

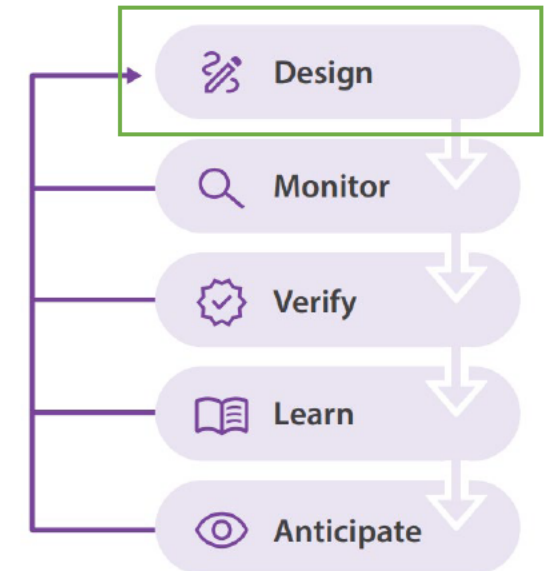
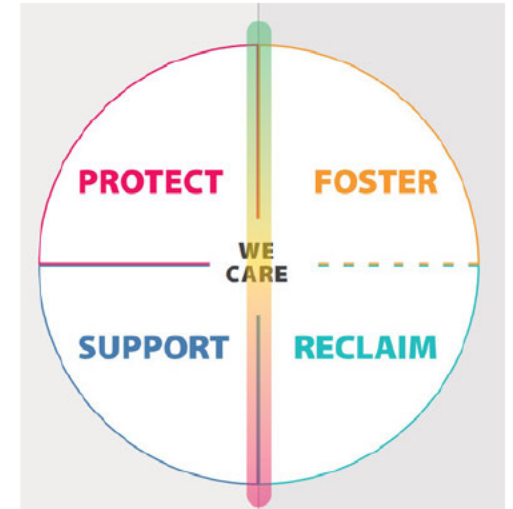
● Foster

Leadership MH training offered
STRIDE online module at induction
People led networks
Resilience coaching/workshops offered
1:1 leader/staff conversations (People Experience Pulse & Whanake)

Wellbeing hub (activities/educational)
Wellbeing Rhythm tool available to teams
Comms campaigns to raise awareness

● Reclaim

Wellbeing Rhythm
Wellbeing hub, including scorecard
Promotion of Te Whare Tapa Whā model
Recordings of external speaker sessions
HSRs promoting good psychosocial work practices



Measuring our progress

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Current & proposed metrics

The following table explains how we will use available data to measure how well we are achieving our strategic objectives and outcomes:

Objective (related outcome)	Proposed metrics	Current data	What does good look like?	Commentary	Lead
Employees have a sense of belonging and inclusion	PX Pulse Inclusion and Work Experience metric	See slide 37	Trending upwards	Our PX Pulse, Public Service Census, and Glassdoor suggest that inclusion and belonging are IR strengths. However, our Māori-Crown relationship can be improved as highlighted in the Public Census results.	Analytics
	PX Pulse qualitative responses related to belonging and inclusion as well as work experience				
	Public Service Census				
	Glassdoor				
	Retention rates for IR vs Government benchmark or average	TBD	Comparable or better than other similar Govt organisations		TBD
	Rates of wrongdoing (bullying/harassment/discrimination)	TBD	Trending down. Comparable or better than other agency's stats where available.		Integrity
	EAP usage - reasons for appointment relating to bullying	See slides 40, 41	Comparable or better than EAP average.		Org Resilience

Current & proposed metrics

Objective (related outcome)	Proposed metrics	Current data	What does good look like?	Commentary	Lead
They feel resilient to the challenges of day-to-day life	PX Pulse – responses and ratings during significant events e.g., COVID19 lockdowns, Omicron variant, building relocations etc.			<p>Our PX Pulse analysis showed that during the lockdown in Tāmaki Makarau Auckland, our employees generally responded positively in terms of their wellbeing. Those who felt their manager and team were supportive were able to cope more positively with the lockdown and for some, the flexibility of IR and of lockdown, created positive resources to deal with stress. However, wellbeing was highly variable across the organisation suggesting that not everyone coped equally well during lockdown.</p> <p>Through the PX Pulse we are able to understand what the impact is of significant events. We regard it as more important that our people have mechanisms for support (e.g., they can participate in the PX Pulse, raise concerns, and share with their people leader).</p> <p>Should the need arise, we have the capability to increase the frequency of PX Pulses (e.g., during the Omicron wave) to ensure that we are providing appropriate support for our staff.</p> <p>Analytics are also analysing what causes individuals to move from a score of 4-5 to 1-2 and vice versa as well as what causes individuals to start or stop sharing their dashboard with their people leader if they haven't previously.</p>	Analytics
	<p>PX Pulse – are there positive support resources available to staff members</p> <p>PX Pulse 'at-risk' phrases</p>				
	Feedback from internal resilience training (evaluation responses)	TBD	<85 % positive sentiments (agree or strongly agree)		Org Resilience

Current & proposed metrics

Objective (related outcome)	Proposed metrics	Current data	What does good look like?	Commentary	Lead
Leaders have the tools to support their teams in health, safety & wellbeing, including resilience	Percentage of individuals who share the dashboard with their people leader	70%	>80%	Staff are 2x more likely to complete the PX Pulse if their people leaders complete it. This suggests to us that leaders who are actively engaged with the pulse are likely to use the pulse in such a way that their staff engage with it too. People leader engagement with the PX pulse is therefore likely to help them understand how to support their staff.	Analytics
	People leader and segment completion rates	See slide 37			
	Leadership training completion	TBD	90% within timeframe	STRIDE by Umbrella in place previously however have sourced an alternate provider in 2023 as a pilot, before moving to RFP.	Org Resilience
	Leadership evaluation post training	TBD	>90 % positive sentiments (agree or strongly agree)		Org Resilience
	START HS task reporting	Average rate of 80%	>90% complete within 48h		Org Resilience
	Anonymous survey staff – effectiveness of Whanake	Unknown	100% complete after 48h >80% of people feel Whanake conversations are of benefit (OR feel leaders care about their wellbeing)	TBD if this measure will be viable.	Org Resilience
	Use of Manager Assist line by Vitae	TBD	TBD		Org Resilience
	Senior Leader attendance and completion of Officer HSW training	TBD	>80%		Org Resilience

Current & proposed metrics

Objective (related outcome)	Proposed metrics	Current data	What does good look like?	Commentary	Lead
They have options for support when their health, safety, & wellbeing are challenged	PX Pulse participation rates	Average of 60%	>70%	Our PX Pulse participation rate has remained reasonably stable, but our share rate has shown a slight decline. Analytics are undertaking analysis to determine the predictors of sharing dashboards with people leaders to understand what inhibits individuals from sharing with their people leader.	Analytics
	Share rate with people leaders	Average of 70%	>85%		
	Qualitative comments around whether they have support	See slide 36 and 37			
	EAP usage and impact levels	Comparable or better than EAP provider data for impact levels and workplace issues except for redundancy, performance, restructuring and career which is likely due to IR's recent restructure.	Lower rates for impact levels 4 and 5, and higher rates at impact levels 1 and 2. Comparable or better than EAP provider average data for both impact levels and workplace issues		HSW
	Rate of unresolved (impact lasting over one week) or ongoing psychosocial incidents in the HS reporting tool	Unknown	<10%		HSW
	Rate of long-term psychosocial support cases sitting with HR Advisory	TBD	TBD		Advisory
	Vision policy uptake	TBD	TBD		Advisory/HSW
Wellness hub and intranet usage	TBD	TBD		Org Resilience	

Current & proposed metrics

Objective (related outcome)	Proposed metrics	Current data	What does good look like?	Commentary	Lead
They have options for support when their health, safety, & wellbeing are challenged (cont.)	% RTW support or plan completion	TBD	TBD		Advisory
	WSA completed	TBD	TBD		Org Resilience
	Uptake annual influenza vaccination	34% in 2021	>40%		Org Resilience
They feel safe in the workplace and able to have open conversations about health, safety, and wellbeing with their leaders and colleagues	Percentage of respondents sharing dashboard with people leader	70%	>85%		Analytics
	Induction completion	TBD	100% within timeframe		Org Resilience
	Whanake conversations – % taking place	TBD	TBD	Unsure if this will be a viable metric	TBD
	Psychosocial safety climate survey	TBD	Highest % of the org in green, lowest % is in red.		Org Resilience
All outcomes					

Measuring our progress: Psychosocial Harm

Monitoring indicators track the range, effort, and accessibility of wellbeing interventions that protect, foster, reclaim and support wellbeing.

Protect

- No. of leaders attending training
- Levels of reported psychosocial safety
- Subjective wellbeing, inclusion, work experience
- Retention rate (attrition) information

Support

- No. of workers accessing EAP
- No. of RTW programmes
- No. Manager Assist calls made
- No. queries HR Advice have advised on

Foster

- No. reports of workplace wrongdoing
- Evaluation responses from Resilience course
- Usage rates of Wellbeing Hub
- Usage/site visits for Wellbeing Intranet sites

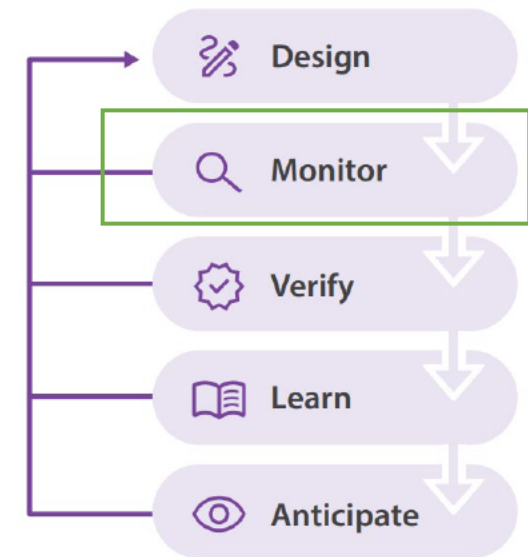
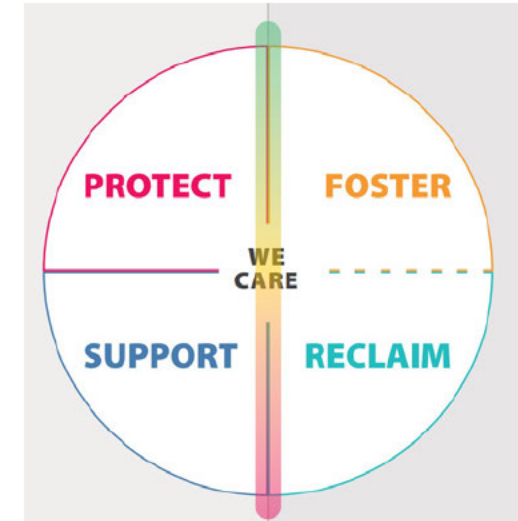
Reclaim

- No. health promotion challenges on hub
- Participation rates in challenges
- No. employees using Wellbeing Scorecard

Verify: Provide assurance on the effect and impact of the design interventions

Learn: Reflect on what happened to increase knowledge and understanding in relation to the design, implementation and outcome of interventions, to inform the design of future interventions.

Anticipate: Predict future needs in relation to protect, foster, support and reclaim interventions.



Appendices

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Appendix A

Definitions

This roadmap is aimed our employee's whole selves and is not limited to work-related risks. We acknowledge the limited influence IR has over non-work activities however understand the effect these have on work activities. This roadmap supports the wider WorkSafe Strategy and IR's Positive Workplace Cultures Programme. The figure on the right from WorkSafe shows both mandatory areas of compliance as well as voluntary opportunities to promote better health and wellbeing.



Legislative Requirements

The Health and Safety at Work Act (HSWA, 2015) requires IR as the Person Conducting a Business or Undertaking (PCBU) firstly to eliminate all risks to personal health and safety as far as is reasonably practicable and if elimination is not possible, to minimize the risks as much as possible. Health and safety risks not only include physical injuries, but also work-related illnesses including physical and mental wellbeing. IR has a “duty of care” towards its employees. This legislation also requires that workers are given not only the correct and adequate equipment required to correctly perform their duties, but also the training needed to operate such equipment (HSWA, 2015). WorkSafe expects IR to not only protect their employees’ worker health, but also to promote general health and wellbeing, including positive mental health (WorkSafe New Zealand, 2017).

Health

The Health and Safety at Work Act 2015 states that health refers to both physical and mental health. The World Health Organisation (WHO) defines health as “a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.” (WHO, 2021)

Health and Safety Protection Initiatives

Initiatives relating to our mandatory duty as a PCBU to prevent work related harm to workers.

Health Promotion and Wellbeing Initiatives

Initiatives not related to mandatory duty and are targeted to lifestyle-related health conditions such as obesity, cardiovascular disease and diabetes, as well as general resilience and wellbeing.

Psychosocial Hazards

Refers to the aspects of the design and management of work and its social and organisational contexts that may have the potential for causing psychological or physical harm.

Psychosocial work environment

The content of work and work demands, the social relationships at work, the organisation of work and the work culture, which each can affect the mental and physical well-being of workers including management.

Health-Related Safety Risks

WorkSafe define health-related safety risks as “an impairment or health condition that may adversely affect the safety of a worker or other person in the workplace.” “Health-related safety risks have the potential to lead to safety incidents and acute harm. In general, they fall into one of four risk categories:

- Sensory risks: for example, changes in a worker’s hearing or eyesight may prevent them from correctly or quickly identifying and reacting to a workplace risk
- Impairment risks: for example, fatigue may lead to reduced concentration
- Mobility risks: for example, physical frailty may prevent a worker from moving out of the way of an oncoming vehicle
- Incapacity risks: for example, an unknown or poorly controlled heart condition may lead to a worker suddenly losing consciousness while involved in a safety-critical task.”

Spiritual Health

Spiritual health includes who you are, what you believe in and where you have come from. “Spirituality means different things to different people. Spirituality speaks of the feelings we carry, our belief in or connectedness we feel, to that which is beyond the seen or tangible world. It can describe the meaning we attach to social groups, places, our religion or faith.”

Appendix B

Te Whare Tapa Whā

Te Whare Tapa Whā was first presented at a Māori Women's Welfare League hui in 1982. In 1985, Mason Durie published a paper called *A Māori perspective of health*, which outlined differences in perspectives towards health by Western society and Māori. Durie presented a 'traditional perspective' of Māori health as being a 'four-sided concept representing four basic tenets of life' (Durie, 1985, p. 483). The balance and symmetry with each of these tenets were essential for wellbeing.

The four components of wellbeing (on a foundation of whenua – land/roots) are:

- Te taha wairua (spiritual wellbeing)
- Te taha hinengaro (mental wellbeing)
- Te taha tinana (physical wellbeing)
- Te taha whānau (family wellbeing)

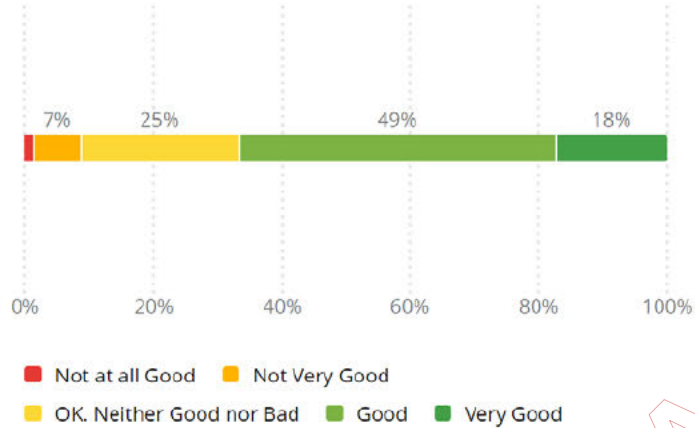


The essential feature of Te Whare Tapa Whā is that it takes a holistic perspective to wellbeing, and that to achieve wellbeing, or health, each component needs to be in balance.

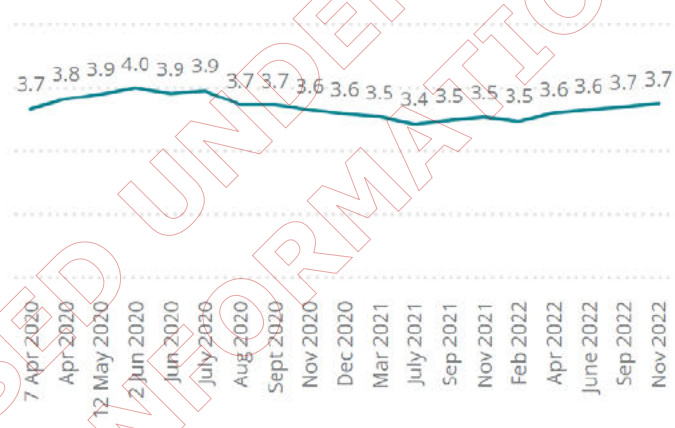
Appendix C

PXP data & insights (Nov 22)

How do you feel about your overall wellbein...



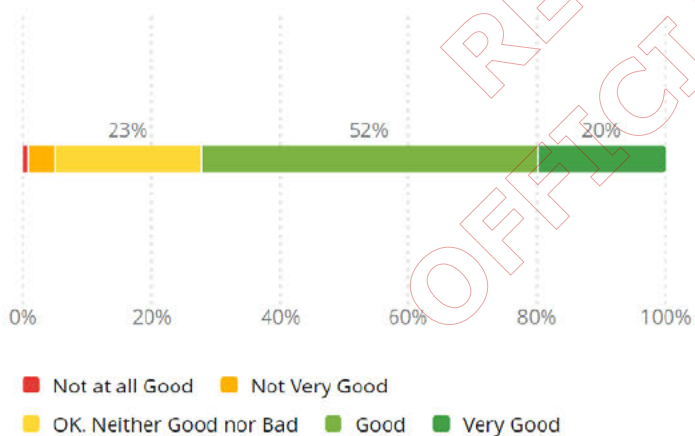
Wellbeing average over time



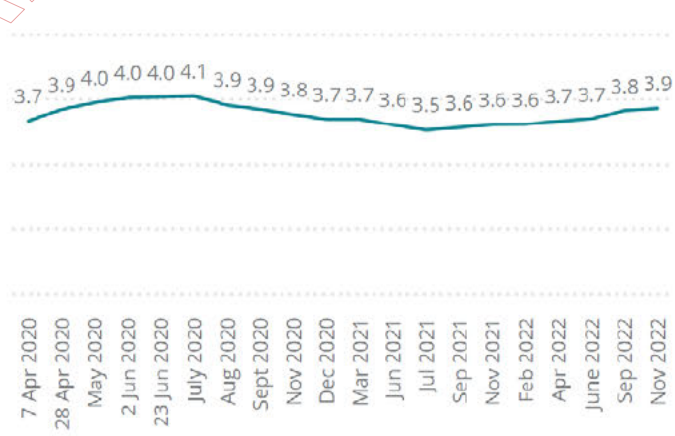
Wellbeing breakdown over time



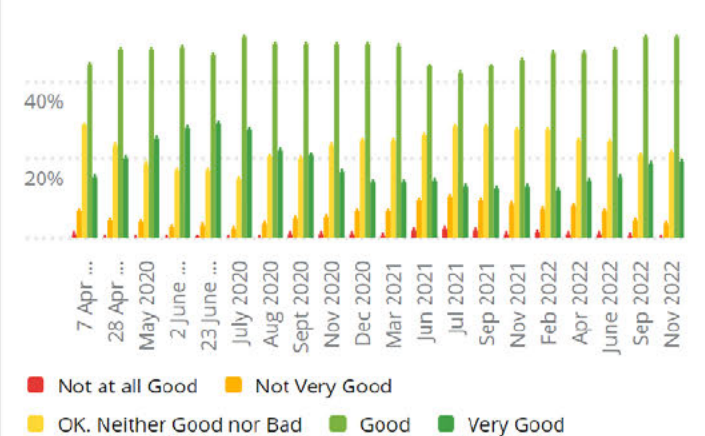
How do you feel about your day-to-day experien...



Work Experience average over time

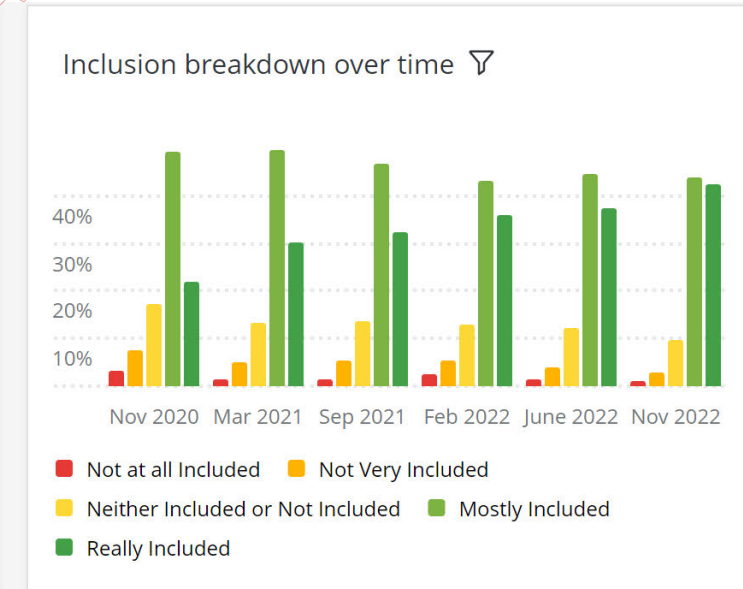
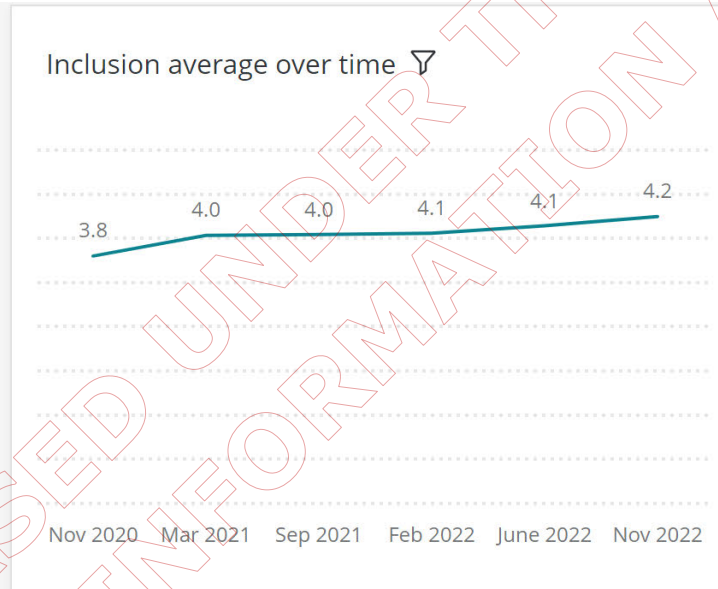
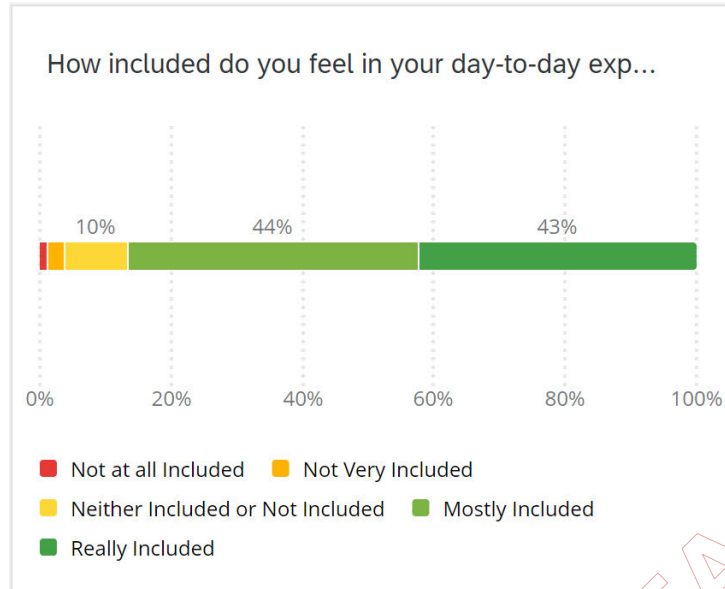


Work Experience breakdown over time



Appendix C

PXP data & insights (Nov 22)



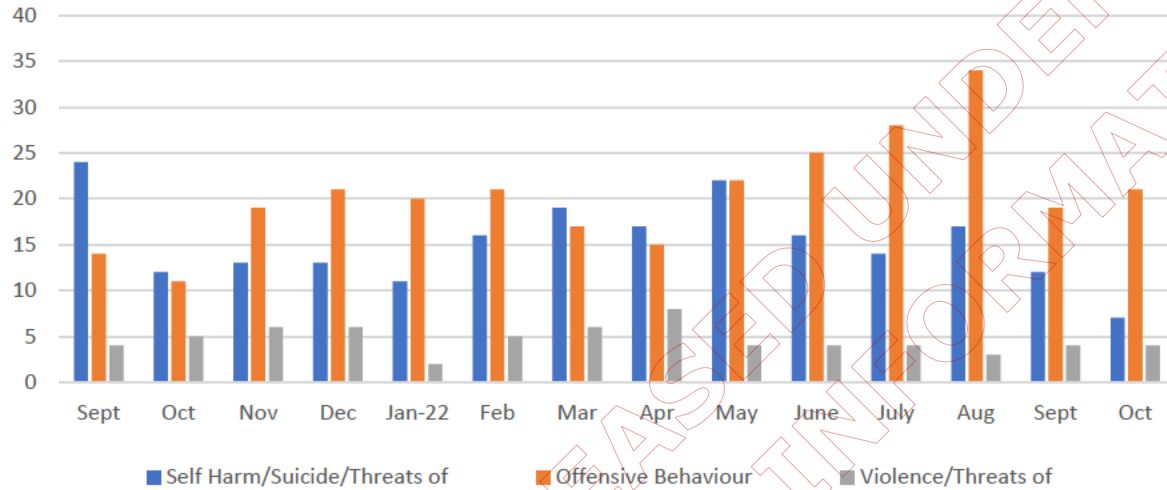
79% have completed at least 1 out of the last 3 PX Pulses (including this PX Pulse). Of those invited, 20.2% have completed 1 out of last 3, 25.4% have completed 2 out of last 3, and 33.0% have completed the last three.

74% of participants chose to share their dashboard with their people leader in Nov 22, which is comparable to other survey waves.

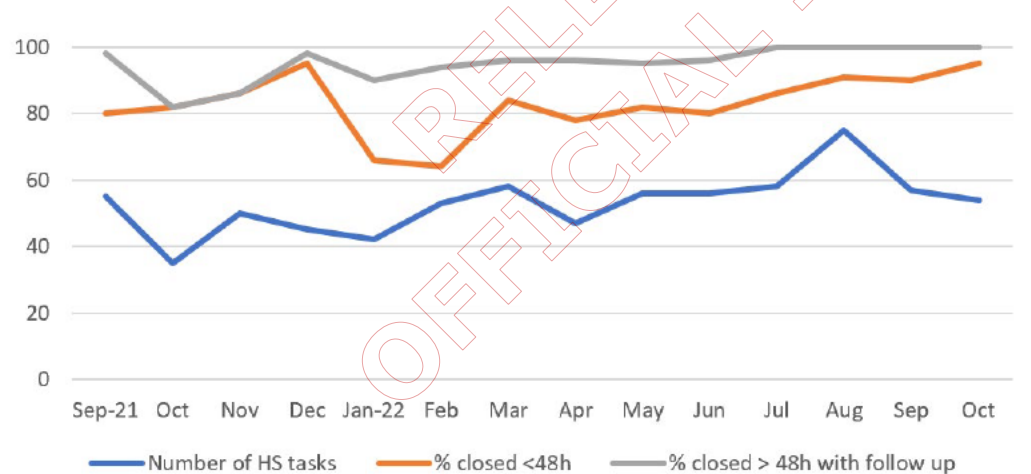
Appendix D

Incident & injury data

Security Incidents reported in START that **could** impact Psychosocial Wellbeing



With the introduction of our new HSW Reporting Tool, Te Aka Oranga, we are now asking that any staff whose wellbeing has been affected by a customer interaction, to lodge a wellbeing incident report. This will provide us better understanding of the degree of harm.



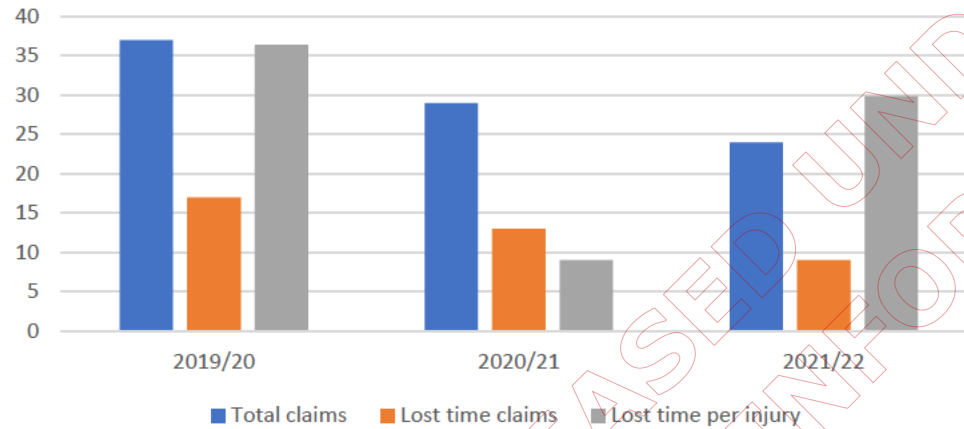
The graph on the left highlights the completion rates of the welfare checks on staff carried out by their people leader, after an incident that could impact their psychosocial wellbeing has been reported in START.

Note: An upward trend can be seen particularly in the last 5 months showing an improvement from our leaders in closing these tasks within 48h.

Appendix D

Incident & injury data

ACC Work Claims and Lost Time



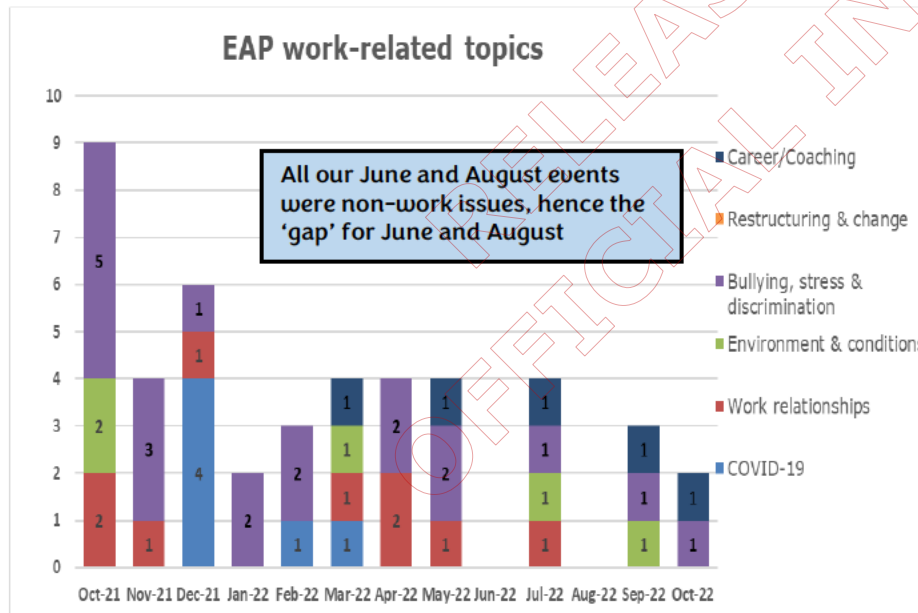
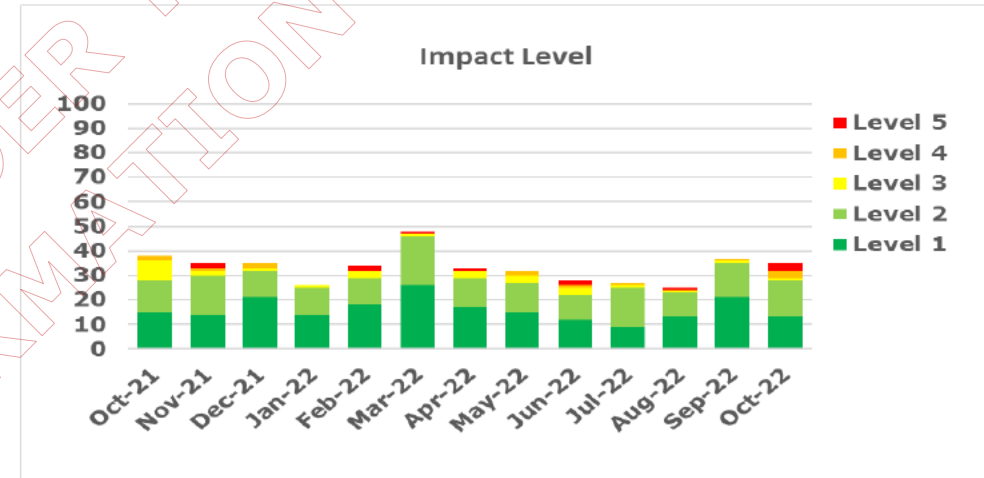
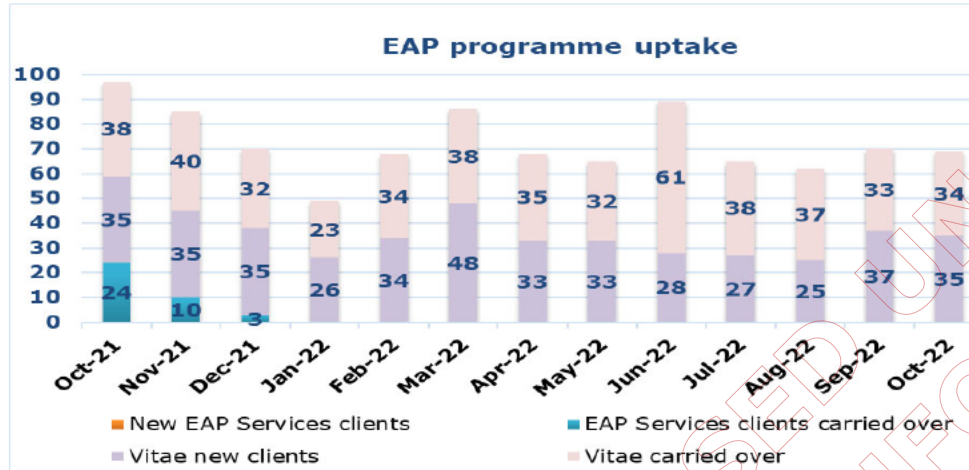
This year, average sick leave was 11.3 days per person, up from 10 days in 2020-21. Likely due to COVID-19 Omicron wave.

The number of claims has trended down in the 21/22 financial year, with 29 accepted claims in 2020-21 compared to 24 in 2021-22.

The average number of days lost for work-related injuries has increased from 9.02 days per injury in 2020-21 to 29.9 in 2021-22, however, is still slightly lower than the 2019-20 year with 36.37 days per injury. The lost time for this financial year is primarily attributed to 2 of the 9 lost-time claims, at 101 and 123 days

Workstation assessments	
Year	Total #
2020	111
2021	76
2022	19

Appendix E EAP data

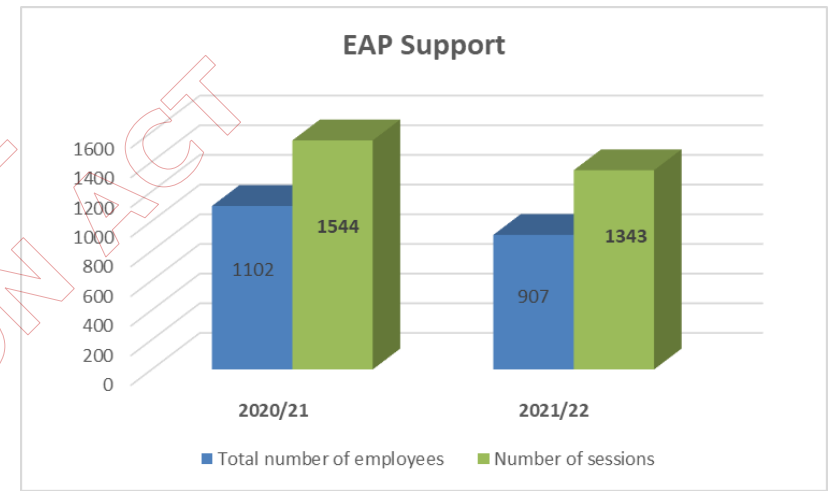


Note: more people in the lower impact levels is better, as this shows people are seeking support in a proactive way.

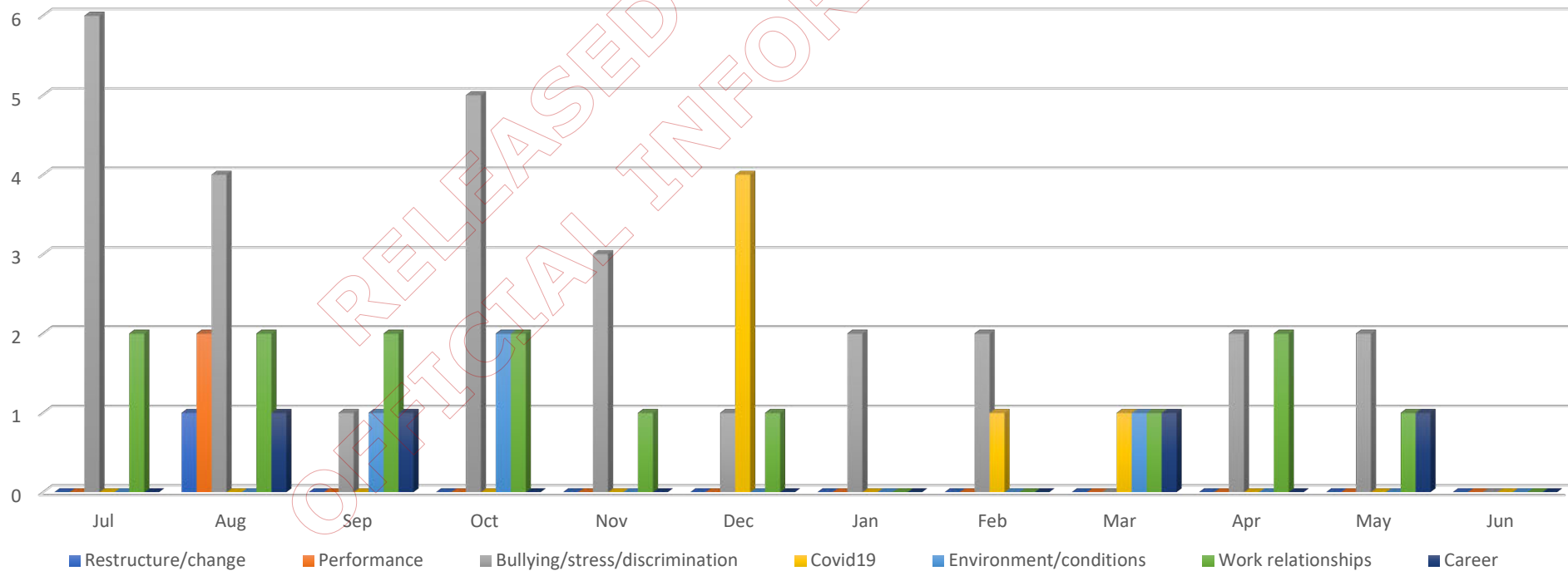
1. work unaffected, practical assistance required
2. performance may become affected if issues persist
3. performance decreased or relationships affected at work
4. performance or relationships at work are significantly affected
5. unable to work in the short term

Appendix E EAP data

Usage of the EAP at IR is comparable to other organisations for the 2021-22 FY.



EAP Work-Related Topics 2021-22 FY



Item 2

Achieving Mentally Healthy Work (MHW)

Roadmap for managing risks associated with psychosocial hazards 2024-2025

Our Vision

That work at Inland Revenue is **mentally healthy for all**. Our people are less likely to experience mental harm at work and are supported to be healthy, well, engaged, and productive, to help us achieve our organisational objectives.

Our Objectives and Measures¹

1. Prevent harm: Eliminate or minimise work-related risks to the mental health of our people.

Measures:

- Incidence of mental harm: trend data on frequency and severity of harm.
- Survey data on leader competency and comfortability to manage relevant psychosocial hazards and risks.
- Participation rates and satisfaction for resilience training and/or other mental health training we offer.
- Patterns of use of overtime and flexi time.
- Trends in annual leave usage.
- Trends in Integrity and HR cases related to work-related mental harm.

2. Promote positive health and wellbeing: Maximise the opportunities to enhance the wellbeing of our people.

Measures:

- Satisfaction with outcomes/experience following requests for reasonable accommodation.
- Usage rates for MHW material – SharePoint and external platform (e.g. Hauora Hub).
- Satisfaction with range of information and support for mental wellbeing: e.g. as rated by Health & Safety Reps.
- Work and Wellbeing PXP results/insights.

3. Support recovery when needed: Provide effective mental health support when our people need it.

Measures:

- # of Return to Work (RTW) programmes/support provided for illness including stress and poor mental health.
- Satisfaction of person with RTW programmes, integrity/HR cases.
- EAP usage and impact level data.

Key Enablers

- **Leadership:** Risk management of psychosocial hazards will have executive level ownership and oversight
- **Resourcing:** The teams, systems, and initiatives for mentally healthy work will be appropriately resourced
- **Engagement:** Solutions will be codesigned with our people

¹ Measures noted are in addition to People Experience Pulse (PXP) and Moments that Matter survey insights.

Our Focus Areas and Immediate Actions

We will:

1. Prevent Harm:

Eliminate or minimise psychosocial risks through the design of work by:

- Mentally Healthy Work by Design process: focus groups of the people doing the work conducting hazard identification and exposure process, protective factors, suggested improvements or changes to work design. For example, we may trial professional supervision for some teams, if the focus groups identify there being a need. – **IN PROGRESS**

Develop the capability of leaders to identify, assess, and manage psychosocial risks by:

- Leader Mental Health training, mentally healthy work leadership capability video and links, SharePoint site for leaders. – **IN PROGRESS**
- Develop an updated leader capability programme for managing psychosocial risk. – **NOT STARTED**

Develop effective systems to monitor and measure exposure to psychosocial risks and the effectiveness of our controls through:

- Maximising the functions within Te Aka Oranga (reporting tool) for both reporting of hazards and incidents, as well as to monitor our controls in place and identify new opportunities. – **IN PROGRESS**
- Exploring other methods of data including START and PXP to provide more oversight around exposure to psychosocial hazards and the effectiveness of existing controls. – **IN PROGRESS**

2. Promote Positive Health & Wellbeing:

Motivate, encourage, and provide opportunities for our people to take control of their own physical and mental wellbeing by:

- Procuring/embedding and promoting a new wellbeing platform/portal/tool with a wide range of resources, learning, tools for improving employee health literacy and health outcomes. – **RFP IN PROGRESS**

Invest in increasing our people's health and wellbeing literacy by:

- Developing more guidance for employees on mental wellbeing and managing psychosocial hazards. – **IN PROGRESS**

3. Support Recovery When Needed

Provide support for our people where they are experiencing reduced mental health and wellbeing and/or where they may have been exposed to potentially distressing events by:

- Reviewing our approach and process to access EAP entitlements. - **NOT STARTED**
- Reviewing our RTW processes and support offered. – **NOT STARTED**
- Reviewing our approach and processes with HR in regard to work-related stress/mental ill health, as well as our communication between People & Workplace Services functions to ensure seamless delivery of support to leaders and staff for both work-related and non-work-related mental ill health. – **IN PROGRESS**
- Reviewing and updating our Reasonable Accommodations policy and guidelines to reference support in relation to mental illness. – **COMPLETED**

Wider Inland Revenue and Government context

This roadmap on Mentally Healthy Work aligns with our Te Pou o te Tangata behaviours. By demonstrating Manaakitanga, Whanaungatanga and Mahi Tika, we are protecting, supporting, and uplifting the mana of those around us.

As an organisation, prioritising Mentally Healthy Work and positive mental wellbeing is the right thing to do. It improves the work experience and performance of our people, reduces absenteeism and presenteeism, and enhances the experience and service delivered to our customers. The Government Health and Safety Lead and The New Zealand Business Leaders Health and Safety Forum best practice guidance and frameworks provide the basis for this roadmap.

Under the Health and Safety at Work Act 2015 (HSWA), agencies (as PCBUs) have a primary duty of care to ensure the health and safety of workers – this includes psychological health as well as physical health. This requires agencies to understand and control the risks of mental harm in their workplace. This places the responsibility on the agency to eliminate or minimise exposure to mental health risks where it relates to work.

WorkSafe New Zealand recommends that employers address three components of work when supporting Mentally Healthy Work, which align with the international standard (ISO) for managing psychosocial risks (ISO45003):

1. Work Design (*Aspects of how work is organised*)
2. Work Environment (*Work environment, equipment, and hazardous tasks*)
3. Relationships (*Social factors at work*)

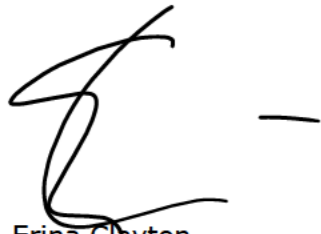
The World Health Organization (WHO) equally recognise the importance of Mentally Healthy Work. They state that you can provide decent work that supports good mental health by providing:

- a livelihood,
- a sense of confidence, purpose, and achievement,
- an opportunity for positive relationships and inclusion in a community, and
- a platform for structured routines, among many other benefits.

The WHO model for Mental Health at Work shows the importance of approaching Mentally Healthy Work from multiple angles such as:

- preventing exposure to risks to mental health at work, as much as is reasonably practicable,
- protecting and promoting mental health and wellbeing at work, as well as
- supporting people with mental health conditions, or those who's mental health is negatively impacted by work, so that they can participate in and thrive at work.

For people with mental health conditions, decent or good work can contribute to recovery and inclusion, improve confidence and social functioning.



Erina Clayton
Enterprise Leader
People & Workplace Services

Inland Revenue's commitment to workplace health and safety

At Te Tari Taake Inland Revenue we're committed to workplace health and safety. We take our duty of care to have a safe work environment seriously.

Everyone has an important role to play in making our workplaces healthy and safe and it's reflected in how we do things at IR.

Mahi Tika – we do the right thing

- We all follow IR's Health, Safety and Wellbeing policies and processes
- We report all work-related incidents, injuries and risks for ourselves or others in the Health and Safety reporting tool – Te Aka Oranga
- We comply with all relevant legislation, regulations, standards, codes of practice and best practice guidelines

Manaakitanga – we care for those around us

- We work in a healthy and safe way at all times
- We control risks where reasonably practical

Whanaungatanga – we value the experiences of others

- We co-operate with all reasonable instructions given by Inland Revenue regarding our Health, Safety and Wellbeing at all times
-

Take the time to understand what health and safety at Inland Revenue means for you and your work.

Go to the **Ratonga Tāngata me te Wāhi Mahi - People and Workplace Services** Corporate Space site.

P. Meier

Commissioner of Inland Revenue

02/05/2023

Date

