Te Pā: A wellbeing initiative on a major roading construction project.

Hemi Heta[1], Barbara Kennedy PhD[2], Dianne Gardner PhD[3]

[1] Te Ahu a Turanga, Manawatū Tararua, New Zealand; [2]Kennedy Consulting and Coaching Ltd, Palmerston North, New Zealand; [3]School of Psychology, Massey University, Wellington, New Zealand.

Corresponding author: Associate Professor Dianne Gardner,

Email: D.H.Gardner@massey.ac.nz

ORCID: https://orcid.org/0000-0003-0677-9548

1.0 Abstract

Purpose. Due to the significant challenges to employee wellbeing in the construction industry, a major roading project in New Zealand implemented a wellbeing programme based on holistic health frameworks. A description, rationale and outline of the wellbeing programme are presented. An independent evaluation of the wellbeing programme took place in 2023.

Design. Data from interviews, a focus group, surveys, and the OnLocation app were analysed to examine participants' perspectives on the programme, and to establish whether the programme was effective and how it could be improved.

Findings. The majority of staff reported that they had experienced enhanced wellbeing since joining the project, and spoke positively about the programme. A small number of participants felt the project still had elements of the 'old' construction culture including a focus on productivity over people, but most felt the wellbeing programme had made substantial progress toward changing the construction culture. Suggested improvements included a perceived need for more resources, for members of the wellbeing team to be present onsite more often, and more training for onsite managers in workplace wellbeing.

Originality. A holistic approach to wellbeing has rarely been taken in the construction industry. This project was based on indigenous New Zealand Māori perspectives on wellbeing. Evaluation showed that it was positively valued by both Māori and non-Māori participants. This indicates that, although some details are specific to New Zealand, the model itself, its supporting framework and approach can be generalised to other contexts.

Keywords: workplace wellbeing, Te Whare Tapa Whā, indigenous models of wellbeing, indigenous culture, construction industry

2.1 Introduction

Construction is a labour-intensive and high-risk sector which can be particularly stressful due to pressures related to deadlines, stakeholders, and safety. Historically, when considering employees, the construction industry has focused on physical safety, with the aim of preventing accidents and injuries (Galea *et al.*, 2022). In New Zealand, the Accident Compensation Corporation (ACC) recorded the construction industry as having the highest numbers of claims from 2020 to 2022 (ACC, 2023). Although necessary, a focus on physical injury neglects the social, emotional, psychological and other aspects of wellbeing that may affect construction workers and the construction industry. Of concern are the high rates of suicide within the industry, problematic substance use, and problematic gambling (Banwell *et al.*, 2006; Dowling *et al.*, 2005; Sun *et al.,* 2022; Windsor-Shellard and Gunnell, 2019).

Keeping people safe on site has always been a focus, but investment into the wider wellbeing of individuals has often been deemed a 'nice to have' rather than a prerequisite. However, integrated approaches to health, safety and wellbeing have been successfully implemented, for example in the Olympic Park construction project in the United Kingdom. Integrating the occupational safety team, project managers and occupational health professionals effectively supported worker safety and wellbeing on this large-scale project (Healey & Sugden, 2012; Tyers, Hicks, Baxter, & Gilbert, 2012). Success hinged on a range of factors including strong leadership, support for behaviours and initiatives that fostered health, safety and wellbeing, and appropriate resourcing (Healey & Sugden, 2012). The current paper presents a construction project which aimed to instil a

positive culture for wellbeing at all levels of the project, and which was based on indigenous New Zealand principles of wellbeing.

The World Health Organization (WHO) defines wellbeing as encompassing "quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose" (World Health Organisation, 2023). Factors that can impact wellbeing at work include job demands, autonomy, pay, effective management, inclusive work cultures and the physical environment (Carmichael *et al.*, 2016). It is vital that issues related to poor wellbeing are addressed, as improved wellbeing can lead to reduced injuries, reduced workers compensation costs and absenteeism, and improved productivity, job satisfaction and employee engagement (Jain *et al.*, 2018; O'Neill *et al.*, 2013).

2.2 *Te Ahu a Turanga*: the Manawatū Tararua Highway infrastructure project.

Te Ahu a Turanga/ Manawatū Tararua Highway is an important transport project, crossing the Ruahine Ranges north of the Manawatū Gorge to re-establish a vital state highway link between the Manawatū, Tararua and communities further afield. In 2017, a large slip in the Manawatū Gorge closed State Highway 3 indefinitely. The slip damaged the road, and continued movement and instability suggest another large slip is possible (Utting *et al.*, 2023). An alternative route was required, so In January 2021 the main construction phase of the *Te Ahu a Turanga* project began to re-establish the vital state highway link (Utting *et al.*, 2023). The project involves an alliance between Waka Kotahi/New Zealand Transport Agency (the client), local Māori iwi/communities, and infrastructure businesses. Construction includes earthworks, the building of major structures (bridges and underpasses), as well as pavements and drainage. The project is estimated to provide employment for over two thousand individuals, with approximately 350 employees being present on site at any one time (Utting *et al.*, 2023; Waka Kotahi New Zealand Transport Agency, 2023).

As well as delivering a highway that is safe, efficient and affordable, the project has a set of social outcomes targets that complement the completion of the road. The project is seen by alliance partners to be 'more than a road' (Utting *et al.*, 2023). Alliance partners are committed to making a 'step change' (a large or sudden change in policy or attitude, especially one that makes things better) in worker wellbeing management in line with the challenge that the client, Waka Kotahi/the New Zealand Transport Agency, set during the tender process. The project therefore includes a Social Outcomes Management Plan which sits under the project Governance Plan. Social outcomes include enhancing the local environment, people and economy, leading the way for the sector and New Zealand in roading construction projects, and setting new benchmarks for health, safety and wellbeing, and partnerships, (Utting *et al.*, 2023). A key component of the Social Outcomes Management Plan is the wellbeing of the workforce, which is the focus of this paper.

2.3 A holistic approach to wellbeing at work, founded on indigenous Māori perspectives

This project began with a determination to implement and respect indigenous New Zealand Māori worldviews which emphasise the importance of relationships between nature and people. The decision to base the wellbeing programme on Māori worldviews and cultural practices was based on several factors. At the most foundational level, the 1840 Te Tiriti o Waitangi established a partnership between indigenous Māori and the British Crown. Although Te Tiriti o Waitangi was repeatedly breached in the years that followed, in recent decades the New Zealand Government has moved to create a society that is more bicultural in practice, recognising the legal status of Te Tiriti. The Māori language as one of the official languages of New Zealand, and ongoing efforts to address historical injustices. The project workforce includes a large number of Māori employees as well as employees from many other countries, and the construction work impacts lands that are of great importance to local Māori communities. Importantly, Māori models of health and wellbeing are more holistic than Western biomedical models and are therefore a strong and suitable basis for a programme which covers multiple aspects of individual, family, community, organisational and environmental wellbeing.

Until recently, such a holistic perspective has not been implemented in the daily operation of a construction project. All facets of the project are governed by the Māori perspective, from environmental controls and stream diversions to employee inductions and workplace culture. Culture in this sense is a learned set of shared interpretations about beliefs, values, norms and social practices which affect behaviours of a relatively large group of people (Lustig and Koester, 2006). Culture can be difficult to shift as it is deeply ingrained, and attitudes and behaviours are often enforced by formal (e.g., safety rules) and informal rules (e.g., peer pressure) (Galea et al, 2022). However, with consistent and continued effort, change is possible.

Two models of wellbeing informed the project. Te Whare Tapa Whā/ the House of Four Walls (Durie, 1984; Mental Health Foundation, 2023) uses the traditional Māori meeting house as a potent metaphor for health and wellbeing. Each wall of the house represents a dimension of wellbeing: *hinengaro*/mental wellbeing; *tinana*/physical health; *wairua*/spiritual wellbeing; and *whānau*/collective wellbeing. An important concept is that the 'walls' support each other, so if one 'wall' or aspect of wellbeing is weak, health and wellbeing can be compromised. This model is well recognised and utilised within health mainstream services (Pitama *et al.*, 2007).

Also fundamental to the project are the principles of Whānau Ora/Healthy Families, an approach to wellbeing which considers the needs of people as individuals as well as members of a collective or set of collectives (work teams, the workforce as a whole). These principles emphasise shared decision making, goal setting, capacity building and empowerment, and supporting collective as well as individual aspirations (Te Puni Kōkiri, 2016). Wellbeing, seen through this lens, includes seven key areas: self-management and empowered leadership, healthy lifestyles, participating fully in society, being secure in one's cultural identity, economic security, positive relationships, and responsible stewardship of the natural and living environments.

2.4 Show Up, Team Up, Speak Up

As well as being built on the premises of *Te Whare Tapa Whā* and *Whānau Ora,* the project adopted three key anchors to help entrench and maintain the culture. These anchors provide direction, clarity and self-responsibility. These anchors are:

Show Up: This relates to the minimal expectation that employees should be ready for work, in the right frame of mind, physically fit, and ready for the day ahead. Mentally, this is about being psychologically well and in the right frame of mind, not distracted, and able to effectively perform the work required. It also includes work ethic and concepts such as being on time, having the right equipment, and having the right qualifications, licenses or experience.

Team Up: This anchor is about working together, being a part of a workplace 'family', and sharing knowledge, skills and understanding. It also encapsulates the culture of the project and how it relates to health, safety and wellbeing. Being part of the work 'family' requires a higher level of consideration and responsibility for others as well as oneself, with the recognition that the needs of the individual are just as important as the needs of the group, team and organisation.

Speak Up: This anchor relates to people feeling able to speak up when things aren't right, and being prepared to acknowledge things that are positive. People on the ground take responsibility when behaviour is not appropriate or in line with the project culture, values and principles. It gives employees the right to highlight any issues while ensuring they are supported and safe.

Together, these anchors provide a level of expectation that is clear, simple and easy to follow. They are easily remembered and constantly referred to.

2.5 Te Pā/ Our Place: A framework for enhancing wellbeing

Te Pā/Our Place is the name given to the wellbeing programme itself. Although construction projects have included initiatives to address safety, health and wellbeing, there was little information about integrated, holistic frameworks which could be implemented on a large construction site. To innovate in this area, the project took several steps to ensure that wellbeing initiatives were delivered, supported and resourced, in order to ensure a healthier workforce. With no existing holistic frameworks in the New Zealand construction industry, the project developed *Te Pā*, which identifies requirements at four levels to support wellbeing for the individual, team, and organisation. The programme is broad-based and multi-level, with each level offering different support processes, services and mechanisms which contribute to the whole. These are not fixed and can change depending on the workplace and work situation. Figure 1 shows the levels of the programme.
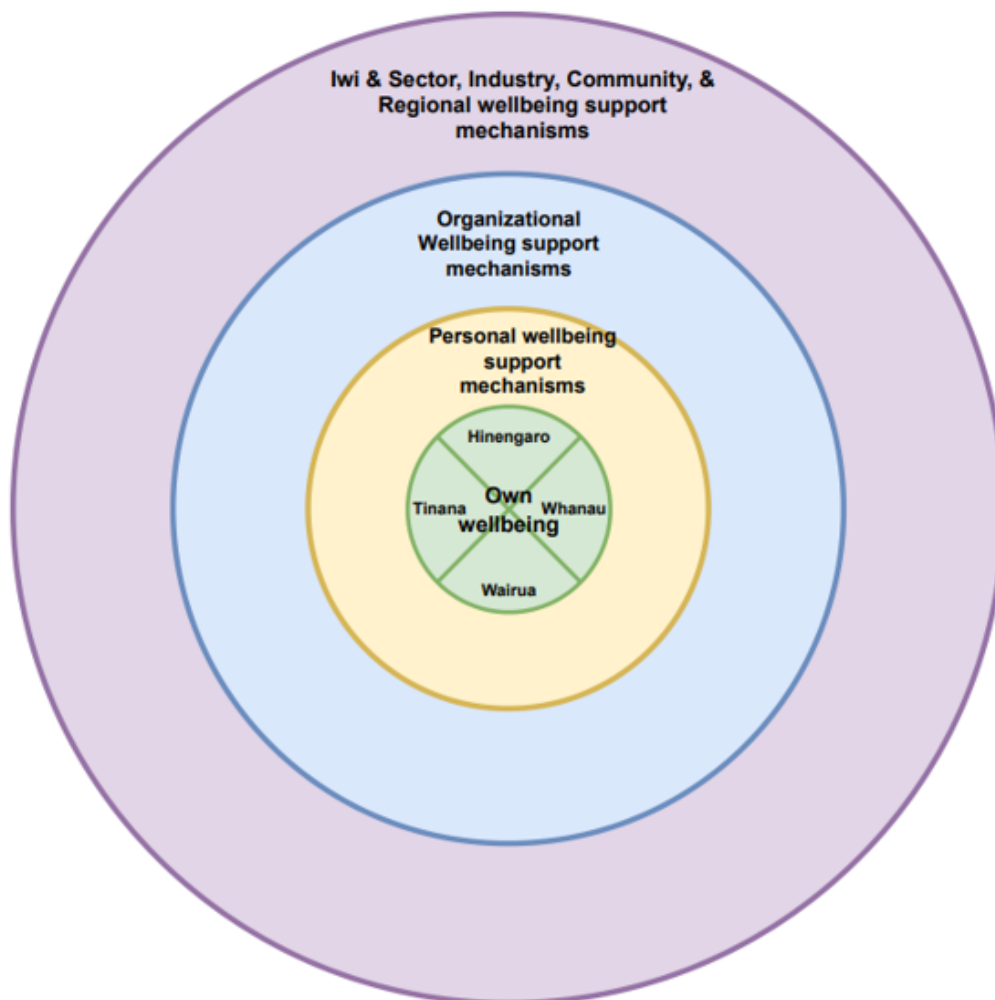
Figure 1: Te Pā: A framework to enhance wellbeing in the workplace.

2.5.1 Level 1: Governance, commitment and support

At the outermost layer are external resources and services, and high-level organisations and groups. These may include senior organisational leadership, government organisations, legislative frameworks, iwi/Māori affiliations, and community services. These high-level mechanisms shape the organisational culture and are essential for service delivery. The principle that the wellbeing, health and safety of people on the project are important is entrenched in the project's charter, and alliance partners made a conscious decision to ensure wellbeing was important and delivered on the project. Policies, plans and strategies were developed which highlighted the importance of wellbeing, and dedicated positions were established. The Wellbeing and Culture Manager is included in the Alliance Leadership Team, Key Results Areas for wellbeing were established to ensure that wellbeing strategies are delivered, monitored and reviewed, and financial support was set aside to deliver wellbeing programmes.

2.5.2 Level 2: Organisational support for wellbeing

The next layer represents the support services provided by the organisation or other larger groups. These include wellbeing teams and health and safety teams, training and development, cultural expertise, mentoring services, and professional expertise. This layer provides support services through the Wellbeing Team. The team consists of a Health and Wellbeing manager, a Wellbeing and Culture manager, a Health and Wellbeing lead, and a Health and Wellbeing coach, all with relevant health qualifications and experience (a registered psychologist, a registered nurse, and a registered exercise physiologist). These professionals can provide

clinical advice and services, health and wellbeing messages and connect people to external health and wellbeing support services. Services and support range from counselling and medical assessments to financial advice and injury management. Anyone working on the project has access to these professionals, a level of access which is unique within the NZ construction sector. The wellbeing team is autonomous, rather than sitting within Health and Safety or Human Resources, which allows it to develop relevant strategies, policies and procedures.

2.5.3 Level 3: Team and work group support for wellbeing

The next layer represents the support mechanisms immediately available to the individual, team, or organisation, and enables teams, management, families and peers to support each other's wellbeing. These are the supports that people feel comfortable accessing first so it is vital that these groups are educated and informed about what do and where to go. Team members are encouraged to discuss wellbeing issues and to support each other, for example by sharing awareness of support services. Team training and education help remove stigma that can be associated with help-seeking, and managers are aware of wellbeing support services available and can refer team members if appropriate.

The Health and Wellbeing team is onsite, and employees can access the team in several ways. The wellbeing team members attend weekly toolbox meetings where project updates, safety messages, and other relevant information are shared, and use these opportunities to deliver health messages and information. All employees have access to the OnLocation app, which provides information about who is onsite at any given time. Embedded within the app is a short self-report wellbeing survey, and employees can also use the app to access the wellbeing team.

2.5.4 Level 4: Individual management of personal wellbeing

The centre circle includes the four "walls" of Te Whare Tapa Whā. Individual initiatives to support tinana/physical wellbeing might include appropriate exercise, nutrition and medical checks. Support for hinengaro/mental wellbeing could include learning new things, seeking responsible roles, counselling or education. Supporting one's own wairua/spiritual wellbeing could include taking time to reconnect with the natural environment, religious or spiritual activity, or volunteering activities. Support for whānau/community and family could include prioritising work-family balance, taking part in sport teams or clubs, time with friends and social activities. Wellbeing means all four areas are in a positive, balanced state, while unwellness would mean negativity, illness, difficulties and psychological or emotional issues. To support individual wellbeing, all employees can access relevant services, supports and information, and can engage directly with the wellbeing team on their own initiative. Although some find this difficult, the wellbeing team works to form positive and trusting relationships to make engagement easier. Programmes to support wellbeing are available to all employees, for example counselling, information on healthy lifestyle choices (nutrition, exercise, substance use), medical checks, opportunities to engage in community-based volunteering activities, sporting teams and clubs, and social activities, and information about external resources such as helplines which are independent of the workplace. Individuals identify what they want and are given access. Employees can self-refer or approach a wellbeing team member to ask for support or information. All health and wellbeing services offered to workers on the project are also available to families and to employees for non-work related wellness issues; this applies to employees of all of the alliance partner organisations.

Figure 2 shows the expanded version of the first Figure, showing some specific aspects of the programme at each level.

Figure 2: Components of the Te Pā framework
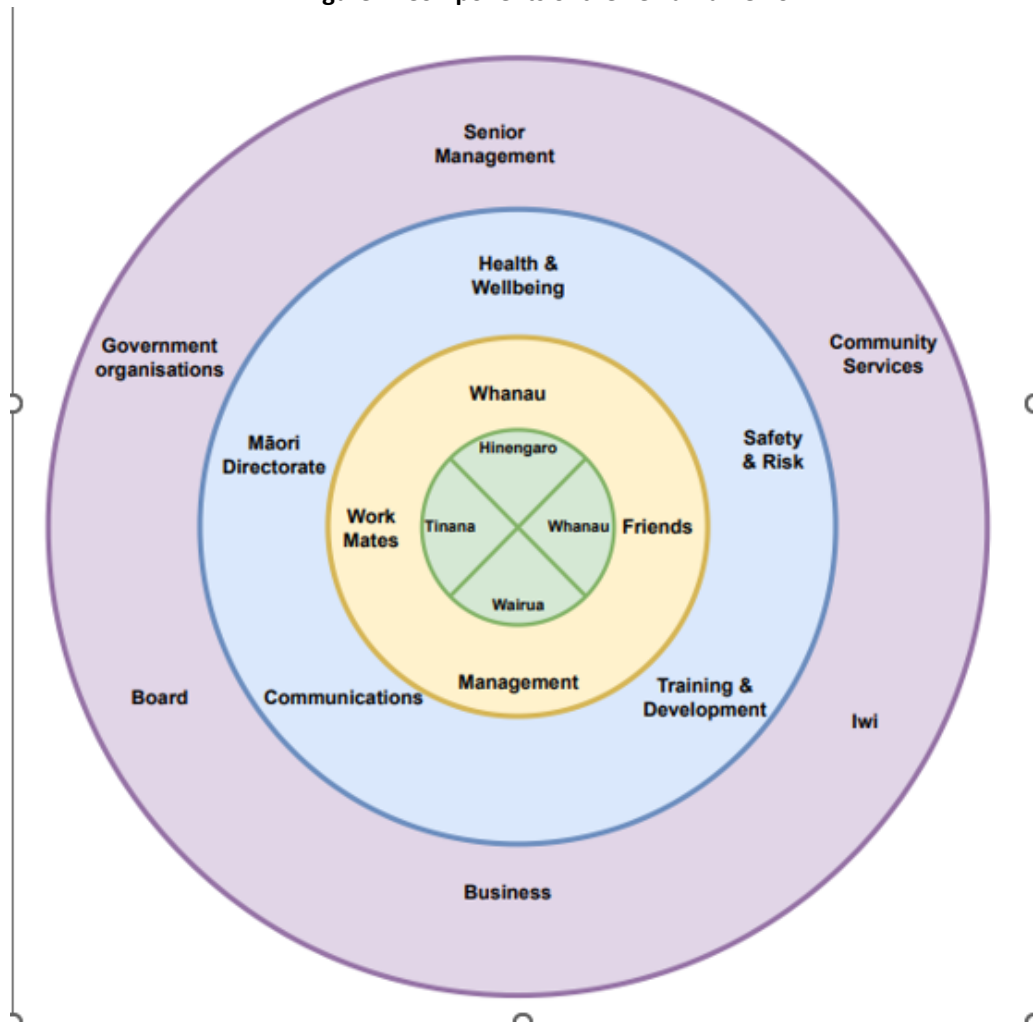
3.0 Research methodology: the evaluation

The wellbeing programme had been in place for approximately three years when an evaluation study was carried out in April 2023 by Massey University (Baken *et al.*, 2023). This evaluation aimed to find out whether staff had experienced changes to their wellbeing since coming to the project, to hear participants' perspectives on the wellbeing programme, and to establish whether the programme is effective and how it could be improved.

Data were collected via interviews, a focus group with the wellbeing team, and analysis of data from staff surveys and the OnLocation app.

3.1 The Interviews

Twenty, one-on-one interviews were conducted onsite. Participation was voluntary and all responses were kept confidential. Participation was invited via email and verbally at the morning pre=start meetings and weekly toolbox meetings. Participants could then approach the researchers or wellbeing team to express interest in participating. No participants were excluded from taking part in an interview. Participation was voluntary and confidential, and no identifying information was included in the report. Participants self-described as 10 females and 10 males, ages ranged from 22 to 66 years and employment on the project ranged from 8.5 months to 5 years. Thirteen participants self-described as Māori, 7 as New Zealand European, 2 as South African and two as Pasifika/Samoan. Participants could endorse more than one ethnicity.

The interviews followed a structured interview guide. After background information, participants were asked to rate their experience of Te Ahu a Turanga out of 10 (0=not good, 10=the best). They were then asked whether they had experienced enhancement in each of the seven key areas (see Table 1 for the seven areas). Follow-up questions were: Do you feel as though the project has the best interests of wellbeing at heart; have you accessed any of the wellbeing services or activities on offer? Do you have any suggestions around services or activities that the project could put in place to help enhance your wellbeing? Each question could be followed up by prompts to seek additional information or clarification.

All interviews were audio recorded and then transcribed using Microsoft Word's transcription tool, with follow-up checks by the researchers to ensure accuracy. Transcripts were coded using NVivo software and thematic analysis was then carried out to form themes (Braun & Clarke, 2013, 2019). The first step was for the researchers to familiarise themselves with the data. All transcripts were read, checked for accuracy and re-read for meaning and initial observations. Initial coding identified and labelled relevant features of the data across the interview dataset. Each transcript was read repeatedly, and codes were reviewed and checked by members of the research team. Codes were collated into the initial set of themes, which were then reviewed against the data to ensure they captured the most relevant aspects. Themes were then named and described.

3.2 The Focus Group

All members of the wellbeing team took part in a focus group offsite. Participants were aged between 30 and 55 years and had been on the project for between 12 months and 2 years 9 months. The interview was 63 minutes in length and followed a structured interview guide. Key questions were: how do you feel it is going in general? How responsive do you feel the staff/upper management are to you? In what ways do you connect with the zones? What kind of issues with staff do you get involved with? Has the culture of construction been difficult to overcome? Have you had difficulty navigating the alliance in any way? What do you think are the core components that make the programme a success? What do you do to improve the programme? Anything about the programme that you'd change?

The focus group was audio recorded then transcribed using Microsoft Word's transcription tool with accuracy checks. The transcript was coded using NVivo software, then a thematic analysis was carried out to form themes (Braun and Clarke, 2013).

3.3 The Survey

Sixty employees completed a 10-minute in-person survey led by the wellbeing team. Respondents worked in the construction zones or the office. All identifying data was removed and no demographic information about survey participants was shared with the research team. The survey asked first for demographic information, then self-ratings of personal wellbeing before joining the project and now (0=not very good at all, 10=the best), whether they had experienced enhancement in each of the seven areas (Table 1), personal and whānau goals in relation to the seven areas, support required for achieving goals, whether the project has their best interests at heart and why or why not, a rating of experience out of 10 (0=not very good at all, 10= the best) and suggestions to improve wellbeing in the workplace.

Participants' length of employment ranged from one day to more than four years, with most participants' length of employment being from four months to two years. Quantitative answers were analysed using descriptive statistics in Excel software. Qualitative questions were coded using NVivo software and then summarised.

3.4 The App

The project requires all employees to download the OnLocation App at the time of, or prior to, their induction at the worksite. The app is a staff tracking tool that enables staff to sign in for the day and indicate their location of work. Additionally, the app includes a wellbeing measure. Although not compulsory, staff are encouraged to fill out the wellbeing measure daily when they sign into the app.

The measure has four items, one for each of the four walls of Te Whare Tapa Whā. Response options for each item range from 0 to 10. Respondents who score from 0 to 3 for an item are contacted within two hours to check on their wellbeing; those who score from 4 to 7 are contacted before the end of day to see if assistance is required, and those who score between 8 to 10 are not contacted on that day. The wellbeing team shared raw data with the research team. No identifying or demographic information was included with the data.

4.0 Key results

4.1 Interviews

The wellbeing framework considers wellbeing in terms of seven key areas. Table 1 lists the areas and the percentage of participants who reported improvements in those areas since joining the project.

Table 1: Positive responses to experiences of improvements in key wellbeing areas.

Key areas for enhancement	Total	%
1. Self-managing and empowered leadership	19	95
2. Healthy lifestyles that meet their health needs and goals.	15	75
3. Participating fully in society	16	80
4. Secure in one's cultural identity	17	85
5. Economically secure	15	75
6. Positive relationships	18	90
7. Responsible stewardship of the natural and living environments	20	100

All participants reported that they had experienced improvements in at least one area. Staff who reported they did not experience improvement in a particular area or areas said this was because they were already doing well prior to coming to the project. When asked to rate their experience of the wellbeing programme out of 10, all participants rated it as 6 or better (40% gave it a 9 or 10), with lower scores reflecting specific incidents which had now been resolved.

Suggestions for improving the wellbeing project included an on-site gym, a suggestion box, counselling, and social activities. Suggestions were also made to improve communications around events, and better understanding of roles and working requirements of different teams and alliance partners.

Four themes were identified in the qualitative interview data. The first theme, labelled 'the project itself', centred around the services and activities available to workers. These included access to medical support, food parcels, toolbox exercises, courses/training and sports teams. These were all discussed positively and were considered some of the 'best' things about the project. Participants also spoke positively about their supervisors, often describing them as a 'good friend' and considered them to have good 'presence' and to be approachable.

The second theme summarised as 'the people' included how the project focuses on and includes family and how most participants appreciated this. Participants also discussed mental and emotional care, feeling supported by 'everyone', and feeling connected with other people on the project or feeling connection to the land.

The third theme, 'It's not perfect', focused on more critical feedback offered by a small number of participants. Some participants reported that an 'old' construction culture still exists, with a perceived focus on productivity and money rather than wellbeing. There were also comments about whether wellbeing team members, who

are largely office-based, were truly aware of what was happening on site. Māori participants in particular reported being positively surprised at the way their employers were considerate of their personal circumstances, knowing from their own experience that this was not usual practice. Māori participants also valued the project's respect for their strong ties to the land itself, which allowed them to express their own values and showed a true respect for partnership.

4.2 Focus Group

The focus group with the wellbeing team identified the team's awareness of a traditional construction culture that was 'staunch', 'male' and problematic, with high suicide rates, poor health outcomes and a view that wellbeing was 'airy fairy' stuff. The project's aim was to build a new, more adaptive culture. Team members felt this was being achieved through consistent messaging, active engagement with employees across the work sites, and gentle 'push back' against the old culture at all levels from on-site workers to senior management.

The positive support of senior managers for the wellbeing project was acknowledged and seen as essential to the project's success. The wellbeing team had representation at all levels which allowed them to advocate for workers and wellbeing. Limited funding was seen as an issue. Team members felt they had made a difference, even among workers who did not fully commit to the principles of the programme. They felt that they were creating a shift in culture for future generations of construction workers, who could take the culture to other projects and start to 'lead from the front'.

4.3 Survey

The survey produced a mix of quantitative and qualitative responses. All participants responded that they felt like they were part of the project team. Regarding enhancements in wellbeing (from the seven areas shown in Table 1), participants had the most enhancements in self-managing and empowerment, and the least in participating fully in society. Being healthier also scored towards the lower end. The rates of improvements in wellbeing in the survey differed from that in the interviews, possibly because interviews allowed more opportunity for participants to think about and discuss each area. When asked if the project had their wellbeing at heart, all participants responded that it did.

Survey respondents were also asked to rate their wellbeing prior to coming to the project (out of 10), how their wellbeing was currently (out of 10), and their overall experience of being at the project (out of 10). Looking back to before coming to the project, the mean score was 6.28 while at the time of the survey it was 8.21, suggesting that wellbeing had improved since joining the project.

Participants reported that they felt they were part of the project team because of the inclusive culture, being connected to people, that their team was good to work with, and the work itself was good. Participants also stated that the project had their best interests at heart, colleagues were supportive and people on the project cared. In terms of what could be improved, as with the interviews there were some concerns that there was a focus on money rather than people, and some issues with needing better systems and communication within home organisations.

4.4 The OnLocation app

Self-reported scores for wellbeing were high during the study phase (October 2020-February 2023), with mean scores ranging from 7.8-8.4 out of 10. However not all people who used the app completed the wellbeing measure and some did not understand its purpose. Data from the app were therefore limited.

5.0 Discussion

The wellbeing programme at the construction project *Te Ahu a Turanga* has demonstrated that, with consistent and continued effort, a culture which supports wellbeing can be developed and maintained. Interview and survey data show that almost all participants indicated they had experienced improvement in at least one of the seven areas of wellbeing since coming to the project. Where they had not experienced improvements, they explained that this was because they felt they were already doing well in those areas. Participants were positive about the programme and about the wellbeing team, and were very pleased that services and activities were extended to their families. Elements of an 'old' production culture were felt to be still present, which highlights that changes to workplace or industry culture take time and ongoing, persistent attention to the new aims and values. Overall then, the evaluation has shown that the programme offers a

holistic and effective approach to enhancing wellbeing in the workplace. The framework offers a simple template that can be used to determine what needs to be implemented and why. Each sphere in Figures 1 and 2 represents different levels and types of interactions, support and resources. From the inception of the construction project to the present day, wellbeing has been a focus.

All four levels of the framework were essential for wellbeing, including senior management recognition and support, policies, procedures and practices that support wellbeing, resources and initiatives, a team culture that enables a collaborative and supportive approach to issues, and individual willingness and trust to identify and access the resources that they need (Healey & Sugden, 2012; Tyers et al. 2012). Effective communication was essential. On a busy construction site, verbal communication was the quickest and most effective way to get a message across (Finneran, Hartley, Gibb, Cheyne, & Bust, 2012) but it needed to be appropriate to the context and supported by other channels, as staff worked in multiple areas and shifts and had different information needs and language backgrounds. The layered structure of Te Pā highlighted that information must flow in multiple directions so that needs, successes and resources can be recognised and shared.

Organisations have a broad range of goals and including wellbeing as one of the overarching goals and ensuring that it is built into the organisation's structure and strategy, supported by systems, and tied to skills development and staff competencies is essential to success (Waterman, Peters & Phillips, 1980). The project has shown that wellbeing at work requires a focus on multiple areas including workplaces, people (including whānau) and systems (Makin & Winder, 2008). It also recognises the need for an additional focus on broader industry culture, so that initiatives within one workplace can be shared more widely. Large-scale projects with multiple contractors allow workers to take their knowledge and practices about health, safety and wellbeing to other projects so that the construction industry as a whole can benefit ((Finneran et al, 2012). The *Te Pā/ Our Place* wellbeing framework is a viable and effective approach to enhancing the wellbeing of employees on a worksite. Future research is required to establish how this approach might be applied to other worksites both in New Zealand and internationally.

5.1 Conclusion

To be effective, organisations must be willing to undertake a step-change in the way in which they think and feel about their people and have a true desire to do things differently. With this in place, wellbeing needs to be included at all levels. To ensure that checks and balances are in place, wellbeing strategies and measures need to be developed and implemented, and performance indicators put in place and evaluated. In addition, wellbeing needs to be a part of other strategies including health and safety and key result areas for the project as a whole. It is essential to have a dedicated team with the expertise, experience and required resources so that everyone can access the supports and services they need. With these in place, a project-wide culture which positively emphasises wellbeing is possible.

6.0 References

Accident Compensation Corporation (ACC) (2023). *Work Injury Statistics. New Zealand Government*. https://www.acc.co.nz/newsroom/media-resources/work-injury-statistics/. Retrieved 14 December 2023.

Baken, D., Thompson, J., Malthus, S. and Valentine, H. (2023). *Te Ahu a Turanga Wellbeing Audit report*. Massey University School of Psychology.

Banwell, C., Dance, P., Quinn, C., Davies, R., and Hall, D. (2006). "Alcohol, other drug use, and gambling among Australian Capital Territory (ACT) workers in the building related industries." *Drugs: Education, Prevention and Policy*, 13(2), 167-178.

Braun, V. and Clarke, V. (2013). *Successful Qualitative Research.* Sage: London.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597.

Carmichael, F., Fenton, S.-J., Pinilla Roncancio, M., Sadhra, S. and Sing, M. (2016). "Workplace wellbeing programmes and their impact on employees and their employing organisations: A scoping review of the evidence base", discussion paper, Birmingham School, No. 2016-04.

Dowling, N., Clark, D., Memery, L., and Corney, T. (2005). "Australian apprentices and gambling". *Youth Studies Australia*, 24(3), 17-23.

Durie, M. H. (1985). "A Māori perspective of health." *Social Science and Medicine*., 20(5), 483-486. Doi: [10.1016/0277-9536(85)90363-6](10.1016/0277-9536(85)90363-6).

Finneran, A., Hartley, R., Gibb, A., Cheyne, A., & Bust, P. (2012). Learning to adapt health and safety initiatives from mega projects: an Olympic case study. *Policy and Practice in Health and Safety, 10*(2), 81-102. Doi: 10.1080/14774003.2012.11667778.

Galea, N., Powell, A., Salignac, F., Chappell, L., and Loosemore, M. (2022). "When following the rules is bad for wellbeing: The effects of gendered rules in the Australian construction Industry." *Employment and Society* 36(1), 119-138.

Healey, N., & Sugden, C. (2012). *Safety culture on the Olympic Park*. Sudbury, United Kingdom: Health and Safety Executive. Retrieved from https://www.hse.gov.uk/research/publish.htm, 27 April 2024

Jain, A., Leka, S., and Zwetsloot, G.I.J.M. (2018). "The economic, business and value case for health, safety and well-being." In *Managing Health, Safety and Wellbeing: Aligning Perspectives on Health, Safety and Well-Being*. Springer, Dordrecht. Doi: 10.1007/978-94-024-1261-1_3, 67-98

Lustig, M.W. and Koester, J. (2006) *Intercultural competence: Inter-personal communication across cultures*. 3rd Edition, Pearson Education, Boston.

Makin, A. M., & Winder, C. (2008). A new conceptual framework to improve the application of occupational health and safety management systems. *Safety Science, 46*, 935-948. doi: 10.1016/j.ssci.2007.11.011.

Mental Health Foundation, (2023). *Te Whare Tapa Whā*. [https://mentalhealth.org.nz/te-whare-tapa-wha. Accessed 14/12/2023](https://mentalhealth.org.nz/te-whare-tapa-wha)

O'Neill, S., Martinov-Bennie, N. and Cheung, A. (2013). *Issues in the measurement and reporting of work health and safety performance: A review*. Macquarie University, NSW, Australia.

Pitama, S., Robertson, P., Cram, F., Gillies, M., Huria, T. and Dallas-Katoa, W. (2007). "Meihana Model: A Clinical Assessment Framework". *New Zealand Journal of Psychology*, 36(3), 118-125.

Sun, C., Hon, C.K.H., Way, K.A., Jimmieson, N.L. and Xia, B. (2022). "The relationship between psychosocial hazards and mental health in the construction industry: A meta-analysis." *Safety Science* 145, 105-485. doi: 10.1016/j.ssci.2021.105485

Te Puni Kōkiri. (2016). *The Whānau Ora Outcomes Framework: Empowering whānau into the future*. https://www.tpk.govt.nz/docs/tpk-wo-outcomesframework-aug2016.pdf

Tyers, C., Hicks, B., Baxter, K., & Gilbert, M. (2012). Learning from the occupational health provision on the Olympic build. *Policy and Practice in Health and Safety, 10*(2), 103-123. Doi: 10.1080/14774003.2012.1166777

Utting, D., Bishop, M., Long, M., Maybury, N., Adams, T., and Heta, H. (2023). *Social Outcomes Management Plan*. Waka Kotahi/New Zealand Transport Agency.

Waka Kotahi New Zealand Transport Agency, (2023). *Te Ahu a Turanga- Manawatū Tararua Highway*. https://www.nzta.govt.nz/projects/te-ahu-a-turanga/. Accessed 14/12/2023

Waterman, R. H., Peters, T. J., & Phillips, J. R. (1980). "Structure is not organization". *Business horizons, 23*(3), 14-26. Doi: 10.1016/0007-6813(80)90027-0

Windsor-Shellard, B., and Gunnell, D. (2019). "Occupation-specific suicide risk in England: 2011-2015". *The British Journal of Psychiatry*, 215(4), 594-599.

World Health Organisation. (2023). *Promoting well-being.* [https://www.who.int/activities/promoting-well-being. Accessed 14/12/2023](https://www.who.int/activities/promoting-well-being).