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## HEALTH AND SAFETY COMMISSION

### HSC Changing Patterns of Employment Programme: Annual Report on Progress

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#### Issue

1. To update the Commission on progress with the programme of work resulting from consultees' responses to the 1996 Discussion Document (DD) "*The health and safety implications of changing patterns of employment*"; and on other work requested by the Commission at the time of the last report in July 2001 (HSC/01/70).

#### Timing

2. This is a routine progress report, and has no particular timing implications for the Commission.

#### Recommendation

3. That the Commission notes:

- a) progress and developments with the Changing Patterns Programme (Annex A);
- b) the work being done by HSE on ageing workforce (Annex B); and
- c) statistical information on young and new workers, gender and job tenure (Annex C).

#### Background

4. As a result of its 1993/94 Review of health and safety Regulation, the Commission published, in 1996, a Discussion Document (DD) "*The health and safety implications of changing patterns of employment*". The DD invited debate on the implications, for the regulation of health and safety, of recent changes in the structure of the labour market.

The results of this consultation, which were discussed by the Commission in April 1997 (HSC/97/57), confirmed there was no major problem with the application and scope of existing health and safety legislation. However, the Commission agreed that a number of key areas, including health and safety coverage for certain groups of atypical workers, warranted re-examination, and asked HSE to take this work forward. A programme of work was therefore established to address a variety of issues relating to the “apparently self-employed”, carers, homeworkers, contractorisation, mobile workers, agency workers and charity workers and volunteers. Initially there were 11 projects, later expanded to 17 as work progressed. HSE reports regularly to the Commission on progress with the Changing Patterns of Employment Programme.

5. Apart from the above Programme, aspects of the changing patterns of employment agenda have also been taken forward by “Revitalising Health and Safety” and work on the former Strategic Theme 3 (ST3). In particular, Revitalising Action Point 16 (AP16) focuses on the Commission’s commitment to ensure that, in response to the changing world of work, the same protection is provided for all workers regardless of their employment status. Work already done in relation to the groups mentioned above was revisited when progressing AP16, and the same conclusions drawn regarding the need to change health and safety legislation to ensure their equal protection. However, to discharge fully this commitment, HSC/E recognise they must continue to identify and address health and safety concerns arising from the changing world of work, and continue to do so.

6. The last report on progress with the Changing Patterns Programme was made in July 2001 (HSC/01/70). The Commission agreed that work on the remaining projects should continue; and that work on ageing workforce, young workers and women was needed. HSE’s offer of a paper updating the Commission on work already being done on young people’s issues was welcomed - and this was submitted to the Commission on 20 November 2001 (HSC/01/166).

## **Argument**

7. Of the 17 Changing Patterns projects, 8 have been completed and work on 2 has been suspended. A concise history of developments on each of the projects, including details of progress made since the last update, is contained in the chart at Annex A.

8. The first of the suspended projects (project 8) concerns review of arrangements for job-mobile workforce health surveillance record retention. The current position is that this will not now be taken forward as a single project, but by means of a number of sub-projects. The second (project 9), concerns provision of advice to inspectors on weighting factors for inspections, and has been suspended pending the completion and outcome of other projects.

9. As in previous years, work on a number of projects, for example agency workers and mobile workers, has been delayed due to diversion of resources to other reactive or more urgent work; or to work linked to HSC Priority Programmes. However, there have been some significant developments since the last update, namely:

- HSE health and safety training guide for small firms: “*Health and safety training: what you need to know*” and generic resource pack for health and

safety trainers: *“Effective health and safety training: a trainer’s resource pack”* published in October 2001;

- Steering Group, comprising stakeholder representatives, set up in February 2002 to advise HSE on developing guidance on agency workers; and discussions subsequently underway on guidance drafts;
- HSL’s report on its scoping study into homeworkers issues published April 2002;
- Six-month research contract on homeworkers awarded to HSL, to begin January 2003;
- HSE guidance: *“Use of contractors – a joint responsibility”* published in September 2002;
- Instructions, in the Publications Guide, to HSE staff to include in guidance, where relevant, references to homeworkers and other atypical groups of workers;

10. The Commission’s July 2001 discussion on the Changing Patterns Programme highlighted certain points: older workers should be a priority area; they were more susceptible to ill-health; and changes in pension arrangements were likely to mean that increasing numbers of people would be working into their sixties. Similarly, health issues associated with female workers needed addressing; most research did not distinguish gender; and there were also indications that accident rates for women were increasing although they were reducing amongst men.

11. Annex B sets out HSE’s ageing workforce strategy; and provides some details of the demographic trends, injury rates, health and safety risks etc that inform it. More comprehensive information on the key messages from the Labour Force Survey (LFS) concerning injury risks in relation to age, gender, job tenure and part-time working is contained in Annex C.

12. Currently, the Changing Patterns Programme focuses on risks to the worker arising from atypical working patterns. However, we recognise that, at some stage, this should perhaps be expanded to encompass related new and emerging risks to members of the public. In the light of the HSE Change Programme, there may also be a case for completing the remaining active projects and formally concluding the Changing Patterns Programme of work. HSE could then consider, in the light of available intelligence, what aspects of the changing world of work warranted further study – and subsequently report its conclusions to the HSC.

## **Consultation**

13. HSE’s Changing Patterns Programme Liaison Group (CPPLG) have noted and agreed this paper.

## **Presentation**

14. As part of its routine operational and policy development activities, HSE continues to consider issues surrounding the changing world of work; and will continue to contribute to appropriate events and initiatives to maintain HSC/E's profile in this area. HSE is also aware of the need to get the message across that existing legal duties do, in fact, offer protection to all groups of atypical workers; and continues to work to clarify the position for employers, employees and the self-employed so that roles become clear and misconceptions are eliminated. The projects involving guidance on use of contractors, agency workers and homeworkers are examples of this work.

## **Costs and Benefits**

15. The overall objective of the Changing Patterns Programme is to improve health and safety performance in relation to workers in atypical working patterns. Costs to duty holders are likely to be limited to enhanced compliance with existing legislation.

## **Financial/Resource Implications for HSE**

16. Work on this Programme has so far been undertaken within HSE's existing resources, and there has already been delay in progressing some projects (for example 4, 4A, 5A-C, 6 and 7), due to lack of resources and the need to give priority to more urgent work. If the Commission felt that the Programme ought to be given higher priority, or new projects added, then HSC/E would need to consider which other activities should be curtailed.

## **Environmental Implications**

17. Not applicable.

## **Other Implications**

18. The European Commission (EC) continues to take considerable interest in occupational health and safety concerns arising from changing patterns of employment issues; and there are a number of Directives proposed to deal with issues such as equal treatment and temporary agency work; as well as a Recommendation on self-employment. DTI leads on co-ordinating UK responses to these proposals, and HSE is engaged in regular liaison over the potential impact on health and safety legislation. The European Agency for Safety and Health at Work has also included several projects in its 2002 Work Programme that relate to research and information on changing patterns and women's issues.

19. On the domestic front, DTI is also conducting a review of employment status issues arising in connection with employment law, including the impact on atypical workers. DTI is currently analysing 400 responses received. HSC will be kept informed of progress and consulted on emerging proposals.

## **Action**

20. The Commission is invited to note both the progress with the Changing Patterns Programme of work, and HSE's work on ageing workforce, young workers and gender.



Project number and title	Whether project has started, or estimated start date	Estimated completion date	Summary of progress up to July 2001
<p>Project 5B:</p> <p><b>Homeworking - to ensure references to homeworkers are included in HSE guides, particularly in relation to risk assessment.</b></p>	<p>Yes</p>	<p>Ongoing.</p> <p>Instructions to HSE staff expected by August 2001.</p> <p>December 2002.</p>	<p>The revised Management of Health and Safety at Work Regulations (MHSWR) 1999 ACoP, published on 31 March 2000, includes a specific reference to the need to undertake a risk assessment for homeworkers. References to the needs of homeworkers are also being included in other guidance where appropriate.</p> <p>The HSE's Publications Manual is now in electronic form and includes instructions that, where relevant, all HSC/E guidance should refer to homeworkers and other specialist groups. Within the passage, a link has been included to HSC/01/071. The instruction can be found on the Intranet at:  <a href="http://intranet/admin/dias_pubguide/drafting/hsepolicy.htm">http://intranet/admin/dias_pubguide/drafting/hsepolicy.htm</a></p>
<p>Project 5C:</p> <p><b>Homeworking - to review and disseminate guidance to homeworkers.</b></p>	<p>Yes</p>	<p>Revision of the existing guidance will be completed by October 2003.</p>	<p>Copies of the current homeworkers leaflet continue to be issued by HSE Books. A decision on the extent to which the existing leaflet needs revision and updating will be informed by the HSL research.</p> <p>The NGH have agreed to work with HSE in producing guidance, which will include setting up web-links between relevant organisations.</p> <p>A meeting has taken place with the Secretary of the Interdepartmental Teleworking Forum (with representatives from DETR, DTI and DfEE) to discuss relevant issues and HSE officials attended an ITF meeting on 9 April 2001. Agreement has been reached to work together in some way with regards to home/teleworking (guidance and web-links etc.).</p> <p>More meetings are planned with individual members within other Government Departments who have a specific interest in homeworking. It is hoped that these individuals will then be able to form a group to focus on the general issue of homeworking and continuing to maintain links with the ITF. This project has been put on hold until the results of the scoping study are known.</p>

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Project 6:  <b>Agencies - to examine the scope for amendment of the law/guides to place duties on agencies and host employers.</b>	March 1999	2003	<p>In January 1999 HSE decided to carry out research looking at responsibilities for the health and safety of agency workers, the recruitment agencies and host employers. One of the main concerns was who has, or is perceived to have, responsibility for agency staff - the recruitment agency or the person/company employing staff through the agency? HSE had heard of cases where an agency asked workers to sign contracts stating they were not employed by the agency, in an attempt to/discharge its employment responsibilities, including responsibility for health and safety.</p> <p>In June 1999 Bostock Marketing Group (BMG) was commissioned to carry out the research. The fieldwork, which involved telephone interviews of recruitment agencies and "host" employers, and postal questionnaires of agency workers, began in August 1999 and was completed in November 1999. HSE published the summary report "Survey of the Recruitment Agencies Industry" (Research Report CRR284) in September 2000.</p> <p>The BMG research confirmed that HSE's concerns were justified and that there is considerable confusion over whether the agency or the host employer has responsibility for the health and safety of agency workers.</p> <p>Following discussions within HSE on the outcome of the research, and how best to tackle the issues arising, the conclusion has been reached that it would be very difficult to change primary legislation so that all the issues relevant to agency workers would be addressed. The Project Working Group therefore proposed to take work forward by preparing guidance, and suggested that secondary legislation should be amended when appropriate in respect of all atypical workers. The HSC agreed this course of action on 3 July 2001 (HSC/01/71 refers).</p> <p>A Steering Group, comprising key stakeholder representatives, was set up in February 2002 to advise HSE in developing guidance for the recruitment industry. Work is now underway, and consultation planned to take place early in 2003. Progress with this project is dictated by available resources and other high priority and reactive work.</p> <p>In conjunction with HSE's work on agencies, DTI is reviewing the Employment Agencies Act 1973, which governs the conduct of employment agencies/businesses. HSE has provided comments to DTI on occupational health and safety problems</p>

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Project 6 (contd.)			arising from agency work and is in contact with DTI on this matter. DTI are planning to introduce legislation in 2003, which will place duties on employment agencies and employment businesses that are complementary to health and safety legislation and go some way towards addressing HSE's concerns.
Project 4B: <b>Competence of contractors.</b>	Yes	March 2003.	See 4A below. There are currently 3 projects underway: looking at construction contractors; creating a risk picture in 3 sectors (food, outdoor events and health services) to see where the "nodes" of increased risk might be; and by trying to focus on the areas of contract management that people find most difficult to do. Reports are due around March 2003.
Project 7: <b>To look at peripatetic (mobile) workers and produce guidance as appropriate.</b>	Yes	Project plan to be reviewed based on outcome of further considerations	<p>The project team met in September 1998 and produced a working document to agree the aims and objectives of the project group and to identify the key concerns.</p> <p>During 1999 the working document was developed into a draft report of the preliminary findings. The project team recognised there was a lack of guidance and data on peripatetic workers to look to, therefore a best guess basis was used to determine level of hazard/ risk, numbers etc. The draft report formed the basis for papers to the HSE Board and HSC, which included a number of recommendations seeking, among other things, agreement for guidance on peripatetic workers, an agreed definition of a peripatetic worker and the possibility of commissioning research on peripatetic workers.</p> <p>The HSE Board considered findings and recommendations on 12 July 2000, and a paper was subsequently discussed by the HSC on 10 October 2000 (HSC/00/154). The HSC broadly agreed the proposals for stage 2 of the project, which included the preparation of guidance and further research. The options on commissioning joint research with the Contractors project will be explored where appropriate. Because of other priorities and staff moves the project is on hold. Work resumed in May 2001.</p> <p>A Project Team was formed to take forward action arising from the 10 October 2000 HSC meeting, and a Project Plan drawn up and agreed by members. There are three different strands of the project to be progressed:</p> <ul style="list-style-type: none"> <li>◆ Further research on the scale/nature of mobile working;</li> <li>◆ Developing guidance on the subject; and</li> <li>◆ Holding a one-day HSE/LA seminar to discuss best practice in management of</li> </ul>

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Project 7 (contd.)			<p>mobile workers (MWs). Widespread consultation on research proposals has been undertaken and the aims and objectives have been agreed. Survey control clearance is to be obtained and RSU approval still needed.</p> <p>Progress has been delayed from the original plan, due to work on Revitalising Action Point 1 (the Ready Reckoner). The Project Plan was reviewed for the impact of this work and the review favoured concentrating on the research part of Stage 2. However, the freeze on research spending has delayed this. It is intended to make an initial approach to the relevant research block to ascertain if a bid is likely to succeed in funding being granted and, if so, to proceed with the formal application procedure and for survey control approval.</p>
Project 8:  <b>To review arrangements for health surveillance record retention of a job mobile work force.</b>	Yes	No specific timetable set.	Considerations of the programme action groups that drive the Securing Health Together strategy have concluded that action on maintaining health surveillance records is not a standalone project, but needs to be considered in the context of ensuring all employees have access to basic and comprehensive occupational health support. A number of projects are in the early stages of development, eg a CONIAC led project for the Construction industry.
Project 9:  <b>To provide advice to inspectors on weighting factors for inspections.</b>	No	Unknown	It was agreed by HSE that this project would be delayed, awaiting the outcome and completion of the other projects, which would feed into this.
<b>Completed Changing Patterns Projects</b>			
Project 1:  <b>Specific duties in respect of employees and other workers.</b>	Yes	Completed June 1998	<p>The HSE project team examined whether differences exist and are justified in respect of employers' duties to their employees and other workers. The project team concluded it was generally satisfied that the self-employed, "apparently self-employed" and other workers are adequately protected by health and safety provisions. However, it recommended that a standard statement should appear in relevant HSC/E publications to raise awareness on this. The HSC supported the recommendations (HSC/98/123:23 June 98)</p> <p>The standard paragraph on the "apparently self-employed", agreed by the HSC in June 1998, is now being included in all relevant HSC/E guidance and ACoPs. HSE,</p>

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			on the advice of Solicitors, subsequently agreed two further variations for its inclusion in all relevant documents to cover personalised text and a shorter text that can be used for leaflets. It is too soon to know the impact/effect of the statement at this stage.
<p>Project 1A:</p> <p><b>Application of HSWA to carers.</b></p>	Yes	Completed December 1998. HSE will continue to provide advice on carers as and when necessary.	<p>As a spin-off from project 1, project 1A was set up to address the concerns about the application of HSWA to home carers - particularly carers who were employed either directly by the client or as a result of the client receiving an allowance under the Community Care (Direct Payments) Act 1996. There was concern that these carers might be considered as domestic servants and would not be protected by the HSWA because of the exclusion in section 51. The objective of the project was to consider ways that risks to such care workers could be controlled or reduced. A paper went to the HSC on 15 December 1998 (HSC/98/186), recommending the HSWA should not be extended to cover home carers as domestic servants. Instead HSE would provide guidance on the health and safety considerations during care assessments, referral processes and monitoring for Social Services Departments and Health Authorities when commissioning care for people in their own homes and contribute to other guidance when necessary. The HSC accepted the recommendations.</p> <p>During 1999 HSE commented on the National Back Pain Association's draft guidance on manual handling in the community and contributed to HSE's project to produce such guidance. Backcare (formerly the National Back Pain Association) guidance has now been published. Research for HSE guidance on practical solutions to manual handling in the community has been completed and guidance on manual handling in community social care was published in March 2002.</p> <p>The Department of Health (DoH) has drafted guidance on direct payments, which they hope to publish in the Spring 2003. HSE has provided text, to be included in the guidance, on health and safety roles and responsibility in the application of direct payments in social care.</p>
<p>Project 2:</p> <p><b>To consider other EU Member States' legislation regarding the self-employed.</b></p>	Yes	Completed June 1997.	A Misc paper (MISC/49/97) was submitted to the HSC on 3 June 1997 on how the self-employed are regulated by health and safety legislation and other provisions in the EU Member States. The Commission noted the paper.

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<p>Project 3:</p> <p><b>To extend MHSWR 1999 ACoP to ensure all workers on site, and not just where employers share workplaces, co-ordinate and co-operate.</b></p>	Yes	Completed March 2000.	<p>The revised MHSWR ACoP now includes a form of words in the guidance under Regulation 11 on Co-operation and Co-ordination to address this issue.</p> <p>A consultative document on amending the regulations and revising the ACoP was published on 1 April 1999. The Commission noted the outcome of the consultation exercise and accepted the revisions to the regulations and ACoP. The SoS signed off the new regulations in December 1999. The revised ACoP was published on 31 March 2000.</p>
<p>Project 4A:</p> <p><b>To provide guidance on contracting.</b></p>	Yes	HSE guidance: "Use of contractors – a joint responsibility" was published in September 2002.	<p>Due to resource implications there were delays in taking this project forward.</p> <p>In April 1999, HSE held a Contractorisation Workshop in which external delegates and HSE staff participated. The Workshop discussed trends in contractorisation, their effects on health and safety and the implications for HSE. As a result of the Workshop, an HSE steering group was set up to take forward the work which includes consideration of guidance.</p> <p>The steering group has met several times and developed a work programme which includes research on the health and safety issues arising from client/contractor relationship, development of strategy for HSE and Local Authorities, consideration of legal aspects and production of guidance. The strategy should include improving the operational working relationships and arrangements for promotion of HSE's views. To inform this work, the group made contact with a large number of projects, including those within the Changing Patterns Programme, and recognised the importance of Action Point 16 of <i>Revitalising Health and Safety</i>.</p> <p>On 15 November 2000, the HSE Board considered and agreed the Group's programme of work and the proposal that HSE should improve its arrangements for co-ordinating its approach to new ways of working. A more detailed report explained the basis for these proposals and gave suggestions as to the way forward. Some of this work (the publication and research) has now been re-allocated within HSE and the Group has met to help to take the work forward. OMF is undertaking a project involving a cross-directorate audit of a contractor.</p>

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<p>Project 10:</p> <p><b>To provide guidance on training aspects of different relationships showing where duties fall, encouraging joint and clearly defined responsibility, the use of a training record and use of standards of competence and VQs.</b></p>	<p>Yes</p>	<p>The leaflet and resource pack were published in October 2001.</p>	<p>The final drafts of the leaflet on health and safety training, aimed at managers/owners of small firms; and the generic resource pack for trainers of health and safety were circulated to the HSC (Misc/01/20) in March 2001. The guide: <i>“Health and safety training: what you need to know”</i> (INDG345) includes reference to the apparently self-employed. Relevant activities in the pack: <i>“Effective health and safety training: a trainers’s resource pack”</i> (HSG222) highlight an employer’s responsibility for atypical groups of workers (eg homeworkers, temporary and part-time staff) and contractors. Both were published in October 2001.</p> <p>It was agreed that training issues would be picked up by other relevant changing patterns projects, e.g. the agency workers project. Training would not be seen in isolation and, once all the projects have been completed, HSE will review whether gaps still exist and consider the need for further work.</p> <p>As a separate part of the project, HSE is currently drafting guidance on ‘passport training schemes’ following on from the Rimington report of October 1999. Various industry-led schemes have set up ‘passports’ for contractors’ personnel - most of which are basic awareness raising type schemes. An external discussion forum has been established to explore/foster ‘reciprocity’ between the various schemes and to draft HSC guidance. Paper HSC/01/114 on passport schemes was presented to the HSC on 28 August 2001. A research specification is also being prepared.</p> <p>The Passports Forum has now agreed what should be included in an HSE guide on what schemes should cover. An HSE leaflet is expected to appear in March or April 2003. Negotiations have started with EmpNTO to explore the possibility of developing national UK standards for passport schemes. HSL have undertaken a literature search on passport schemes, and a chart is being prepared to allow comparison between UK schemes, with the intention that this should appear on the HSE website. Web searches for information on schemes in other countries and schemes that cross international boundaries were less successful. We have good information about the single scheme in Holland, and are exploring other avenues to discover what happens in other countries.</p>

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<p>Project 11A:</p> <p><b>To provide clarification of the legal status of Volunteers and Charity Workers.</b></p>	<p>March 1998</p>	<p>Completed 12 May 1999.</p>	<p>HSE and the Charities Safety Group (CSG) worked together to produce a video and guidance on volunteers and charity workers.</p> <p>New HSE Guidance <i>'Charity and Voluntary Workers: a guide to health and safety'</i> (HSG 192) and a video training package were both successfully launched by Jenny Bacon (then DG) on 12 May 1999. To date, over 3000 copies of the guidance and over 1000 copies of the video package have been sold.</p> <p>HSE's Local Authority Unit has continued, and built upon, the relationship with the CSG. Regular meetings are held and HSE guidance is in the process of being reviewed and enhanced. The CSG are also considering being Lead Authority Partners.</p>
<p>Project 11B:</p> <p><b>To consider whether health and safety should be extended in its application to volunteers.</b></p>	<p>No.</p>	<p>See 11A above.</p>	<p>HSE considered whether HSWA should be applied to volunteers and charity workers and concluded that it was not necessary, since the law was clear on this matter. HSE provided a full explanation of the legal position for inclusion in the guidance "Charity and Voluntary workers". The separate chapter dealing with legal duties and health and safety law in the guidance says that employers and the self-employed should conduct their undertakings in such a way that when they use volunteers and charity workers they apply the same health and safety duties as though there was an employer/employee relationship.</p> <p>As the issue has been considered, it is not necessary to undertake further work on this.</p>
<p>Project 12:</p> <p><b>Statistics: to look at Labour Force Survey data on injuries re: worker characteristics</b></p>	<p>Yes</p>	<p>Project completed September 1999.</p>	<p>The main findings of research into the Workplace Injuries and Workforce Trends Progress Report deriving from the Labour Force Survey (LFS) were made available to HSE in September 1999 - and have now been published as a Contract Research Report (281/2001). Some of the findings included:</p> <ul style="list-style-type: none"> <li>◆ the occupation of a worker was a more important factor of risk of injury than the employing industry;</li> <li>◆ men had a 20% higher risk of injury than women even after allowing for occupations and hours of work;</li> </ul>

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Project 12 (contd.)			<p>occupations and hours of work;</p> <ul style="list-style-type: none"> <li>◆ men aged 16-24 had a substantially higher risk of all workplace injury than older men workers (40 % higher than the 45-54 group), after allowing for occupations and other job characteristics;</li> <li>◆ those working less than 16 hours per week have double the rate of injury compared with those who work 30-50 hours per week (once equivalised for hours of work);</li> <li>◆ the relatively high risk in workers with low hours remains after allowing for occupations and other job characteristics;</li> <li>◆ new workers experienced higher levels of risks.</li> </ul> <p>During 2000, HSE considered how to take these findings forward, particularly in respect of HSC's Strategic Theme 3 to promote the competitiveness and social equality aspects of health and safety.</p> <p>Further related research by Warwick University has been completed and is available on the HSE website: <a href="http://www.hse.gov.uk/hsestats/ier.pdf">http://www.hse.gov.uk/hsestats/ier.pdf</a> "An analysis of temporal and national variations in reported workplace injury rates".</p>

## REPORT ON THE HEALTH AND SAFETY IMPLICATIONS OF THE AGEING WORKFORCE

### Introduction

1. In 2001, in discussion on changing patterns of employment, the Commission asked HSE to consider the implications of a potentially ageing workforce for health and safety at work, particularly if changes in pension arrangements led to increasing numbers of people working into their sixties.
2. This report summarises information on the demographic trends and health and safety risks in relation to age which underpin the present strategy.

### Recommendations

3. The Commission notes HSE's approach to the protection of older workers from work related risks through:
  - monitoring trends in rates of injury and ill health for older workers (and from April 2003/2004 the potential effects on PSA targets);
  - particular attention to the needs (in work and for rehabilitation) of older workers where identified in the development of the Priority Programmes e.g. on musculoskeletal disorders and stress;
  - policy procedures which identify and take into account any issues specific to older workers e.g. for Regulatory Impact Assessment and consultation processes;
  - promotion of the health of older workers through healthy and safe conditions throughout their working lives; and
  - promotion of well managed and designed work as beneficial to health, in particular that no general assumptions should be made on health and safety grounds about older workers' ability to perform work.

### Demographic trends

4. Information collected by the Labour Force Survey (LFS) for 2000/2001 shows that one-fifth of those in employment in the UK are over 50. There are around a million more men than women in work. This includes employees, self-employed and people on Government schemes e.g. the New Deal.
5. Based on data collected between 1996 and 1999, the Office for National Statistics (ONS) predicts that by 2020/21:

- the UK population will grow due to net migration<sup>1</sup> and as the birth-rate exceeds death rate (although both are declining);
- but the population will gradually become older with the average age rising from 38.4 years in 1996 to 41.9 years in 2021;
- the number of dependent persons (i.e. children and retired people) for each 1,000 of the population of working age will slightly decline (from 632 to 580) but rise rapidly after 2020; and
- the labour force will grow by 3.3 million but will age. By 2020<sup>2</sup>, there will be 2 million fewer people aged 16-44 in the labour force and 2.5 million more people aged 44 to 59.

6. There is some debate about the effect of demographic trends in the UK population on the future volume of older people in work as opposed to the available labour force. Continued downsizing of some industrial sectors and increasing early retirement could potentially impede the growth of older people in employment, even though significant numbers would be fit for work but economically inactive. At the same time, immigration is rising (124,000 in 2000); a UN population study estimates that annual immigration of 88,000 to the UK would achieve a stable working population. Nevertheless, there are drives here and in the EU to keep older people employed for longer for policy and economic reasons and to attract inactive people back to work.

### **Government and EU initiatives on age**

7. The Government has a manifesto commitment to keep older people economically active and contributing to society through a number of key initiatives such as the Age Positive Campaign and the New Deal 50+ programme. The UK is also required to implement an EU Employment Directive prohibiting age discrimination in employment by 2006. This is part of the European Commission's employment and social strategies which aim to create more jobs (5 million by 2010) to help overcome increasing dependency ratios and increased welfare costs across the EU. Quality of work is particularly seen as key in giving greater choice for older workers over work or retirement and all Member States will report performance against specific Quality in Work measures such as pay, working conditions and health and safety.

8. Following international recognition of a global decline in nuclear skills, for the past three years HSE has been in collaboration with DTI (and other Departments) and key bodies in the nuclear sector in a considerable programme of work on essential competence and skills for the UK nuclear industry. There will be a skill shortage in the UK resulting from the retirement of older workers and the reluctance of young people to either take on science and engineering courses at University or join the nuclear industry after graduating. As a result, universities are now designing appropriate courses to meet the needs of the sector and to attract students from school and elsewhere. It is vital that competent staff are available in the future – whether to deal with contraction or expansion

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<sup>1</sup>Immigration is likely to account for nearly three-quarters of the population increase in the UK over the next 10 years.

<sup>2</sup>We will consider the impact of ONS demographic projections on PSA targets for 2010 when more up to date data (2001/2002) on age and health is available in April 2003.

of the industry and to replace those who are recruited on new nuclear programmes abroad. HSE also needs to ensure that safety skills are intrinsic to the education of students and HSE staff dealing with the industry.

## **Rates of injury**

9. Based on current trends on rates of injury, it seems likely that more older people in employment could result in a decline in non-fatal injury rates. There is some evidence to suggest that maturity and experience are key factors in accident avoidance. But there is likely to be an increase of around 2.6% in fatalities (among older male workers), especially in certain sectors.

10. HSE commissioned research into data derived from the LFS (and RIDDOR for fatalities) on the relative risk of injury between different age groups after allowing for the effects of occupations, hours of work and other job characteristics. The research concluded that:

- the rate of fatal injury is lowest in young male workers and increases with age, the most significant rates are in agriculture and construction;
- there is no evidence to suggest a higher risk of reportable injury (over 4 days absence) in older workers, men or women, compared with other age groups;
- men aged 45 - 60 years have a substantially lower risk of all workplace injury<sup>3</sup> than other male workers. Men aged 16-24 have a substantially higher risk of all workplace injury than older men workers (40% higher than 45-54 group) after allowance for job characteristics.
- there is no substantial variation in risk of injury among female workers by age;
- workers of all ages in the first few months with their employer have the highest rate of injury; and

## **Fatalities**

11. The fatal injury rate to men aged 55 and over in the construction industry is twice that of men aged 16-34. Although HSE monitors the position for e.g. falls from heights, there is no clear pattern for the cause of fatalities or serious accidents among older construction workers beyond the general ageing in the industry as less young people are recruited.

12. The fatal injury rate for employed and self-employed in the agricultural sector for those over 55 is three times as high as for younger workers. For example 39% (175) of deaths from 1990/91 to 1999/2000 were aged over 55 years old. Of these, 87 fatalities occurred to those aged 65 or over. In HSE's view, the issue in agriculture directly relates to employees and self-employed people in the industry working well beyond retirement age. A cost benefits analysis of HSE's proposals to Ministers on encouraging the retirement of all workers in agriculture of 65 years indicated that the scheme would be

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<sup>3</sup> Includes injuries with less than 4 days absence as recalled by LFS working respondents.

extremely costly to implement. We are now exploring whether initiatives introduced in EU Member States to raise health and safety standards in agriculture include schemes similar to measures taken by Eire to encourage older workers to leave the industry.

## **Occupational health**

13. It is generally accepted that well managed work is beneficial to health. Physiological and psychological changes can occur with age but biological age is not a good predictor of individual ability and no assumptions can be made about e.g. strength, endurance and performance. However a significant relation between age and increased work related ill-health emerges from data collected by HSE from four sources:

- the Self-reported Work-related Illness (SWI) surveys of 1995 and 1998/99;
- surveillance reports for the three years 1998-2000 from the Occupational Disease Intelligence Network (ODIN); and
- the Self-reported Work-related Conditions Survey of 1995 (SWC).

14. Although the results from the surveys are based on estimates and subject to a margin of error, there are clear indications of a higher prevalence of stress, depression and anxiety and musculoskeletal disorders among those aged 45 - 64. A general comparison between this age group and those aged 16 - 44<sup>4</sup> shows:

- rates of work related illnesses are generally higher in people over 45 who are in or available for employment;
- the difference is less marked (but still present) for those in work; and
- the prevalence of conditions due to cumulative exposure to hazards will also tend to increase with age.

15. Although the data was collected some time ago, the trends suggest that the broad findings will be current now and in the future. Our economists predict that the effect of the ageing workforce on the incidence of work related illnesses suggests a general increase of around 4% to the years 2020/2021 (excluding certain declining illnesses e.g. pneumoconiosis and asbestosis) with no discernible difference for men or women<sup>3</sup>. In the past SWI data has concentrated on prevalence rather than incidence of health conditions by age. However, we may be able to get a clearer picture of the potential effects on the achievement of our targets on the incidence of ill health when we have SWI data for 2001/2002 to compare with ONS demographic predictions for 2010.

## **Older female workers**

16. A recent study commissioned by the TUC confirmed that most older women experience health benefits from working and that older men and women are susceptible to similar occupational health risks. The report also examined the implications of additional

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<sup>4</sup> The evidence on other potential susceptibilities e.g. to work related deafness is based on small samples of cases and therefore less robust.

domestic responsibilities upon women's health. The results confirmed the findings of other research here and in the EU on the particular susceptibilities of older female workers at or beyond the menopause when there is an increased risk of osteoporosis and fractures. For example HSE's research into the position in the UK and Sweden identified particular problems for groups such as cleaners, care workers and nurses but could not identify any significant increase in the risk of falls above other groups. The HSE research recommended a strategy of general prevention but with special attention to identified problems in particular occupations or sectors.

## **HSE's Strategy**

17. The approach needs to be sufficiently flexible to deal with any emerging concerns, for example from changing patterns of work. In our view, the best way to protect the health of older workers, both men and women, is to ensure that they have healthy and safe conditions throughout their working lives, especially by:

- minimising stress/burn-out through physical and mental assessment of job demands and flexible working arrangements;
- proper risk assessment of individuals' working environments (including job design); and
- provision of occupational and health and safety training to keep their skills up to date.

18. Appropriate action under *Revitalising* Health and Safety and the relevant Priority Programmes, for example on rehabilitation, musculoskeletal disorders and stress, is key in:

- enabling workers to remain in good health and thereby stay at work until normal retirement age; and
- countering the effect of an ageing workforce on the achievement of *Revitalising* targets for the reduction of work-related ill health.

19. *Revitalising* targets on reducing injury are likely to be unaffected given that risk of injury generally declines with age. However emerging concerns, for example in the agriculture and construction sectors, will be addressed through the requirement for Priority Programmes to pay particular attention to the needs of potentially vulnerable groups such as older workers.

20. This strategy will be underpinned by:

- revised policy procedures to ensure that measures such as regulations and guidance reflect the needs of older workers where appropriate;
- enforcement of employers' responsibilities to identify and control the risks to any group of employees identified as being especially at risk; and
- liaison with other Departments responsible for training initiatives targeting older workers.

## **Costs and Benefits**

21. In future the Regulatory Impact Assessment of any proposed health and safety measure will take into consideration any specific issues relating to older workers identified in the development of the particular policy.

## **Financial/Resource Implications for HSE**

22. As current action e.g. under the relevant Priority Programmes, or for enforcement, is financed from current resources there is no requirement for further funding. The current approach therefore represents effective use of resources to meet priorities based on statistical and expert evidence. The investment of further resources at the cost of other programmes would be disproportionate to the gains in terms of HSE's targets.

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## KEY MESSAGES FROM THE LFS FOR INJURY RISKS: GENDER AND AGE, JOB TENURE AND PART TIME WORKING

### Introduction

1. HSE has two sources of injury statistics: the flow of reports made by employers under RIDDOR (1); and the Labour Force Survey (LFS). The risks of injury as reported by employers are understated because employers do not report all non-fatal injuries that they should. To supplement information on risk of non-fatal injury, HSE commissions accident questions in the LFS. HSE also commissioned research into the LFS data in order to explore the risks of injury in the many parts of the workforce which are identified in the LFS. This note gives the main messages for injury risks from that research by gender, age, job tenure with employer and for part time working (2). The annex provides some detail for main sectors.

### Relative Risks

2. Under RIDDOR, employers have a duty to report injuries involving 4 days absence from work and fatal injuries. The LFS provides incidence rates of reportable (4+ days) injury and also rates for all workplace injury, including injuries with less than 4 days absence as recalled by LFS working respondents. This note refers to injury rates for the 3 categories of injury: fatal, reportable, and all workplace injury.

3. The rate of workplace injury in a group of workers may be higher than another and will be partly due to differences in job characteristics between the two groups. The research into the LFS data provides the relative risk between two groups after allowing for the effects of occupations, hours of work and other job characteristics of workers. For example, the rate of all workplace injury is over 75% higher in men than women, reflecting that men tend to be employed in higher risk occupations. After allowing for job characteristics, the relative risk of workplace injury is 20% higher in men compared with women. Job characteristics explain much of the higher rate of injury in men but not all because men still have an unexplained 20% higher relative risk.

### Men and Women

4. Rates of injury are higher in men than women. For example, the rate of all workplace injury in men, from the 1996/97 LFS, is 5.8 per 100 men workers compared with 3.3 for women. The injury rate in men is 76% higher. The corresponding figure for the 1995/96 LFS is 85% higher. Men also have a higher rate of reportable injury, for example, in 1996/97 the rate in men is 2.0 compared with 1.1 in women. There are two key messages on risks between men and women:

(a) Men have a substantially higher rate of workplace injury than women. But men face around 20% higher relative risk of all workplace injury not explained by job characteristics. Men also face a higher risk of reportable injury.

(b) The statistics of RIDDOR show that 95-98 % of fatalities are to men and that the rate of fatal injury is nearly 80 times higher in men than women.

## Gender and Age

5. The picture on the relative risks of injury between age groups varies between men and women and between the three categories of injury.

6. The rate of all workplace injury is substantially higher in young men, 16-24, compared with men aged 45-54. From the 1996/97 LFS, the rate is 6.7 per 100 men workers aged 16-19 and is 8.4 for men aged 20-24, compared with 4.9 for men aged 45-54. The rate is 37% higher for 16-19 year olds and over 70% higher in 20-24 year olds. Young men, aged 16-24, still face a 40% higher relative risk of all workplace injury than men aged 45-54 even after allowing for occupations and other job characteristics.

7. However, the picture is different for reportable injury in men. For example, the rate of reportable injury is lower in men aged 16-19 than all age groups except for those above 55. The rate of reportable injury is 30% higher in men aged 20-24 compared with men aged 45-54. After allowing for occupations the relative risk is just 12% higher and is not statistically significant. In summary, there is no substantial variation in risk of reportable injury between young and older men.

8. The rate of fatal injury is lowest in young men and increases in older men. Table 1 displays the rates of fatal and non-fatal injury in men.

9. The LFS records too few women injured compared with men to tease out statistically significant risks by age groups. However, after allowing for occupations, the relative risk of injury is highest in women aged 55-59. In summary, there are four main messages for injury by age and gender:

(c) men aged 16-24 have a substantially higher risk of all workplace injury than older men workers (40% higher than 45-54 group) after allowance for job characteristics.

(d) for women, there is no substantial variation in risk of injury between age groups.

(e) however, there is no evidence to suggest a higher risk of reportable injury in young workers, men or women, compared with older ones.

(f) the rate of fatal injury is lowest in young men workers and increases with age.

## Job Tenure

10. The LFS can provide the rate of injury for workers who are new to their employer or been less than 12 months, or even 6 months with the employer. We have to allow for such short time with the employer when deriving the standard incidence rate which is expressed per year. Table 2 presents annualised rates of all workplace injury for workers whose job tenure with the employer ranges from less than 6 months to more than 5 years.

- i) workers in the first few months with their employer have the highest rate of injury once expressed per 12 months.
- ii) on a yearly basis, the rate of injury to workers in the first 6 months is over twice that in workers who have been with their employers for at least a year, whether all workplace injury or reportable injury.
- iii) the relatively high risk for new workers remains after allowing for occupations and hours of work. Other factors cannot explain the higher risk in workers new to their employers

11. A review of literature in 1972 (3) provides some support in a conclusion about studies on “length of service” which “are all compatible with the idea that there is an initial learning effect of some sort which lasts a certain time after which the accident rate evens out”.

### **Temporary jobs**

12. Nearly 3 in 5 (57%) temporary workers have been with their employer for less than 12 months. The risks to temporary workers are associated with the high risks to workers new to their employer.

### **Part time jobs**

13. The weekly hours of work has an expected influence on the incidence rate of workplace injury. The rate of injury increases as the number of weekly hours increases, simply reflecting longer hours at work. However, incidence rates do not tell us if workers on very short or long hours have any additional risk of injury, compared with those who work a more standard number of hours. We bring rates of injury (per 100 workers) to the same basis of an average number of weekly hours of work. Table 3 reproduces LFS rates of injury from the IER research for five bands of usual weekly hours of work, ranging from less than 15 hours to more than 60 hours. These rates are brought to the same basis of an average 39.5 weekly hours. There are three key messages:

- i) workers on a low number of weekly hours have substantially higher rates of all workplace and reportable injury than those working longer hours, and the rate gets lower as the number of weekly hours increases.
- ii) those working less than 16 hours per week have double the rate of injury compared with those who work 30-50 hours per week (once equivalised for hours of work).
- iii) the relatively high risk in workers with low hours remains after allowing for occupations and other job characteristics.

14. A study in 1992 of railway signals passed at danger (SPADs) showed high rates for drivers working short, not long hours and for drivers new into shift. The study provides some support for the LFS findings that part time working attracts a higher rate of injury.

## **General Issues**

15 The issues explored in these statistics are general and are not related to any particular occupation or hazards. To help us understand the nature of some of the issues, we propose to commission further work. Firstly, a more detailed analysis to establish how these findings apply to particular industries and, secondly, a focussed literature search in order to explain or amplify the findings.

## **References and Tables**

(1) The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 and 1995 (RIDDOR).

2) "Workplace Injuries and Workforce Trends" Report by the Institute of Employment Research (IER), July 1999 (publication by IER).

(3) "A Review of the Industrial Accident Research Literature" by the National Institute of Industrial Psychology, 1972, for the Committee on Safety and Health at Work.

**Table 1 Rates of Fatal and Non-fatal Injury (1)  
Men by Age band 1996/97**

<b>Age band</b>	<b>Rate of Fatal Injury</b>	<b>Rate of Reportable Injury</b>	<b>Rate of All Workplace Injury</b>
16-19	0.86	1780	6690
20-24	1.37	2410	8390
25-34	1.50	2140	6220
35-44	1.83	2290	5890
45-54	2.37	1830	4870
55-59	2.53	1630	4930
60	3.36	1460	3620
All ages	2.03	2030	5810

(1) The rates of fatal injury are based on employer reports made under RIDDOR. Rates of non-fatal injury, reportable and all workplace injury, are derived from the LFS. All rates expressed per 100,000 men workers.

**Table 2 Rate of All workplace injury  
by Job Tenure with Employer (1)**

<b>Job Tenure</b>	<b>Annualised rate of All Workplace Injury per 100,000 workers</b>
Less than 6 months	11400
6-11 months	5600
12 months to less 5 years	4200
5 years or more	3500

(1) Rate of injury from the report by IER, July 1999.

**Table 3 Rate of All workplace injury by Usual weekly hours of work,  
LFS 1996/97(1)**

<b>Band of Usual Weekly hours of work</b>	<b>Average hours in band</b>	<b>Rate of All Workplace injury per 100,000 workers equivalised to a weekly average of 39.5 hours</b>
Less than 16	7.5	8000
16 - 29	22.5	4300
30 - 49	39.5	3800
50 - 59	54.5	3200
60 or more	64.5	3000

1) Rate of injury from the report by IER, July 1999.

## 2) Annex Industrial sectors

### Rates of fatal injury to men by age band in main industrial sectors

Table 4 below gives the numbers and rates of fatal injury for men in some main industrial sectors for the year 1999/2000 and 2000/01 (provisional) combined. Two years worth of fatal injuries are combined to increase the numbers involved and overcome year on year fluctuation in relatively small numbers.

Further work is necessary to examine rate relative risks of fatal injury to older men in manufacturing and service industries. Nevertheless, the table shows a number of points. w Rates of fatal injury are not just higher in older men but higher in two high risk sectors, agriculture and construction, and in all other industries as a whole. The higher rate in older men is not just a feature of agriculture and construction.

w In agriculture the rate of fatal injury in men aged 55 or more is 2.3 times the rate for all men, and 9 times that for younger men aged below 35. There is a steep increase in rate of fatal injury as men get older.

**Table 4 Rates of fatal injury to Men workers by age bands in industrial sectors 1999/2000 and 2000/01p combined**

Age	Agriculture		Construction		Other sectors (1)		All industries	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
16-34	8	3.1	54	4.6	61	0.6	123	1.1
35-54	32	9.7	84	5.2	116	0.9	232	1.6
55 or more	38	27.8	42	9.8	54	1.5	134	3.2
All ages (2)	78	12.2	186	5.8	237	0.9	501	1.6

Notes:

1. Other sectors include extraction, manufacturing and services.
2. The total number of fatal injuries for all ages includes those where the age is not recorded.
3. Rates of fatal injury in age bands are based on the number of fatal injuries and the estimated number of workers in those bands. For derivation of rates of injury, the number of workers in each sector is made up mainly of employee estimates derived from employer surveys. These do not give a profile by age band. The numbers of workers in age bands are estimated from the age profile of workers given by the LFS 2000/01 for each sector applied to the standard worker estimate that is used to derive a rate of fatal injury to workers in that sector.

### Job Tenure in Construction

The numbers of injury cases are smaller in an industry like construction and so injury numbers and rates are derived for the 5 Labour Force Surveys 1996/97 - 2000/01. Table 5 presents annualised rates of reportable injury for construction workers whose job tenure with the employer (or been continuously self employed) ranges from less than 6 months to more than 5 years.

From the LFS, there were an estimated 202,000 workers suffering from a reportable injury in construction - 1996/97 to 2000/01

- i. over 43,000 (21.4%) were to workers whose job tenure was less than 12 months (23,980 less than 6 months).
- ii. just over 100,000 (49.9%) were to workers whose job tenure was 5 years or more.

Workers in construction with the least time with their current employer (or least time self employed) have the highest rate of reportable injury, once annualised or expressed per 12 months.

- i. the annualised rate of injury in workers with short job tenure (less than 6 months with the employer or been self employed) is 5.7 times that for workers whose job tenure is at least 5 years.
- ii. the annualised rate of reportable injury for job tenure less than 12 months is 8,360 which is 4 times the rate for workers whose job tenure is at least 5 years.
- iii. the rate of reportable injury increases as the job tenure decreases.

**Table 5 Rate of Reportable injury  
by Job Tenure in Construction (2)**

<b>Job Tenure</b>	<b>Number of reportable injuries</b>	<b>Annualised Rate of Reportable workplace Injury per 100,000 workers</b>
Less than 6 months	23,980	11970
6-11 months	19,030	3810
12 months to less than 2 years	22,750	2830
2 years but less than 5	34,720	2270
5 years or more	100,200	2090

(2) Based on the Labour Force Surveys of the 5 years: 1996/97 - 2000/01