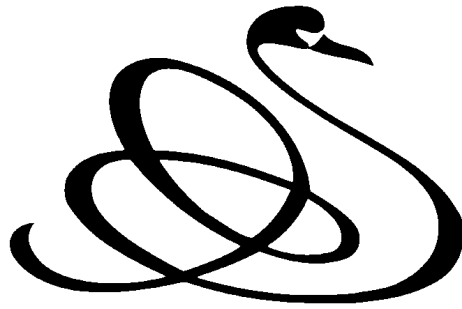


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York Consulting

HEALTH AND SAFETY COMMISSION

**PILOTS TO EXPLORE
THE EFFECTIVENESS OF
WORKERS' SAFETY ADVISORS**

Summary Final Report

April 2003

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- 1 The purpose of the WSA pilot is to evaluate the effectiveness of a voluntary workers' safety advisors scheme by setting up and running pilots in a variety of employment sectors.

Health and Safety Representation and Consultation

- 2 Workplaces with safety representatives and safety committees have significantly better accident records than those with no consultation mechanism, recording up to 50% fewer injuries. However, the majority of the workforce are not members of a trade union or employed in workplaces where unions are recognised.
- 3 In this context, it is important to consider the most appropriate way in which effective representation can be developed in small firms and those workplaces with no union recognition agreements. One possible option to achieve this is through the work of independent, roving health and safety advisors, or Workers Safety Advisers.

Employer Characteristics

- 1 The pilot actually ran in four sectors, with activities in four English regions, Scotland and Wales. The sectors were:
 - Automotive engineering – West Midlands;
 - Construction – South East and North West England, Scotland;
 - Hospitality – London and South Wales;
 - Voluntary – London, North East and North West.

- 2 The 88 employers participating in the pilot were predominantly small, two thirds having less than 25 employees and 60% turning over less than £500,000. They provided access to 105 establishments. The following key themes emerged from analysis of the feedback from employers, workers and WSAs:
 - results of the WSA activities;
 - health and safety context;
 - motivations for involvement in the pilot;
 - WSA role: expectations and reality;
 - WSA skills and experience;
 - the WSA visit programme;
 - costs and benefits.

The results of WSA activities

- 3 The evidence for changes that have come about has been drawn from workers and employers, through both surveys and case study work. Additionally the WSAs reported changes that they had observed between visits.

- 4 Over 75% of employers reported that they had made changes to their approach to health and safety as a result of the pilot – the key changes reported were:
 - revising or updating policies and procedures (37%);
 - introduction of new policies and procedures (24%);
 - regular health and safety discussions with staff (21%);

- establishment of a health and safety committee (13%);
- risk assessments being carried out (11%);
- staff being given new responsibility for health and safety (8%);
- introduction of a health and safety training plan (8%).

5 Over half of the employers who identified changes indicated that these changes would have been unlikely to happen without their involvement in the pilot. Four employers reported that PPE was now provided, others had bought new equipment and others had undertaken building renovations specifically to address health and safety problems identified.

“The WSA raised a few issues from his discussions with workers...all of these have now been dealt with. I am pleased they were brought to my attention, I was already aware of some of them, but his comments gave me a stimulus to do something about it.”

6 Over two thirds of workers reported that they had seen an increasing amount of discussion on health and safety matters since the WSA had become involved. Some 20% of employers indicated that the level of discussion of health and safety with workers had increased as a result of their involvement.

7 Health and safety committees had been established in eight workplaces. One employer commented that this was *“just not appropriate to a small company like ours”*. However, they had found that the pilot had led to the creation of a team that was keen to implement the health and safety policies and workers were beginning to identify problems and raise them with management.

8 From an employer perspective, the biggest benefit reported was increased awareness of health and safety in the workplace (73%). A third indicated that communications with workers had improved (not just increased), and 48% indicated that the benefits they had gained were more than they had expected.

- 9 43% of employers indicated that they would possibly (and 10% definitely) be willing to contribute to the costs of a WSA, however the level of charge would be a key factor.

Health and safety context

- 10 Few of the pilot employers were experiencing external drivers on their health and safety activities – only 24 had been inspected by HSE or the local authority in the previous 3 years. One construction company was required to meet rigorous standards by a key client, and another had developed an increased interest in health and safety as a result of a fatal accident at another local firm.
- 11 The majority relied on informal approaches to liaise with workers on health and safety matters, usually depending on managers to disseminate information. 82% of worker responses indicated that they had been involved in discussions with managers about health and safety.
- 12 The WSAs noted significant variation in the health and safety experience of managers, which was evidenced by a lack of clear policies in many cases and a failure to carry out risk assessments. One commented that: *“it was wrong to expect managers who had limited training to be fully up to date on what was expected of them on the health and safety side.”*
- 13 Prior to the pilot only 3 enterprises had identified specific structures that had been established to enable health and safety consultation – 2 health and safety committees and 1 broader consultative committee. Other workplaces relied on informal approaches to liaison and coordination.

Motivations for involvement in the pilot

- 14 Almost a quarter of participating enterprises specifically indicated that they became involved as a direct result of the approach from HSE, FMB or the WSA. The managers in 15 workplaces had identified particular issues that

motivated them to be involved, and 14 saw the pilot as potentially contributing to improved workplace relations. One construction employer noted: *"I saw the scheme largely as a chance to hammer home the importance of health and safety to my employees."*

- 15 Although there was recognition that health and safety was not regarded as a priority in some workplaces, discussions with workers during the case study visits found no evidence of individual workers actively seeking a means to address health and safety issues. This implies that without some external driver there is unlikely to be impetus from workers to involve external advisers.

WSA role: expectations and reality

- 16 At the start of the pilot, employers identified the following as the expected key activities of WSAs:
- investigating hazards (34 employers);
 - representing the interests of workers (29);
 - risk assessments (20);
 - finding information (15).
- 17 Following their initial meeting with a WSA, workers had the following expectations of the WSA role:
- advice;
 - assistance with policies and procedures;
 - reviewing workplace activities;
 - awareness raising;
 - providing access to information;
 - providing training;
 - carrying out risk assessments.
- 18 In practice all the above were undertaken to varying degrees. The extent to which WSAs were able to involve workers in the process varied. The follow-up of the WSA was seen as an essential element in representing the interests of employees, especially if an initial approach by workers had been unsuccessful, as employees did not necessarily have the skills and experience to put their case effectively.
- 19 In a very small number of workplaces, WSAs were unable to meet with some or any workers

during their visits – in one hotel the WSA was not allowed to speak to domestic staff as it was claimed they spoke little or no English, despite the fact that the WSA had access to interpreters.

- 20 Few employers had concerns about being involved in the pilot, and only two indicated that they had experienced any problems during the visits. One was concerned about the amount of management time taken up by the WSA's visits and the other felt the visits had disrupted the daily business. In the main, there were no problems for 97% of the employers.

WSA skills and experience

- 21 There were differences in the expectations of employers about the skills and experience of WSAs at the outset compared to the end of the pilot.
- 22 At the end of the pilot, fewer employers specifically mentioned the need for health and safety expertise (41% compared with 81% at the beginning), and employers were far more likely to raise the need for WSAs to possess a range of softer skills, in particular communication (41%) and people skills (19%).
- 23 Matching of WSAs to workplaces on the basis of WSAs having experience of similar workplaces to their own, or direct industry experience, was regarded as important.

"It is very important that they are aware of the issues affecting our sector. Without this knowledge, they can't offer effective practical advice." (construction sector employer).

- 24 Only two employers suggested that the WSA working with them had inadequate skills and experience – the gaps were described as insufficient direct experience of similar workplaces and the ability to work effectively with large groups of people (for example in giving presentations).

The WSA visit programme

- 25 The original design of the programme provided for three visits on average to each workplace to gauge progress and encourage further work.
- 26 In practice, the majority of workplaces had a higher level of WSA involvement than envisaged: 55% of workplaces received at least 4 visits and 10% were visited on 6 occasions. The average length of visits was between one and two hours. 92% of employers indicated that the number of visits was about right, and all those who did not would have preferred there to have been more visits, and 97% that the duration of visits was about right.
- 27 Most of the employers consulted during the case study visits were of the opinion that it would have been helpful for the visits to continue – *“we would have liked to be able to continue...visits on a quarterly basis would be beneficial.”*

Costs and benefits

- 28 During the pilot the 9 WSAs undertook some 380 visits to the 105 workplaces. Each WSA undertook an average of 42 visits.
- 29 Based on the salary and expenses actually paid, a WSA working on a full time basis would have required annual salary costs averaging £24,533 (though no pension contributions or other benefits were paid other than those paid to seconded WSAs). The average salary cost per visit was £261, though this would be lower for a full scheme as the caseload would be bigger.
- 30 The average expense per workplace was £143. Again, this would be expected to fall with a fuller caseload as there would be efficiencies with combined visits and smaller geographic areas.
- 31 Whilst it is possible to identify changes and costs associated with delivery of the WSA service, the financial value of these changes is unclear. This is mainly because it is difficult to

link preventive action with a likelihood that an incident may occur, or should one occur, what the consequences may be in severity of injury or fatality.

- 32 However, HSE research indicates that the cost of work related accidents and ill health is up to £262 per employee to each employer, and that the economy bears a cost of up to £729 per employee annually. Similar problems with linkage between service costs and economic benefits have been reported in other countries.

- 1 The evidence indicates that the involvement of WSAs in small non-unionised workplaces has led to improvements in their approaches to health and safety. Notably, these have included increasing internal communication and consultation on health and safety matters, with new structures developing to support on-going health and safety activities.
- 2 In considering any future roll-out of WSA or similar activities, we have identified a number of practical matters that need to be addressed.

Issues for Consideration

Recruitment and Employment of WSAs

- 3 Prior to the commencement of the pilot, it had been expected that potential WSAs could be recruited through the funded release of secondees by large employers or the funded release of officers by unions. In practice, this did not take place and the salary costs of all WSAs had to be met through the pilot. This has significant implications for the costs of any future roll-out of activities.
- 4 The WSA pilot was time limited and clear structures were established to protect the employment of the individual secondees at the end of the pilot. If WSA activities are taken forward in future on a long-term or permanent basis, this may then create difficulties in securing the involvement of appropriate advisors, given the potential impact on their day-to-day employers.
- 5 One possibility would be for WSAs to be employed to work in this capacity full time and permanently. The incentives for individuals to do this will depend on their existing terms of employment and the likely impact of any change in status on their overall benefits package.

WSA Training and Qualifications

- 6 It is clear from the pilot that the expectation is high that WSAs will have a high level of training and there are benefits to establishing the role of the WSA as a professional role in the context of health and safety and of worker representation.
- 7 The training elements used in the pilot and the workplace experiences of the WSAs have identified a strong link between the role and activities of the WSAs and the curriculum of the current TUC Certificate in Occupational Health and Safety course. This link is further reinforced with the subsequent linkage between the TUC programme and membership of IOSH. These issues should be explored further since new OHSLB standards are currently being introduced (December 2002) which will shape the professional status of future WSAs.
- 8 Our consultations with employers, the WSAs and IOSH together with reviews of training for roving rep schemes elsewhere and our experience of providing training input to this pilot suggest that a level 3-4 standard based on IOSH's Technician Safety Practitioner is appropriate. This may be best achieved through the TUC Certificate, which means that a pool of some 7,000 appropriately technically qualified trade unionists may be available. Some 350 have taken up IOSH Tech SP status.

Links to Other Union Activities

- 9 If the WSA role is to be extended more widely in the future, the response of the unions to devoting significant resource to working with non-unionised workplaces will need to be explored. It might be argued that, if the involvement of a WSA is beneficial, this can help demonstrate the potential benefits that trades unions can bring in a workplace, which might ultimately lead to recruitment and new recognition agreements. However, this is likely to be a long-term investment that the unions may be unwilling or unable to make.

A voluntary scheme

- 10 If a voluntary scheme is intended to bring in line the worst behaving enterprises, a voluntary scheme is not likely to have significant impact. Even with secure rights of access, results cannot be guaranteed – the Musicians' Union does not have a programme of proactive work despite powers being available, largely due to a lack of dedicated resources.
- 11 In our view, the key purpose of a WSA scheme is to improve the conditions of the average worker in the average workplace. This should include the majority of the 385,000 enterprises in the UK employing between 5 and 50 people.
- 12 Such a voluntary scheme cannot in our view be linked solely to worker representation, but must take account of employer needs and potential benefits – without this, access to workers and workplaces is likely to be limited.

Unionised and non-unionised workplaces

- 13 There is no real distinction to be made between establishments that employ union members and those that do not. The key difference is the level of organisation that higher levels of union membership will tend to bring. However, it could be argued that individual trade union members should be supported in the first instance by their union, especially if public funds were to be used to support a WSA scheme.
- 14 However, lack of arrangements in the workplace is key and unions have limited resources to prioritise funding a WSA scheme for workplaces with very low levels of membership.
- 15 Thus, the emphasis of a WSA scheme should be on small businesses/establishments with up to 50 employees, but to reach as far as possible to the very small enterprise in which very few structures are in place including differentiation between worker and management (as opposed to owner).

Incentives for Employer Participation

- 16 If WSA activities are to be rolled out more widely, the success of these future developments will depend to a significant extent on the ability to secure the agreement of employers to participate. This was a significant issue in the operation of the pilot. The fact that the approach has now been piloted may help to allay the concerns of some employers, but further incentives may be required in order to secure employer commitments.

Regulatory Framework

- 17 Whilst it was possible to carry out the small scale pilot without the need for specific regulations or amendments to the existing regulations, any wider operation of WSA-type activities raises the issue of a need to extend the regulatory framework.
- 18 One key area of difference between workplace health and safety representatives and WSAs is that workplace reps are indemnified under the SRSC regulations. If WSAs and workplace safety representatives are to be viewed as equivalents, there may be a need to amend the regulations to extend indemnity to cover the work of WSAs.

Models for Development

- 19 We have identified three key areas for consideration in further development of a WSA scheme:
- delivery of support;
 - funding;
 - capacity building.

Delivery of support

- 20 In the context of a programme driven by those with experience in the approach to worker representation on health and safety, we identified 7 possible models, not all of which are mutually exclusive. Most, however, are not ultimately consistent with managing a coherent national programme.

- a *free market* consultancy approach would be unlikely to add value to the existing market of health and safety consultants as potential clients may not be able to differentiate the WSA's approach;
- if the scheme required *union provision of WSAs*, there would need to be benefits that outweighed the possibility of unions competing to gain access to potential workplaces – this approach may not be consistent with the reservations of non-unionised employers/workplaces;
- a more coordinated *spheres of influence* arrangement would require unions to reach long term agreement on operational areas – the evidence from within the trade union movement is that historically these types of agreement have failed to work;
- if there was support, coordination and provision of some services centrally, a *union managed scheme supported by the TUC* may be more likely to work, however there would still be a need to reconcile potential differences in objectives or priorities between individual union agendas and the needs of a wider national WSA programme;
- the objective of providing an independent national service may be better achieved through a *TUC managed scheme drawing support from trade unions* which would be less likely to face possible conflicts of interest and would allow unions to contribute in a variety of ways according to their means;
- an independent national scheme may be best served through the establishment of a *'joint board of management'* including the main stakeholders (HSE, TUC, employer organisations), to oversee policy and operations. However, care would need to be taken to avoid creation of additional levels of administration – this approach could be best combined with other models that have a more operational focus;

- there is opportunity within the current review of HSE's focus and operations to include the *direct operation of a WSA scheme* which could complement inspection and enforcement activities. There would need to be clear differentiation and distinction between a WSA scheme and other, enforcement orientated aspects of HSE's work.

Funding

21 Costs of a WSA scheme would depend on both scale of activity and the management models adopted. A number of funding arrangements could be considered, including:

- the expectation that *employers would pay directly* for the services of a WSA, for all or part of the costs incurred. However, given that a WSA scheme would be focused on workplaces where was limited attention to health and safety it is likely that an initial direct charge would be an incentive to participate. There may be more scope for a charge to be made for second and subsequent visits once a plan of work was agreed;
- an *employer levy* would be possible in principle and is an arrangement used, for example, in Sweden. However in the UK only the construction sector has such a levy arrangement and it is likely that there would be significant barriers to implementing this option for a WSA scheme;
- a *direct discounting arrangement on banking/insurance premiums* for employers would be a way of providing resources to fund the costs of a WSA. However, it would be difficult to establish a direct or exclusive linkage as any establishment's health and safety record is influenced by many factors. Such an approach does not appear consistent with the industry's current views: *"it is less a question of introducing a discount incentive arrangement for good employers than of a straight forward refusal*

to insure risky employers at all”;

- it has been established that workplaces that have health and safety representatives in place have fewer incidents – this results in lower claims on insurance policies. The costs of a WSA scheme could be offset by the creation of an *insurance industry fund*, linked as an investment by the industry to increase their return. However the resources available to such a fund would be determined both by actuarial assessment and political goodwill;
- one approach to adopting a national scheme is that *unions should fund a scheme* as part of their workforce services and representation activities. However, for employers there is a tension between recognising the benefits that a WSA from a union background can bring and concerns that the services of a WSA might be linked to other recruitment or industrial relations objectives. It is also likely that unions would not have access to sufficient funds to provide a consistent and viable service to the majority of workplaces. Most unions would have difficulty allocating resources generated through members’ subscriptions to servicing non members in non organised workplaces;
- the *use of public funds* may be required to ensure that a WSA scheme was able to operate independently and consistently. Other sources could contribute substantially to the costs of a scheme, but these resources would be inconsistent and in many cases short term in nature.

Capacity to deliver

- 22 During the pilot, WSAs made an average of 42 visits each to their caseload of workplaces, an average of around 4 visits to each, though the number of visits ranged up to 6. The WSAs were each working an average of three days a week including reporting time and activities to do with management of the pilot rather than providing services to workplaces.

- 23 Most employers found a minimum of three visits to be necessary to generate a momentum of progress, with many reporting that more visits would have been useful. In Sweden, the equivalent of 300 full time roving safety reps are targeted at an average of 553 enterprises each, with the result that they can make one visit every two years.
- 24 Research in Sweden has found that the scheme focuses essentially on inspection and compliance issues and requesting changes, and that *“in order to perform their functions effectively RSRs need one to one and a half days per workplace per year.”* This is coincidental but very close to the actual time given to WSA pilot workplaces. Analysis has shown that the establishments with the least developed health and safety systems and structures gained most from the pilot – generally these were also the establishments with fewer employees.
- 25 If all enterprises employing between 5 and 50 employees were to be targeted, using a basis of an average caseload of 100 enterprises per WSA (full time equivalent), to provide an annual service would require approximately 3,860 full time WSAs. If, as in Sweden, 90% of WSAs were part time the overall number would be very significantly higher to provide this service.
- 26 Clearly this is not a realistic proposition from the current base. What is a more pragmatic approach?
- 27 First, we must recognise that a voluntary scheme would be unlikely ever to reach all potential workplaces. Second, we must assume that the WSA is not intended as a substitute for other sources of health and safety support - in fact a result of WSA support should be increased knowledge and possibly use of these other sources, and more self reliant actions.
- 28 The WSA should therefore aim to be a *catalyst for change* rather than an ongoing support service. The investment of an average of two

days, or three to four visits per enterprise, in a 12 month period should be seen as the average total investment required to initiate change to more sustainable activities. One follow up contact may be required to assess progress, though arguably this should be a separate quality control function.

- 29 This overall approach would reduce the number of WSAs required substantially, leading also to reduced management, support and training costs.

- 1 The WSA scheme has resulted in benefits for both workers and employers. We are not, however, able to establish direct linkage between the reported improvements in processes and attitudes related to good health and safety practice and the wider economic benefits that would result from lower incidence of workplace injuries.
- 2 In the light of evidence, we have concluded that WSAs can make a difference to the standards of health and safety practice at small workplaces falling in the range addressed by the pilot.
- 3 From this conclusion we draw the following recommendations:
 - *Recommendation One:* There is sufficient evidence from the pilot to support adoption of a WSA scheme for small workplaces where there is no organised representative function. Implementation of a scheme is consistent with HSC's desire to promote consultation with workers and their involvement in health and safety practice at the workplace;
 - *Recommendation Two:* Any model adopted for widening access to a WSA scheme should encourage, at least in the early stages, exploration of approaches within a core framework that would add further value to the WSA support. Such approaches should be tested rigorously for the benefits they bring to the scheme;
 - *Recommendation Three:* HSC should assess how to manage a controlled roll out of a WSA scheme by identifying and prioritising target areas of the overall 'market', for example key sectors, sizes of enterprises, levels of employment, etc;
 - *Recommendation Four:* The roll out of a WSA scheme should be driven through the use of public funds in the context of a

managed programme of activity that encouraged the use of other funding sources and measured the (increasing) contributions and value added by all funds used;

- *Recommendation Five:* HSE should seek early clarification of the position in law with regard to indemnity of WSAs, and provide advice and guidance for any organisations and individuals who might be part of a WSA scheme;
- *Recommendation Six:* A number of factors are currently barriers to the speed at which a WSA scheme could be rolled out, in particular relating to the availability and training of skilled individuals to act as WSAs and to the development of an appropriate infrastructure to manage and support a programme of work. We recommend the creation of a capacity building fund for an interim period that would facilitate the development of the scheme and provide a focal point through which key issues could be explored.