

Research into the effectiveness of interventions

EXECUTIVE SUMMARY

INTRODUCTION

This project has been completed as an input to the HSC strategic plan for 2004-10. Its findings will compliment those of the consultation in the autumn of 2003 and feedback on the early work in progress consultation paper in the summer of 2003 “*Strategic thinking – work in progress*”.

The strategy emphasises the changing context in which it works, both in terms of the changing world of work and the changing expectations of the actions of a regulator. As it says the world of work has become more complex and fast-paced and “*we recognise that we need to do far more to prioritise our interventions and target them to have maximum impact, even stopping doing some things altogether*”. Another key factor is the increasing expectation that the Health and Safety Executive (HSE) and local authorities provide justice for those involved when people and organisations harm members of the public. So, with increasing expectations and facing a broadening range of issues prioritisation and effectiveness is becoming increasingly important.

It is commonly accepted that “traditional” methods of HSE/Local Authority (LA) intervention are effective in the context of the traditional industries and large organisations. These traditional methods include “educational” information and advice activities, such as issuing advisory documents, inspection based advice and enforcement work, and accident investigation. Such work also include the issue of new regulations supported by guidance and enforced by inspections / notices. There are a large number of studies that indicate that these intervention methods are effective.

On the other hand, whilst the resources available to the HSE/LA are finite, they are faced with increasing demands. For example, there is increasing pressure from certain stakeholders to prosecute offenders. In addition, there is increasing interest in vocational rehabilitation. Also, reliance on traditional “contact” based methods is particularly challenged in the context of SMEs. There are approximately 3.7 million SMEs but only 1.5 thousand HSE and 1,300 Local Authority inspectors. Local Authority inspectors are also responsible for food safety and fire safety in houses in multiple occupation.

The purpose of this research is to build an evidence base on what interventions can help improve health and safety and compliance and what factors determine the success. This includes evidence available from abroad. As part of the review, an assessment has been completed of whether interventions / strategies that have reportedly worked overseas would add value to the UK.

The study provides:

- An up-to-date review of research on the effectiveness of interventions, nationally and internationally, and the factors which mediate their success, with an analysis of the likely relevance to the current UK situation.
- A report pulling together all the summaries and findings in one place, and providing an independent assessment of their relevance to the HSC/E strategic plan.

Within this review we have considered what are the different contexts in which strategies need to be assessed, such as different sectors, sizes of firms, hazards, forms of employment etc.

SOURCES AND TYPES OF EVIDENCE REVIEWED

There are a number of sources of information and evidence. These include:

- Commissioned systematic evaluations of the impact and effectiveness of HSE/LA interventions, including the IES summary of such interventions completed in 2007
- Commissioned evaluations of interventions by other UK regulators, such as the FSA;
- HSE statistics for sub-sectors, which have on occasion been reviewed in the light of sector specific initiatives;
- Reviews and research into the impact and effectiveness of strategies adopted in other countries.

We have collated currently available research studies and themed the main findings. First, we report the strength of evidence regarding whether each type of intervention “works” in general. Next we draw out the findings about the relative effectiveness of each type of intervention in different types of sectors and organisations. The aim is to identify the factors that influence the effectiveness of interventions across sectors, so that more general conclusions can be reached about the extent to which each intervention can be applied with effect to other sectors.

CONCLUSIONS

There is strong evidence to support the continuation of a balanced mixture of advice (persuasion), enforcement and business incentives. Our findings on particular issues are summarised below.

Enforcement and regulations

- The application of enforcement is an effective means of securing compliance, creating an incentive for self-compliance and a fear of adverse business impacts such as reputation damage in all sectors and sizes of organisations, including major hazard sectors.
- As the fear of enforcement is a significant motivator for organisations, there may be value in exploring new types of penalties, charging regimes and enforcement strategies so as to maximise the deterrent effect of enforcement, such as court ordered publicity.
- There is evidence that enforcement and HSE leadership is an important element in prompting major hazard firms to manage health and safety, including major accident prevention.
- Enforcement supported by advice and guidance is considered to be of equal benefit to health hazards, such as noise, passive smoking, manual handling and stress, as it is to safety risks.

- There is some evidence that advice and information is less effective in the absence of the possibility of enforcement.

Advisory activities and intermediaries

- Advisory, awareness raising and educational work is of great importance for all sizes and sectors, but particularly SMEs.
- There is a need to amplify the effect of the HSE by working with and via intermediaries, especially in the case of SMEs. A wide range of intermediaries have been identified as probable “good” partners but further larger scale trials and assessment would help confirm which partners offer the best prospect, such as trade associations, clients, business advisory bodies (e.g. Business Link), professional bodies, educational and training bodies, etc. There is evidence that working with intermediaries is effective. The resource implications of working with intermediaries are uncertain.
- As the representation of SMEs by intermediaries is varied within and between sectors, it is likely that multiple avenues are needed to reach SMEs.
- A number, as yet unknown, of SMEs do not approach the HSE for advice and are not receptive to HSE awareness raising activities, possibly due to their fear of the HSE. The characteristics of these firms are uncertain but probably include firms that have not had prior contact with the HSE. This indicates there is a need to either identify new ways of providing advice for these organisations such as via intermediaries and / or allaying their fears of the HSE through promotional activity or the creation of a “virtually” separate advisory service for organisations.
- The high level of usage of HSE advice and information and the positive reviews of HSE/LA advisory work along with the expressed desire for authoritative advice from the regulatory provides support for the continuation, or expansion, of HSE advisory activities in all sizes and sectors of organisations. Many organisations actively seek out HSE advice because of the wish to secure authoritative information and guidance on how to comply and best manage health and safety.
- Small firms prefer “specific” advice and information that they do not need to interpret in order to apply to their activities and which identifies the control measures they need to take (without having to carry out a risk assessment to identify what they need to do). Direct contact in the workplace is preferred.
- It is clear that employee involvement is beneficial and that new ways of facilitating their involvement would particularly benefit the non-union sector, although facilitating increased uptake of safety representatives roles would also be beneficial. The Worker Safety Advisor pilot project was a successful example. It would be useful to have examples of analogous work or larger scale trials on which to judge how best to expand schemes such as WSA.

Working with Local Authorities

- There is evidence that nationally co-ordinated sector based initiatives are effective in some sectors. There is also evidence that inconsistency in enforcement practices creates confusion and diminishes respect for the law. Hence there is evidence supporting the idea of greater national co-ordination of health and safety enforcement.

Working with other government bodies

- There is some evidence that the HSE can successfully bring about change by working with other government bodies, as witnessed by the success of the work related deaths protocol with the police. Opportunities exist with the NHS, DWP, Lord Chancellors Department, Department of Health and others for the HSE to extend its influence by working with others bodies.

Targeting interventions

- As the level of pro-action by organisations is influenced by their size and perceived risk, if you were to target interventions only on the basis of organisational propensity to self-comply, small low risk organisations would be awarded top priority. This could be interpreted to imply that organisations that wrongly perceive the risk to be low require top priority, and / or that hazards wrongly perceived by organisations as low risk require cross sector prioritisation, such as focusing on assault risks in those high street businesses otherwise regarded as lower risk.
- Whilst larger and high-risk organisations present an easier challenge in terms of access, receptiveness and in-house competence, they nonetheless seek out, require and welcome HSE advice, direction and support. Targeting only on the basis of which organisations will respond the most to HSE advice would lead to the prioritisation of large and higher risk organisations/sectors.

Financial and other business incentives

- Whilst it appears that progress has been made in convincing organisations of the business case, the results are mixed and hence further work in promoting the business case is needed.
- It is also clear that certain aspects of the business case, specifically the financial cost of Employers' Liability Insurance and reputation risk, are emerging as powerful and are now widely recognised incentives. Greater use could be made of financial and reputation incentives to promote both better health and safety management and better rehabilitation. Indeed, there is evidence that the financial cost of insurance can act as a powerful motivator for organisations to seek out and act on health and safety and rehabilitation advice.
- It is also clear that, when exercised, supply chain pressure can have a significant effect on suppliers and contractors. However, there is mixed evidence about whether such pressure is being exerted by clients. Further work to increase the exercise of client pressure appears warranted. Such pressure is currently most apparent in the highly regulated sectors, reinforcing the benefit of continued regulation and enforcement in the major hazard sectors.

Societal and moral case

- It is apparent that the social and moral case is important in many respects, including justifying regulations, creating reputation risk and increasing society's (employees, customers and members of the public) expectations, awareness and demands in the arena of health and safety. Public awareness and perception of risks, such as stress, leads to and facilitates an expectation of improved health and safety amongst all stakeholders.

- It is apparent that the HSE is an actor in the creation of societal concern and awareness of health and safety issues. There is little evidence to date of societal concern for occupational health and safety being created by consumer or other non-governmental organisations with the exception of employee representatives (trade unions), civil suits (solicitors) and health and safety professionals/ bodies such as ROSPA.

Provision of occupational health and rehabilitation advice and support

- There is clear evidence that there is significant scope for improvement in the provision of occupational health and rehabilitation advice and support in the UK. A number of potential providers have been identified and incentives such as the cost of ELCI are emerging.
- It is also clear from overseas experience that employers have a critical role in initiating, supporting and facilitating early return to work by people injured or ill. Workplace focused return to work schemes initiated by employers, with professional health care support, are the principal means of reducing work related absence in many countries.
- It is also clear that employee incentives (and disincentives), such as linking compensation to participation in rehabilitation, are critical as the motivation of employees to return to work greatly influences the success of such schemes.
- There are also many other methods of influencing the implementation of rehabilitation, such as employment law provisions, tax rules, regulation and subsidies etc. The value of these options for the UK could be usefully explored.

Gaps and uncertainties

There is as yet little evidence on which to support discussion of:

- How to influence health and safety amongst home workers;
- The relative benefits of working with alternative intermediaries to amplify the HSE's awareness raising work and whether working via intermediaries could water down the HSE brand;
- How best to amplify the impact of prosecution and preventive enforcement activities;
- There is little evidence on which to gauge the relative effect of alternative mixtures of education, incentives and enforcement, although it is clear that all three are mutually reinforcing rather than mutually exclusive;
- It is very uncertain whether self-regulation occurs without the proactive direction, support and real prospect of enforcement by the regulator even amongst major hazard organisations that recognise the business consequences of major accidents.

Overall conclusion

The evidence available from current studies does indicate that there is a range of new ways (such as working via intermediaries and insurance incentives) of accessing, contacting and influencing employers, including the hard to reach SME sector. Accepting that there is a need to effect greater influence on SMEs, these avenues offer opportunities for the HSC/E and LAs to amplify their effect. The exact balance and

composition of these methods requires further research, piloting and evaluation before definitive conclusions can be reached on the benefit to be gained from specific types of new interventions. This is inevitable given the novel nature of some of these interventions.

There is, at the same time, evidence to support the continuation of current advisory, enforcement and regulation based activities in all sectors and sizes of organisations.

Summary and conclusions from consultations

Introduction

The Consultation consisted of three main strands.

1) Written responses to a draft strategy consultation document:

- a) 209 responses were received by the deadline (17 were from HSE staff / HSE TUs).
- b) Most are from large organisations – smaller firms were generally in the health and safety industry.
- c) There are significant differences and few areas of consensus.
- d) Many focussed on arguing the case for their own specific area of interest, rather than taking a strategic overview.

2) Hard to reach groups:

- a) Focus groups were used to elicit views from approximately 130 non-unionised workers and small employers who are not members of major trade associations.
- b) The findings from the groups were validated by a quantitative telephone survey of 2000+ working people, representative of the GB population (by age, gender, ethnicity, geography, industry sector). The survey included about 350 employers and self-employed workers.

3) Regional events:

- a) HSE's Regional Directors were invited to engage their key, local stakeholders in the consultation process; some organised consultation events.
- b) Five events were reported upon, involving close to 200 representatives from key regional stakeholders.
- c) Local Authorities were heavily represented, but also large businesses, H&S industry, trade unions, health promotion etc.

Section A below provides a summary of the consolidated comments from all three strands of consultation. Sections B, C and D each address a single strand in more detail, should this be required.

Section A: Summary of consolidated comments from all three strands

Many respondents did not draw clear distinctions in their responses between HSC, HSE and Local Authorities, in these instances the three bodies are referred to below as “we”.

Comments relating to the themes from the strategy

1. Developing closer partnerships

Working with and through others

- There was a good deal of agreement that we should be working better together with the health and safety industry, health services, TUs etc.
- Some were concerned that increased partnership working is really an excuse to save money and would lead to HSE abdicating responsibility.
- Many, particularly hard to reach groups, indicated that HSE is respected as authoritative. Some alternative players, such as banks, would be seen as having other agendas or would provide misinformation. We would need to ensure that quality does not drop.

The challenge of occupational health

- The need for “More on health” is one of the few areas of clear consensus; some respondents were concerned that safety should not be forgotten.
- The consultation with hard to reach groups showed that stress is a key issue for many at work, though this is not always thought of as a health and safety issue. In the quantitative survey, 19% of respondents said work-related stress affects their health.
- A focus on rehabilitation was popular with many.
- Respondents said that we should be linking closely with health agencies – a few said we should pass the work to them.

HSE and LAs working together

- Many in the hard to reach groups did not really care who has enforcement, so long as it is done consistently and “well”. A significant minority were very distrustful of LAs.
- There was a good deal of support for stronger partnership, particularly from LAs who emphasised the importance of involving local politicians.
- Some expressed concern that regional arrangements would result in inconsistency across the country – a problem for national businesses.
- There were some very strong concerns that small higher hazard/higher risk businesses (construction, manufacturing etc) should not be passed to LAs who do not have the necessary expertise.
- Relatively little support was expressed for all enforcement being taken into HSE and almost none for all going to LAs.

2. Working to help people benefit from effective health and safety management and a sensible health and safety culture

Understanding the benefits of health and safety

- This issue did not draw as much comment as others.
- The consultation with hard to reach groups indicated some belief in the business benefits of health and safety, but others believe it to be a business burden.
- A significant number commented that discounts on insurance premiums etc would make the case clearer.
- Many commented that we need to speak the right language in making the point – jargon cuts no ice.
- There were mixed views on prescription versus a goal setting approach – some praised, others castigated.

Involving the workforce

- TUs and some others strongly advocated increased worker involvement, particularly initiatives involving health and safety representatives.
- Hard to reach groups agreed that worker involvement and personal responsibility needs to increase – employers have battles with workers about using protective equipment (20% listed staff compliance as their biggest barrier to health and safety in the quantitative survey).

- The quantitative survey revealed that a clear majority of both employers and workers believe health and safety should be an equal responsibility between workers and employers. Focus groups and many business respondents felt that health and safety puts too much on employers and too little on workers. Where mentioned by TUs etc, they disagree.
- Very few argued there should be less done in this area.

Providing advice and support

- There was a great deal of comment in this area.
- The consensus was a need to be better at communicating.
- Views on the need to separate enforcement from advice were split, with strong advocates on both sides. A picture emerges in which businesses with a history of contact with HSE/LAs tend to be happy with the status quo. Those who do not have a relationship with HSE (the majority) are wary and want separation.
- There is clear desire that Inspectors continue to give advice during their activities, whether or not separate channels of advice are opened.
- Those who want separation of support and enforcement still want advice from HSE / LAs, or at least to have a strong “HSE imprint” – HSE is seen as authoritative and the control of quality vital.
- A good number of respondents believe health and safety support/ advice needs to be increased.

3. Focussing on our core business and the right interventions where we are best placed to reduce work place injury and ill health

Being clear about our priorities

- There was no consensus - many did not engage on this point.
- Hard to reach focus groups were keen that we should continue regulating public risks very directly associated with work activities (e.g. a brick falling from a construction site onto a passer-by), but did not really see why we had become involved in some other issues.
- A significant minority of respondents argued strongly for us to move into work related road risk.
- There was concern that this issue signals a move away from core work and is a cost saving measure.

An interventions strategy

- There were a great many comments on issues that properly fall within an interventions strategy, rather than the overall strategy. Many different views were expressed often relating to the respondent's own specific area of work.
- There was a good deal of support for inspection/enforcement.
- There was no disagreement that an evidence-based approach is needed.
- It was apparent that there is no single, agreed "magic bullet".

Continuing to enforce where necessary

- This was one of the strongest areas of response.
- There was little appetite for reduced inspection / enforcement and a good number of calls for increased activity in these areas. These views were expressed by TUs and workers and also by many employers and their representative groups.
- The hard to reach groups indicated that people believe we do/should do far more regular inspections.
- There was a consensus for clear targeting of the substantive issues, with some pressure to avoid activity on petty issues.

4. Communicating the vision

Communicating effectively

- Along with inspection/enforcement this was the most prominent area for comment.
- We use jargon and are experts talking to experts – we do not speak the right language in most of our communications.
- Many complained that help is inaccessible (e.g. awareness of HSE Infoline was low). The concept of an effective and confidential information/advice phone line was very popular.
- HSE's Website was criticised as being difficult to navigate, though some praise was evident for recent improvements.
- There was a good deal of criticism and little defence for some of our publications – generally the long, complex and technical ones. However HSC's simple, attractive and specific publications were praised and there was a strong consensus for more of these.
- We are not consistent in the messages sent by our words and actions.
- There were a good number of comments agreeing that others should publish guidance (though a few trade and health and safety organisations indicated they would need funding to step into the breach). However, there was some criticism/concern

that this would be less authoritative and poorer quality. There were a few comments that this approach was tried in the offshore industry in the 1990s, but did not work out in practice.

Other Key points

Resources

- There were many comments (mainly from TUs, HSE staff, LAs, pressure groups, but also others, including both employers and workers in hard to reach groups) that HSE/LAs are under-resourced and this must be addressed.
- There was a good deal of pressure for more front-line resource.
- A number of respondents expressed a suspicion that strategy is a stalking horse for cuts.

Clarity and drafting

- There was a good deal of criticism for the wording and structure of the strategy from many different sources.
- The wording was often felt to lack clarity.
- The seven points of the original draft strategy were criticised for overlapping one another.
- The three questions asked in the consultation document were not liked by many respondents, and a large number chose not to address these questions in their response.

Section B: Summary of responses to the draft strategy consultation document

The draft strategy was launched on 8 October; by the deadline of 1 December, 209 responses had been received. As this is not necessarily representative of the wider population, the analysis of responses is qualitative.

The 209 replies, included 17 from HSE employees and their trade unions. The majority of respondents were large companies with more than 250 employees. The bulk of responses were from health and safety professionals, followed by senior managers/directors. There were virtually no responses from those who classified themselves as employees or self-employed.

Responses came from a variety of industries. There was a substantial amount of comment from Local Government, but there was no dominant industry represented. However, it should be noted that service industries were not well represented.

Question 1: The strategy covers a number of years. For the issues we have identified, what do you think should be the priorities for action, and why?

There was no consensus as to priorities. Whilst some responses took a broad overview of the health and safety system as a whole, a significant proportion of respondents argued for their own specific area of work. Some of the most prominent and high-level issues are outlined below.

Communication. There is a real sense that we must not only improve communication on specific campaigns but also better articulate our vision and the positive benefits of health and safety.

“I think that a priority for the HSC/HSE is to stop getting lost in all the jargon that health and safety seems to be and make things simple for people to understand.” (Railways)

“Developing better systems for communicating with small and micro businesses. This is where HSC/E is not performing and it is the major area in which accidents and ill-health will occur.” (Healthcare)

Guidance and advice. There were views expressed on both sides as to whether HSC/E should continue to produce and publish guidance. Many people felt that this could be given to commercial organisations such as trade associations, but that HSE would need to ‘quality assure’ it – others felt that quality and authority could not be assured unless HSE continued to produce guidance. One common observation was that guidance, perhaps irrespective of where it is produced, needs to be specific, targeted and written in a language understandable to the reader. Many people complained that the ‘smart glossy documents’ we produce do not get used on the shop floor, simple leaflets are better.

“Information must be more easily available without having to be sifted out of a maze of subjects and issues which more often than not requires an expert.” (Business Services)

“Making guidance relevant to ever increasing numbers of small businesses.” (Local Government)

Separating advice from enforcement. Of those who engaged with these issues, the majority were in favour, believing that it would encourage companies to come forward for help and support.

“Separation of enforcement and advisory functions should be a key priority,”(Nuclear)

“Separate enforcing from advising - Your studies show that there is a desire to comply, but a fear of enforcement repercussions if [you] enquire, therefore separation has the potential for improvements without any extra resource from HSE.” (Utilities)

Whilst only a few of those who commented disagreed with the idea in principle, many failed to see how this separation could work in practice, and some wanted more details before they felt able to give a view.

“The consultation document perceives a need to separate guidance and enforcement. This is fundamentally misconceived and is based on a misreading of the evidence. We would expect many SMEs to say that they would comply, if only they had the right information provided in a way that excluded visits by inspectors” (HSE Trade Unions)

Health. This is one area where many people did see the bigger picture, and the proposed strategic direction. There were many advocates of increased activity on health and few, if any, dissenters. One sense that came out of the responses was that people didn't seem to understand the initiatives we are already involved in on health or, if they did, how these linked into the strategy – this reiterates the communication point above.

“The CD indicates that over 80% of the 40 million days lost to occupational ill health and injury in 2001/2 was due to occupational ill health. Such occupational ill health statistics in the 21st century are unacceptable. Properly considered and targeted approaches (perhaps involving GPs) by HSE could have a dramatic effect on the figures, people's lives and the economy.” (Central Govt)

“The single largest challenge[s] are health problems and associated sickness absence. Traditional safety issues are, relatively, now well managed. It is vital that HSE develop an evidence-based approach to these health challenges.” (H&S Consultancy)

The role of local authorities. There were a substantial number of comments on this issue, many of them from LAs. Many comments continued themes brought out in the strategy and also in the local authority discussion document issued in the Summer 2003 such as revision of the enforcing authority regulations, genuine partnership working, and joint operational planning, training etc.

“The HSC strategy states that “HSE and LAs are spread too thinly and need to be targeted to where they can have the most impact”. LAs believe that resources should be targeted toward the greatest risks, which is not necessarily the same as where they can have the most impact. The wording should be clarified to indicate that a risk-based approach is the intention.” (Local Authority)

“The HSE must strengthen its links with LAs to ensure uniform and quality advice is given. This supports advice must be parallel with a uniform, quality driven, and effective enforcement practices.” (Business Services)

Enforcement and inspection. Many respondents were keen that personal contact by inspectors should remain, even if there was greater reliance on support and incentives. It was often remarked that the idea of inspection and enforcement encouraged them and others to attain or maintain high health and safety standards and they were keen for this to continue. This, however, was frequently qualified by a belief that we need to target our inspections better, concentrating on poor performers and companies we currently do not know about, rather than high performers.

“More inspections, tougher enforcement, better communication with union safety reps who can pressure management on a regular basis.” (Trade Union)

“More inspections site visits etc, because most companies don't give a damn until an inspection is imminent.” (Manufacturing)

“Organisational management will only respond to the carrot when there is a fear of the stick” (Emergency Services)

Work related road risk. A few strongly-argued the case for major involvement in work related road risk. These comments highlighted the number of people killed travelling by road whilst at work, with those killed in traditional workplaces.

Question 2: We have assembled available evidence on health and safety interventions (e.g. inspection, enforcement, advice and campaigns) and will be looking for more. Please use the space below to tell us about any evidence that you have about the effectiveness of health and safety intervention – positive or negative.

This question was rather unsuccessful in eliciting new sources of documented evidence; this would suggest that our research has already identified the majority of evidence. We are continuing to work through the answers in detail to see if there are any anecdotal examples that could be further researched to produce case studies.

Question 3: To do more of some things we need to do less of others. What 3 things do you think HSE should stop doing during the next year, and why?

Most answered question 3 – but again there was little consensus of opinion. Many chose to identify areas where we should increase rather than decrease activity under this question. However, there were suggestions of areas where involvement could be reduced and there were some general themes emerging from these comments.

Publishing guidance. Many people used the same criticisms as detailed above when suggesting advice as a priority. Some felt that production of guidance could be passed to commercial or not-for-profit organisations. Many indicated that guidance must be clearer, less complex and less technical. One trade association and one health and safety organisation indicated that they would need funding if they were to increase publications.

“I feel there is already so much Guidance that no-one has time to digest it all. Better stop the flow and allow business a much needed breather to get on with all the Guidance they can already handle.” (Manufacturing)

“The only criticism might be the tendency to produce complex glossy reports and long technical advice that looks highly professional but stays on the shelf or in boxes in warehouses. Short snappy advice useable on the shop floor is what is required to change practices and enhance a safety culture.” (Local Authority)

“The real argument is for simpler rather than less publications” (Local Authority)

Enforcement and inspection. Again there was a mixture of responses ranging from calls for more inspection and investigation to desires to see proactive interventions curtailed for some organisations. There were strong views expressed that we needed to stop targeting good employers and concentrate our efforts on poor performers. Linked to this, some respondents expressed views that routine, general inspections, should cease, in favour of targeted, topic-based interventions by inspectors.

“HSE do not need to do less, HSE needs to do more investigations and be ready to enforce H&S law regardless of which business is involved.” (Trade Union)

“One aspect of work that could be cut down on would be inspections. Instead of a week inspecting a workplace, a day could be spent reading audit reports from that place” (Emergency Services)

“Stop inspecting higher performers who can be put on trust to manage H&S effectively without external regulatory intervention (unless there is an accident, health damage or a serious complaint) provided necessary safeguards and external, independent audit are in place.” (H&S Professional)

Duplicating the work of others. Some respondents identified that we should cease to be involved in areas of work (particularly areas of public safety) where other agencies are already involved. However, there was some confusion, and no agreement, as to which specific areas these were. There were links in a few of the responses to the need to cut red tape by reducing the number of agencies involved in any given issue.

Resources. Reference to the adequacy of HSC, HSE and LA resources was made throughout the responses. These came from across the spectrum of interests and industries, but were particularly prominent in responses from TUs and HSE/LA staff. Some indicated a belief that the strategy was being formulated purely in response to dwindling resources rather than a desire to re-energise the health and safety system.

Continual change. There were some calls for less change and more long-term consistency in terms of legislation, campaigns and organisation within HSE. Some respondents felt that many 'strategies' had been launched in previous years and there was no commitment to them. Fears were expressed that this strategy may go the same way.

Overall comment on presentation and consultation

There were many complaints that the wording and presentation of the draft strategy lacked clarity and needed significant improvement. Equally, there were many concerns about the limitations of the questions asked; many respondents did not confine their replies to the suggested questions.

Section C: Responses from hard to reach focus groups and quantitative survey of 2010 working people

HSE contracted People Science and Policy Ltd to consult with stakeholders who are not directly represented by major organisations and would otherwise not have a voice in the consultation process. Rather than interpret their findings, the researcher's executive summary is included in unedited form below. The full report will be published as a contract research report early in 2004.

Introduction

The Health and Safety at Work etc. Act 1974 saw the establishment of the Health and Safety Commission (HSC) and the Health and Safety Executive (HSE). The former is responsible for making health and safety policy and proposing regulations. The latter ensures that health and safety law is observed by inspecting and advising employers, producing and publishing guidance and carrying out research.

Since 1974, work and the workplace have undergone dramatic changes. In order to build-on the improvements in workplace health and safety achieved since then, HSC is developing a new strategy to take workplace health and safety policy in Britain to 2010 and beyond.

HSC/E generally consults widely, engaging those who have an interest in health and safety at work through paper-based consultation. Such a consultation was undertaken by HSE in parallel with this project. However, only larger, well-resourced organisations tend to respond to that type of consultation. Given the changes that have taken place in the labour market, particularly the increase in self-employment and the decline in union membership, HSC/E decided to seek input to its new strategy from a wider range of groups.

Objective

This project was designed to enable HSC to obtain input to the development of its strategy from very small business employers, the self-employed and non-unionised employees.

Methodology

The project had three strands; each strand served a different purpose.

Firstly, focus groups and in-depth interviews informed the development of HSC's draft strategy. These took place in six areas of Britain, each area focused on one industrial sector. Fieldwork took place between July and September 2003 and comprised in each area: focus groups with employees; focus groups with small business employers (less than 50 employees); plus one-to-one interviews with local authority and HSE enforcers.

Secondly, in October 2003, the focus group participants were reconvened in workshops to discuss the draft strategy with HSE staff and Commissioners. A summary of the draft strategy was sent to all workshop participants in advance of the event.

Thirdly, there was a nationally representative telephone survey of 2,010 people currently in employment. This ran in late September and early October 2003 and took the form of a nationally representative 15-minute telephone survey. It was designed to provide quantitative data on the views of people in employment on the draft strategy and the issues raised by the focus groups. The main purpose of this strand was to validate and broaden the findings from the research and consultation stages.

Attitudes to health and safety in the Workplace

Importance of health and safety in the workplace

We have found that health and safety in the workplace is not a top of mind issue for most people. This was clear in both the qualitative and quantitative research.

Health and safety issues were only mentioned as an issue at work spontaneously by a small minority of respondents, probably because most believed that their workplace was safe and healthy. When asked in the telephone survey to score how safe they felt their workplace to be on a one to ten scale, the average score was 8.1. Almost half of all respondents (48%) appeared to feel very safe, giving a score of nine or ten, while nearly four out of ten (38%) scored their workplace seven or eight.

However, in both the telephone survey and the qualitative work it became clear that once health and safety in the workplace was raised as an issue, it is regarded as important. This was evidenced by both the thought and commitment of the focus group and workshop participants and the telephone survey results. The telephone survey asked respondents how important health and safety

was to them on a scale of one to ten. Six out of ten respondents (61%) rated it very highly, scoring it nine or ten and a further quarter (25%) rated it as important, scoring it seven or eight, only 4% scored it between one and four.

Differences between health and safety

Initially, health and safety tended to be viewed as inextricably linked. When teased apart in the focus groups, safety issues were seen to be caused by one-off incidents, while matters affecting health were longer term in their impact.

Safety is the traditional issues of “slips and trips”, falls from height, falling objects and the appropriate use and safeguarding of workplace machinery and transport. While many people seem to accept that the elimination of accidents is not feasible, reduction of accidents and reducing the severity of the impact is still important. Health concerns are dominated by stress, the working environment, musculo-skeletal problems and exposure or allergy to certain chemicals.

Stress

The main issue in health identified in both the telephone survey and the qualitative work, appears to be stress. This was explored in some depth in a number of workshops. A number of participants highlighted the importance of good management practices in dealing with stress. However, many employers and employees were concerned that they did not have access to the appropriate tools and skills to implement these practices.

Some employees drew on examples of counselling services in larger businesses, which were not without their flaws, but seemed to offer some real benefits to both employers and employees. It was suggested that HSE could consider developing services for smaller businesses based on these models. Another suggestion was that HSE develops the skills of inspectors so that they are capable of taking a more rounded view of businesses in order to be able to identify stress factors, for example looking at staff absence and turnover records.

If the content of health and safety inspections is to change to include analysis of paperwork to identify, for example, stress, the competencies of enforcers will need to change. Not only will they need to be trained to examine different types of information, they will also need to be able to provide advice and information on new topics. The formula used to calculate inspection frequency might need to be changed as well. There was resistance from some employers to enforcers becoming involved in businesses at this level, although other employers, as well as employees, were more enthusiastic about receiving this type of input from enforcers.

Public protection

This project covered two aspects of public protection in the qualitative work: protection of non-employees on, and around, the employment premises/sites of the participants and the role of HSE in protecting the public taking part in “risky” activities. “Risky activities” were loosely defined as “dangerous” or “adventurous” sports, such as bungee-jumping, canoeing, etc. Public protection was not covered by the telephone survey – it was seen as too complex an issue for a short telephone interview.

It was widely agreed that employers should be responsible for people who were going about legitimate activities who were harmed by the business. However, if people were misbehaving or taking part voluntarily in “risky activities”, there was a feeling that they should take responsibility for their own actions. Nevertheless, commercial undertakings, it was thought, ought to be regulated – whether HSE was the appropriate authority to undertake this was questioned. Some participants were concerned that by overstretching the expertise of enforcers, other areas of HSE’s responsibility might suffer. Others suggested that sub-contracting inspection of risky activities to specialists might be an option.

Communication

We found in the qualitative work that participants were not very familiar with HSE, even where they were aware of the organisation. Communication between HSE on the one hand, and employers and employees on the other, was thought therefore to be central to the HSC’s future strategy. Currently, there appear to be low levels of familiarity with HSE and the literature it produces. Some were overwhelmed by the volume of publications and found it difficult to identify what was relevant to their situation.

We identified information, advice and enforcement as a continuum of communications activity. Information is a fairly passive way of operating and is general, even when replying to individual requests. Advice was defined by participants as one-to-one and interactive. It requires the advisor to understand the precise needs of the person seeking advice. Enforcement, it was widely believed, should be used to ensure compliance from the minority who refused to comply with the required standards.

Information

Different information sources are likely to be used depending on whether people are employers, employees or self-employed. Employers and the self-employed were more likely to look to official sources than employees, who relied largely on their employers and other workplace sources, such as health and safety representatives.

Importantly, participants at the workshops recommended that more be done to raise awareness of health and safety at work and the sources of information and advice available to employers and employees. Long, complex documents were found to be inaccessible, even to those who received them. A TV campaign was suggested and although it was recognised that this would be expensive, it was thought that reallocating budgets in this way could have benefits that justified the expenditure. While it was recognised by participants that advertisements would need to be relevant to particular situations to engage the audience, the issues are similar enough to enable the development of one campaign with several executions. The cheaper options of radio advertising and a continuation with written material were also recommended.

Advice

Advice, the participants in the qualitative work recommended, must be consistent, accessible and clear. It was widely thought that the central source of advice should be HSE inspectors. Some participants suggested that they should be able to operate both as advisors and enforcers, depending upon the situation in which they found themselves. Others preferred a separation of duties, albeit under the auspices of HSE.

Some employers said that they would be willing to pay for advice from HSE, providing that the provision of advice was given in good faith and not used as an opportunity to pursue prosecutions.

Existing sources of information and advice, such as Infoline were only known to a minority of participants and respondents. Only 19% of respondents to the telephone survey claimed to have heard of it.

Enforcement

It was agreed that enforcement was an important part of maintaining and improving health and safety standards at work. For some it was said that only the threat of prosecution would work.

Almost everyone (88% of respondents to the telephone survey) thought that workplaces should be inspected at least once every five years. Those who took part in the workshops were very surprised to learn how infrequently inspections occurred.

Self-regulation was not widely embraced. The small business employers who took part in this consultation said that they did not have the resources or expertise to self-regulate. Employees and enforcers were concerned that workplaces were still inspected to ensure that employers were behaving appropriately.

Creating a health and safety culture

Three-way communication between HSE, employers and employees was said to be central to creating a health and safety culture in Britain.

Barriers to a health and safety culture

The telephone survey found that more employers said that staff compliance was the main problem they faced in implementing health and safety measures in the workplace than any other problem. The other factors were cost, time and finding out what they were required to do. Participants in the qualitative work also mentioned employment and related legislation and economic conditions. However, a third (35%) of employers who responded to the telephone survey said that they did not face any problems.

Resources and expertise, or easy access to expertise, were major barriers for the small business employers who took part in the qualitative elements of this project.

Drivers for a health and safety culture

The telephone survey found that the main driver towards a health and safety culture was a general belief that implementing health and safety measures was the right thing to do (26% of employers and the self-employed who had employees gave this as the most important reason but 61% included it in their list of reasons). We have called this 'duty of care'.

The focus groups suggested that fear of prosecution (or indeed any action by enforcers – participants did not distinguish between the different options available to enforcers), and to a lesser extent fear of being sued by employees and customers, were also strong motivators. However, only 14% of employers and self-employed with employees who responded to the telephone survey gave fear of legal action against them as their most important reason for implementing health and safety measures, although 31% included it in their list of main motivators.

It seems likely that while 'duty of care' is the main driver for action, small business employers are frightened that they are not doing the 'right thing' because of low levels of expertise and lack of access to definitive sources of advice.

Existing economic and business benefits did not feature highly in the qualitative work but 21% of employers and the self-employed with employees gave it as a reason for implementing health and safety measures when asked in the telephone survey.

It was thought by some employers in the focus groups that insurance premiums could be a stronger driver, if it was made clear where discounts were being given for good measures and track record. However, suggestions were made as to how HSE could stimulate economic drivers by a system of 'good practice' recognition. Systems such as "*Investors in People*" were used as examples of where employers pay to receive an accreditation that has a value to the business and is recognised by potential and existing customers and employees.

Employees and a health and safety culture

Both employers and employees felt that employees should take more responsibility for their own health and safety at work. Nevertheless, it was also acknowledged that employers were responsible for ensuring that employees are trained and that appropriate structures and procedures are in place.

Training of employees, possibly as part of vocational training and even school-level education was supported. Seven out of ten of the respondents to the telephone survey said that Government should either be wholly (18%) or partly (52%) responsible for paying for health and safety training. Most of the remainder (26%) thought that employers alone should pay. Few participants in the qualitative work thought that HSE should be the training provider but it was suggested that HSE should in some way validate courses.

Enforcers and a health and safety culture

The work and manner of enforcers is central to the development of a health and safety culture in Britain. Hence one potential barrier to building a partnership approach to health and safety was seen to be the nature, or perceived nature, of inspectors. Not all of the qualitative participants had experience of direct interaction with an inspector, either from HSE or a local authority, and indeed, in the telephone survey only a third of respondents (35%) were aware of having been involved in an external health and safety inspection. For those with no experience of inspectors, there was a general fear of the unknown. Familiarity with HSE and enforcers was one reason why larger firms were thought to be more able to self-regulate.

Some of the small business employers who took part in the workshops believed that a good result for HSE was a prosecution. They assumed that a far higher proportion of inspections result in prosecutions than is the case. It was recommended that enforcers should be "*a critical friend*"; there to help but to come down heavily on those who refuse to comply.

Employees were widely critical that enforcers give employers prior notice of visits. This might be more acceptable in the context of advising rather than inspecting premises.

Institutions to support a health and safety culture

It was strongly recommended by the participants in the workshops that HSE develop a clear objective and communicate it clearly.

The workshops strongly recommended that HSC/E should have overall control for health and safety in Britain. This would ensure that any advice or information was consistent, accurate and easily accessible from a single source. Misinformation resulting from breakdowns in communication and ulterior motives were raised as concerns about other organisations providing information and advice.

Conclusions

HSE should raise its profile and be clear about its objectives – hence simultaneously highlighting the issue of health and safety at work. Greater familiarity will encourage employers to come forward and request advice and information. It would also help employees to act as a force for improvement. Currently they can only do this to a limited extent because they lack easy access to information.

HSE's communications with employers and employees should be constructed along a spectrum of information, advice and enforcement. The aim should be to move employers into a state of high awareness of health and safety and willingness to take action by providing advice and information, backed-up by the threat of enforcement action for the unwilling.

A higher profile will almost certainly increase demand for HSE input. Moving more people to the advice point on the communications spectrum should save money from some budgets, while creating more demand on others. Although many participants wanted inspectors to act as advisors and enforcers, the functions could be split between different individuals with problems referred to enforcers by advisors who inspect more regularly and who are able to provide specific input. This will, however, open HSE to claims that advice was followed but subsequently found to be inadequate by an enforcer. More guided risk assessment and a counselling approach to problem solving, whereby employers are helped to make decisions by advisors, might be one way forward.

Section D: Responses from regional consultation events chaired by HSE Regional Directors

Consultation method

HSE Regional Directors were asked to involve their key regional stakeholders in the strategy consultation process. Some did this through personal contacts and encouraging responses to the consultation document, however, some hosted consultation events. A total of five events were held, in Haydock Park, Cambridge, Nottingham, Birmingham and Reigate. Briefing papers and a generic presentation were provided, but Regional Directors were given latitude to conduct the consultation in the manner that they felt most appropriate to their audience.

Close to 200 people took part in the events, representing organisations such as:

- Local Authorities (both as employers and health and safety regulators);
- Large employers;
- Business groups;
- Health and safety professionals and their representative bodies
- Trade associations
- Health promotion organisations

Summary of responses

Views expressed at the meetings were very diverse, ranging from very supportive of the draft strategy to total rejection. Most of the meetings contained a spectrum of views, however, at one there appeared to be a consensus of highly critical views. Participants at this latter meeting particularly objected to:

- the drafting of the consultative document;
- the consultation timing and methods;
- the suggestion that some work should be stopped, instead of seeking more funding;
- any suggestion that enforcement and support should be separated;
- inadequate links to “revitalising health and safety”.

1 Priorities

Given the broad spectrum of views, it is difficult to identify consensus on priorities. The one exception is communication. There was agreement (with a few dissenting voices) that effective communication and promotion of health and safety messages are essential and that there is a need for a good deal of improvement in this area. These issues are explored further in “Communications” below.

2 Work that HSE/LAs should stop doing

There was no clear consensus as to what work should be stopped or significantly reduced. Indeed, some expressed the view that resources should be increased to prevent any work being stopped. Others indicated they did not have a clear enough picture of the work currently undertaken to decide what should cease.

Whilst there was no consensus, some of the most common suggestions for reduced activity were:

- spend less time on investigation of incidents involving members of the public, particularly where there are other competent authorities;
- reduce or stop activity involving very low risk premises;
- involve building control inspectors in occupational health and safety activities to reduce the workload on HSE construction inspectors;
- prioritise the major hazard regimes to reduce the resource expended by both HSE and industry.

3 Separation of enforcement from advice and support

Views were mixed on whether a channel of advice and support separate from enforcement should be opened. In one meeting, there was a broad consensus in favour, in two, the consensus was against, in the remaining two, opinions were divided.

Proponents agreed that there was a reluctance to approach the regulator and that a separate channel of advice and support was an appropriate solution. The two main reasons for opposition appear to be:

- disagreement that there is really a reluctance to approach the regulator for help; and
- concern that the correct solution is to demystify the operational work of HSE and LAs so that the distrust is broken down.

In one meeting, it was noted that large firms did not generally want a separation, whilst small firms did.

Some of those opposed to advice and support being moved outside of HSE and LAs did appear in favour of separating advice from enforcement within the regulating bodies. The advisory work of Workplace Contact Offices was given as an example.

4 Communications

The importance of effective communication of health and safety messages was a significant issue at all of the meetings.

Published guidance

There was a fair amount of criticism for some of HSC's written guidance. Many participants indicated that much is too complex and technical. It was also criticised for being inaccessible and poorly promoted. However, there was considerable support for some of HSC's simpler guidance, particularly where it was industry-specific.

Other media

There were many suggestions as to how communications using media other than print could be improved, including:

- radio and television should be used to promote key messages and means of accessing further help;
- HSE Infoline should be far more widely promoted and developed;
- Education in schools and universities should improve appreciation of risk.

Managing the reputation of health and safety

Comment was made at most meetings of the need to be more effective in rebutting false accusations in the press about health and safety requirements. HSC should also be more active in making the positive business case for health and safety management.

5 Interventions by HSE and LAs

A broad range of interventions was commented-upon. The most consistent point appears to be that inspectors should not stop giving advice during the course of their activities. This point appears to have been made regardless of whether participants believed that a separate channel of advice and support should be established.

There was also a good degree of support for partnership with a range of other organisations, including health promotion agencies, trade unions, trade associations etc. The value of regional partnerships was mentioned a number of times. Some commented on the need for consistency and a long-term view if effective partnerships are to be established.

Other points made included:

- Support for co-ordinated “thematic” intervention projects, rather than general preventative inspection;
- There were mixed views on the potential for a reduction in operational involvement with mature sectors and good performers. But there was some agreement that a strong line needs to be taken with those who continue to perform poorly;
- Larger companies could assist by submitting an annual health and safety audit report to HSE.

6 The relationship between HSE and LAs as enforcers

There was some agreement that there needs to be a better regulatory partnership. Some identified that the organisational culture in both HSE and LAs needs to change if this is going to work in practice. Commonly identified contributors to such a partnership were:

- Sharing of training, both to improve consistency and better utilise resources;
- Sharing of good practice;
- Both HSE (FOD) and LAs reporting against common performance indicators to aid transparency;
- Better promotion of the health and safety role of LAs; and
- Engagement by HSC with LAs at a political level.