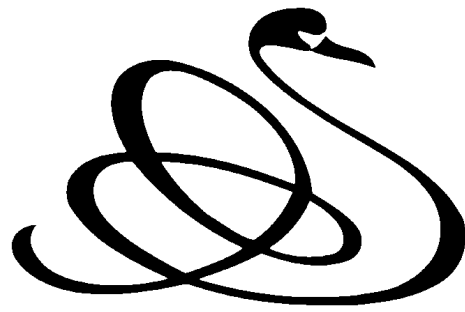


HSC/03/64



**York Consulting**

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**HEALTH AND SAFETY COMMISSION**

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

**Final Report: Appendix A  
April 2003**

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**HEALTH AND SAFETY COMMISSION**

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

**FINAL REPORT: APPENDIX A**

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## 1 METHODOLOGY

### Aim and Objectives of the Pilots

- 1.1 The aim of the pilot was “to test whether a voluntary workers’ safety advisor scheme could promote employee consultation and involvement in health and safety”<sup>1</sup>.
- 1.2 The objectives of the pilot were to assess the effectiveness of workers’ safety advisors in:
- raising health and safety standards;
  - promoting greater consultation on health and safety;
  - broadening/increasing employers’ and workers’ knowledge of health and safety matters;
  - cost – benefit terms.

### The role of the Workers’ Safety Advisor

- 1.3 Having a health and safety representative at a workplace provides the benefit of a permanent presence and the potential to develop partnership working between the employer and workers over time. Would it be possible for the WSA to achieve a satisfactory level of partnership working?
- 1.4 One of the key benefits of having employee representation is the degree of trust that this engenders among the workers, as they have confidence that colleagues will have their best interests in mind when working with the employer. If the WSA is working in non-unionised workplaces where they are not known, would they be able to develop this trust relationship with the workers and/or employer?
- 1.5 The WSA had the following key responsibilities:
- consultation with workers regarding health and safety issues;

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<sup>1</sup> HSE Tender Specification, February 2001.

- working alongside employers and workers to identify hazards and risks in the workplace;
  - identifying appropriate actions to manage workplace hazards;
  - contributing to the control of risks in the workplace.
- 1.6 At the start of the pilot, it was felt that the key activities that WSAs would undertake to carry out these responsibilities would be:
- health and safety inspections with employers/key staff;
  - providing information to employers and workers relating to health and safety;
  - facilitating employer – worker links to address health and safety issues.
- 1.7 These responsibilities and activities were felt to be the basis of the pilot. It was felt important to test the range of activities that could be included in the WSA role, from a fairly limited involvement (such as assessing and reporting non-compliances) to a more detailed, proactive service including assisting the employer to develop practice and understanding of health and safety issues and providing limited training. In an environment where the employer may be more willing to allow access to a WSA in a voluntary scheme if he/she can see the 'added value' that the WSA brings to their business, it was important to test the additional benefits that an expanded role could bring.

## **Key issues for the pilot**

### **Skills and Attributes of the WSA**

- 1.8 To be able to test the operation of the WSA role it was necessary to recruit people with considerable experience of health and safety representation and who could facilitate partnership development between employers and the workforce. It was important that the level of experience of the individuals working as WSAs allowed them to focus on the additional demands of the new role without having to acquire 'core' health and safety or representation skills. It was also important to recruit people with appropriate interpersonal skills to carry out the new role in workplaces with little experience of health and safety practice or of worker representation.

## Sectors and Employers

- 1.9 The pilot needed to address sectors that have issues in relation to health and safety and where representation is currently weak. However, it would not necessarily be appropriate to include workplaces with the worst health and safety records in those sectors selected for the pilot. Informally, health and safety representatives describe four loose categories of employers:
- those who work knowingly in breach of regulations and who are inclined to avoid their responsibilities;
  - those who do not intend to fail to comply with regulations or to make consultative arrangements with workers, but who lack any reasonable awareness and knowledge of how to meet their responsibilities;
  - those who meet the required arrangements but who may be interested in improving their practices further;
  - those who make every attempt to provide a high level of health and safety practice and consultation.
- 1.10 The approach of the pilot focused on making a difference in the workplaces that would be described as either in the second or third groups and seeking to improve further. It was felt that an attempt to focus on the 'criminal' group would stand little chance of success in a voluntary arrangement, whilst the vast majority of small workplaces would be likely to be found in the target groups.
- 1.11 In a pilot based on voluntary participation, attracting willing employers was critical to success. However, within the sectors selected it was considered important to achieve a mix of workplaces, which should include a range of attitudes towards participation. Willing employers with differing aspirations would be likely to provide an indication of what can potentially be achieved through the activities of WSAs. It was also important that the pilots reveal the difficulties that WSAs face when operating in workplaces where the employer is less receptive to their involvement.
- 1.12 The location of the workplaces was also considered important. To be able to test the WSA approach properly, a reasonable number of workplaces had to be involved from each pilot sector. To be reasonably efficient in use of the WSA's time, each needed a portfolio of workplaces in reasonable reach, within a defined geographical area.

## Operation of the pilot

- 1.13 An early issue was consideration of the proposed approach in the context of the SRSC Regulations to identify if the approach fell within the scope of the current regulatory framework. It will also be necessary to review whether the potential for wider operation of WSAs would need changes to the overall regulatory framework.
- 1.14 Other practical issues to be addressed include the development of appropriate communication mechanisms between the WSAs, the co-ordinator of their field activities and the evaluation team. Further training needs, resource needs and the need to avoid individual WSAs becoming isolated as a result of their 'floating' role across a number of workplaces were recognised as possible difficulties.
- 1.15 In the HSE's invitation to tender, HSE made the commitment to *"be responsible for securing the involvement of employers and others... and facilitating employer involvement."* Similarly, the TUC and trade union contribution was outlined: *"the TUC, and trade unions will be encouraged to contribute to the pilot exercises by selecting and training trade union workers' safety advisors and funding their participation in the pilot."* Employers were also *"encouraged to assist with the pilots by releasing competent safety representatives to become WSAs."*

## Methodology

- 1.16 The measurement and attribution of the effects of the WSAs on the workplaces in which they are involved is not straightforward. It is not possible to predict exactly which workplaces are going to have a serious incident, therefore much of the effect was likely to be qualitative. This reinforced the need to have clear expectations of what the WSAs were intended to achieve at the outset, in order to assess the extent to which the pilot had been successful and the implications for a future roll-out of activity.

### Identification of participating employers

- 1.17 Our approach was based on working with a group of employers who agreed in advance to participate in the pilot programme. In order to identify the benefits and progress made from their involvement with WSAs, these employers had to be aware of the extent of commitment required and to see the potential benefits they could accrue from their participation.
- 1.18 In order to be consistent in identifying the effectiveness of the WSA and the issues that could affect their role, it was felt necessary to control the number and type of workplace visits undertaken. The extreme variables were felt to be the compliance issues emerging and the amount of contact or work the WSA would need, or be able to do, with individual workplaces.

### Sectors

- 1.19 We proposed to run the pilots in four industrial sectors (or sub-sectors), with each sector piloted in two geographic locations. Each sector group would require 25 participating employers. Following discussion with the HSE, this was amended to five sectors:

- Construction;
- Light fabrication/automotive;
- Hospitality;
- Voluntary; and
- Retail.

- 1.20 The rationale for this choice was that:

- the selected sectors represented a diverse group of industries and occupations;
- they constitute a significant proportion of the employed population;
- they are made up of significant numbers of small employers;
- there are either low levels of unionisation or features of employment that do not allow straightforward representation, particularly in health and safety matters.

### Geographic locations

1.21 In addition to the need to split activity in each sector to achieve a manageable caseload for WSAs, other factors considered were:

- differing economic conditions around the UK, including levels of business competition, skills and supply of labour;
- differing working practices;
- recent devolution has led to HSE reaching Concordat arrangements with the Scottish and Welsh Governments and union organisation includes the Scottish TUC with separate affiliation arrangements to the TUC.

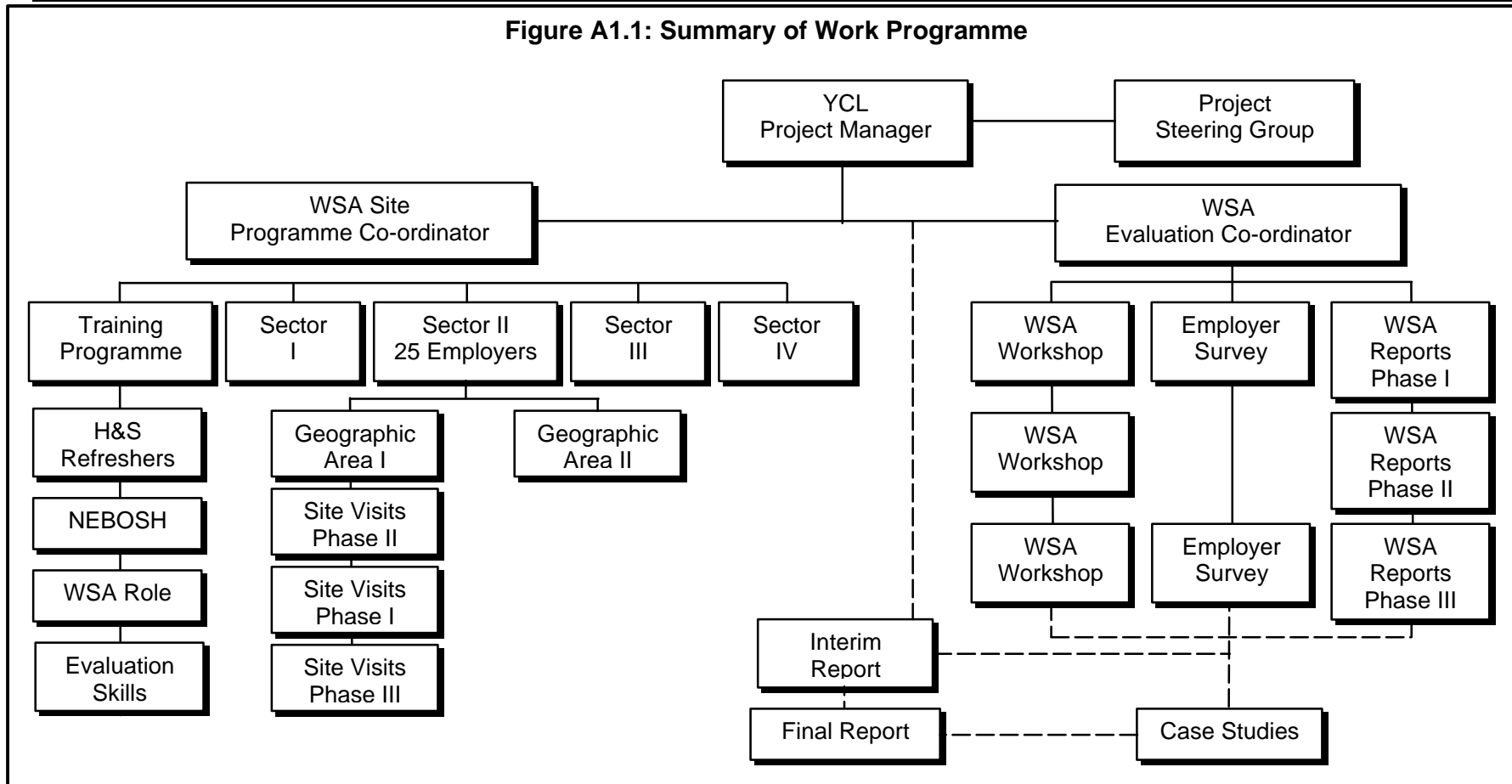
### Cohort

1.22 It was critical to engage sufficient numbers of employers in the pilot to achieve an appropriate level of significance and credibility to any conclusions about the role and effectiveness of the WSA. Whilst smaller numbers could give statistical validity, we aimed to involve 100 workplaces to give credibility and allow some margin of error for employers to drop out in the course of the study.

1.23 The vast majority of employers in the UK are small or very small companies, with less than 50 employees. Our main focus was on workplaces or employers with between 10 and 75 employees as larger workplaces will be more likely to have some form of workplace organisation.

1.24 **Figure A1.1** shows the overall design approach to the pilots.

Figure A1.1: Summary of Work Programme



### **Assessing effectiveness**

- 1.25 In determining the effectiveness of the WSA, we considered the key issues to be “*what worked?*” and “*what did not work?*” for each of the involved groups – employers, workers and the WSAs themselves.

### **Employer ‘attitude’ survey**

- 1.26 The pilot needed to capture the following from employers participating in the pilots:
- expectations;
  - issues anticipated;
  - progress/distance travelled during the pilot;
  - overall benefits from WSA input and issues arising;
  - most/least beneficial aspects of the WSA ‘portfolio’ taken up.
- 1.27 The main focus of evaluating employers’ benefits from the pilots has been a structured survey through telephone interviews in two phases – pre-WSA visits and post-WSA visits.

### **Understanding worker benefits**

- 1.28 An important aspect of the effectiveness of the WSA is the extent to which the workers at participating workplaces feel that they have benefited from the involvement of a WSA. Generally, these workers will be in non-unionised workplaces and also will not have an identified Health and Safety Representative that has been endorsed by the workers (as opposed to management). It is therefore important that they can attribute some value to the actions of a WSA.

1.29 We chose to capture the workers' views on the benefits of WSA involvement through short questionnaires, distributed to workers at the end of the first and final visits to the pilot workplaces. The questionnaires invited workers to comment, in confidence, on their awareness of health and safety, perceived issues at the workplace and their expectations or feedback on the role and effectiveness of the WSA's involvement. Questionnaires were distributed with a reply paid envelope for return direct to York Consulting and not to the WSA.

### **Final phase**

1.30 The final phase of the pilot leading to the final report included the following activities:

#### Case studies

1.31 We identified 14 workplaces as case studies to inform the final report. These case studies explored the 'best' and 'worst' aspects of workplace experiences during the pilot, in order to reflect the range of issues and opportunities emerging. We explored in depth the use of the WSA, the extent to which expectations were met and the value added by the support of the WSA in changing awareness and practices at the workplace. The case studies were anonymised to maintain the confidentiality of the pilot participants. Information gathered during the case studies has been used throughout the main report to illustrate issues and experiences.

#### Consultations

1.32 There is a wide range of potential stakeholders with interest in the possible roll-out of a WSA scheme. These include the appropriate FOD/sector teams in HSE, employer organisations such as FMB, the banks and insurance industries and trade unions. From the information emerging from the completed field work phase, we developed the practical options described in the main report and explored these with appropriate stakeholders, to inform consideration of any future roll-out of a WSA programme.

## 2 OPERATIONAL PROCESS

### Introduction

2.1 This section describes the development of the pilot against the proposed approach outlined above. **Table A2.1** shows the final distribution of sectors, geographical areas and which unions nominated the WSAs to support employers in those areas.

	<b>Sector</b>	<b>Construction</b>	<b>Retail</b>	<b>Voluntary</b>	<b>Hospitality</b>	<b>Light fabrication/automotive</b>
<b>Criteria</b>						
<b>Poor health and safety performance</b>		0			0	0
<b>Low rates of employee representation</b>		0	0	0	0	0
<b>Predominantly small firms/workplaces</b>		0	0	0	0	0
<b>Geographical spread</b>		0	0	0	0	0
<b>Service</b>			0	0	0	
<b>Production/manufacturing</b>		0				0
<b>Lead union(s)</b>		UCATT TGWU	USDAW	MSF UNISON	TGWU	AEEU
<b>Geographical areas</b>		South East North West Scotland	withdrawn	South East North West North East	London S. Wales	West Midlands
<b>No. of WSAs</b>		3	0	3	2	1

## Recruitment of Employers

### HSE's planned approach

- 2.2 The intended approach was that HSE would secure the involvement of employers to the scheme. Initially it was planned that HSE would recruit participating employers in the proposed regions and that once a suitable number were available in an area, the WSA would be recruited to fit that location.
- 2.3 The HSE's Strategy and Analytical Support Directorate had responsibility for this recruitment and worked with other departments of the HSE, contacts in local authorities, employer organisations and sector organisations to generate lists of possible participants. It soon became clear that there were few direct links to individual employers, even in the organisations being contacted by HSE, and that most of these intermediary organisations had neither the authority nor the resource to recruit on behalf of the HSE. In addition, it may be that insufficient resource was planned for to enable the sector teams in HSE (FOD) to be able to enter into the level of negotiation necessary to reach individual employers. Consequently by the end of the first quarter of the project (September 2001), no individual employers had been engaged in the pilot.
- 2.4 The Directorate had not planned in the short term for sufficient resource to identify, approach, make presentations, negotiate and conclude arrangements for engaging individual employers, nor were some of the staff on whom the responsibility fell comfortable in a role that is not part of their normal work. Over time, the Directorate was able to give more priority to this recruitment exercise and ultimately the majority of employers recruited were as a result of the efforts of the Directorate.
- 2.5 Discussion between York Consulting (YCL) and HSE recognised that while HSE would continue to progress contacts with the various employer organisations, the participating unions should be given more active encouragement to identify and encourage employers to participate. At the regular forum of participating unions agreement was reached to try and engage suitable employers and provide qualified contacts (i.e. those assessed by the unions as relevant to the criteria and possibly interested in taking part) to HSE for further progression. Two further benefits were envisaged from engaging unions in the process of recruiting employers:

- reduction in uncertainty about the geographic areas in which WSAs would be located. The arrangements by which HSE recruited employers and unions recruited WSAs had a potential for mismatch between finding a suitable group of employers and the location of an individual with appropriate skills to act as a WSA in the pilot;
  - a clearer (though subjective) feeling of engagement in the pilot for the unions. As they were able to contribute to the employer recruitment, this widened their potential involvement, and unions reacted positively to the request for support. In particular, considerable leads were generated for the automotive pilot and the voluntary pilot from union sources.
- 2.6 For all employers recruited, the Directorate sent a “letter of comfort” confirming arrangements and offering further support if needed.
- 2.7 The slow progress in engaging the required number of employers led to delays in confirming the appointment of the WSAs, whose location needed to tie in with the location of employers’ workplaces reasonably and for whom it was essential not to secure a temporary release from their normal work when the workplaces were not available. The delay also resulted in the postponement of the initial employer survey, which had been planned for October 2001.
- 2.8 As a result of this delay, the overall timetable for the pilots was set back by three months.

### **Contribution of FMB**

- 2.9 The Federation of Master Builders (FMB), along with the Construction Confederation, sits on the HSE’s construction advisory committee, CONIAC. FMB expressed interest in the pilot and offered to contact members to volunteer to participate in the scheme. FMB was supported by HSE and York Consulting in its approaches to members, whilst UCATT, TGWU and FMB reached agreement on the acceptability of UCATT nominated WSAs working on FMB members’ sites (where FMB members have union agreements, the current arrangement is that the FMB member recognises TGWU as its lead union).

2.10 As a result of considerable work by the FMB, sufficient members were recruited to allow the construction pilot to proceed in three areas: South East England, North West England and Scotland.

### **Pre-visits by WSAs**

2.11 The initial programme for recruitment of employers did not provide for the WSAs to visit employers before they were committed to the pilots (indeed, as discussed above, the idea was to have employers committed and to have the baseline telephone survey completed before the WSA was introduced).

2.12 In the later stages of recruitment of employers, after most of the WSAs had been recruited, there were several occasions where HSE found that the employer was interested in participating but would not make the final commitment until they had met the individual WSA. This was because they wished to be sure that the trust, skills and confidentiality promised were evident from the individual they would be working with, and is also normal practice where employers are engaging external advisors, whether for health and safety or other business purposes. In each case where this occurred, the employer subsequently confirmed their participation.

2.13 In fact, several of the WSAs recruited employers directly in the later stages of the recruitment process, both through a process of word-of-mouth from other employers and from, effectively, cold-calling.

2.14 These two features indicate that there is scope for appropriately skilled WSAs to generate or supplement their own portfolios of workplaces through direct contact, and that employers do seek the opportunity to develop a positive relationship with someone seeking to represent employees' interests.

2.15 By July 2002, a total of 88 employers had become involved in the pilots, providing access to a total of 105 workplaces. HSE had contacted over 230 employers of which 61 had agreed to participate (a strike rate of over 25%). A further 29 employers were recruited from 39 initially notified by FMB, although it is not known how many were approached in total. HSE and YCL agreed that recruitment of employers to the pilot should cease by the end of July 2002 as it was increasingly likely that the planned programme of visits would not be achievable in the time remaining to the fieldwork phase of the pilot, i.e. before the end of November 2002.

## Recruiting and employing Workers' Safety Advisors

### A Specification for Workers' Safety Advisors

2.16 We proposed an outline role specification for the WSAs in our tender. Based on this outline and on other experience of roving safety representatives, further discussions with the project Steering Group, the TUC and other unions, YCL drafted a more detailed description of the role of the WSA, which was agreed with the Steering Group in August 2001. This specification is attached in **Appendix B**.

2.17 A presentation was made of the scope of the pilot and the role of the WSA to a full meeting of the TUC's regular Union Health and Safety Specialists Forum (UHSS) in July 2001. This was intended both to provide information to a wider union audience about the pilot and to gain insight to issues and opportunities that might arise. The meeting also helped to clarify the role and responsibilities of unions that would participate and the rationale for involvement of some unions and the 'exclusion' of others: in essence, not all unions that wished to participate could do so on the basis of the selected sectors.

2.18 Once the sectors to be included had been agreed, the TUC established a working forum of the lead unions that organise in each sector. The agreed specification note on WSAs was circulated to all participating unions (and posted on the TUC website) to help with awareness raising and briefing of potential WSAs. Membership of the forum was made up of senior health and safety officials of:

- TUC;
- AEEU<sup>2</sup>;
- GMB;
- MSF;
- TGWU;
- UCATT;
- UNISON;
- USDAW.

2.19 This forum has met regularly and discussed items such as:

- union participation in each sector;

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<sup>2</sup> AEEU and MSF have now merged to form AMICUS

- employment status and contracting of pilot WSAs;
- release and reimbursement of salary and operating expenses;
- required skills and attributes of pilot WSAs and training provision;
- line management, reporting and support for WSAs;
- provision of advice and indemnity issues;
- employer contacts and engagement.

2.20 During the course of the pilot the forum proved useful to:

- ensure that WSAs were receiving necessary support from both YCL and the participating unions;
- seek feedback from unions on the effectiveness of the role and the emerging issues/options for potential roll-out of the role.

### **WSA Recruitment**

2.21 As discussed above, the original intention was to recruit WSAs into a specific area where a group of employers had been finalised. In practice, with the delays experienced in recruiting the employers, this was reversed and the decision at a project steering group was to recruit the WSAs against the matrix shown in **Table A2.1**, to be available for an induction programme at the end of January 2002 (initially planned for September 2001) and a start of the first round of visits at the beginning of March 2002.

2.22 It emerged through discussions with TUC and other members of the forum that they were not able to carry through the assumptions that the unions would be able to employ or fund the pilot WSAs directly (either as existing officials or through secondment). This was mainly due to requirements to meet equal opportunities policies, union recruitment procedures and of the lead time needed to put such recruitment plans through the appropriate committees in unions. Other factors, such as continuity of employment and the employment of WSAs after the pilot period were also raised.

### **How many WSAs?**

- 2.23 As discussed above, the original proposal was to include four sectors (i.e. 8 WSAs), subsequently revised to five: construction, light fabrication/automotive repair, hospitality, voluntary and retail. Each sector was to be run in two geographic areas. On this basis the requirement was for the recruitment of 10 WSAs.
- 2.24 Unfortunately, despite good early progress, the retail sector pilot was withdrawn following the loss of a major employer and the illness of the key health and safety specialist in the lead union. However, this loss paralleled positive interest from the construction and voluntary sectors, resulting in three geographic areas being run in each of these sectors. Two WSAs were recruited for the hospitality sector pilot and one for the light fabrication/automotive repair sub sector. In total, therefore, nine WSAs were needed for the pilot, compared with the eight envisaged in the tender.

### **Role of the WSAs – linkage to trade unions**

- 2.25 All nine of the WSAs were recruited through the participating trade unions. All were members of trade unions, their status in the context of union activism on entry to the pilot was as follows:
- 1 was a full-time union official;
  - 1 was a part-time union official;
  - 2 were active health and safety representatives;
  - 1 was self employed;
  - 4 were not in employment on entry.
- 2.26 Concerns that had been highlighted about the WSA scheme by employer organisations before the pilot included the concern that the entry of a WSA with a trade union background on the grounds of health and safety could be a 'back door' to encourage union recruitment and/or raise other industrial relations issues such as pay and conditions.
- 2.27 As it was essential to be able to evaluate the pilot solely in terms of the effectiveness of the WSA in changing practices and worker-employer relations with regard to health and safety, the following 'code of practice' was adopted by all the participating unions and WSAs:

- WSAs were not acting in any capacity for any individual trade union, although they could declare their background as a trade unionist;
- WSAs did not engage in any representative role other than those related to health and safety when at a participating workplace;
- WSAs did not engage in any recruitment or promotion of the specific benefits of membership of any trade union whilst at a participating workplace.

2.28 Thus, although the WSAs' background as trade unionists was not disguised, there was a clear understanding that they were not working on behalf of individual unions or with an agenda other than improved health and safety practice.

### **Employment status and contracting of WSAs for the pilot**

2.29 The early intention was that the pilot WSAs would be employed by, or seconded to, the individual unions organising in the target sectors, or possibly that they would all be seconded to the TUC for the pilot programme. In this way, line management and support could be provided by the unions to individual WSAs and the pilot could have explored the support needs of unions and individuals as a result, providing valuable information for any future roll-out of the WSA scheme.

2.30 As described above, it proved difficult for unions to act as employer or host for seconded workers given the lead times and short nature of the pilot. WSAs were required for less than one year, and it was important to ensure that:

- individuals who acted as pilot WSAs would not suffer any loss of employment prospect as a result;
- individuals would not lose continuity of employment or benefits in their current employment;
- appropriate line management and support arrangements would be in place for individuals;

- pilot WSAs would have appropriate status to guarantee that they could carry out their responsibilities in the pilot programme, e.g. that they could get release at the appropriate times for visits, workshops, etc.

2.31 In addition, it was clear that as WSAs were not acting as union representatives or at the workplaces of their own employers, there were potential issues with both public liability and professional indemnity against the results of actions taken following their visits to participating workplaces. As the workplaces were unorganised, even if there were individual members of unions present, there could have been uncertainties should a WSA work on the basis of having been invited into a workplace. It was clear that WSAs would not explicitly be able to work under the conditions of SRSC Regulations.

### **Creation of Workers Safety Advisors Ltd**

2.32 YCL therefore agreed to explore the possibility of acting as employer of the WSAs during the pilot, to ensure that the current employment status of WSAs was protected by providing reimbursement of any employers' costs during a period of secondment on the assumption that the WSA would revert to their employer at the end of the secondment.

2.33 The initial hopes of HSE were that pilot WSAs might be released from other trade union business or seconded from employers without direct salary costs being incurred. It became apparent at an early stage that some form of reimbursement of salary costs would be needed.

2.34 YCL, HSE and TUC had to explore the legal and employment implications of such an arrangement, including other aspects such as:

- confirming a 'rate for the job' for the WSA;
- costing the difference in pay for the WSA role and the individuals' normal employment;
- reimbursement arrangements for salary to individual or employers.

2.35 In the tender, YCL had identified an indicative salary of £20,000 plus on-costs for the role of a WSA. This figure was arrived at in the absence of a 'going rate' through a 'guesstimate' based on other advertised jobs and on the national median salaries. In the absence of a going rate, this indicative salary was intended as nothing more than a basis for assessing what a future rate might need to be and in order to assess value for money.

2.36 Discussion at the union forum indicated that salaries for the post of Organiser in the unions involved varied between £20,000 and £27,000 excluding other benefits. On this basis, the forum agreed that the indicative salary level of £20,000 should stand for the purposes of the pilot. It was agreed with HSE that all WSAs should be paid at a rate equivalent to this salary, with secondees who might be paid more than this being reimbursed in full to ensure no loss of earnings.

2.37 From legal advice received, it was suggested that a contract should be agreed between the individual WSA, the current employer and YCL for release of the individual to carry out the duties of the WSA in the pilot. The contract contained appropriate clauses about reimbursement of salary for the individuals, and maintenance of any other benefits. For seconded WSAs, two forms of contract were developed, depending on the individual's own existing contractual arrangements with their employer:

- *“the first model is that of a single contract between all three parties i.e. a ‘trilateral contract’... The advantage of such a contract is that it is one single contract covering all issues. The disadvantage is that it may require to be drafted in such a way as to amount to a contractual variation of any existing terms of employment between the subscribing employer and the WSA...*
- *“the second model envisaged is that of two contracts (described as ‘collateral contracts’) based upon the presumption that there will exist a Contract of Employment as between the employer and the WSA and that YCL will enter into a contract of secondment and indemnity with the WSA. The advantage of this form of relationship (i.e. two collateral contracts) is that the terms between YCL and the WSA can be regarded as relatively simple. The disadvantage is that it may be necessary for YCL to ensure that there is an existing flexibility arrangement in the Contract of Service between the subscribing employer and the WSA so as to enable the WSA to be seconded.*

- *"I do not think it is necessary for YCL to take too hard a line as to which method should be adopted. There is scope to be flexible."* (Read Hind Stewart Solicitors, November 2001).

2.38 Subsequently two contract options were offered to seconded WSAs and their employers. All opted for the 'trilateral' contract form.

2.39 Of the nine WSAs engaged, 3 were employed on fixed term, 'fully employed' contracts (none were in formal employment on appointment), 3 were seconded on trilateral secondment contracts, and 3 were employed as freelance associates.

2.40 Ultimately YCL established a separate company, Workers Safety Advisors Limited, to provide appropriate employment arrangements and insurance for public liability and professional indemnity cover for the nine WSAs. This company has been wound up with the completion of the pilot.

## Development of the WSAs

### Skills and experience

2.41 The invitation to tender from HSE defined the WSAs thus:

*"The concept of the WSA implies a more diverse role than that of the safety representative. Nonetheless, they will share certain key characteristics:*

- *their job should be to represent workers' interests;*
- *they should be independent of – especially – the employer and, indeed, of anyone but the workers and workers' organisations."*

2.42 It was recognised at the outset that WSAs would need to have substantial skills and experience and appropriate attributes to be effective. It was also felt important that the pilot establish the WSA role as 'best practice', both to demonstrate the breadth possible in the role and to ensure that benefits were realised for both workers and employers. YCL's tender recommended the following 'entry' level requirements:

- broad sector/industry experience;

- completed TUC Stage 1 and Stage 2 Health and Safety courses or equivalent;
- a minimum three years' practitioner experience as a health and safety representative.

2.43 Nine WSAs took part in the pilot, all of whom were recruited through the participating trade unions. Their experience and qualifications are summarised in **Table A2.2**.

2.44 It can be seen from Table A2.2 that all the WSAs who were involved in the pilot had a higher level of qualifications and experience than the minimum set out in the specification. Whilst this benefited the pilot, it is unlikely that a large number of individuals with the same level of qualifications and experience could be identified to take part in any roll-out of these activities. This has significant implications for future recruitment, training and support.

**Table A2.2: Pilot WSAs' Experience on entry**

<b>Construction</b>	<b>WSA 1</b>	<b>WSA 2</b>	<b>WSA 3</b>
<b>Qualifications</b>	TUC Certificate in Occupational Health and Safety – Technician Safety Practitioner; Stage 1 and 2 TUC Safety Representatives; pilot TUC Stage 1 Health and Safety in the Construction Industry; CITB Instructors Certificate – Structural Techniques; CITB Site Managers Safety course; CITB CSCS safety awareness course; TUC CSCS safety awareness course;	BA Lancaster University (Trade Union Studies); TUC Certificate in Trade Union Education; TUC Health and Safety Stage 1 & 2; TUC COSHH Training	TGWU Health and Safety training - stage 1 & 2; Various TUC Health and Safety refreshers courses relating to construction work.
<b>Experience</b>	10 years as union health and safety representative; normal work on large construction sites; Site Safety Committee at major retail complex.	7 years experience serving with the Armed Forces; 8 years with the Metropolitan Borough Council in Greater Manchester; 18 years a member with NUPE/UNISON; Served at various levels in the union branch	Extensive experience working on construction sites for over 50 years. 12 years working relationship with the Federation of Master Builders TGWU Health and Safety Representative and Branch Secretary; TGWU National Committee Member and National Executive Council member representing the construction industry; National TGWU delegate to the European Federation of Builders and Wood Workers

Table A2.2: Pilot WSAs' Experience on entry ctd/

<b>Voluntary</b>	<b>WSA 4</b>	<b>WSA 5</b>	<b>WSA 6</b>
<b>Qualifications</b>	Deputy Certificate (mining industry); Shot Firer Certificate (mining industry); NEBOSH Certificate	TUC Stages 1,2 & 3 COSHH Training	Diploma in Pathology and in Electron Microscopy Health and Safety Stage 1 and 2 (Union Equivalent) Member of the Institute in Personnel and Development
<b>Experience</b>	Road Transport Industry Board Training Officer, focus on health and safety; 15 years own H&S consultancy; Member IOSH	Chair of UNISON Northern Regional H&S Committee; Member of TUC Northern Region H&S Forum; 20 years experience of workplace H&S as safety rep and organiser; senior H&S rep – trains and co-ordinates work of 70 H&S reps across employers' workplaces.	Former shop steward with ASTMS Workplace Health and Safety Representative Former Union Branch Secretary Branch Executive Committee member
<b>Hospitality</b>	<b>WSA 7</b>	<b>WSA 8</b>	<b>Light Fabrication/ Automotive WSA 9</b>
<b>Qualifications</b>	Fellow of IOSH; Registered Safety Practitioner; Fellow Royal Society of Health.	T&G H&S courses up to Advanced level; T&G trained as H&S tutor; Completing IOSH Technician Safety Practitioner.	TUC Stages 1,2 and 3 IOSH Technician Safety Practitioner
<b>Experience</b>	20 years working on safety systems and controls for British Gas; 4 years as local authority environmental health/health and safety officer; Deputy Head of Safety for British Gas	17 years as trade unionist including Safety Rep and Senior Safety Rep experience; T&G organiser in Sainsbury's introducing safety reps, organising and delivering rep training; Member of T&G national sector committee involved in H&S, IR and Equal Opps.	17 years as trade union H&S rep.

## Training and support for WSAs

### 'Entry' training to the pilot

- 2.45 WSA training was partly designed to accommodate a consistent 'optimal' standard in terms of individual skills, attributes, and experiences of possible candidates for the role of a WSA.
- 2.46 The pilot training included three distinct but interlocking elements of training. These training elements were undertaken as early as possible in the early stages of the pilot (January 2002). This initial training was primarily concerned with:
- providing a Health and Safety 'refresher' or briefing;
  - developing the role of the WSA;
  - clarifying the WSA's role in the methodology and evaluation of the pilot.
- 2.47 Initially, an intended fourth element of training was the inclusion of the NEBOSH General Certificate as part of the WSA training for the pilot. This element was assessed and subsequently removed from the training programme since its inclusion offered little educational advantage when compared with the TUC Stage 1 and 2 Health and safety programmes. All WSAs recruited on the pilot were trained to at least the TUC Stage 1 and 2 levels.
- 2.48 The outline programme for the initial induction/training programme is shown at **Table A2.3**.

<b>Table A2.3: Workers Safety Advisors' Pilot - Training Programme 2002</b>			
	<b>AM</b>	<b>PM</b>	<b>Evening</b>
<b>Monday</b>	<p>Introductions</p> <p>The YCL Pilot - Aims and Objectives</p> <p>Pilot Methodology</p>	<p>The Role of the Pilot in Revitalising and Improving Workplace Health and Safety Performance</p> <p>WSA Confidentiality</p>	<p>Evening sessions will be held with each sector groupings of WSA's throughout the week.</p>
<b>Tuesday</b>	<p>Personal Skills for WSAs</p> <p>Partnership Working</p> <p>Promoting a Positive H &amp; S Culture</p>	<p>Update on Workplace Health and Safety including:</p> <ul style="list-style-type: none"> <li>• Sector Statistics</li> <li>• Gender</li> <li>• Workplace Accidents</li> <li>• Occupational Illness</li> </ul>	
<b>Wednesday</b>	<p>Risk Management</p> <p>Organising for the Management of Health and Safety</p> <p>The Identification and Evaluation of Workplace Hazards</p>	<p>Risk Management (Cont)</p> <p>Proactive and Reactive Systems</p> <p>Advocating and Securing H &amp; S Improvements</p>	
<b>Thursday</b>	<p>The use of IT in the Pilot</p> <p>Reporting Arrangements</p>	<p>Information Sources and Keeping up to Date</p>	<p>HSC/HSE TUC Evening</p>
<b>Friday</b>	<p>Support mechanisms for WSAs</p> <p>WSA Networking</p>	<p>Course Evaluation and Final Group session</p> <p>Close of session</p>	

2.49 Summaries of the content of each training element are as follows:

### Health and Safety 'refresher'

2.50 The aim of the 'refresher' was to further develop:

- the confidence and personal skills of WSAs;
- awareness of health and safety issues for traditionally under-represented workers (for example, women, part-time workers);
- the skills of WSAs in relation to effective health and safety action and the need to initiate action amongst workplace partners;
- WSA skills to promote and assist with the building of a positive culture of health and safety organisation;
- the skills of WSAs in participative health and safety management issues;
- partnership working in the workplace;
- the skills of WSAs in forming a holistic view on health and safety matters, including physical, psychosocial and organisational factors;
- skills for involvement of all workplace partners in developing a collective approach to health and safety issues;
- the identification of preventative and control measures to workplace risks with the aim of building a safer workplace;
- negotiating and problem solving skills.

### The role of the WSA

2.51 The initial training covered:

- the general role of the WSA as important advocates for occupational health and safety;
- benefits and cost-effectiveness of good health and safety management;
- the role of the WSA in identifying preventative and control measures to workplace risks;

- the role in improving health and safety by proposing plans for controlling hazards and improving the working environment;
- enabling workplace partners to source information and advice;
- ensuring that employers and workers are aware of current legislation, codes of practice and guidance material;
- providing opportunities and support to enable the flow of information between employers, workers, trade unions, the TUC and HSE;
- dissemination of good practice;
- the involvement of workplace stakeholders by raising awareness of health and safety issues and the need for action.

#### The role of WSAs in evaluation of the pilot

##### 2.52 The briefing covered:

- confidentiality of workplace issues;
- day to day 'reality' checking;
- reporting arrangements;
- consistency in offer and application of the WSA portfolio of support;
- identification of 'best' and 'worst' practice for the purposes of assessing distance travelled in the pilot;
- development of a support mechanism to facilitate sharing of ideas and emerging good practice in the WSA role.

2.53 In addition to the above training, all WSAs were issued with the TUC 'Hazards at Work' folder. This substantial resource contains information on all main hazards found in most workplaces, possible solutions, practical checklists, extracts and explanations of legal standards as well as information on where to find further sources of advice.

### Development and delivery of training input

- 2.54 Fife College of Further and Higher Education developed and delivered the WSA training. Training methodology was consistent with current 'active' learning practice used by the TUC Education Service. This method enables learners to adopt an enhanced participatory role in the learning process.
- 2.55 Seven of the WSAs identified in January 2002 took part in the training session at the TUC National Education Centre in Crouch End, London. Two WSAs received their training at Fife College, Trade Union Studies Section in Kirkcaldy in April 2002. An experienced TUC tutor from a leading London Further Education college assisted with delivery of the training in London and attended subsequent workshops.

### **Additional training outputs**

- 2.56 The activities and role of the WSA enabled three of the WSAs to submit a full and complete portfolio of evidence (based on their work as a WSA during the pilot) in support of their submission of evidence as part of their studies on the TUC Certificate in Occupational Health and Safety programme. This effectively should enable the WSAs to achieve Technician Safety Practitioner status with the Institution of Occupational Safety and Health (IOSH).
- 2.57 All WSAs took part in a short training session conducted by Merseyside Fire Service in August 2002. This session was organised to give WSAs an update on recent changes in Fire Precautions Regulations.
- 2.58 The innovative use of the TUC learn-online system (an internet based interactive virtual learning environment) was designed to reduce possible isolation between the WSAs and increase dialogue and the sharing of solutions to workplace issues.

### **Training**

- 2.59 Feedback from key pilot stakeholders has expressed a view that the training programme assisted with the:

- WSAs understanding and participation in the methodology used in the pilot;
- building of a good level of confidence and personal communication skills of the WSAs;
- provision of a sound update on current health and safety practice;
- development of skills required to initiate positive action amongst employers and workers;
- development of skills required to build and sustain a positive health and safety culture;
- development of skills to facilitate partnership working amongst the pilot participants;
- development of a representational role for health and safety practitioners that essentially represent workers who normally have no formal representation; and
- creation of an independent advocate for occupational health and safety change who is acceptable to both the employer and the general workforce.

### **Training materials**

2.60 All training materials (including tutor notes) are incorporated as Appendix C.

### **Support**

2.61 HSE's invitation to tender highlighted the fact that a previous agriculture sector pilot "*was hampered by insufficient resources for training and other support*". The temptation might have been to provide high levels of training and materials so that the WSAs could draw from a 'full pot'. However, bearing in mind the possible roll-out of a WSA scheme, the pilot was approached with pragmatism in view of potential costs for future models and to ensure that resources were comparative to current resources available to workplace H&S reps, enhanced to meet the needs of the WSAs working outside their normal workplace. WSAs were therefore encouraged to research and refer participants to appropriate sources of help or guidance rather than to attempt to be expert in all areas.

- 2.62 As the WSAs were working in isolation from their own workplace, outside the existing networks of H&S reps and at some distance from each other, the pilot focused on the use of IT to access information and to communicate with each other, and regular workshops where the WSAs were brought together to exchange experiences and to discuss how to manage situations that were emerging.
- 2.63 All WSAs were issued with laptop computers equipped to enable them to submit their reports on workplace visits by email. This also allowed the creation of a specific private web page on the TUC website from which weekly 'chat room' sessions were held.
- 2.64 In addition to the TUC's Hazards at Work folder, WSAs were provided with a subscription to HSE Direct to access HSE Health and Safety materials. Internet access allowed the use of other H&S related sources. In addition, WSAs had access to union facilities and H&S resources, and WSAs could request the purchase of specific materials (such as training videos, leaflets and reference guides) to respond to the needs of individual workplaces. HSE provided a copy of its H&S Employers' Starter Pack<sup>3</sup> for each employer involved, which was issued by WSAs during their early workplace visits.
- 2.65 The core staff of the pilot included an operations co-ordinator (an experienced TUC Health and Safety tutor from Fife College), whose role included management of the workplace visit programme: hosting the weekly web-chat room, responding to requests and making suggestions for materials/direction and developing appropriate training/briefing sessions including the quarterly workshops. Use of e-mail and open sharing of contact details encouraged routine informal communications between WSAs, which in turn led to initiatives such as WSAs working jointly on materials and tools (such as checklists) relevant to their own sectors.
- 2.66 Most WSAs received direct support from their unions: in some cases, office and administration facilities were provided and for most the union was able to provide awareness material, checklists etc.

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<sup>3</sup> "Health and Safety Starter Pack – What your business needs to know"

### 3 EMPLOYER BASELINE

3.1 The employer baseline has been developed from a telephone survey carried out following their initial agreement to participate in the pilot. A copy of the survey questionnaire is included in **Appendix B**. The survey sought information on:

- the background to the employer organisations;
- health and safety responsibilities and activities;
- expectations as a result of participation in the pilot.

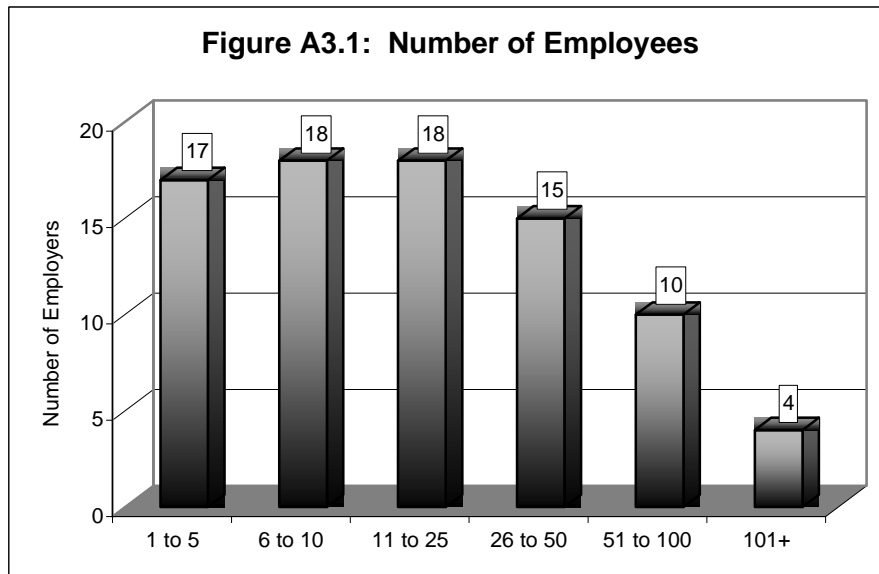
3.2 A total of 83 employers participated in the baseline survey. The breakdown of respondents to the baseline survey is shown in **Table A3.1**.

Table A3.1: Employer Baseline Survey Respondents		
Sector	Number of Respondents	% of Respondents
Automotive	9	11%
Construction	28	34%
Hospitality	12	14%
Voluntary	34	41%
<b>TOTAL</b>	<b>83</b>	<b>100%</b>

3.3 Within the analysis, the “Other” category is used to group together responses that were given by only a very small number of employers. It should be noted, however, that some of the factors categorised in this way are significant in relation to health and safety, even though they have only been mentioned by a small number of respondents.

#### Employer Characteristics

3.4 The employers participating in the pilot were predominantly small, with two thirds having less than 25 employees or workers. Only 14 employers had more than 50 workers (**Figure A3.1**). The generally small size of the majority of the workplaces involved in the pilot is significant, as it influences the way in which relationships develop between management and workers (whatever their status) and the structures that exist and can develop to enable communication in relation to health and safety and other issues. Three quarters of the participating employers operate from a single site. Only two employers had six or more premises. In both these cases, the pilot activity was limited to three specific locations.



3.5 The scale of the pilot employers is also reflected in their financial characteristics. A majority (60%) of employers who provided details of the annual turnover of their organisations indicated that it was less than £0.5 million per year. The fact that most organisations had relatively low levels of turnover was a significant influence on the level of resources available to commit to health and safety activities.

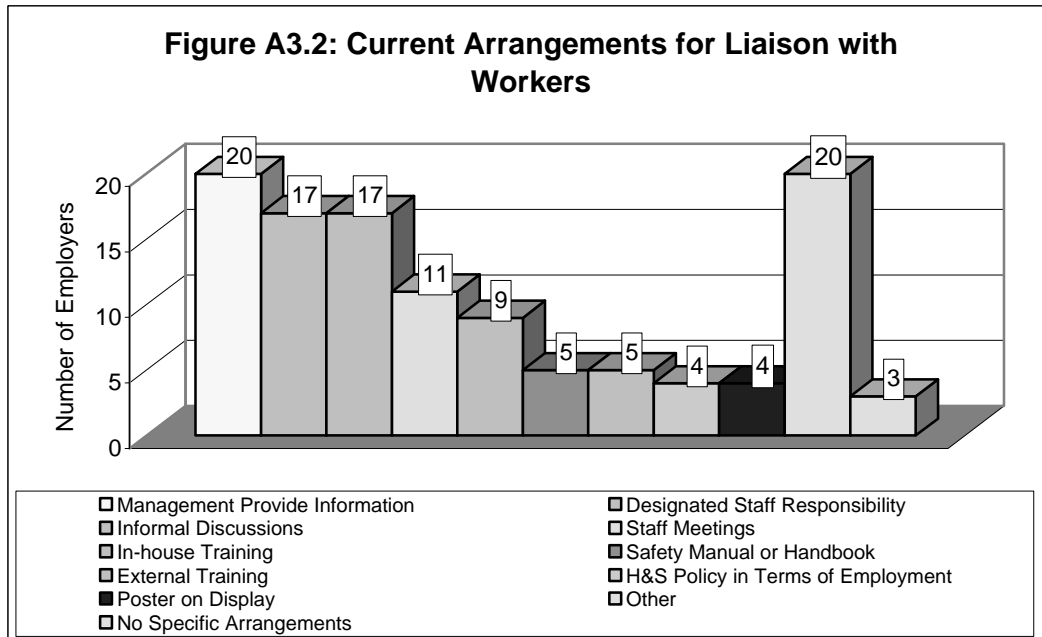
3.6 Thirty-eight employers indicated that more than three quarters of their workforce were full-time workers, with 23 having only full-time employees. It is significant to note that 25 employers (30%) indicated that part-time workers accounted for between a quarter and half of their workforce. As expected, part-time workers were significant in hospitality and voluntary sector employers.

3.7 Only twelve employers indicated that they had any contract workers, although in five cases, these workers accounted for over a quarter of the total workforce. All these employers were in the construction sector. The number of contract workers involved is likely to vary depending on the scale and nature of the construction jobs being undertaken at a particular point in time.

- 3.8 Employers were asked about the age structures of their workforce, in order to identify the extent to which there were potential health and safety issues relating to younger workers in particular. Only 14 employers had any workers aged under 18, and in all cases, this age group accounted for less than a quarter of the total number employed.
- 3.9 Only three employers indicated that they had recognition agreements in place with named trades unions. Two of these agreements were identified as being with UNISON and the other was with the TGWU. No further information was available from the survey about how long-standing these agreements were and what they entailed.

### **Health and Safety Arrangements**

- 3.10 The survey sought information on the health and safety activities in the pilot workplaces. It is significant to note that only 24 organisations had received an inspection by the relevant enforcing authority in the three years leading up to their participation in the WSA pilot. Ten of the organisations that had been inspected in the previous three years were in the hospitality sector. Others included construction businesses (four), car dealerships (four), care homes (three) and other voluntary organisations (three).
- 3.11 The infrequent involvement of the enforcing authorities in the majority of the workplaces means that their influence on health and safety practices is likely to be relatively limited.
- 3.12 **Figure A3.2** shows the arrangements to liaise with workers on health and safety matters in place in the organisations participating in the WSA pilot.



3.13 Only three workplaces indicated that they had no specific arrangements in place for liaison with staff on health and safety matters. Elsewhere, organisations were using a range of approaches, the most common being for the management within the organisation to take responsibility for disseminating health and safety information to staff, which was identified in just less than a quarter of all workplaces.

3.14 Seventeen organisations had identified a specific member of staff with responsibility for health and safety and who was therefore the main point of contact between the management and workers for health and safety matters. Informal discussion between management and workers were seen as playing an important role in health and safety liaison in 17 organisations, whilst 11 used staff meetings to fulfil this role.

3.15 Arrangements identified under the “other” category included:

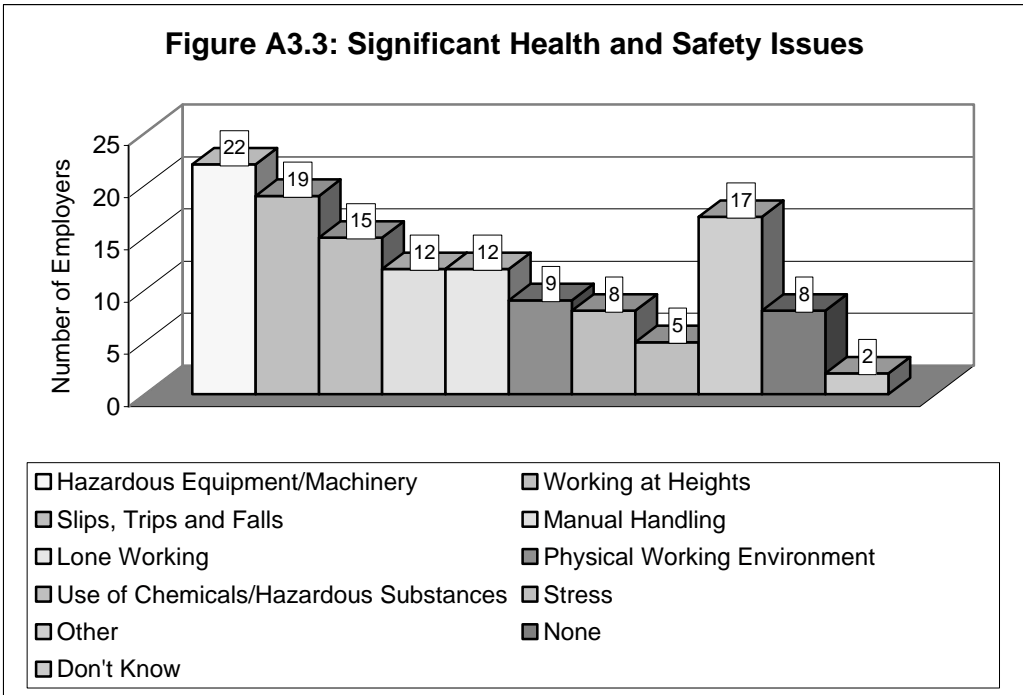
- presentations to staff by a health and safety consultant;
- holding health and safety awareness days;
- weekly checks and risk assessments.

3.16 It is significant to note that only three of the organisations participating in the pilot identified specific structures that had been established to enable health and safety liaison, two of these being specifically identified as health and safety liaison committees and one being a consultative committee with a remit including health and safety.

3.17 Whilst participating organisations identified a number of different approaches to liaison, the majority were reliant on a range of informal approaches, which are at risk of being “crowded out” by day-to-day operational activities.

**Significant Health and Safety Issues**

3.18 The survey sought the views of employers on the most significant health and safety issues facing their organisations. The responses to this question are set out in **Figure A3.3**.



3.19 As we would expect, the aspects of health and safety that respondents identified as being significant varied depending on the nature of the organisation concerned. The 22 organisations where the use of hazardous equipment and machinery were identified as significant were predominantly construction companies, but automotive companies were also included in this group. Construction employers also identified working at heights as a significant health and safety matter.

3.20 Within the voluntary sector, lone working was identified as a significant issue by employers, reflecting the importance of one-to-one interactions with clients in the delivery of these services.

3.21 The responses within the "other" category reflect individual circumstances in particular workplaces and include:

- noise (mentioned by two nightclubs);
- excavations;
- electrical work;
- working under supported vehicles;
- emergency evacuation (mentioned by a residential home).

3.22 It is important to recognise that the question sought information on those health and safety issues that the employer considered to be significant. Therefore, whilst eight employers stated that they had no health and safety issues that were of significance to them, this may indicate that the potential health and safety implications of their activities were not recognised, rather than there being an absence of health and safety issues.

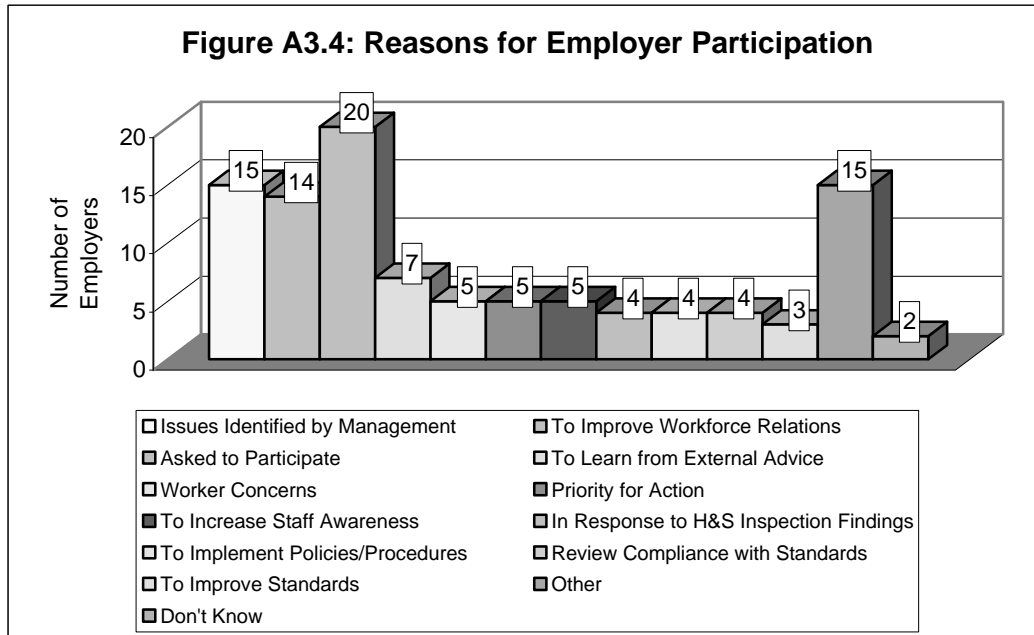
3.23 The particular health and safety issues within a workplace may change over time, depending on the nature of the work being undertaken. For example, only one construction company mentioned excavations as a significant health and safety issue. However, it would be expected that most, if not all, of the construction companies would be carrying out work involving excavation at some point in time, even if these are only on a small scale in the majority of cases.

### **Participation in the WSA Pilot**

3.24 Employers were asked to provide information on the background to their involvement in the WSA pilot, including:

- reasons for their interest in participating;
- expectations of the WSA role and attributes;
- expected benefits of participation in the pilot;
- concerns about involvement with the WSA.

3.25 **Figure A3.4** shows the range of reasons identified by employers for agreeing to participate in the WSA pilot.

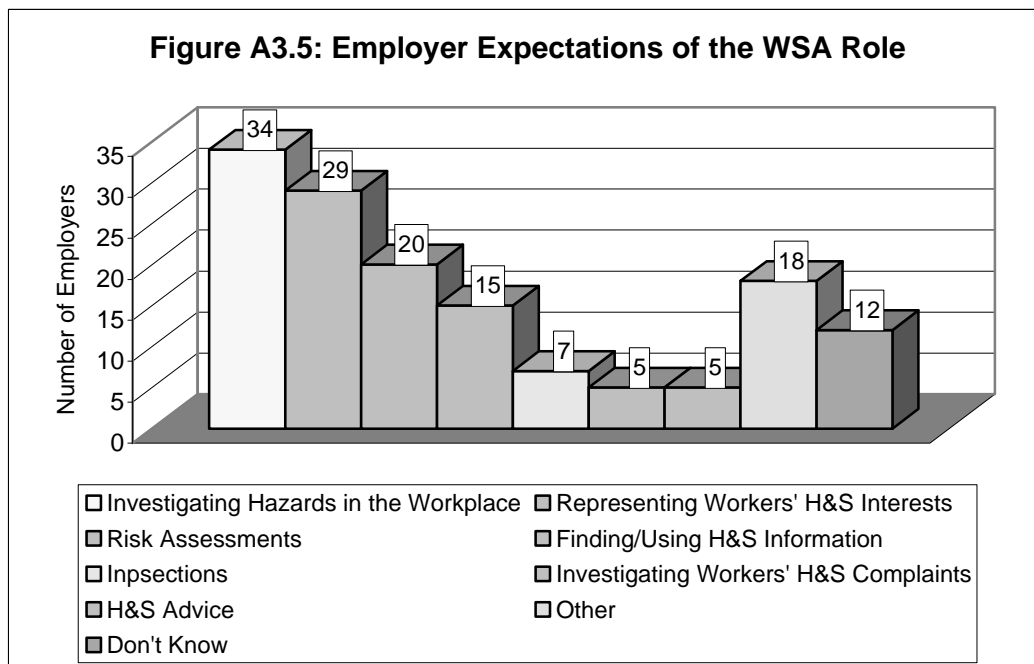


3.26 Figure A3.4 illustrates the importance of pro-actively seeking the participation of employers in the WSA pilot. Almost a quarter of participating organisations specifically indicated that the reason why they agreed to be involved in the pilot as a result of the approach either from the HSE or the Federation of Master Builders. Discussions with FMB members who had agreed to participate following the initial approach indicated that they were willing to become involved, but did not consider that they were experiencing particular health and safety difficulties that a WSA could assist them with. However, it must be recognised that the pro-active recruitment of employers was fundamental in securing the involvement of most, if not all, of those that were involved.

- 3.27 The other reasons for agreeing to participate highlight the factors that motivated those employers who were approached to become involved in the pilot. In fifteen workplaces, management had identified particular health and safety issues that they thought the involvement of the WSA might be helpful in addressing. Fourteen employers indicated that they were interested in becoming involved in the pilot as they were seeking to identify activities that would contribute to improved workforce relations. This therefore highlights that employers were seeing the potential wider impact of WSA involvement, over and above health and safety issues, as an important factor in their decisions to become involved.
- 3.28 A range of other reasons were each identified by a small number of respondents. For example, four respondents indicated that a recent health and safety inspection had identified weakness in their approach to the management of health and safety, and that the WSA could potentially contribute to addressing these weaknesses. A further four employers saw involvement in the pilot as a way of introducing the required health and safety policies and procedures, whilst four others agreed to become involved in the pilot in order to check whether their health and safety arrangements complied with standards and regulations.
- 3.29 It is clear that a range of factors influenced employers to participate in the WSA pilot. This is important in considering the way forward for WSA activities and the most appropriate way to secure employer commitments. The follow-up employer survey, carried out in early 2003, enabled us to assess the extent to which the involvement of the WSA met with employer expectations and therefore the messages that it may be most appropriate to use in seeking employer involvement in future.

### **Expectations of the WSA Role**

- 3.30 The survey asked employers to identify up to three activities that they expected the WSAs to do during the pilot period. It should be noted that the survey was undertaken after the employers had agreed to participate in the pilot. Therefore, the employers had already had significant discussions with the HSE, FMB and, in some cases, the WSA. Responses to this question will have been heavily influenced by these initial discussions, but will also reflect employers' own views about the WSA's involvement with their organisation. Employer expectations are illustrated in **Figure A3.5**.



3.31 The activity that was most commonly identified by the employers interviewed was the investigation of workplace health and safety hazards. Of the 34 employers who indicated that they expected this to be carried out, 12 indicated that they expected this to be the most important WSA activity.

3.32 Just over a third of employers (29) expected the WSA to represent the interests of their workers during the pilot period, eight of these suggesting that this was the most important WSA role.

3.33 A significant number of employers also expected WSAs to participate in risk assessments, seek out health and safety information and carry out risk assessments. Activities identified in the "other" category included:

- accident investigation;
- supporting workers during inspections;
- checking policies and procedures;
- providing a point of contact for workers.

3.34 When asked to indicate which of these activities they regarded as most important, 32 employers (39%) indicated that they regarded the whole range of expected activities as being of equal importance. Where employers did indicate expected activities that they regarded as being particularly important, the most frequently mentioned were:

- investigation of workplace hazards (12 employers);
- representing the health and safety interests of employees (8);
- participating in the risk assessment process (8).

### **Expected WSA Skills and Experience**

3.35 We asked employers about the skills and experience that they expected the WSAs to possess, and to indicate which of these they regarded as being most important to them.

3.36 Unsurprisingly, a significant majority (81%) of employers indicated that they expected the WSA to have health and safety expertise, with 19 employers also stating that they expected the WSA to have knowledge of health and safety legislation and regulations.

3.37 One other area of expected WSA experience was identified by a significant number of employers. Thirty-six employers stated that they expected the WSA to have experience of working in similar workplaces to their own, whilst another ten employers indicated that WSA should have experience in their industry, although not necessarily in directly comparable workplaces.

3.38 Just less than one fifth of employers indicated that they expected the WSA to have experience of working as a workplace health and safety representative. This is significant, as these were non-unionised workplaces and therefore these employers may not have had first-hand experience of safety rep activities.

3.39 Fifteen employers indicated that they expected the WSA to have experience of undertaking health and safety inspections. However, it must be recognised that the term "inspection" can be used to refer to a range of activities, from a review of activities in a workplace to a formal enforcement inspection.

3.40 Health and safety was also the area of expertise that was most frequently identified as being of most importance to employers, 30 of whom mentioned this. However, a significant proportion of employers considered it to be important that WSAs possessed a broad range of experience with a further 30 employers stating that all the elements expected of a WSA were of equal importance.

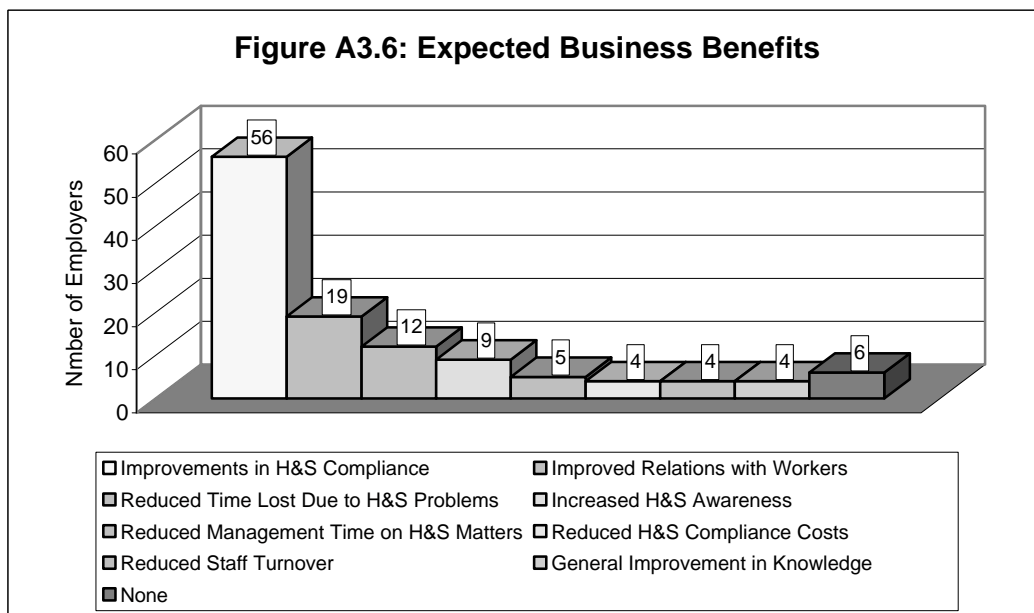
3.41 The views expressed regarding the expected skills and experience of the WSAs relate closely to the person specification which was drawn up for the WSAs and maps closely to the actual experience of the WSAs who were involved in the pilot.

3.42 Few employers expressed any specific concerns about a WSA becoming involved with their organisation. Only 19 employers mentioned specific concerns, which included:

- the potential costs of actions resulting from the WSA's involvement (8);
- creating tensions between workers and management (3);
- disruption to business operations (3);
- worries that the WSA might identify a wide range of problems (3);
- the time that would be required to meet with the WSA (3);
- the amount of paperwork that was expected to be involved (3).

### **Benefits from Pilot Participation**

3.43 Employers were asked to identify the benefits that they expected to gain through their involvement in the WSA pilot. All but six of the participating employers interviewed indicated specific benefits that they expected for their business as a result of their involvement. **Figure A3.6** indicates the expected benefits mentioned by the employers.



3.44 Figure A3.6 illustrates that two thirds of employers expected the involvement of a WSA in their organisation to lead to improvements in health and safety compliance, whilst almost a quarter of employers expected to benefit through improved worker relations as a result.

## 4 EMPLOYER FOLLOW-UP

4.1 The employer follow-up analysis has been developed from a telephone survey carried out during January 2003, following the completion of the programme of visits by the WSAs. A copy of the survey questionnaire is included in **Appendix B**. The survey sought information on:

- the context of the business, to provide an update from the baseline survey;
- the activities carried out by the WSAs;
- outcomes of involvement in the pilot.

4.2 A total of 63 employers participated in the follow-up survey. The survey therefore included 72% of all the employers who were involved in the pilot. Not all participating employers were available to participate during the period when the survey was being undertaken. One employer specifically declined to participate in the survey, stating that they had received one visit from a WSA that they had not found to be a good use of time and so took no further part in the pilot.

4.3 It is important to recognise that the small number of employers participating in the pilot means that it is inappropriate, in most cases, to break down the analysis by sector. However, sectoral illustrations are used where the survey results highlight instances of particular issues. It should also be noted that the small numbers involved mean that the data should be seen as illustrative rather than representative of circumstances in the participating sectors.

4.4 The survey was designed to gain the employers' perspectives on the activities carried out during the pilot. The use of un-prompted questions sought to minimise the impact of suggested categories on the responses provided. The analysis is therefore based on categories that draw together the responses provided.

### Context

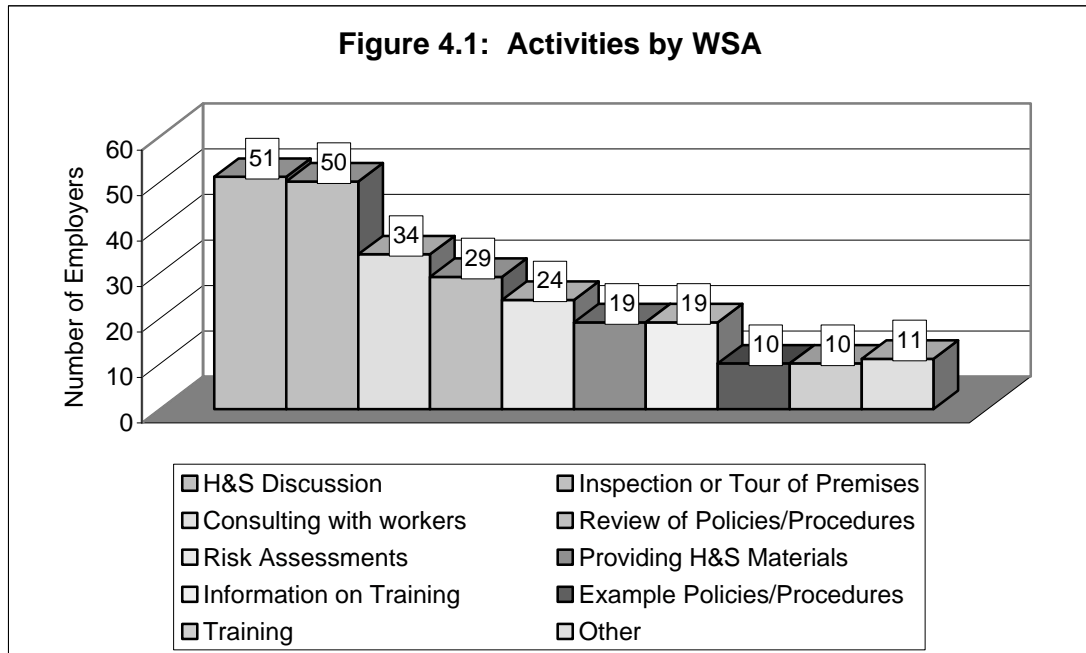
4.5 The breakdown of respondents to the follow-up survey is shown in **Table A4.1**.

<b>Sector</b>	<b>Number of Employers</b>	<b>% of Respondents</b>	<b>% of Sector Participants</b>
Automotive	7	11%	100%
Construction	15	24%	60%
Hospitality	8	13%	40%
Voluntary	33	52%	92%
<b>Total</b>	<b>63</b>	<b>100%</b>	<b>72%</b>

- 4.6 The survey involved a significant proportion of employers in each of the sectors participating in the pilot. The survey results reflect the fact that voluntary sector employers comprised 41% of all those participating. The follow-up survey involved all the automotive employers and all but three of the voluntary sector participants. Securing the involvement of construction and hospitality employers in the follow-up survey proved more difficult and this is reflected in the response rate achieved.
- 4.7 The number of people employed by the majority (71%) of the participant organisations had remained constant over the pilot period. Seven employers reported that the number they employed had increased significantly since the start of the pilot and a further three indicated that there had been a slight increase. Eight employers, across all four sectors, indicated that their total employment had fallen slightly since they became involved in the pilot.
- 4.8 Five of the employers interviewed during the follow-up survey indicated that they had recognition agreements with specific trades unions. All five of the employers indicating that they had recognition agreements were in the voluntary sector and had between 11 and 50 employees. It is important to note that the WSAs reported no evidence of these recognition agreements having had an impact on working practices in the workplaces they were working with.

### **WSA Activities**

- 4.9 **Figure A4.1** shows a breakdown of the activities that employers reported that the WSAs had carried out during their visits.



4.10 The activities that were most commonly carried out during WSA visits included discussions regarding health and safety and inspections or tours of premises, both of which were identified by more than three quarters of employers.

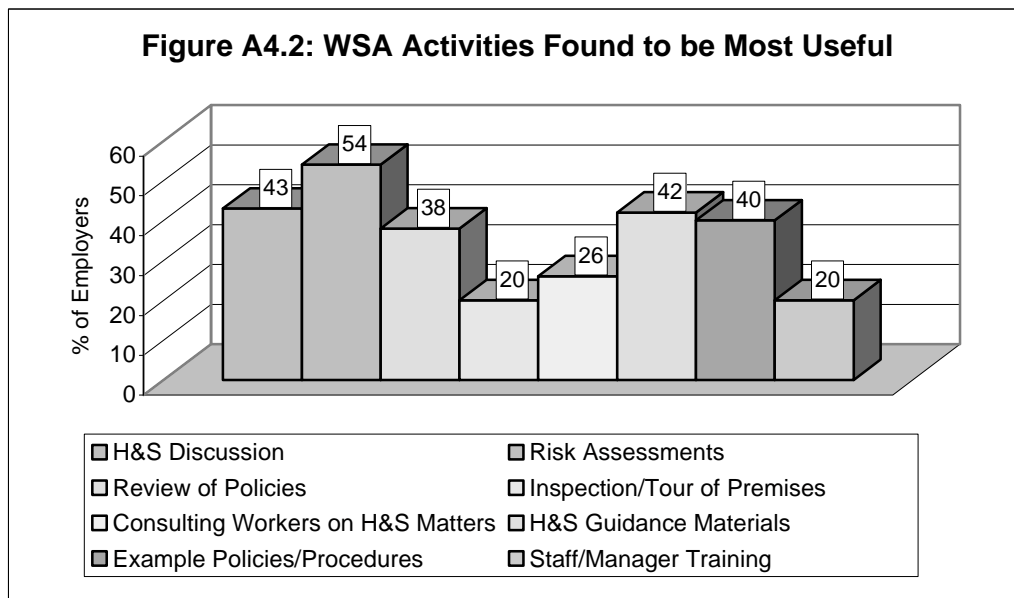
4.11 In the context of the pilot aims to promote greater consultation on health and safety, it is significant that over half of employers specifically identified the WSAs as having been involved in consultations with employees on health and safety matters.

4.12 The WSA visits also included a range of practical activities relating to the management of health and safety, such as reviewing policies and procedures, carrying out risk assessments, providing guidance materials and providing information on training.

4.13 Ten employers specifically stated that the WSAs had provided training to staff or managers during their visits. Nine of the employers who specifically mentioned training were in the voluntary sector, the other was an automotive employer.

4.14 The activities in the "other" category were mentioned by only a small number of employers. Four specifically mentioned that the WSAs had been involved in presenting health and safety issues to management that had been raised by workers during the visits.

4.15 Employers were asked to identify the activities that the WSAs carried out that they found to be most useful. **Figure A4.2** shows the percentage of employers who had mentioned a WSA carrying out an activity and who regarded that activity as being among the most useful aspect of the visits.



4.16 Employers' views varied on the activities undertaken by the WSAs that they found to be most useful to them. Where the WSAs undertook risk assessments in the workplaces they visited, this was most likely to be viewed as one of the most useful types of activity. Twenty two of the 51 employers who mentioned that health and safety discussions had formed part of the WSAs' visits indicated that this was one of the most useful activities undertaken. The provision of documentation (either guidance materials or example policies and procedures) was seen to be a useful activity by a significant proportion of employers where this took place.

4.17 Employers were also asked to indicate the aspects of the WSA visits that they had found to be least useful to them. Only five employers actually identified any activities that were not useful. Two employers (one voluntary sector and one in automotive) mentioned that the provision of training, either for staff or managers, was one of the least useful activities. It should be noted that two other employers regarded training provision as one of the most useful activities, reflecting some diversity in views. Two employers indicated that the information provided on training was least useful to them, with one employer indicating that they did not find the provision of health and safety guidance material to be particularly useful (compared to eight who saw this as one of the most useful activities carried out).

4.18 The activities carried out by the WSAs largely met with expectations. This possibly reflects the level of discussion of the role with employers before they committed to becoming involved in the pilot. Only five employers stated that the WSA had carried out activities that they had not expected at the outset (all of these were in the voluntary sector). These included:

- the unanticipated identification of health and safety hazards or risks (mentioned by three employers);
- a more thorough inspection than had been expected;
- a higher level of overall involvement;
- providing personal contact details.

4.19 Seven employers (across all sectors) indicated that the WSA had not carried out some of the activities that they had expected. The activities expected were:

- a more active involvement, rather than being largely advisory;
- more written feedback;
- checking of the safety log;
- advice on dealing with rules and regulations;
- risk assessment;
- more practical advice.

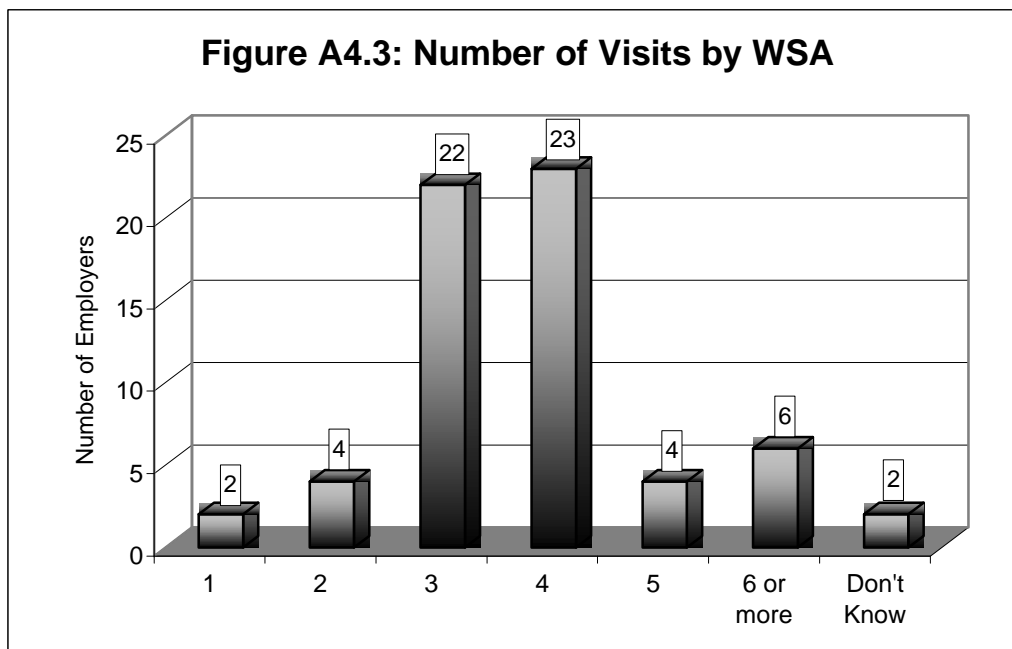
4.20 Only two respondents to the survey indicated that they had experienced any difficulties resulting from the WSA's visits. These were:

- the management time taken up during the visits (construction);
- disruption to day-to-day business activities during the visits (hospitality).

### The WSA Visit Programme

4.21 The design of the pilot programme was based on each workplace receiving an average of three visits during the WSAs' field activity. The rationale for this was that the first visit would provide the opportunity for the WSAs, as outsiders, to get to know the workplaces they were dealing with and to put in place some initial actions. Subsequent visits would enable them to review progress and set in place actions or structures that would be potentially sustainable at the end of the pilot period.

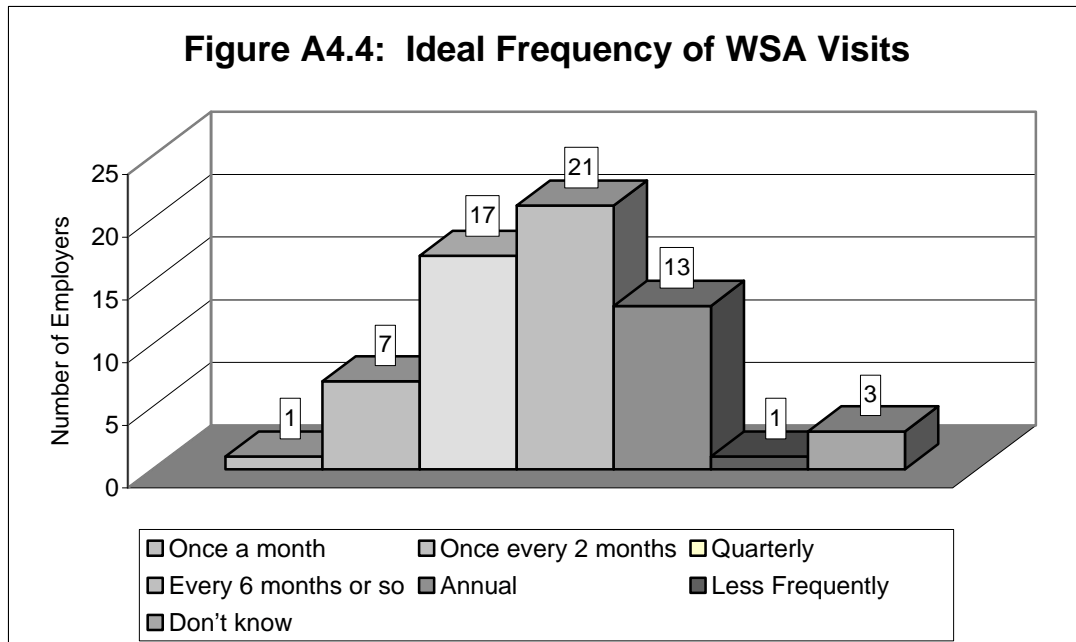
4.22 In practice, the WSAs' activities were more varied. **Figure A4.3** shows a breakdown of the number of visits that the employers responding to the survey recalled as having taken place.



4.23 Based on the feedback from the follow-up survey, the majority of employers (55%) reported that they had been visited four or more times during the pilot, with 10% of employers stating that they had received six or more WSA visits during the pilot. This latter group included employers in the voluntary sector, hospitality and automotive engineering. Less than 10% of employers reported having been visited only once or twice during the pilot.

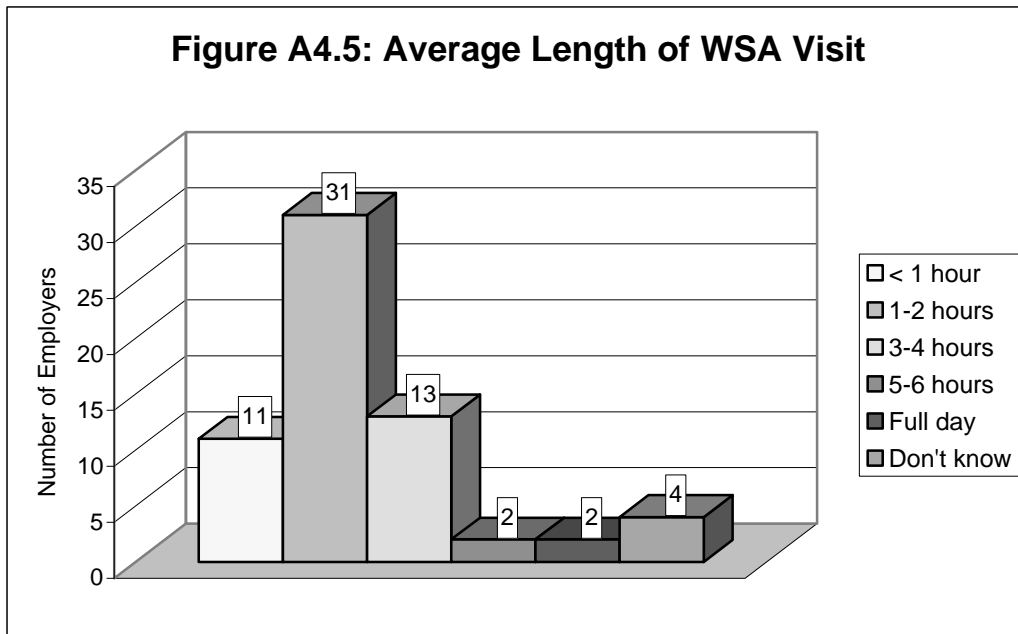
4.24 On average, each employer received three or four visits during the pilot. The vast majority (92%) of employers contacted during the follow-up indicated that the number of visits carried out in the pilot was about right. Five employers stated that they would have preferred more visits. This group included one of the employers who only recalled having been visited once, whilst two of the employers who were visited six or more times still expressed the desire for more contact. None of the employers interviewed indicated that they would have preferred fewer visits.

4.25 Employers were asked to indicate, on the basis of their experience during the pilot, what they would consider to be an appropriate frequency for WSAs to visit them. **Figure A4.4** illustrates the responses to this question.



4.26 Employers' views on the most appropriate frequency for visits by a WSA varied widely. At one extreme, one voluntary sector employer would have liked the WSA to be able to visit at least every month, whilst just over a quarter of employers indicated that one visit a year or less would be ideal. The median preferred visit frequency was once every six months or so for the group of employers as a whole. This held for three of the four sectors, the exception being construction, where employers would have preferred quarterly visits.

4.27 **Figure A4.5** shows a breakdown of the average length of WSA visits, based on the recollections of the employers participating in the follow-up survey.

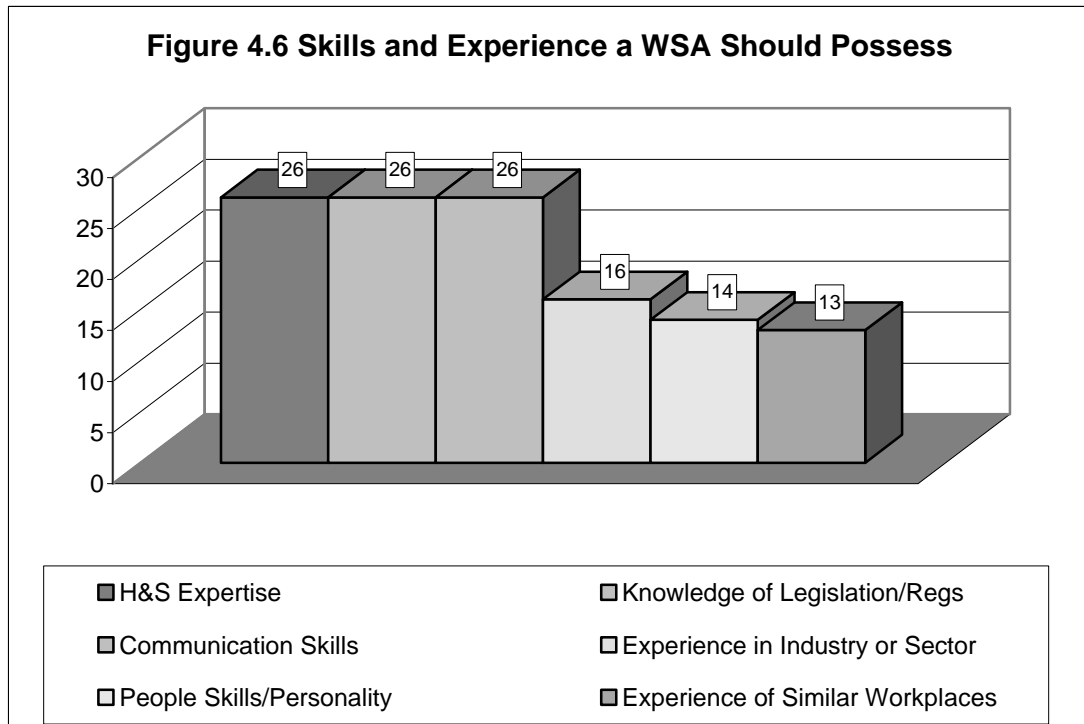


4.28 The average duration of each WSA visit varied, reflecting the significant diversity in the characteristics of the workplaces involved in the pilot. The median visit lasted between one and two hours. The four employers that reported visits with the longest average duration were in automotive engineering, hospitality and the voluntary sector.

4.29 All but two employers indicated that the length of time that the WSA spent on their visits was appropriate. The two other employers (both voluntary sector) indicated that they would have preferred the visits to have been longer, in order to get more in-depth advice.

### WSA Skills and Experience

4.30 Based on their involvement in the pilot, we asked employers to comment on the skills and experience that they thought were necessary to carry out the WSA role. The responses to this question are illustrated in **Figure A4.6**.



4.31 Based on their experiences during the pilot, employers indicated that WSAs would need to combine health and safety expertise and knowledge with softer skills such as the ability to communicate and the people skills (however defined) required to carry out the role in an unfamiliar workplace. It is significant to note that fewer respondents to the follow-up survey specifically mentioned the need for WSAs to have specific health and safety experience than had done so in the baseline interviews. However, it is possible that some who did not mention this had taken it for granted that a WSA would have this type of experience and so did not raise it when asked.

4.32 Matching WSAs and workplaces was regarded as important. A quarter of employers indicated that WSAs should possess experience in their industry or sector in general. Just over one fifth of employers specifically stated that they would expect a WSA to have experience in similar workplaces to their own. The employers providing these responses were distributed across all four sectors, although construction employers were most likely to highlight the need for a WSA to have experience in similar workplaces to their own, rather than simply having general sector experience.

4.33 A small number of employers each highlighted other areas of experience that they thought a WSA should possess, including:

- experience as a workplace safety representative (three employers);
- an open mind (3);
- the ability to listen(3);
- common sense;
- the ability to provide practical solutions;
- good negotiating skills;
- adaptability;
- the use of plain English;
- giving constructive criticism;
- organisational skills.

4.34 Whilst only three employers specifically stated that, in their view, WSAs should have experience as workplace health and safety representatives, the range of experience elements identified would suggest the a background in such a role would be appropriate. It must be recognised that the majority of the employers involved in the pilot had little, if any, experience of working in a unionised environment in which there were workplace health and safety representatives.

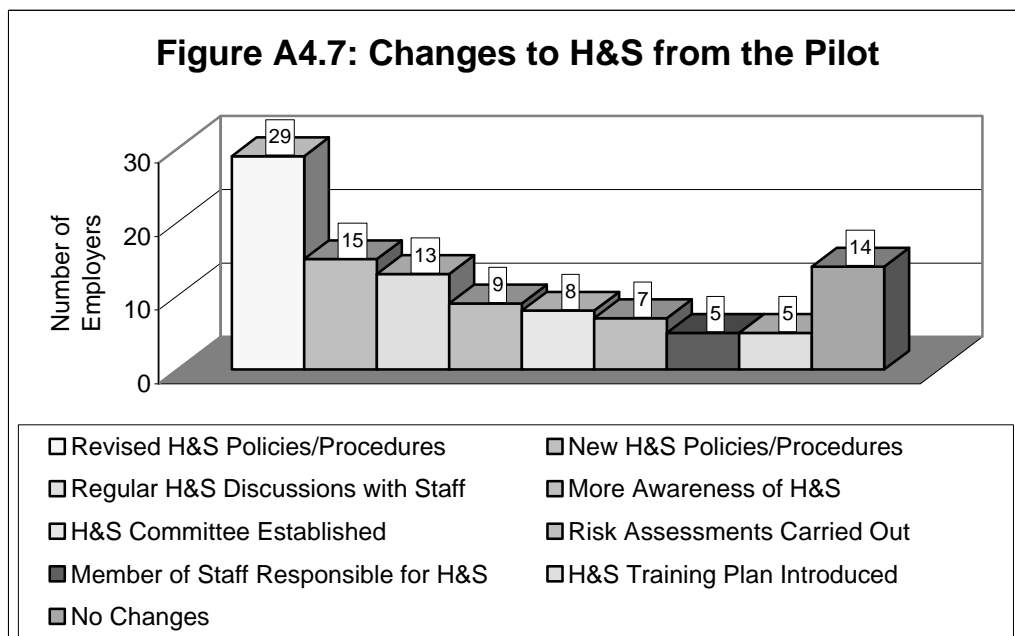
4.35 The vast majority of employers (79%) indicated that the WSA that visited them had all the skills and experience needed to carry out the role. Eleven employers stated that the WSA had most of the skills and experience necessary, but that there were some gaps. Two employers indicated that there were significant gaps in the skills and experience of the WSA who worked with them. The gaps identified were:

- direct knowledge of the business type or industry sector (nine employers);
- the impression that the WSAs were learning as they went along (2);
- the need for more in-depth knowledge of health and safety;
- the ability to deal with a large number of people.

4.36 These comments highlight the importance of being able to match WSAs with the appropriate skills and experience to the workplaces they are dealing with. As this was a pilot activity, it is unsurprising that some employers gained the impression that the WSAs were learning as the pilot went on. Not only were the individuals involved new to the role, but they were responsible for defining the role as appropriate to the workplaces they were supporting.

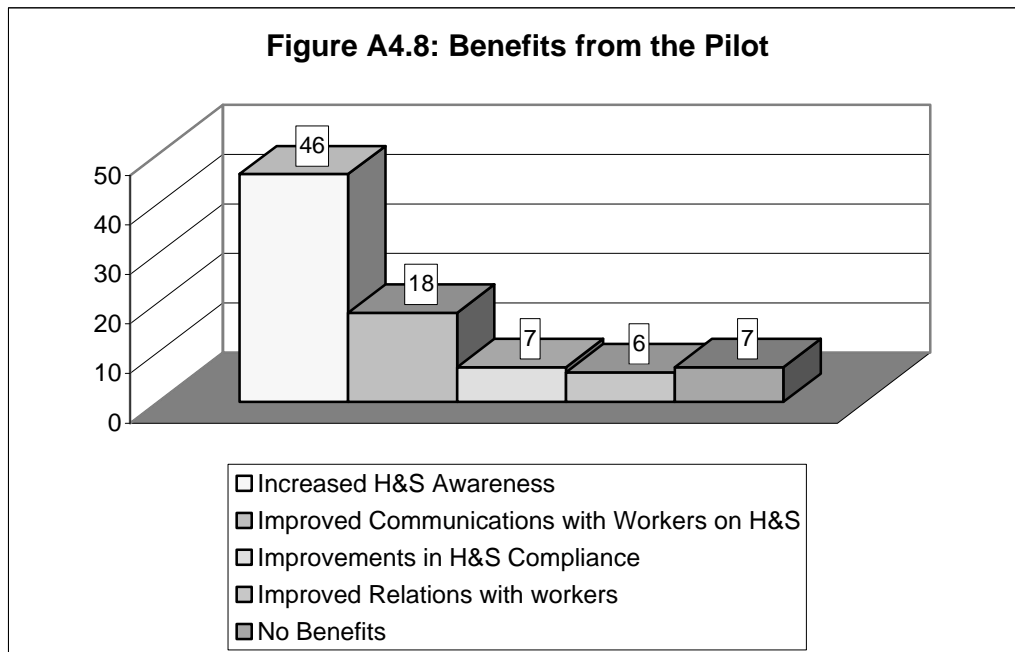
### Changes as a result of the pilot

4.37 Employers identified a range of changes that had come about as a result of the involvement of a WSA during the pilot period. The changes identified are shown in **Figure A4.7**.



4.38 Over three quarters of employers were able to identify changes that had taken place as a result of their involvement in the pilot. The majority of the changes mentioned related to the introduction of new approaches to health and safety, with just under half of the employers interviewed stating that their health and safety policies and procedures had been revised or improved. Fifteen employers stated that they had introduced new policies or procedures as a result of the WSAs' involvement.

- 4.39 Just over one fifth of employers indicated that the pilot had led to regular health and safety discussions with staff, whilst nine employers stated that the pilot had led to a more general increase in health and safety awareness.
- 4.40 Eight employers (seven in the voluntary sector and one in hospitality) stated that the pilot had led to the establishment of a health and safety committee and was therefore creating structures to co-ordinate health and safety activities following the end of the pilot period. From other fieldwork and feedback from the WSAs we are aware of a small number of additional workplaces where safety committees were established but were not mentioned by employers during the follow-up survey.
- 4.41 Employers in the voluntary sector were most likely to report that changes had been made as a result of the pilot. Only three voluntary sector employers (9%) indicated that they had made no changes, compared to around a quarter of automotive or hospitality employers. Whilst a small majority of construction employers did report changes as a result of the pilot, 47% stated that they had seen no changes taking place.
- 4.42 Over half of the employers who identified changes that had taken place as a result of the pilot indicated that these changes would have been unlikely to have happened without the WSA's involvement.
- 4.43 A total of 89% of employers who participated in the follow-up survey identified benefits that had been gained as a result of their involvement in the pilot. The benefits gained are set out in **Figure A4.8**.



4.44 The biggest benefit from an employer perspective, mentioned by almost three quarters of employers, was an increased awareness of health and safety in the workplace. Just less than one third of employers also indicated that communications with employees on health and safety matters had improved (not just increased) and that this had been of benefit to their organisations. Other benefits identified by employers included:

- improved relations with workers (6);
- confirmation that current procedures are good (4)
- a safer working environment (3);
- a reduction in the time lost due to health and safety problems (2);
- improved understanding of risk assessment (2);
- awareness of literature available;
- appointment of a health and safety officer;
- greater accountability;
- a more collective approach to health and safety;
- people taking responsibility for their own actions.

4.45 Of the seven employers who indicated that they had gained no benefit from participation in the pilot, four were in construction, two were in hospitality and one was an automotive employer. All the voluntary sector employers interviewed indicated that their organisation had benefited from being involved in the pilot.

4.46 Almost half of the employers (48%) indicated that the benefits gained through participation in the pilot were more or significantly more than they had expected at the outset. Only three employers stated that the benefits had been less than they had hoped.

4.47 More than three quarters of employers indicated that they would have liked the visits to have continued if possible. The reasons given were that on-going involvement would:

- help in “keeping on top” of health and safety (13 employers);
- help employers to know of new legislation or changes (8);
- maintain workforce health and safety awareness (6);
- ensure that support or advice was available at all times (6);
- provide back-up for the expertise gained during the pilot (3);
- enable continued improvements (2);
- bring in new ideas (1).

4.48 Five employers stated that an annual follow-up visit would be beneficial, whilst three suggested that visits twice a year would be good.

4.49 Fourteen employers indicated that they would not have liked the visits to continue. Automotive and construction each accounted for three of these employers. One hospitality employer and seven voluntary organisations indicated that they would not have liked any more visits by the WSAs. The majority of these employers (nine) indicated that there was no further need for visits. Two voluntary organisations indicated that they had put in place in-house training which meant that further input was unnecessary, whilst one of the automotive employers had employed a health and safety officer since they first became involved in the pilot.

4.50 Employers were asked to indicate whether, on the basis of their experiences in the pilot, they would be willing to pay for the involvement of a WSA in future. It is encouraging to note that just over half of the employers consulted indicated that they would possibly (43%) or definitely (10%) be willing to contribute to the costs of a WSA. A small number of employers were able to provide an indication of the amount that they would be willing to pay for each WSA visit. Amounts ranged from £25 to £200 per visit. It is interesting to note that the estimates of £25 and £200 were both provided by employers in the construction sector.

4.51 It is important to recognise that statements regarding willingness to pay are not necessarily an indicator of the ability to generate income from the provision of a service. They do, however, provide an indication that these employers valued the involvement of the WSAs.

## 5 WORKER SURVEYS

- 5.1 The WSAs were supplied with brief questionnaires to be left with the workers they met following their initial and final visits to the organisations participating. Postage paid envelopes were provided for the return of the completed questionnaires to York Consulting.
- 5.2 The worker surveys were designed to capture information from as broad a cross-section as possible of workers who had been involved with a WSA during the course of the pilot. It is recognised, however, that there are some difficulties in securing responses to surveys of this nature. In order to maximise the potential response rates, the questionnaires were kept as brief as possible. The high level information gathered through the surveys should be regarded as indicative, rather than necessarily representative. The issues identified through the surveys will be probed in more detail during the case study programme. The survey questionnaires are included in **Appendix B**.

### Initial Worker Survey

- 5.3 A total of 115 completed initial survey questionnaires were received, out of a 248 that were left by the WSAs for completion. This represents a response rate of 46%, which is significantly above the average expected for a survey of this nature. **Table 5.1** shows the number of responses and the response rates received for workers in the four sectors involved in the pilot.

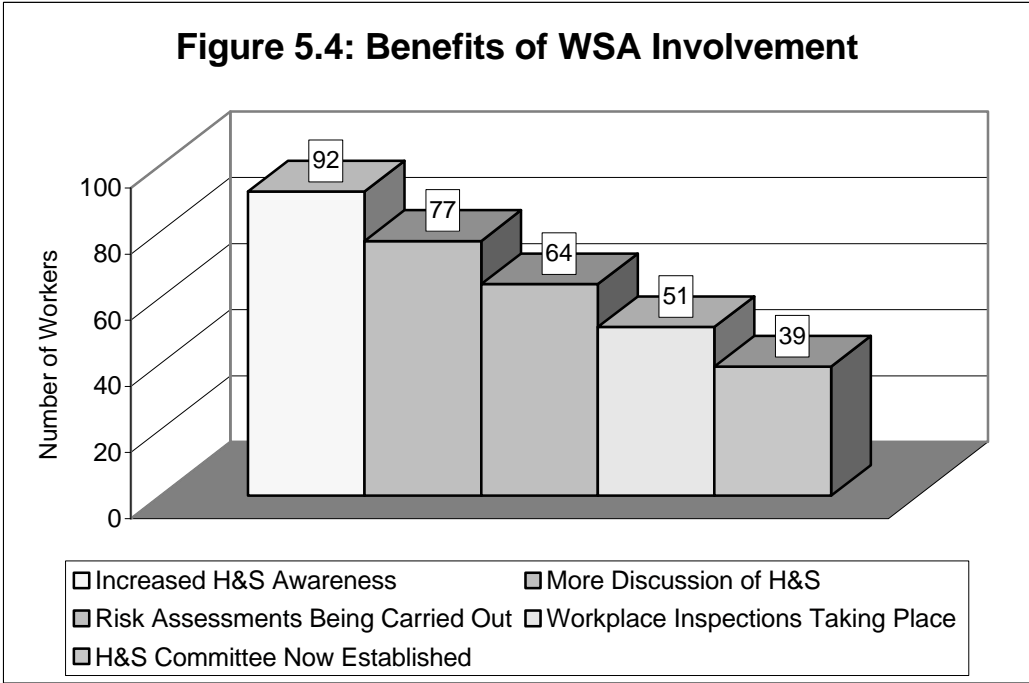
<b>Sector</b>	<b>Number</b>	<b>%</b>
Automotive	5	31
Construction	14	16
Hospitality	24	80
Voluntary	72	64
<b>Total</b>	<b>115</b>	<b>46</b>

5.4 The overall response to the survey is skewed towards workers in the voluntary sector. This reflects the fact that the pilot activities within the voluntary sector involved contact with a larger number of workers than in the other sectors, therefore providing a larger base from which to generate responses. It should also be noted, however, that the nature of the workplaces and the tasks in which the individual workers were involved will also have had some impact on response rates, in particular within automotive, construction and hospitality workplaces.

5.5 The initial worker survey sought information on:

- workers' involvement in health and safety activities;
- health and safety responsibilities;
- hazards in the workplace;
- expectations of the WSA role;
- possible issues resulting from the involvement of the WSA.

5.6 **Figure 5.1** shows the number of workers who indicated that they had been involved in a range of health and safety activities in their work.



- 5.7 Figure 5.1 illustrates that the majority of workers had been involved in a range of different health and safety related activities, most commonly in discussions with their employers and colleagues regarding health and safety matters. More than two thirds of the workers (67) who indicated that they had been involved in discussions with their employer about health and safety stated that these discussions had taken place within the six months preceding the first visit by the WSA. The nature of these discussions with employers is likely to have varied significantly between workplaces and between individual workers. For example, in some cases, these discussions may have formed part of an initial induction process. The issues discussed will also have depended significantly on the awareness and experience of the employer (and the worker) in relation to health and safety matters.
- 5.8 Just over half (52%) of the workers participating in the survey indicated that they had taken part in off-site health and safety training, with 25 of these workers indicating that this training had taken place in the six months prior to the WSA's initial visit. It should be noted that almost all of the workers that had received health and safety training most recently were from the voluntary sector. Almost one third of the workers who had received health and safety training had done so more than two years prior to the WSA's visit.
- 5.9 Just less than two thirds of workers indicated that health and safety consultants had visited their workplaces, the majority of these visits taking place in the six months prior to the survey. The extent to which these visits by consultants will have impacted on the activities of workers is likely to have been somewhat variable.
- 5.10 The majority of workers had seen health and safety related materials, either from the HSE or other sources. In the majority of cases, the information had been received within the preceding six months. Again, we would expect a significant degree of variability in the extent to which this information impacted on the way in which workers acted in the longer term.
- 5.11 Other health and safety activities identified by workers included:
- first aid training;
  - site induction provided by a major construction contractor;
  - fire safety training;
  - food hygiene training;
  - risk assessment training;

- watching a health and safety video.

5.12 The survey asked workers to provide the job title of the people with responsibility for the following different aspects of health and safety:

- overall management responsibility;
- keeping the accident book/recording accidents or work-related health problems;
- induction of new workers;
- representing the interests of workers in relation to health and safety.

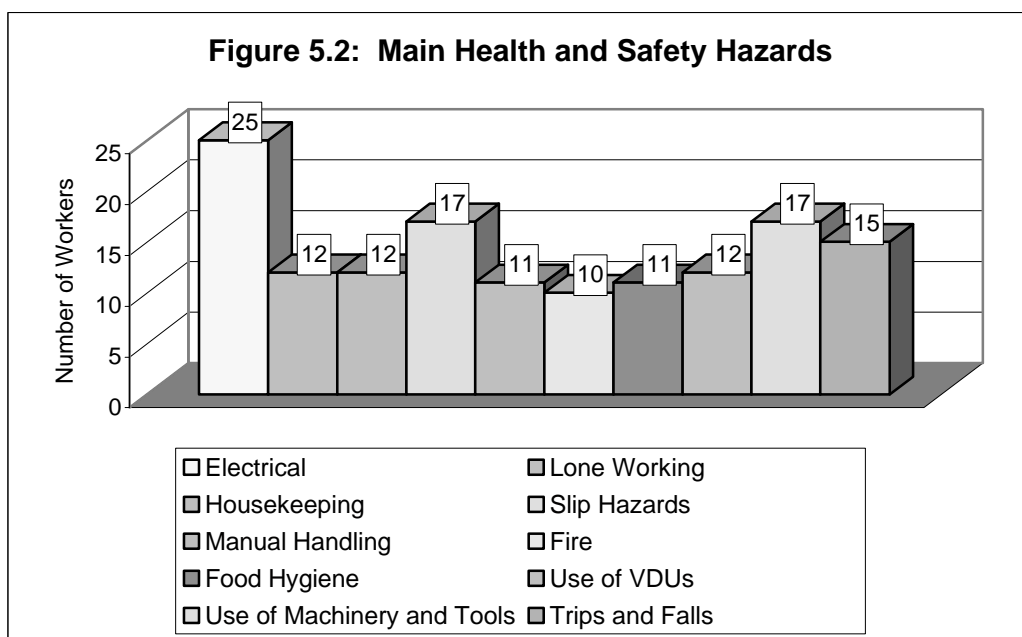
5.13 The responses to these questions reflected the nature of the organisations involved in the pilot, and in particular the relatively “flat” structures that were in place. The most frequent response to these questions, given by 35 workers, indicated that the same person had responsibility for all the aspects of health and safety identified. In most cases, this was the most senior manager within the organisation. This has significant implications when considering the requirements to address all aspects of health and safety alongside a wide range of other responsibilities.

5.14 Twenty-three respondents were unable to identify any member of staff who was responsible for representing workers' interests in relation to health and safety and 13 respondents (11%) were unable to identify a specific individual with responsibility for induction of new workers. This is especially important in the context of hospitality and construction, where high levels of staff turnover, contract working and temporary employment mean that there is an on-going need for effective induction.

5.15 The heavy focus of health and safety responsibility on one or two senior managers in a significant proportion of the pilot organisations was also reflected in workers' responses to questions about sources of information on health and safety in their work and who to contact in the event of a health and safety problem. This therefore places heavy reliance on these senior individuals having a clear understanding of health and safety requirements, but also for them to be able to seek out appropriate advice as necessary.

5.16 The survey asked workers to identify what they considered to be the three main health and safety hazards in their workplaces. The responses to this question reflect the composition of the survey response and, in particular, the large number of responses from workers in the voluntary sector. However, it should be recognised that the workplaces within the voluntary sector include a wide range of activities, some of which are closely related to the other sectors in the pilots.

5.17 **Figure 5.2** shows the hazards that were identified most frequently by the survey respondents.



5.18 The range of hazards identified by workers are broadly similar to those mentioned by employers during the baseline survey. Just over one fifth of workers highlighted electrical safety as a significant hazard, although this category included a range of different aspects, such as specific electrical work (within construction), unsafe or outdated wiring within the premises and trailing electrical cables causing potential trip and fall hazards.

5.19 Manual handling was identified as a hazard by workers in all four sectors, as were general housekeeping issues. As with the employer survey, lone working (and associated risks to personal safety) was identified specifically within the voluntary sector, reflecting some of the difficulties of outreach activities being undertaken.

5.20 Workers were asked to indicate what activities they expected the WSA to carry out during the pilot. It should be recognised that the survey was taking place *after* the first visit by the WSA and therefore responses to this question reflect the discussions that had taken place during the visit.

5.21 Workers most frequently identified three broad areas of activity that they expected the WSA to carry out during the pilot:

- providing advice (33 responses);
- assistance with policies and procedures (21);
- reviewing the activities being undertaken in the workplace (17).

5.22 Other activities that were mentioned less frequently included raising awareness of health and safety matters in the workplace, assisting with access to information, providing health and safety training and carrying out risk assessments. Only five of the workers who responded to the survey indicated that they did not know what the WSA would carry out.

5.23 Workers identified a number of changes that they expected as a result of the WSA's involvement. The most frequently mentioned changes were:

- improvements in health and safety awareness (29 responses);
- appropriate policies and procedures introduced (22);
- general improvements to the working environment (16);
- better run health and safety activities (14);
- increased involvement of all staff in health and safety (13).

5.24 Workers were asked to indicate whether there were any aspects of the WSA role which were unclear to them following the initial visit. Only eight of the survey respondents identified any areas that they were uncertain about, four of these simply stating that they did not understand the role. Three workers raised questions about the range of the WSA's responsibilities, including whether the WSA could require work to stop if a problem was encountered and if they have enforcement powers. The remaining area of uncertainty centred on how the employer could be expected to respond to any issues emerging through the involvement of the WSA in the business.

## Follow-up Survey

5.25 A total of 102 completed follow-up survey questionnaires were received, out of a total of 262 that were left by the WSAs, an overall response rate of 39%. Whilst the response achieved was lower than was achieved in the initial worker survey, this is still a higher response than would normally be expected from a survey of this nature.

5.26 **Table 5.2** shows the breakdown of survey returns and response rates by sector.

<b>Table 5.2</b>		
<b>Follow-up Worker Survey – Responses by Sector</b>		
<b>Sector</b>	<b>Number</b>	<b>%</b>
Automotive	7	35
Construction	25	51
Hospitality	3	6
Voluntary	67	44
<b>Total</b>	<b>102</b>	<b>39</b>

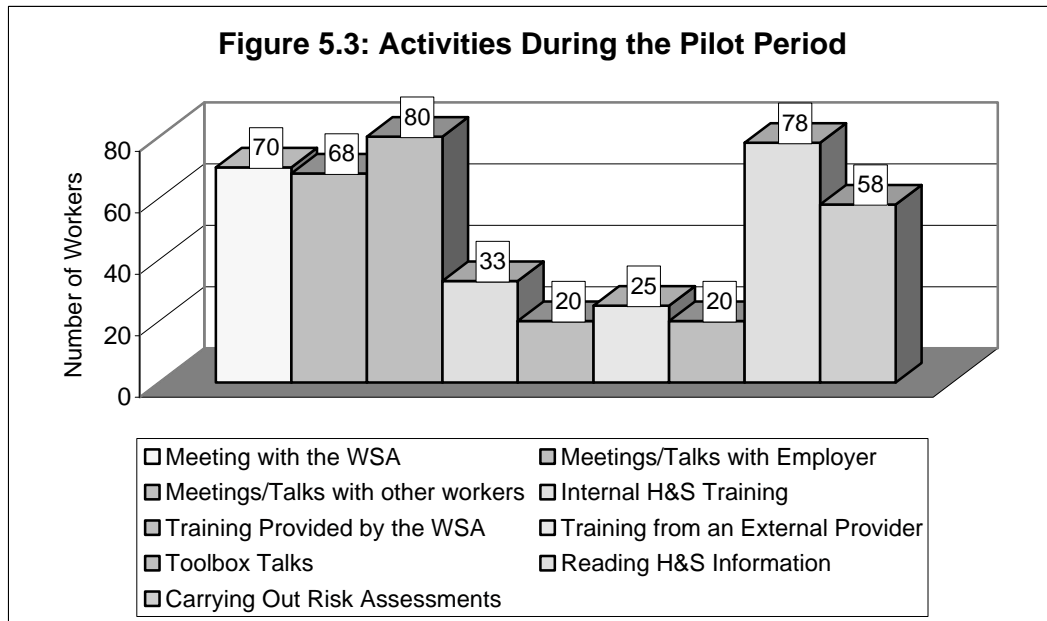
5.27 The overall response rate was heavily influenced by very few completed questionnaires being returned by workers in the hospitality sector. The total number of responses received has also been influenced heavily by the small numbers of staff involved in the final visits in some sectors and therefore the small base from which to generate worker inputs.

5.28 It should be noted that the survey includes multiple responses from some workplaces whilst others may not be represented in the findings.

5.29 The follow-up survey sought workers' views on:

- involvement in health and safety activities during the pilot period;
- changes in approaches to health and safety;
- benefits resulting from the WSA visits;
- problems resulting from the WSA visits.

5.30 **Figure 5.3** shows the range of activities that the workers had been involved in during the pilot period.



5.31 The workers who responded to the survey had been involved in a range of health and safety-related activities during the pilot period, following a similar pattern to the one identified during the initial worker survey, although it should be noted that the respondents to the two surveys were not necessarily the same. In general, the follow-up survey has shown a slightly higher incidence of involvement in health and safety-related activities than at the baseline stage.

5.32 Meetings with the WSA are clearly an additional element of health and safety activities. It also appears from the follow-up survey that there has been a slightly higher level of discussion of health and safety matters between staff and management during the pilot period than in the six months prior to the involvement of the WSA. In the follow-up survey, two thirds of workers indicated that they had been involved in health and safety discussions with management, compared to 58% in the baseline survey. A similar pattern is also seen in relation to discussions among staff themselves.

5.33 The follow-up survey indicates that the involvement of workers in health and safety-related training appears to have increased when compared to the six months prior to the WSA pilot, when just less than a quarter of workers were involved in training courses. During the pilot, almost a third (32%) of workers participated in externally provided health and safety training and almost a fifth were involved in training which was delivered by the WSA.

5.34 Just over half of the workers responding to the follow-up survey indicated that there had been changes to the responsibilities for health and safety in their workplaces during the pilot period. It is highly significant that 23 workers indicated that new responsibilities for health and safety had been introduced, such as through the introduction of formally designated health and safety representatives and the establishment of health and safety committees. This is a significant broadening of responsibilities from the baseline situation.

5.35 Just over two thirds of workers indicated that there had been a change in the amount of discussion of health and safety taking place between managers and workers since the WSA became involved. Some of the comments included:

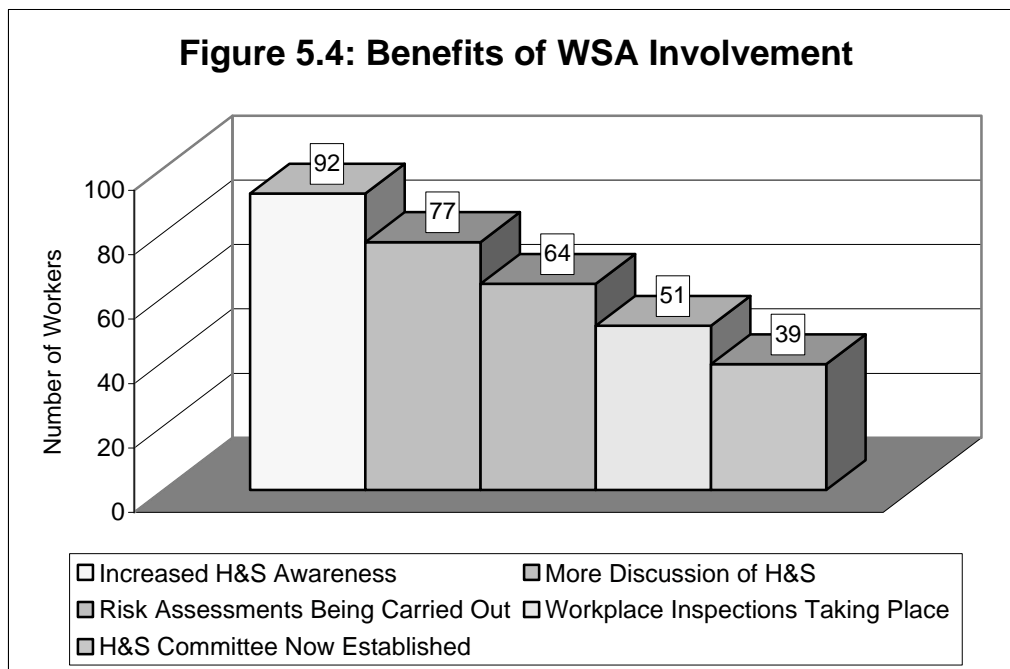
- ***“a great deal of discussion has taken place in order to implement the new procedures and policies”;***
- ***“being involved in the WSA pilot has generated a greater interest in health and safety due to the amount of effort which has had to be put into the production of procedures and policies with the resultant consultation with staff”***
- ***“health and safety is discussed weekly and it is on all agendas as a main item for continued discussion and assessment”;***
- ***“we have discussed issues raised by staff and bought equipment as a result”.***

5.36 The survey has also indicated that *nature* of health and safety discussions between management and workers had changed since the WSA first became involved, 62 workers indicating that this was the case. The changes noted included:

- a more positive approach to health and safety;
- health and safety being taken more seriously;

- workers now being encouraged to suggest ways of improving the working environment;
- more open and regular discussions of health and safety;
- the relevance of health and safety has “taken on an importance which had not previously been so fully appreciated”.

5.37 **Figure 5.4** sets out the main benefits identified by workers as a result of the WSA being involved in their workplaces.



5.38 This indicates that a significant number of workers who participated in the follow-up survey were able to identify benefits resulting from the involvement of a WSA in their workplace. The vast majority of workers (90%) had seen an increase in the level of awareness of health and safety issues. Whilst, in itself, raised awareness will not lead to improvements in health and safety standards, this is an important stage in the improvement process. One comment indicated that prior to the pilot “staff were not complaining unless it was a dangerous situation”.

- 5.39 The increased level of discussion of health and safety matters in the pilot workplaces, mentioned by three quarters of workers, also indicate that the involvement of the WSAs has raised the profile of health and safety in the workplace as a “live” issue. Again, this is an important step leading to actions to resolve health and safety issues. The fact that the involvement of the WSAs during the pilots has led to actions being implemented is indicated by almost two thirds of workers reporting that risk assessments have been undertaken as a result of the WSA visits and around half of workers reported that internal health and safety inspections were taking place.
- 5.40 It is encouraging to note that the involvement of WSAs has led to the introduction of new structures to address health and safety in the pilot workplaces. Just over one third of workers indicated that a committee or forum had been established to enable internal discussion of health and safety matters. During the case study activities, it will be important to investigate the nature of these developments and their potential sustainability following the end of the pilot activity.
- 5.41 Few workers indicated that they had found any problems from the WSA’s involvement. Most frequently, the problems related to the actions required to address issues that had been identified by the WSA. For example, one worker commented that “the WSA has raised more issues than could be dealt with immediately” whilst another stated that “further training will take time away from work”.
- 5.42 A small number of comments suggested that workers would have liked the involvement of the WSA to continue or for more involvement than was possible during the pilot period. These included:
- ***“I would prefer more than three visits.”***
  - ***“The guidance and support has been given in a friendly and easily intelligible manner which impressed us very much. There is obviously a need for on-going liaison.”***
  - ***“There is a case to be made for the scheme to be set up on a permanent basis.”***
  - ***“There were not enough visits. We would like the feedback and back-up visits to continue.”***
  - ***“It was over a short timescale. Longer would be helpful.”***

- *“It is sad to see the pilot end. It is important for the voluntary sector to have access to dedicated health and safety workers/advisors to assist in improving awareness and offering much needed guidance.”*