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## HEALTH AND SAFETY COMMISSION

### HSC Response to Secretary of State for Trade and Industry on facilities, support and rights for employee representatives

A Paper by June Manson, Worker Involvement Programme  
Cross-cutting Interventions Division

Responsible Board Member: Giles Denham

Cleared by Jonathan Rees on 21 April 2005

#### Issue

1. Agreement of a draft reply to a letter, dated 17 March 2005, from Rt Hon Patricia Hewitt, Secretary of State for Trade and Industry, requesting HSC's views on the facilities, support and rights available to workplace health and safety representatives (see Annex 1 to this paper).

#### Timing

2. For this meeting. The letter requests a response by 1 June 2005.

#### Recommendation

3. That the Commission approves the draft response at Annex 2.

#### Background

4. The Secretary of State wrote to a range of interested parties seeking a greater understanding of the views of employers, management and trade unions, amongst others, about how facilities, support and rights of a range of employee representatives are working in practice. This was prompted by Government recognition of the important contribution such representatives make to the success of organisations and concern to ensure that it can be sustained. The Chair was asked to give the Commission's views concerning the rights conferred on workplace health and safety representatives by the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996. At this initial stage, first reactions are all that the Secretary of State requires. Further action will be considered in the light of the response from all the interested parties.

#### Argument

5. HSE has little hard evidence of how well the rights conferred by the above legislation are being implemented. Informal indications are that there are problems for both employers and workplace health and safety representatives concerning time off for training. The situation regarding time off and other facilities for fulfilling representatives' functions is less apparent. Anecdotal information paints a variable picture, as reflected in the draft letter, containing both best and poor practice. Many enterprises have no union representation and very few have non-union elected representatives.

6. As flagged in the draft response, HSE is hoping to hold a small number of focus groups for trade union appointed safety representatives to discuss their rights and will make the results available to DTI. We will also find the results useful for our own programme. The letter makes clear that in the longer term, the strategic enabling programme for improvement in the quality and quantity of worker involvement in the management of health and safety (approved by the Commission in February 2005), will address many of the issues underlying the fulfilment of representatives' rights by promoting more effective partnerships between employers and their workforces. Issues surrounding guidance on the consultation regulations are being considered as part of the programme.

### **Consultation**

7. HSE Operational Divisions and local authorities were consulted about anecdotal experience to inform the draft letter. The contents also draw on existing research commissioned by HSE.

### **Presentation**

8. It is a consistent theme of HSE communications that the people best placed to make workplaces safer from harm are the staff and managers who work in them, working together.

9. At the time of writing, a general election had been called. The content of the draft response from the Commission at annex 2 is neutral and would be substantially the same, whatever the complexion of the Government following the election.

### **Costs and Benefits**

10. N/A

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

11. N/A.

### **Environmental Implications**

12. N/A

### **Other Implications**

13. N/A.

### **Action**

14. The Commission is asked to approve the response at Annex 2.





**The Rt Hon Patricia Hewitt MP**  
 SECRETARY OF STATE  
 FOR TRADE AND INDUSTRY

17 March 2005

Bill Callaghan  
 Chair  
 Health and Safety Commission  
 Rose Court  
 2 Southwark Bridge  
 London SE 1 9HS

*Dear Mr Callaghan,*

#### **Employee representatives - facilities, support and rights**

I am writing to seek the Health and Safety Commission's views on the facilities, support and rights available to workplace employee representatives.

Employees who take on the role of the representative of their colleagues make an invaluable contribution to the success of our workplaces. There are a number of statutory entitlements for individuals taking on such roles to reasonable time off with pay during working hours to carry out their functions. Some of these are long-standing, others have been introduced since the Government took office. The main current and prospective entitlements are as follows:

- (a) for individuals who are lay officials of independent trade unions which are recognised by an employer, there is a right to time off to carry out certain duties connected with collective bargaining;
- (b) for individuals who are workplace health and safety representatives, there is an entitlement to such paid time off during working hours as is necessary to perform their functions;
- (c) for individuals who are union learning representatives, there is an entitlement to reasonable time off to undertake their functions; and
- (d) for individuals who are employee representatives in the information and consultation arrangements that begin from the 6 April, there will be an entitlement to reasonable paid time off to undertake their role.

The Government is interested in getting a better understanding of how these different arrangements are working in practice. The successive Workplace Employment

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Continuation 2

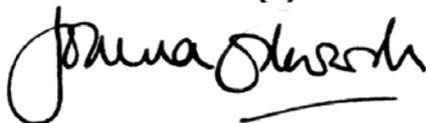
Relations Surveys (WERS) provide some information. According to the 1998 WERS, 29% of worker representatives spend less than one hour a week on their duties and a further 23% spend between one and two hours a week on their duties. In contrast, 18% spend more than ten hours on such activity. Over 80% of trade union representatives were paid by their employer for time spent on their duties at work. WERS also provides some information on the activities and tasks undertaken by employee representatives, and the facilities and support available to them. Fresh data on these matters will become available when the first findings of the 2004 WERS are published this summer and the full findings are published in April next year. But we want to develop a more comprehensive picture and get a greater understanding of the views of employers, management and trade unions on the rights and facilities available to employee representatives.

I very much look forward to receiving your views, and would welcome a response by 1 June.

Should you or your colleagues wish to discuss my request informally, then officials in the DTI's Employment Relations Directorate would be happy to meet you or your colleagues. The contact person is Bernard Carter, UG 3124, 1 Victoria Street (telephone - 020 7215 2760 or e-mail [bernard.carter@dti.gsi.gov.uk](mailto:bernard.carter@dti.gsi.gov.uk)).

I am copying this letter to Ruth Kelly and Alan Johnson. I am also writing in similar terms to other interested parties.

*Yours sincerely,*



**PATRICIA HEWITT**

(Approved by the Secretary of  
State and signed in her absence)

## DRAFT RESPONSE TO SECRETARY OF STATE FOR TRADE AND INDUSTRY

### Employee representatives – facilities, support and rights

I am responding to [your/the Right Honourable Patricia Hewitt's]<sup>1</sup> letter of 17 March seeking the Health and Safety Commission's views on the facilities, support and rights available to workplace employee representatives. The Commission endorses the views expressed on the importance of the contribution made by employees who take on the role of representing their colleagues.

The Commission's *Strategy for workplace health and safety in Great Britain to 2010 and beyond*, published last year, makes clear our determination to promote greater worker involvement in health and safety, based on the important contribution made by trade union health and safety representatives, in partnership with employers, to creating safer and healthier workplaces. We regard worker involvement as key to the success of health and safety interventions in reducing work-related injury and ill health. This is reflected in our *Collective Declaration on Worker Involvement*, published in March 2004, which is available on HSE's website. Hence we are embarking on a programme of work designed to improve the quantity and quality of worker involvement in health and safety risk management in a way which reflects the changing working environment. However, we are under no illusions about the challenges we face when trade union membership continues to decline and changes in work such as the move from manufacturing to service industries; increases in outsourcing, franchising and downsizing; the expansion of temporary work and the growth of self-employment make effective models for greater worker involvement more difficult to predict. We are aware, too, that diverse working patterns, such as home-based or part-time working, can make a collective approach to problem solving more difficult.

Research carried out for HSE in 1999<sup>2</sup> indicated that 15% of union-appointed safety representatives spend less than 1 hour a week on representative business, a further 63% spent between one and four hours, 8% spend between five and nine hours, and 8% spend more than ten hours on such duties. The same research indicated that only a minority of employers were aware of either the Safety Representatives and Safety Committees Regulations 1977 or the Health and Safety (Consultation with Employees) Regulations 1996.

We have little other hard evidence of how well facilities, support and rights conferred by the above legislation are being implemented in practice. Anecdotally, the picture appears very variable. In some sectors, more particularly in large organisations, proper consultation is the norm and employee representatives are allowed adequate facility time. In others, representatives have neither adequate access to information to enable them to carry out their functions, nor time in which to exercise their rights. Occasionally, representatives may

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<sup>1</sup> At the time of writing, a general election had been called. The letter will need to reflect who holds the office of Secretary of State at the time it is sent.

<sup>2</sup> *Workplace consultation on health and safety* by the Institute for Employment Studies, HSE Contract Research Report 268/2000 available on HSE's website.

assume more rights than they actually have. Trade union representation appears very scarce in some areas.

One particular issue surrounds time off for workplace health and safety representatives to attend training. Some employers remain unaware of the representatives' rights to time off, or they have problems with the relevant guidance, or they are unwilling to allow time off during working hours. Representatives themselves sometimes decide they are too busy with non-representative commitments to fit in training courses.

Our Worker Involvement Programme is designed to promote active partnership between employers and workers on health and safety including greater awareness of requirements for, and benefits of consulting workplace employee health and safety representatives. But the programme does not stop at representatives. We believe the whole workforce should take part in risk management, so that health and safety becomes part of the way work is done and not a burdensome afterthought.

In the shorter term, HSE is hoping to hold a small number of focus groups involving safety representatives to explore issues surrounding time off to fulfil their functions, and will provide your officials with feedback before 1 June.

In the meantime you may be interested to see the annexed executive summary of HSE commissioned research entitled *The role and effectiveness of safety representatives in influencing workplace health and safety* by Professor David Walters and colleagues. The full report is to be published this summer and will be available on HSE's website. Its conclusions are those of the authors and do not necessarily reflect HSC policy. HSE staff are still considering the implications of the findings for our programme of activities.

HSE will keep DTI in touch with any initiatives or information that would assist the Government's understanding of how facilities, support and rights for workplace health and safety representatives are working in practice.

I hope this is helpful.

**BILL CALLAGHAN**

## **The role and effectiveness of safety representatives in influencing workplace health and safety**

**David Walters, Theo Nichols, Judith Connor, Ali C. Tasiran and Surhan Cam,**  
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### **EXECUTIVE SUMMARY**

#### **1 INTRODUCTION**

This study reviews the quantitative and qualitative evidence for the link between representative worker participation and effective health and safety management. Through a series of case studies in two sectors of the economy, it examines the role of worker representation and consultation in improving health and safety performance, exploring which arrangements work best and why.

The aims of the research were to:

- determine what are the most effective arrangements for worker representation and consultation in improving health and safety arrangements and performance.
- investigate which elements of such participation most successfully improve health and safety at work
- identify the main factors that support or constrain representative worker participation in health and safety.

The research was in three parts in which several approaches to studying quantitative and qualitative evidence of effectiveness were combined, linking macro-level secondary analysis of national survey data to detailed fieldwork studies.

The first part begins with a review of UK approaches to representative participation in health and safety, including an analysis of its antecedents and its position in an international context. It presents the findings of a quantitative study on the relationship between unions, joint arrangements and measures of health and safety performance drawn from the WIRS/WERS surveys and concludes with a discussion of published research concerning what works and why it works in worker representation on health and safety.

The second part of the study reports the experiences of health and safety and worker representation in ten case studies. In each of two industries, chemicals and construction, a profile of health and safety in the sectors is outlined, followed by detailed findings on the operation of health and safety arrangements, both quantitative and qualitative.

The final part of the report presents a comparative analysis of the dynamics of representative participation in each sector. A discussion that draws together findings from the case studies, previous literature and the macro-level quantitative study, explores what are the factors that contribute to the success of worker representation and consultation.

## **2 THE BACKGROUND**

In understanding what determines the effectiveness of worker representation and consultation on health and safety it is important to be clear about what is meant by these terms. Starting with their legal interpretation it is apparent that there are several different models of worker representation as well as direct consultation that are possible under present UK legislative provisions. The 'preferred model' in an employment law context would appear to be that framed by the SRSC Regulations 1977. However, the legal meaning of consultation is also helpful in furthering the understanding of effective worker involvement in health and safety, whether it is direct involvement or that mediated through representation. Here, the notion of consultation involves considerably more than employers and managers imparting information and instruction to workers. It requires elements of two-way communication, in good time and is associated with an implication of consequential action. With these ideas in mind it becomes possible to examine both the previous research on worker representation and consultation as well to undertake an inquiry into present experience.

The great majority of previous studies on worker representation and consultation in the UK and elsewhere broadly support the notion that joint arrangements are associated with better performance than when employers manage health and safety alone. However, there is considerable variation between these studies in what they regard as 'better performance' as well as in the quality, consistency, reliability and relevance of the measures used. Additionally many of them are studies of practices in other countries, where there may be significant differences in legal provisions and other supports for implementing and operating worker representation in health and safety.

## **3 STUDIES OF QUANTITATIVE RELATIONSHIPS**

For these reasons we concentrated on a systematic examination of British evidence of the effectiveness of joint arrangements. We did so by initially focusing on a re-examination of the findings of the most influential contribution to the UK research to date. This was the study of Reilly *et al* who published the results of their multivariate analysis of data from the Workplace Industrial Relations Survey 1990 on joint arrangements and injuries in private manufacturing in the *BJIR* (Reilly *et al* 1995). Their findings have been widely quoted to demonstrate an association between participative arrangements, especially the role of trade unions, and improved health and safety performance.

However, our study failed to determine any reliable results for the effects of the specific health and safety arrangements distinguished by Reilly *et al*. We concluded that the fundamental reason for this failure to replicate the previous findings was to be found in the extremely sensitive nature of the data set in which the behaviour of more than 40 variables was investigated in a study of only 436 cases (432 in Reilly *et al*). Other secondary analyses of the later WERS 98 data set have also failed to support the findings of the original study. When coupled with our own observations therefore, they further underline the unreliability of the original study.

The fact that we were unable to arrive at a more precise conclusion than that the arrangements for occupational health and safety should not be left to management alone points to the need for further and more extensive research. In our view the best way forward would be to combine both quantitative and qualitative methods and in so doing, go beyond the analysis of information on formal structures for representation. Because the apparent precision of our knowledge of the effects of health and safety arrangements has been seen to be ill-founded, there is good cause to re-examine a whole number of issues and dynamics that may affect the determination of health and safety. No small reasons for doing so are that trade union presence has declined since WIRS90 and, partly as a consequence of EU directives, there has been increased emphasis on management taking a lead in the development of health and safety systems.

#### **4 What works and why?**

There is clearly room for more detailed and rigorous quantitative analysis of the relationship between representation and joint arrangements and measures of increased OHS activity and performance. However, it is equally important to understand what makes worker representation and consultation on health and safety effective and what are its supports and constraints. Review of previous research suggested a set of pre-conditions for effective representation and consultation. Our case studies confirmed that these prerequisites were essential for the effective operation of worker representation and consultation on health and safety. They included:

- a strong legislative steer
- effective external inspection and control.
- demonstrable senior management commitment to both OHS and a participative approach and sufficient capacity to adopt and support this type of management
- competent hazard/risk evaluation and control
- effective autonomous worker representation at the workplace and external trade union support
- consultation and communication between worker representatives and their constituencies.

However there has been well-documented change in the structure and organisation of work and labour markets. What this means for 'what works' in terms of the contribution of worker participation to improved health and safety requires investigation.

Additionally, the main regulatory model of worker representation on health and safety in the UK is based on the rights and functions of trade union appointed health and safety representatives. It is widely acknowledged that it is only partially relevant to the structure and organisation of work and the every day experience of UK workers where only seven million of the approximately twenty one million UK workers are trade union members. At the same time, it is quite clear from the literature that more recent regulatory efforts to address the needs of workers without access to trade union representation have been inadequate substitutes. It is also evident from recent policy discussion that some clear thinking is required concerning the social relations involved in representing the health and safety interests of workers and within this context, what supports effective representation.

## **5 The experience of representation and consultation in chemicals and construction**

The case studies were an opportunity to explore these issues through their examination of different kinds of arrangements for the practice of worker representation on health and safety in a variety of work situations in chemicals and construction. Such arrangements included examples of:

- participation/representation through trade union health and safety representatives
- participation/representation through non union means,
- no participation/representation structures at all

The aim of the case studies was to examine the role of the above prerequisites for effectiveness in conjunction with other features of management organisation and labour relations in the operation of joint arrangements. Particular attention was paid to the impact of the structural and organisational changes, on these arrangements and to identifying ways in which both employing and labour organisations seek to overcome the problems they create. Moreover it enabled the identification and examination of the main factors that supported or constrained representation and consultation in achieving improved health and safety performance.

### **5.1 Chemical industry**

The chemicals sector was chosen for study because it was anticipated that a high awareness of and commitment to health and safety management would be found in the sector, along with well developed arrangements for representation along lines laid down in the SRSC Regulations.

However, on closer scrutiny, the systematicity with which the health and safety arrangements applied and particularly the extent to which effective representation and consultation on health and safety took place was seen to vary considerably across the case studies. At the same time there were close parallels between this variation and the health and safety performance across the five cases.

Those cases in which there were reasonably systematic arrangements in place for managing health and safety were also the case studies in which the operation of representation and consultation was most developed. These were the same case studies in which the health and safety performance (measured by reported accidents) was above the industry average and in which workers reported most favourably about their management's performance on various indicators of arrangements for both health and safety and for consultation.

In contrast, where arrangements for health and safety were implemented less systematically, there were also poor and incomplete arrangements for representation and consultation with employees. These were also the case studies that performed less well than the industry average in terms of reported injuries, and where workers reported most unfavourably about management's performance on various indicators of arrangements for both health and safety and for consultation.

We concluded therefore that the five case studies in chemicals demonstrated a clear relationship between a constellation of factors associated with systematic and consultative management of health and safety and positive health and safety outcomes. Despite this finding however, we noted that even in a relatively stable industry with a strong health and safety profile such as the chemicals sector, the preconditions for effective implementation of the legislative requirements of the 'preferred model' of representation and consultation were far from being found universally throughout the sector.

## **5.2 Construction industry**

The five case studies in construction reflected the range of arrangements likely to be found in the industry. Three were non-union sites the remaining two were unionised but only in one had a trade union appointed a health and safety representative in accordance with the SRSC Regulations. The case studies highlighted the fragmentation of work organisation in the industry in which, the systematicity of health and safety management arrangements was weakened and the employees of sub-contractors repeatedly fared less well in terms of consultation on health and safety. This was particularly apparent in the three non-union sites and responses from the employees of subcontractors overwhelmingly indicated that management efforts to address the problem had not been successful

In the two case studies in which trade unions were present, more meaningful worker consultation and representation on health and safety was possible. In one of them the regional organiser had taken on the role of representing workers' health and safety interests and it occupied a considerable amount of his time. In the other, the trade union convenor, with the agreement of the principal contractor management had been appointed as a full-time health and safety representative with a site-wide remit. In both these cases studies, while differences between the employees of the principal contractor and those of sub-contractors and agencies remained, the quality of respondents' experiences of the arrangements for health and safety management, their experience of training and of the range of various forms of consultation discussed previously, was better developed than in the other case studies. These observations also provide support for the view that direct and indirect forms of employee consultation on health and safety are best understood as mutually supportive elements of a continuum of participative activity rather than as distinct and exclusive arrangements.

They contrasted with the case studies in which no forms of representational arrangements were in place in as much as they demonstrated greater activity for both representational and direct worker participation in health and safety. They showed that the presence of trade union organisers/representatives clearly stimulated worker participation generally and that such representatives were seen by workers as significant players in this respect.

It is important to recognise the significance of the presence of trade unions in these situations and the role they played in implementing and operationalising arrangements for consultation in ways that were not found in worksites where trade unions were absent. Moreover, while many of their effects might be interpreted from a management point of view as means of improving communication and enhancing health and safety awareness generally, there are other ways of understanding what was going on. Both in terms of trust and autonomy, workers regarded their representative quite distinctly from management. His identification with their own interests in health and safety was clearly seen as important to his success in representing them. This highlights the weakness and over-simplicity of

managerialist prescriptions for consultation in the industry, that have been suggested both by the industry itself and by previous HSE commissioned research on this subject.

Of course, low trade union density effectively prohibits the automatic development of this type of representation at most worksites. However, rather than ignore its contribution, a more constructive approach might be to recognise the importance of trade union representation and its role in improving meaningful consultation in the industry. This approach then begs a series of questions about what could be done to enhance it.

## **6 CONCLUSIONS**

The main conclusion that emerges from our findings overall is that worker representation and consultation in the UK have a significant role to play in improving health and safety at work. They have the potential to raise health and safety awareness amongst both workers and managers, effect improvement in arrangements for managing health and safety, improve the practical implementation of these arrangements, and contribute to improved health and safety performance. Most importantly they represent means by which workers' voice can be heard and acted upon to the benefit of those that experience the risks of the production process.

Our findings confirm that there are certain preconditions for effective representation and consultation. Arguably, most of these preconditions, such as the commitment of senior management to health and safety and its systematic management, competent risk evaluation and control and effective external inspection are simply aspects of good occupational health and safety management practice that is already required by EU and UK law. It also follows that they are likely to be most effectively operationalised in a climate of good industrial relations. As our study shows, there was a strong association between workers' positive experiences of various measures of consultative management generally and their experiences in relation to consultation on health and safety specifically.

Additionally, the right of workers to representation on health and safety as well as the right to be consulted appropriately on health and safety issues, as on other matters, are fundamental aspects of workers' rights in the EU generally .

Yet, despite the legal basis of these preconditions we found that they were by no means always in evidence at the workplaces we studied. In short, these legal requirements had not been widely implemented. Given that our choice of workplaces probably represented the better end of the industries we chose to study, we can assume that the preconditions we have identified will be less frequently found elsewhere.

Our study suggests that existing legal measures — on such matters as training, rights to make representations to employers, to receive information, engage in risk assessment, to be consulted prior to workplace change that might affect OHS and to liaise with inspectors and OHS professionals — are all implemented incompletely. Despite this, these and other requirements on worker representation and consultation were rarely, if ever, the subject of enforcement by the regulatory agencies.

In thinking about a future research agenda in the light of our findings, there are therefore at least two important considerations to take into account. The first is to further establish the extent to which existing measures and strategies have been effective, to undertake a more

detailed analysis of the situations in which they work best, and also to identify how they may be improved to address known *existing* deficiencies. This could help with the better implementation of what, after all, are quite fundamental elements of the EU law on the management of the working environment.

A second equally important consideration is to account for the changes that have taken place in the structure, organisation and labour relations contexts of the work situations in which worker representation and consultation are supposed to take place. In so doing it is necessary to ask whether present legal provisions and the strategies of the interest groups involved continue to be relevant or whether their revision is required. The original conceptualisation of the legislation on worker representation and consultation was enabling and constitutive. That is, measures were envisaged to provide a clear message to employers concerning their obligations in the labour relations of health and safety at work. They established basic institutions of worker representation via health and safety representatives and joint health and safety committees. They provided rights to information and consultation on OHS, thus helping to establish the basic floor of rights on which organised workers could build. But does this approach sufficiently address the current situations in which the employment relationship that was the basis of the labour law under which such measures were made has changed fundamentally for many people currently engaged in paid work?

The debate on the efficacy of further legal reform and enforcement in addressing this problem as opposed to voluntary means to achieve similar ends by 'winning the hearts and minds of industry' and through exploiting various levers in the social and economic environment of business, is clearly set to continue. The policy answers to these questions are likely to be driven by wider political and economic considerations and will remain part of the larger debate on the future of regulatory strategies on health and safety for some time to come. But here too there is a clear research agenda in the interim. Underpinning all strategies to improve worker representation in OHS is the necessity of enabling *all workers* involved in the conduct of an establishment's undertaking to be represented. Thus, an establishment's 'workforce', includes all individuals who are engaged in the conduct of its undertaking, whether as an employee of the firm or of another person, or as a contractor of the firm or of another person, and regardless of whether the person actually works at the firm's premises. Relatively new and more embracing responsibilities about consultation processes on employers in charge of multi-employer worksites involving subcontractors, agency labour and the like already exist in construction. Our evidence suggests they are in themselves insufficient to effect the increased consultation they require. There remains much to be learned about best practice in these situations, and equally important how it might be applied in other related scenarios.

In the meantime the research suggests that if these challenges are to be adequately addressed, now and in the future, there are a number of questions regulatory agencies, employers and trade unions need to ask themselves about their strategies on worker representation and consultation on health and safety.

Regulators might begin by inquiring whether they have means at their disposal to bring worker representation and consultation in all workplaces up to the level of activity implied (but not yet achieved) by existing legal requirements. To do so would require a mixture of more consistent, robust approaches to regulation and its enforcement in combination with the strategic exploitation of levers and supports in the social and business environment of firms to influence adoption of more inclusive methods of self-regulation. Whatever

combination of methods are used by regulators, our study demonstrates that it is vital that a shared understanding of the meaning and potential of worker representation and consultation is held and the prerequisites for its success are properly understood and implemented by all stakeholders. This also means the recognition of the role of trade unions as important organisations in supporting worker representation. As is shown by the activities of trade unions in our case studies in construction, as well as by our review of their activities in relation to small workplaces in the UK and elsewhere, such a role is not necessarily limited to traditional workplace representation, but may have more extensive applications in relation to hard-to-reach groups. It could also have a potential to relate to non-union situations.

However, if trade unions are to improve the representation of workers on health and safety within workplaces and prove a useful support for engaging workers outside traditional boundaries, there are important questions they also need to address. Significant amongst them are the implications for trade union organising strategies of this wider remit on representation and consultation on health and safety. Consideration also needs to be given for example, to the ways in which traditional notions of competence, advocacy and representation may require modification to fit emerging work scenarios. Trade unions could further consider ways in which new alliances and partnerships could be developed at sectoral, local and other levels to promote representation and consultation in workplaces. New alliances in the wider communities in which workplaces are located are additional means through which representation and consultation could also be extended to hard-to-reach groups of workers.

All of this of course requires commitment and co-operation from employers. The message that advocates of the role of worker representation and consultation in managing health and safety therefore need to press home to employers is that such arrangements are required by law, they are both ethically and economically desirable and they work better than unilateral ones in improving health and safety performance.