Current use of self-audit questionnaires
by Local Authorities

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Summary
This research was carried out by the Health & Safety Laboratory (HSL), for the Health & Safety Executive’s (HSE) Health Management Unit (HMU). The project was initiated to support Recommendation 8 in the Health & Safety Commission’s (HSC) Occupational Health Advisory Committee (OHAC) report, on improving access to occupational health support. The recommendation states:

‘HSE should explore the feasibility of a self-assessment approach and commission the development of an audit package that would be suitable for all firms including small ones with no internal management structure’.

The research project addressed Recommendation 8 of the OHAC report, as the overall aim of the project was to investigate the effectiveness of self-assessment approaches in the literature, and the experiences of the local authorities (LAs) and small and medium size enterprises (SMEs).

The literature for self-assessment has been analysed according to purpose and definition, context and assumptions, and evidence for effectiveness. Eight interviews with the LAs are presented as case studies, providing specific examples of the issues the LAs faced in developing and implementing self-assessment. The interviews with the SMEs focused on the perception and impact of the self-assessment tool. The insights from the LAs and SMEs are linked with the findings from the literature review, to present a range of issues salient to the success of health and safety self-assessment.

Objectives
The individual objectives of the project were:

1. To identify any evidence that the use of self-assessment questionnaires enable SMEs to improve their business, with particular emphasis on health and safety management.
2. To explore the use LAs make of self-assessment questionnaires.
3. To explore the use SMEs make of self-assessment questionnaires, with reference to health and safety management and performance.
4. To undertake a wide-ranging review of published research findings relevant to self-assessment.
5. To find and analyse evidence for the efficacy of the self-assessment approach in the relevant published research findings.
6. To conduct in-depth case studies with 6 to 8 Environmental Health Officers (EHOS) at Local Authorities using self-assessment tools.
7. To interview 6 to 8 small and medium sized enterprises (SMEs) that have used self-assessment tools.
Main Findings

1. It is too early to fully evaluate the impact of LA’s use of self-assessment tools, though there is reported evidence of the impact of such tools improving SME’s health and safety performance and increased requests for information and advice. This finding is reflected in the literature review, where there was a paucity of studies formally evaluating self-assessment.

2. Commitment to, and awareness of the values of the model, are influential factors for the process of self-assessment against models of business excellence. Engendering a similar commitment and awareness of health and safety in SMEs, presents difficulties for successful health and safety self-assessment.

3. It is reported that time and resources present a barrier to successful self-assessment, and are proportionately greater for SMEs than large companies. Time constraints are also an issue for enforcing authorities.

4. Comparing self-assessment from models of business excellence with health and safety self-assessment, is problematic. Self-assessment against business models is based on values of customer service, whereas health and safety self-assessment is based on issues of compliance.

5. According to the literature, the issue of using self-audits to manage costs, would appear to be less applicable in this country than the USA. However, LAs frequently emphasise the cost of civil claims to motivate SMEs in their health and safety management.

6. There is a trade-off with self-assessment for LAs, between efficiency (cost and time), and accuracy of the reported data.

7. The literature review suggests that it is not possible to isolate a generic model of self-assessment that is universally applicable.

8. Conditions identified in the literature that appear to influence the successful outcome of self-assessment include: time and resources; ‘openness’ of the organisation; self-assessment findings being be acted upon; and commitment to, and awareness of the self-assessment process at all levels in the organisation. These conditions form the wider context of a proactive approach to health and safety.

9. It would seem that mandatory legislation is a precondition for motivating SMEs in Denmark to initiate risk-assessments.

10. There are positive business gains to be made for SMEs in adopting self-assessment. For example, the resulting documentation can be essential to winning contracts from, and working for, larger organisations as part of contractor compliance.

11. Self-assessment produces demands on LAs, in terms of volumes of returns, and service requests, which may require additional resourcing and planning initiatives.
12. LAs appear to regard Occupational Health practices as emergent from general health and safety practices.

13. Personal contact by the LA, is the preferred method of introducing self-assessment for SMEs and LAs.

14. The relationship that the LA establishes with the SME, enables the LA to balance the conflicting demands of enforcement and education, and to judge whether the SME is able to benefit from the self-assessment approach.

15. The LAs have adopted varying approaches to self-assessment, eg. targeted, generic, a mix of targeted and generic, and award-based. The overarching concept that all the tools emphasise, is that health and safety management is a continuous process, which is never concluded.

**Main Recommendations**

1. Plans to develop the use of self-assessment approaches should take into account some of the key findings from the literature review, and the experiences of the LAs using self-assessment tools (e.g. targeting lower risk premises and promoting the advisory aspect/role of the LA).

2. To investigate ways of facilitating communication and of sharing information between LAs. Whilst developing the self-assessment tools a number of LAs had sought advice and guidance from other LAs. The impression was given of LAs working in isolation on similar tasks. LAs expressed the wish for more centralised guidance and co-ordination, particularly in presenting and distilling information and legislation in a way that was relevant to SMEs.

3. To follow up the LA evaluations of self-assessment, in order to explore the impact of self-assessment, particularly in relation to the different approaches adopted towards self-assessment.

4. To consider ways of exploring the impact of self-assessment for SMEs.

5. To explore the scope for LAs to develop educational/advisory relationships with SMEs.

6. To develop ways to raise awareness among SMEs for the cost benefits of health and safety, and the role that self-assessment can play.
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1. **INTRODUCTION**

This is the final report of a research project carried out by the Health & Safety Laboratory (HSL) for the Health & Safety Executive’s (HSE) Health Management Unit (HMU). The project was initiated to support Recommendation 8 in the Health & Safety Commission’s (HSC) Occupational Health Advisory Committee (OHAC) report on improving access to occupational health support. The recommendation states:

‘HSE should explore the feasibility of a self-assessment approach and commission the development of an audit package that would be suitable for all firms including small ones with no internal management structure’.

The overall objectives of the OHAC report in relation to the self-assessment package can be summarised as follows:

- To stop people being made ill at work;
- To result in people taking actions to reduce exposure to risk;
- To promote greater awareness and improved compliance;
- To encourage people to seek expert advice when required.

The research project addressed Recommendation 8 of the OHAC report, as the overall aim of the project was to investigate the effectiveness and current use of self-audit tools. The individual objectives of the project were:

1. To identify any evidence that the use of self-assessment questionnaires enable SMEs to improve their business, with particular emphasis on health and safety management.
2. To explore the use Local Authorities (LA) make of self-assessment questionnaires.
3. To explore the use SMEs make of self-assessment questionnaires, with reference to health and safety management and performance.
4. To undertake a wide-ranging review of published research findings relevant to self-assessment.
5. To find and analyse evidence for the efficacy of the self-assessment approach in the relevant published research findings.
6. To conduct in-depth case studies with 6 to 8 Environmental Health Officers (EHOs) at Local Authorities using self-assessment tools.
7. To interview 6 to 8 small and medium sized enterprises (SMEs) that have used self-assessment tools.

Section 2 of this report provides background information. Section 3 details the methodology. The literature review in Section 4 gives an account of general and specific issues regarding self-assessment. The local authority case studies are presented in Section 5, and the SME interviews are given in Section 6. Section 7 provides the discussion illustrating salient themes from the literature review and case studies. The conclusion and recommendations are presented in Sections 8 and 9 respectively.
2. BACKGROUND

The Health and Safety at work Act (1974) (HSWA) represented an attempt to change the way in which health and safety was enforced, by creating a legislative framework that supported an approach geared more towards self-regulation. The regulatory framework can be represented as a continuum between prescriptive and goal setting approaches. Current approaches to self-assessment sit within the broader regulatory framework. Debate regarding the efficacy and relevance of self-assessment approaches to occupational health and safety provision, relate to the position at which self-assessment is conceptualised along this continuum.

Self-assessment approaches are legislated and implemented in a variety of international settings. OSHA finalised a policy for voluntary employer self-audit in July 2000. The proposals for a sixth EU environmental action programme (Jan, 2001) envisaged a ‘compliance assistance program’, which may include a scheme for SMEs to self-audit their compliance.

The targeting of SMEs as regards health and safety enforcement is becoming increasingly important due to a number of factors. Small firms numbering less than 50 employees now account for 99% of the total number of businesses. In the UK the rise of SMEs has contributed to a change in the spread of health and safety risks in the workplace, such that fatal injury and amputation rates for the period 1994/1995 – 1995/1996 in small manufacturing workplaces (less than 50 employees) are double those in large workplaces (over 200 employees). The increasing number of SMEs lessens the feasibility of enforcing authorities being able to inspect every premises, and so the need for alternative strategies and instruments of enforcement are highlighted.

3. METHODOLOGY

3.1. Literature Review

The first stage of the project involved a review of literature relating to health and safety self-assessment. This initial search revealed a paucity of relevant published research. The search was then widened to include any literature relevant to self-assessment. This second search was conducted using database, citation and HSE on-line facilities and ‘grey’ literature (e.g. HSE reports). Databases searched included:

- Osh-rom - This includes four leading databases covering occupational safety and health, with over 350,000 citations since 1960.
- Healsafe - 113,000 records of recent work relating to public health, safety and industrial hygiene since 1981
- Pascal - Scientific and technical information, with over 450,000 entries per year since 1973
- Social Scisearch – A world wide multidisciplinary index to social behaviour and related sciences literature since 1972
- Management and Marketing abstracts – Management and marketing information from 1975 to date.

Key words used included, self-assessment, self-audit, self-evaluation, management, health and safety, occupational health, SME, small business.

Even with the search parameters widened, the second search uncovered less published literature than had been hoped for. Around 60 articles were identified as worthy of review. The criteria for determining articles worthy of review, was based on whether the article detailed any self-assessment process relating to business, management, health and safety or task performance.

The articles were taken from a variety of countries, including: USA, EEC, UK, Australia and Denmark. Apart from one study in Malaysia, there were no references from Asia.

3.2. Local Authority Case Studies
The case study approach was chosen because it provides a detailed level of understanding that is not accessible through alternative formats such as questionnaire surveys.

3.2.1. Selection of Case Studies
LAs that had developed and used self-assessment tools, were identified by the Local Authority Unit (LAU) of HSE. The LAs were contacted by letter to ask for their assistance with the research project (Appendix 1). LAs were targeted to provide a sample that represented geographical diversity. The eight LAs that assisted with the research were:

- Bradford Council
- Barnsley Metropolitan Borough Council
- Sefton Borough Council
- Nottingham City Council
- Oxford City Council
- Aylesbury Vale District Council
- Fenland District Council
- Nuneaton and Bedworth Borough Council

3.2.2. Interviews
The case study visits involved a face-to-face interview with the Environmental Health Officers (EHOs) or Healthy Workplace Advisers (HWAs) that were responsible for the self-assessment tools. The duration of the interview was generally around two hours, and took place in the EHO’s office. The interview was undertaken by two researchers, one of whom acted as the note-taker while the other conducted the interview.

A semi-structured interview schedule was adopted to allow the EHO to respond as fully as possible within the identified range of topics. Prior to the interviews, question sets were developed to an agreed format, which were open ended, to elicit comprehensive responses by
the EHOs (Appendix 2). The interview schedule was used as a guide, allowing flexibility in
the topics discussed rather than adhered to rigidly. The interview was written up formally by
the note-taker. The content was then discussed with the interviewer in a process of
triangulation, to ensure an accurate account was arrived at. A copy of the account of the
interview was sent to the relevant EHO to confirm the accuracy. The case studies were
presented as a descriptive account of the LA’s approach to self-assessment, allowing the
reader to draw their own conclusions. There was no attempt to provide a critical evaluation at
this stage.

Interviews were conducted over a three month interval, from November 2001, to January
2002.

3.3. SME Interviews
Initially it had been planned to adopt the same case-study methodology with the SMEs as with
the LAs. Question sets were developed for the SMEs using a similar format to those of the
LAs (Appendix 3). It was intended to ask the EHOs that were interviewed, for assistance in
targeting SMEs. It proved more difficult to identify SMEs than had been anticipated because of:

- The reluctance of the SMEs to be involved.
- The time constraints imposed on the research project by the Winter vacation season.
- LAs were unable to provide details of SMEs, as to do so would have contravened the
data-protection act.

These difficulties were regarded as informative in relation to larger scale evaluation of self-
assessment in SMEs. In addition, the barriers that prevented the researchers from contacting
the SMEs are indicative of the barriers and resistance that would be faced in trying to imple-
ment self-assessment programs.

Two SMEs were interviewed using the same methodology as the LAs, though the duration of
the interview was under an hour. A further six SMEs were contacted by telephone, and inter-
viewed by one researcher using the question sets. These interviews were of approximately ten
minutes duration. In order to obtain these six interviews, a total of 70 SMEs were contacted.
The feedback from a further 19 SMEs that had been given to a LA was also considered. The
possibility of social desirability bias exists within the responses given by the SMEs, i.e. the
SMEs indicate what they believe to be the correct opinion, and not one that reflected actual
behaviours. A table giving the details of the SMEs is found in appendix 4.

4. LITERATURE REVIEW
The literature review begins by describing how the articles were analysed and considers the
limitations of the approach. It then details general issues concerning the success of self-
assessment and health and safety drivers for SMEs. The review then moves on to specific
examples of self-assessment from the literature, and concludes with a summary of the limita-
tions of self-assessment, and considerations for enforcing authorities and SMEs.
4.1. Analysis of Literature

The aim of the analysis phase of the project was to review the literature for evidence regarding the effectiveness of self-assessment.

There was a wide range of articles within the body of self-assessment literature. The articles were grouped thematically. The groupings were:

- Models of Business Excellence.
- Self-audits by multinational and utility companies.
- Psychological studies and literature relating to Human Resources (HR).

The articles were analysed according to:

i. Purpose and Definition, i.e. how self-assessment is conceptualised, and the ends to which it is used.
ii. Context and Assumptions, i.e. the wider legislation relating to the particular use of self-assessment, the organisational environment in which it is used, and what is taken for granted in the self-assessment model.
iii. Evidence for effectiveness of self-assessment, i.e. how success of self-assessment is measured and perceived, and what factors are believed to influence self-assessment.

The articles relating to Human Resources and psychological studies represented a more diverse body of literature, making it less practicable to draw thematic generalisations from the research according to the stated criteria. Instead, the most relevant articles were summarised, and the key findings relating to the aims of the literature review were presented.

4.2. Limitations of Research Base

The review identified a limited number of studies relating directly to self-assessment. As the majority of these studies were from 1997 onwards, the possibility exists that the current studies represent an emerging body of literature due to the recency of the implementation of self-assessment procedures. If the recency of self-assessment procedures is accepted, the implications for evaluating the effectiveness of self-assessment processes should also be acknowledged, as there may not have been enough time to evaluate the full impact of the process.

The evaluation of a large amount of the studies relied on the participants’ reported perceptions of self-assessment. Few studies were constructed using objective performance measures, or designed to investigate cause and effect mechanisms, which raises the possibility of subjectivity and bias within the findings. However, there was a high level of consistency in the findings of independently conducted research within the different self-assessment groupings, suggesting that confidence can be placed in the overall conclusions from each group.

4.3. Factors Affecting the Success of Self-Assessment

The literature review suggests that it is not possible to isolate a generic model of self-assessment that is universally applicable. The outcome of self-assessment is influenced by the
interaction of such factors as legislative framework, organisational culture, purpose of self-assessment and individual perceptions of the relevance of self-assessment.

A number of conditions have been identified throughout the body of literature that are perceived to influence the successful outcome of self-assessment:

- Hewitt (97) makes the point that the culture of the organisation needs to be participative and open. Though the extent this applies to being honest about shortcomings is unclear, and may well be something that SMEs would be reluctant to do with LAs.

- Studies emphasise the time taken and resources needed to implement a successful self-assessment approach (Wilkes and Dale, 98). The issue of resources is especially relevant to SMEs and is often cited as a barrier to proactive health and safety management. For example, Jensen et al (2001) give the common reasons for non-compliance with mandatory risk-assessments among Danish SMEs as lack of time and knowledge. The self-assessment program must not make excessive demands on the organisation, in comparison with the organisation’s perception of the validity of the regulations that relate to self-assessment (Wright, 98). The organisation should view self-assessment as worthy of taking their time to complete, rather than a waste of their time.

- It must be taken into account that self-assessment shows areas of weakness, it does not prioritise these areas, nor give any indication of how to implement the required actions. With regards to health and safety, this may be daunting for SMEs that are weak in many areas, and so may not know where to begin implementing actions. SMEs may also be reluctant to highlight weaknesses in the first place.

- Results of the self-assessment can be seen as a passive measure of progress, and the whole process as a ‘paper’ exercise if the results are not converted into actions, e.g. awards or feedback. Such inaction implying that the instigator (which could include HSE or the LA) regards self-audit as unimportant.

- Canon (98) states that before audits can be conducted, management systems should be in place to ensure that corrective actions are taken for the deficiencies noted. Potentially, the implication for LAs is that they have to be able to give guidance for implementing actions when asked by SMEs that lack the required knowledge and experience.

- Audits produce only a snapshot of operations as they exist at the time they are conducted, and should be recognised as such.

- The program must involve all levels of management. The commitment of senior management must be perceived at all levels. The importance of the relationship between the LA and SME is highlighted, in encouraging not just owner involvement in the self-assessment process, but also the staff.
These conditions are reflected in research findings into the way an organisation’s safety culture influences the effectiveness of a safety audit. According to Glendon and McKenna (1995) (cited in Collins, 2002) safety culture influences a safety audit in the following ways:

1. The willingness of management to undertake a safety audit in the first place.
2. Adequate resources devoted to the process, for example auditor training and time.
3. The involvement of both employee representatives and line managers in the audit.
4. Findings from the audit are acted upon.
5. Commitment by the organisation to auditing over the long term.

In summary, the key factors affecting the success of self-assessment appear to be:

1. The willingness and commitment to the self-assessment process, by both the LA, and the SME.
2. An openness and honesty on the part of the SME to admit weaknesses in health and safety compliance.
3. The findings from the self-assessment result in actions addressing the weaknesses.
4. Time and resources devoted to the self-assessment process.
5. The findings from self-assessment represent a ‘snap-shot’ of the organisation at that point in time. Self-assessment should be recognised as part of the ongoing process of improving health and safety performance.

The points that Glendon and McKenna (1995) outline, and the key factors affecting the success of self-assessment, are indicative of a responsible and proactive attitude to health and safety by an SME. It is possible to consider that the success of self-assessment is contingent upon a proactive attitude to health and safety by an SME.

However, it should also be considered that a proactive attitude alone may be insufficient for successful self-assessment. The proactivity assumed on behalf of the SME, implies that the SME is internally motivated to manage health and safety, and that the data from the self-assessment is valid because the SME shares the same values and ideals regarding health and safety as the enforcer. A level of trust is required by the enforcer to devolve the responsibility to the SME to truthfully assess their health and safety compliance. The enforcer must also judge the SME as competent to make such assessments. The relationship that exists between the SME and the enforcer is an important factor to consider for the success of self-assessment.

Equating the success of self-assessment exercises, with high motivation for health and safety, not only assumes an overly rationalistic model of motivation for SMEs, it also raises the problem of negotiating the balance of trust between the SME and the enforcer, which is
central to the relationship between the two. The difficulty of negotiating trust between the organisation and the enforcer is illustrated by implementation of OSHA’s self-audit policy.

Prior to July 2000, OSHA had used voluntary employer safety and health self-audits as a focus for inspections, and as evidence of compliance violations. This policy was criticised as being counter productive by many states, and not encouraging employers to be open about the results of the audit. Honesty was not in their best interests, as they were effectively punished for their openness. The implication was that using self-audit results as evidence for punitive actions was not in the spirit of self-audit. A number of states allowed employers to claim evidentiary privilege, preventing OSHA from using the results of self-audits as evidence for enforcement actions.

OSHA finalised the policy for voluntary employer safety and health audits in July 2000. OSHA does not now routinely seek access to voluntary safety audits, and will only do so when the Agency has an independent basis to believe that a specific site warrants investigation.

If successful self-assessment takes place within the context of a proactive response to health and safety management, then the motivational factors determining proactivity need to be addressed. The drivers for health and safety in SMEs are discussed in the next section.

4.4. Health and Safety Drivers for SMEs

Although it is intuitively appealing to regard the health and safety drivers for SMEs as unique, and different to those of larger organisations, the literature does not support this. Differences in health and safety drivers between large companies and SMEs are cited in terms of differing levels of motivation. Wright (1998) reports that many SMEs display characteristics of low levels of motivation for health and safety management. The idea of low levels of health and safety motivation amongst SMEs, is supported by the finding from HSE-commissioned research into the impact of the six-pack regulations, that levels of awareness and compliance were higher for large than small organisations (cited in Lucas, 2001).

A number of factors were perceived as critical for high levels of health and safety motivation (Wright, 1998). They were:

- How the attitudes of key stakeholders were affected by poor health and safety performance. A number of studies show high levels of health and safety compliance due to customer dictat. For example, SMEs may be required to produce health and safety documentation in order to win contracts from larger organisations, or to work for them (O’Hara et al, 2000).

- The congruence of health and safety motivation with business management depends on whether health and safety is perceived as critical to commercial success, and whether ill health and injury costs are perceived as significant. However, there may be financial benefits to improving health and safety management for SMEs. O’Hara et al (2000) found that SMEs identified a direct benefit from conducting formalised risk assessment, as it helped them gain contracts from companies requiring this information. It is possible that more ‘carrot’ than ‘stick’
is required, as SMEs may actively pursue the financial gains associated with improved health and safety management, while ignoring the losses.

- Although a great deal of research from the USA shows the cost of accidents to be a high motivator for health and safety performance, this finding is not replicated in the UK (Wright, 1998). Though some SMEs may not necessarily be aware of these costs, which raises the importance of the educational role for HSE and LAs.

- Two general factors motivating health and safety management are prevalent in the literature (Wright, 1998): fear of the loss of corporate credibility through poor health and safety performance (more of an issue for larger companies); and the perception that it is morally correct to comply with health and safety regulations, as the regulations are interpreted as a guide to society’s expectations of an organisation’s behaviour.

- Organisations are not generally motivated to comply with regulations for instrumental reasons, as the perception of inspection and detection is low. This finding is reinforced in a study to gain the opinions of LA health and safety enforcement officers (Lucas, 2001). The majority of officers agreed that the fines imposed by the courts for health and safety offences were too low in relation to the severity of the compliance failure.

- Organisations can perceive health and safety improvements as costs, which decreases proactive health and safety management motivation. This is especially relevant for SMEs where resources are limited.

- The size of an organisation is associated with two factors affecting health and safety motivation. Large organisations are recognised as having more resources available for health and safety, and having a more prominent public profile which makes them more sensitive to the adverse publicity of poor health and safety performance.

Although as Wright (1998) points out, the motivations for health and safety management do not exist independently of social, legal and financial frameworks. Motivations are not static but can be subject to change over time. Changes in the social, legal and financial frameworks can produce changes in motivation.

If health and safety self-assessment tools are to function as a mediator between the health and safety needs of enforcement and education, then the legislative context in which they exist must be addressed. The differences between prescriptive and goal setting legislative approaches need to be considered. Preferences for prescriptive legislation have been expressed by small firms, and it may be that these firms are less well disposed to self-assessment, and approach it with a ‘tick-box’ and comply mentality. Though to some extent it can be acknowledged that prescriptive legislation is appropriate for SMEs with limited resources, as it is more direct than goal-setting legislation, so the SME expends less resources in gathering information regarding compliance.

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Jensen et al (2001) suggest the process of self-assessment is most effective within the context of mandatory legislation. Compliance with legislative demands was the basic motive of small Danish firms to undertake risk-assessment by themselves. They also highlighted that it was important for organisations to believe that the actions resulting from the risk assessment were likely to be inspected. Though Jensen et al state that the legislation should not be prescriptive as to how the process of self-assessment is implemented. The legislation should outline targets, allowing an organisation the flexibility to attain these targets in a manner that is appropriate, and perceived as relevant for the organisation. The experience from Denmark raises the possibility that the ideal legislative framework for self-assessment is one that combines the directness of prescriptive approaches, with the flexibility of goal setting approaches.

Within the context of such legislation, the role of the enforcer becomes a salient issue. The possibility exists for enforcers to undertake a more advisory and facilitative role. Within this capacity the duties of the LA as a provider of information increase. The inspecting authorities must make available sufficient information to the organisation regarding their legal responsibilities for compliance with the regulations.

In summary, key motivators of proactive health and safety behaviour would appear to be:

1. The loss of corporate credibility amongst an organisation’s stakeholders, though this is mainly relevant for larger organisations.
2. The belief that complying with health and safety legislation is morally correct, as the legislation is interpreted as reflecting societal expectations.
3. Instrumental reasons and commercial success, including: the cost of injuries and fines; and the benefits of gaining contracts with organisations demanding health and safety documentation. It must be noted that the costs of injuries and ill-health are not an issue for many SMEs, as they are simply unaware of them, which emphasises the importance of education on the part of HSE and LAs.
4. The lack of resources for SMEs means that LAs can potentially increase their advisory role to help SMEs demystify the process of proactive health and safety management.
5. Complying with legislative demands. SMEs require information regarding the legislative demands, broadening the enforcer’s role as a provider of information.

### 4.5. Psychological Studies and Literature Relating to Human Resources

Within this category there is a wide range of purposes and definitions for self-assessment. A large number of studies were related to individual self-assessment and performance, rather than wider organisational performance. Only the studies that were relevant to the aims of the project were included and the key points are summarised below.

Fletcher (1999) reviews research findings into self-assessment and gender differences, in relation to self-awareness and performance. The key points are:
A consistent finding in studies is that overall the way a person rates their performance is more lenient when compared to the ratings made by their colleagues.

Women rate themselves less positively than men, and are less susceptible to leniency effects, showing a higher agreement between their own self-rating, and colleagues’ ratings of them. This agreement can be taken as an index of self-awareness.

Nilsen and Campbell (1993) found differences in the performance appraisals by self-raters and observers using 360° feedback instruments. The key findings relevant to this study were:

- Accuracy in self-assessment is a stable individual difference across skills and personality ratings. Individuals either underestimate, overestimate or are accurate in their self-assessment (Thornton, 1980).

- Evidence suggests that knowledgeable observers give more valid accurate ratings of observable behaviour than do self-raters. The implication is that inspected audits are more accurate, as regards health and safety performance, than are self-assessments. The value of education for increasing the accuracy of self-raters is highlighted, pointing to the importance of positioning the self-assessment approach within wider health and safety educational campaigns.

- Accurate self-assessors are better able to improve their performance than inaccurate self-raters through feedback. However, regulatory compliance for health and safety means that improving performance is not an option (based on feedback), it is a must.

Lindeman et al (1995) investigated personality variables and self-assessment accuracy in work settings. Self-assessment was compared to objective work performance. The relevant key findings were:

- Men rated themselves more highly than women.

- Two thirds of men over rated themselves, whereas the proportions of women were spread equally across the three categories of under estimation, accurate estimation and over estimation.

- Many contextual factors help improve the validity of self-assessment, e.g. instructions, training. Although the potential need for educating SMEs is indicated, the time constraints under which SMEs operate should also be considered.

A more relevant paper by Sainfort and Carayon (1994) suggests an acceptable trade-off between efficiency (time and cost), and obtaining consistent and accurate information. Sainfort and Carayon (1994) examined the hierarchical structure and validity of a health check list developed by the National Institute of Occupational Safety and Health (NIOSH). The check list consists of 58 items and assesses the frequency of health complaints experienced in the previous year. Self-assessment is regarded as efficient in terms of cost and time, though the reliability and validity are inferior to expert assessments. The strengths of the instrument are seen as the content, ease of administration, clarity and flexibility. The instrument is able to...
highlight problems between similar groups of workers. The instrument was used to
distinguish adverse health effects of video monitoring on telecom workers. 43% of monitored
workers reported a loss of feeling in fingers, whereas 27% of non-monitored workers reported
the same effect.

Hunting (1997) conducted an observational study among sheet metal workers to evaluate the
validity of self-reported exposures to construction work tasks.
The key findings of relevance were:

- Self-reporting of tasks was more accurate than the self-reporting of ergonomic
  hazards, because the task is the familiar, concrete and distinct unit that workers think
  about.
- Developing consistent definitions for coherent tasks, and reaching a consensus with
  workers was more difficult than envisaged.
- The questionnaire format was moderately successful, and more suitable for estimating
  longer time exposures for workers with less variable tasks.

If the inference is made from this study that self-reporting is more accurate when individuals
are familiar with the area they are assessing, then a number of implications can be made relating
to health and safety. For example, when an individual is unfamiliar with health and safety
regulations, they may have difficulty reporting on aspects of compliance, e.g. dealing with
young workers.

4.6. Models of Business Excellence

4.6.1. Purpose and Definition
There are a number of models of business excellence, the most widely recognised are the
Baldrige award and the European Quality Award (EQA). The models are typically
conceptualised as a series of criteria, accorded different weightings, that a business can
compare itself against.

The EQA is the most commonly used model in the UK (Finn and Porter, 1994). The model
consists of nine criteria, five of which are enablers that directly affect the other four criteria,
which come under the heading of results. The process of self-assessment is how the company
measures itself against the model.

‘Self-assessment is a comprehensive, systematic and regular review of an organisation’s
activities and results, against a model of business excellence’. (Ritchie and Dale
2000)

The generic model for the self-assessment is typically a four stage one of planning the assess-
ment, collecting the data, assessing the data and action planning. Each stage is subject to
review. Data can be collected by various methods including workshops and focus groups,
questionnaires, pro-forma and rating matrices. Within the category of business excellence
models, self-assessment is not regarded as an audit to be conducted to a fixed standard, result-
ing in either a pass or fail, it is a continuous process.
Porter et al (1998) believe the use of self-assessment in comparison to a model of business excellence is increasingly being regarded as an alternative approach to management, in response to the perceived limitations of traditional cost accounting. The finding was replicated in a study by Ritchie and Dale (2000) into the practice and progress of self-assessment against a business excellence model, also indicating that self-assessment is increasingly being recognised as an effective business performance management system.

Self-assessment against models of business excellence is regarded as a tool that measures progress and enables strategy planning. In a study of 215 organisations across 19 countries to evaluate self-assessment against the EQA model, the reason given most frequently for using self-assessment was the identification of areas for improvement (CIMA 1998).

### 4.6.2. Context and Assumptions

The success of the self-assessment process is perceived as taking place within the context of the support of senior management. Organisations are required to have a certain level of maturity of operational structures, which allow them to convert the recommendations from the self-assessment into actions linked to a business plan. This is further highlighted against the presumption of organisational practices such as networking and sharing best practice.

There is no legislative requirement for the organisation to comply with the standards set by the models of business excellence, as there is with other areas where self-assessment is used, i.e. health and safety compliance or tax returns.

The models of business excellence themselves have not been established in an objective manner, but represent the consensus of business experts. The categories are arbitrary and not subject to rigorous empirical tests (Finn and Porter, 1994). Studies such as that by Thiagarajan and Zairi (1998) do confirm organisations’ consensus regarding the importance of the criteria for business excellence models. It is unclear though whether the consensus has been reached independently or is a result of an organisation’s previous experience of the model and its criteria.

Throughout the literature on self-assessment against models of business excellence, there is no overt questioning of the relevance of the models themselves; their validity is assumed. Indeed the sub-text and tone of the literature tends to promote the models and their associated values. Where an organisation is regarded as being unaware of the benefits of the model of business excellence, it is felt that this is due to the short-sightedness of the company, as opposed to any short coming of the model. Ritchie and Dale (2000) report that one of the difficulties faced in implementing self-assessment amongst organisations is a lack of commitment and awareness.

Underlying the lack of a critical stance regarding business excellence models, is the assumption that the values of improvement and progress, and the ideals that are embodied by the model are shared by all those who undertake the self-assessment process. This could potentially have an effect for SMEs where due to the smaller size of the organisation, an individual’s belief could have a proportionately greater impact on the organisation’s culture. In a study of self-assessment against business excellence models for small companies, Hewitt (1997) questions the appropriacy of the assumptions made by the self-assessment approach for SMEs, as the entrepreneurial qualities that have been essential for the SMEs’ founders to
succeed, may well be the very reason that self-assessment is rejected. However, the paper does not identify what these entrepreneurial qualities are.

Hewitt (1997) also makes the point that the culture of the organisation needs to be participative and open, and where learning at all levels is valued. The reality of this participative and open ideal is criticised by Finn and Porter (1994) in a survey that found that 69% of employers involved less than 10% of employees in self-assessment exercises.

Although the actual process of self-assessment is regarded as essential when comparing an organisation to the model of excellence, the study by Thiagarajan and Zairi (1998) questions this assumption. The survey of 81 Malaysian organisations was conducted to establish the consensus regarding the set of factors that were critical to successful self-assessment. The respondents had to rate 22 factors as either critical, important, or of minor importance. One of the findings was that the use of assessment tools to track and improve performance was ranked midway in the bottom tier of priority, or 18 out of 22. The active responsibility by senior executives for evaluation and improvement of management systems was considered the factor of primary importance.

The relatively low priority assigned to self-assessment tools to track/improve performance, is not a finding that corresponds with the core values espoused by other quality awards, e.g. the Baldrige Award and EQA, where self-assessment is considered one of the key processes.

The evidence collected in self-assessment processes is to a large extent self-reported, which opens up possibilities of bias in the data, as there is no objective external measure with which to compare responses. This is in direct contrast to the area of health and safety, where regulations and legislation provide external measures. There is a great deal of consensus among the studies in agreeing the importance of employees ‘buying into’ the self-assessment process. An assumption is made in the self-assessment process that employees respond in an honest and personally meaningful way, as ideally the process engages them in an honest self-reflexive manner. Bearing in mind the need for compliance with health and safety regulations, the possibility exists that SMEs could be motivated by self-assessment to present themselves as complying with health and safety regulations, when in fact they are not. However, there was no research uncovered in the body of literature which dealt with the issue of deception.

None of the studies reviewed examined the links between structural constraints (i.e. issues of power or politics), the respondent’s attitudes to the self-assessment process (i.e. positive or negative) and the actual results of the self-assessment. Obviously the data that is collected will vary considerably, depending on whether the employee regards the process as favourable or unfavourable. Failing to acknowledge the varying motivations and degrees to which employees accept the self-assessment process, could be viewed as overly academic, avoiding the pragmatics of the ‘real world’. Within the context of health and safety self-assessment, there are more obvious motivations for SMEs than with models of business excellence, namely the legal requirement to comply with the health and safety regulations.

The studies emphasise the time taken and resources needed to implement a successful self-assessment approach. It is acknowledged that the time and resources required are proportionately greater for an SME than a large organisation. A Small Business Task Group was set up by the British Quality Foundation to devise a strategy by which self-assessment can
be made available to small businesses. This task group felt that when a company’s employees numbered 50 or below, the organisation began to exhibit characteristics that differentiated them from larger organisations. It is unclear whether this conclusion was based on a consensus of opinion or a more rigorous methodology. Although other studies point to the structural differences between large and small companies, e.g. Van Der Wiele et al (2001), none state categorically that the cut-off point which distinguishes one from the other is 50 employees or less.

Similarly, a study of attitudes to self-assessment by SMEs (Wilkes and Dale, 1998), found that there is a paucity of research reflecting the needs and problems of SMEs and self-assessment. The lean make-up of SMEs produces obstacles to the introduction of self-assessment, primarily that self-assessment is proportionately more demanding on resources for SMEs than large organisations. Other obstacles to self-assessment encountered by Wilkes and Dale (1998) include:

- Firms cannot afford to allocate sufficient time and resources to new initiatives.
- Management activities tend to be ‘fighting fires’ as opposed to planning and prevention activities.
- Complex language used in self-assessment tools.
- Continuous market pressure means SMEs are looking for positive results today rather than next year.
- SMEs lack faith in any overarching business improvement system if that system is not perceived as relevant to the SME. Similarly, the level at which an SME perceives health and safety information as relevant, influences the effective communication of that information (O’Hara and Dickety, 2000). Bearing this in mind, the extent to which the self-assessment exercise, and the source of the self-assessment is perceived as relevant, will potentially influence the outcome of the self-assessment.

4.6.3. Evidence for Effectiveness

The evidence for the effectiveness of self-assessment practices against models of business excellence is subject to certain criticisms. The problem is partly due to the difficulty of reaching operational definitions for the terms used in the model, such as ‘leadership’ and ‘performance’. Within the studies the term performance is used broadly, from covering perceptions of how a task is performed, to more objective performance indicators, such as increased sales. Dale and Ritchie (2000) indicate that the measurement of self-assessment outputs has always been problematic, emphasising that the success of a self-assessment exercise is not solely based on end product, but whether the output from the self-assessment is incorporated into developing strategy.

Caution must also be taken when applying findings from self-assessment against business models to health and safety. One of the key findings for research into the extent the principles of TQM are applied to health and safety (Osborne and Zairi, 1997), was that health and safety management was driven by issues of compliance, whereas TQM was based on values of
customer service. The findings suggested that health and safety is treated independently of core business processes identified by business excellence models.

Of the organisations that had adopted a TQM approach to health and safety, Osborne and Zairi (1997) found that the reasons were usually associated with external influences, such as:

- Stakeholders or external assessment bodies requiring a management approach to health and safety to be consistent with the rest of the business.
- A perception by the organisation that health and safety is critical to the overall success of the business.

No study was found within the literature that formally establishes a causal link between a self-assessment exercise, and an increase in more objective performance indicators such as increased sales or profit margins. A US General Accounting Office report (1991) points to an improvement in business performance among US companies following self-assessment exercises, but the evidence is based on the strength of association between self-reported measures, as opposed to establishing the direct relationship between cause and effect.

The paucity of research establishing cause and effect mechanisms within the body of self-assessment literature, is mirrored in other areas of health and safety research too. In examining the links between safety culture and safety performance, Collins (2002) reports little evidence validating the link between safety culture and actual safety behaviours.

Bearing in mind the caveat regarding the nature of the evidence, there is a consensus amongst the literature of self-reports regarding the effectiveness of self-assessment against business excellence models.

A pan European survey by Van der Wiele et al (1995), reported that all respondents who had undertaken a self-assessment exercise, had positive perceptions about it. Of those respondents who had considerable experience of self-assessment, 37% claimed that there was a positive relationship between self-assessment and business results.

The study by Ritchie and Dale (1998) into the practice and progress of self-assessment, concluded that there was consensus among those using self-assessment, that it had a positive impact on corporate culture. Twenty four out of the twenty five managers interviewed, felt that self-assessment was beneficial to monitoring performance. Though this finding was based on a small sample size of 10 organisations.

In a study into self-assessment in the UK, Finn and Porter (1994) found that companies utilising self-assessment practices believed the benefits to be in line with the objectives, and to generally take place in a short period. As regards judging the benefits of the self-assessment exercise against the costs, 55% felt that the process was beneficial. This survey again had a small sample size, with only 33 organisations replying to the survey out of a potential 70.

4.7. **Self-Audits by Multinational and Utility Companies**
4.7.1. Purpose and Definition

A large proportion of the literature in this category originates from the USA. The literature suggests that self-audits are not only used as compliance tools for health and safety legislation, but that they also serve as a tool for managing costs and raising health and safety awareness.

The Occupational Safety and Health Administration (OSHA) defines an employer’s voluntary safety and health self-audit as;

‘Audits must be systematic, documented and objective reviews-conducted by a competent person. Findings must be documented contemporaneously. Ad-hoc observations are not included. Self-audit need not cover the whole plant, but only particular processes or hazards. It includes information in report as well as analyses and recommendations’. (Federal Register, Final Policy Concerning OSHA’s Treatment of Voluntary Employer Safety and Health Self-Audits, p9)

In an article on evaluation and management of environmental health and safety programs, Canon (1998) argued that there is an increased awareness of Environmental Health and Safety’s (EH&S) role in controlling costs. Canon (1998) suggests that self-managed audits can provide the information needed to measure and evaluate the effectiveness of EH&S programs in controlling losses, as well as offer direction for improvement. The auditing effort can effectively:

- Reduce worker’s compensation costs.
- Improve insurance premium ratings.
- Positively affect the quality of the work environment.

Following a similar line of enquiry in an article investigating a template for occupational health services, Kogan (1998) found that within multinational companies such as ICI and IBM, health and safety and environmental policies were being incorporated into the business strategy due to their role in controlling costs. Within multinationals the driving force for occupational health policies appears to be the business argument.

Kogan (1998) considered that the incorporation of health and safety into business strategy arose from the devolving of occupational health responsibility to line management among such companies. The increase in services offered under the title occupational health having forced such departments to review how their policies were implemented. Self-assessment has played a role in this implementation at IBM, with a strategy that facilitates employees to do much of the assessment themselves, e.g. whenever an employee sits at a new work terminal they have to fill in a checklist asking questions about the appropriacy of the workstation set up. It would appear that self-assessment tools are used in a reactive way, and not as a deliberate strategy from the outset.

Although the USA research indicates that reducing costs is a strong motivational factor for health and safety management, this finding is not replicated in UK research, where maintaining the corporate image, and following moral imperatives are cited as primary health and safety motivators (Wright, 1998). Wright suggests these different findings relate to USA
companies incurring a higher proportion of injury and ill-health costs through employee compensation premiums, than UK companies.

An additional purpose of self-audit is to develop a proactive attitude to health and safety, and engender the ideal of continuous improvement. There are examples of self-audit being used within organisations to educate and raise awareness of health and safety. Stalnaker (1996) emphasises that during self-audit, line management becomes more knowledgeable of safety issues, and a more pro-active attitude to health and safety is established. There is an implication that although perfection remains an unattainable ideal, it is the attempt to attain it that is relevant.

Self-identification and correction of problems through the process of self-audit is regarded as playing a key role in engendering a proactive attitude. An article in Nuclear Professional (1998) about the self-assessment program in an American steam electric plant, epitomises the view that it is better to find problems before they are found for you.

4.7.2. Context and Assumptions

Within the literature there is the assumption that the companies which implement the self-audits have the resources and time, as well as mature organisational structures devoted to the self-audit process. The capacity to draw upon resources and organisational structures to this extent is obviously less feasible for SMEs. These organisations exist within a wider legislative framework. The compliance with these legislative standards is subject to inspection and enforcement.

Canon (1998) states that before audits can be conducted, standards of performance must be established and implemented within the organisation, and that management systems should be in place to reinforce positive conditions identified by the audit, as well as assure that corrective actions are taken for the deficiencies noted.

Within the steam electric plant mentioned previously, a self-assessment advisory board was set up to demonstrate the organisation’s commitment to the self-audit process. There was also great investment in the training of personnel in auditing methodologies and observation skills.

Within the literature (e.g. Stalnaker 1996, Canon 1998) it is reported that successful self-assessment creates a self-critical attitude, and motivates individuals as it requires personal involvement. The involvement facilitates understanding and creates commitment to proactive health and safety practices. It is reported that results of self-audits are more likely to be internalised, and acted on with greater diligence, than are the results from external audits by third parties.

How this increase in individual commitment to health and safety occurs through the self-assessment process is not made explicit. The assumption is made that if the individual accepts the ideal of continual improvement, they will respond to the self-audit in an honest and authentic way, and derive personal meaning from it. The underlying model of the individual that these assumptions are based on, could be criticised for being overly idealistic and rational.
4.7.3. Evidence for Effectiveness
A survey by OSHA (1999) indicating that 85% of employers conduct voluntary self-audits, is regarded as evidence that their policies to encourage self-inspection are working. This figure is compared against the 1981 survey by the National Institute of Occupational Safety and Health (NIOSH), which indicated that 53% of employers conduct voluntary self-audits. Although the success of self-audit is gauged by the increase in self-audit activity by companies, the published literature does not refer to any effect on injury rates.

No evidence was found to support a causal link between the self-audit process and an improvement in objective health and safety performance indicators. Evidence for the effectiveness of self-audit is of a self-reported nature, with improvements in safety assumed to be linked to the self-audit program. The steam electric plant mentioned previously is typical of this finding. The self-assessment program across all levels of the organisation is credited with contributing to numerous plant performance increases, including a decrease in human and operator performance errors.

4.8. Summary of Literature Review

4.8.1. Limitations of Self-Assessment

- Within self-assessment against business models, it is assumed that the responses are honest, and that the respondents have no vested interests in lying as there are no objective external measures. In contrast, health and safety regulations exist as objective measures, and so motivation exists for respondents to mis-represent their behaviour in health and safety self-assessments, in order to be seen to comply with legislation.

- Evidence for the effectiveness of self-assessment against business models is based on self-reports of beneficial effects, as opposed to tangible evidence of improved performance linked to self-assessment. The operational definitions of the business model are problematic, whereas operational definitions for health and safety legislation are more transparent.

- The evidence for the effectiveness of self-assessment in multinational companies is based on self-reports rather than objective indicators. Improvements are assumed to be linked to self-assessment.

- Self-assessment is efficient in terms of cost and time, though the consistency and accuracy of the data is inferior to expert assessment. The strengths of self-assessment are the content, ease of administration, clarity and flexibility (Sainfort and Carayon, 1994).

- Self-raters are generally more lenient in rating their own performance, than are third parties. Women are less susceptible to leniency effects than are men (Fletcher, 1999).
4.8.2. **Self-Assessment Considerations for Enforcing Authorities**

- Business performance is measured against a model of excellence by a process of self-assessment, in order to ascertain areas of weakness. Self-assessment is regarded as a continual improvement process, requiring a level of maturity of operational structures, but no legislative requirements. Commitment to, and awareness of the values of the business model are influential factors for the self-assessment process. Engendering a similar commitment and awareness of health and safety in SMEs presents difficulties for successful health and safety self-assessment.

- Self-assessment in multinational companies is used for compliance with legislation, managing costs and raising awareness. One of the key drivers has been the business argument, but the issue of managing costs through health and safety would appear less applicable to the UK than the USA.

- Assumptions are made regarding multinational companies undertaking self-assessment as having mature organisational structures and management systems. This assumption is not so relevant to SMEs, which are often characterised by a lack of formal management structure.

4.8.3. **Self-Assessment Considerations for SMEs**

- Hewitt (1997) states that the entrepreneurial qualities on which SMEs rely, may be counterproductive to the success of self-assessment. Hewitt also advocates the need for organisations undertaking self-assessment to be ‘open’ and participative. It is possible that SMEs are more ‘open’ than larger organisations, because they have less employees, but it should also be remembered that they have less time to devote to health and safety as managers/owners often have additional responsibilities (O’Hara et al, 2000).

- It is acknowledged in the literature that the time and resources required for self-assessment are proportionately greater for an SME than a large organisation (Hewitt, 1997; Van Der Wiele et al, 2001).

- Obstacles to self-assessment in SMEs include: time and resources; reactive rather than proactive management strategies; complex language of self-assessment; and the need for immediate results (Wilkes and Dale, 1998; Jensen et al, 2001).
5. LOCAL AUTHORITY CASE STUDIES

The self-assessment tools used by the Local Authorities (LAs) that were interviewed can be placed in four categories:

- **Generic** A tool intended to be applicable to a wide range of premises.
- **Targeted** A tool which is used for targeted inspections of particular SME sectors.
- **A Balance Between Generic and Targeted.**
- **Award Based** A tool related to an award, which involves self-audit to the standards specified by the award.

A table summarising the self-assessment tools according to LA is found in appendix 5. Summaries of the LA procedures for using the tools are presented in appendix 6. The different approaches of the tools were related to the LAs’ varying conceptions of self-assessment, in particular, how the conflicting demands of enforcement and education were balanced. All the self-assessment tools served the function of identifying areas of health and safety deficiency within an organisation.

The content for the self-assessment tools was influenced by a variety of factors, such as: HSE statistics, HELA targets, frequently asked questions and professional knowledge and experience. All the LAs emphasised that the content of the tools was constantly evolving. The process of including new content was iterative, gaps in knowledge or legislation were uncovered while using the tool, which were then included. For example one of the LAs had not considered including noise regulations in the self-assessment tool until a series of inspections of night-clubs.

The case studies are presented according to the following groupings:

2. Targeted - Bradford.
4. Award Based - Barnsley and Fenlands.

5.1. Generic Self-Assessment Tools

Case Study 1: Nuneaton and Bedworth Borough Council

**Background**

1. The health and safety team was previously incorporated in a general duties section. Following a council restructure, the department was separated from the previous section, which resulted in it being under resourced and making it difficult to cover all the businesses in their area.

2. The team is currently responsible for health and safety matters for around 1100 non-food premises. 3.4 people are allocated to these responsibilities. High-risk premises were
previously visited in 1, 2 and 3-year intervals, which was not considered sustainable. Premises are now visited at 2, 3 and 5-year intervals with 100% coverage.

3. The LA won a HELA award for innovation in 2000 for their ‘Health and Safety Matters’ initiative for small firms, which incorporates their self-assessment approach.

**Purpose and perception**

4. The primary aim of self-audit is regarded as the provision of information as a first step to changing behaviour. For this purpose, the information needs to be provided in an accessible format.

5. Although, SMEs are generally most concerned about profitability, it is felt that there is little understanding of the costs associated with poor health and safety. It is hoped that the self-assessment tool will encourage SMEs to think proactively regarding health and safety, and not just adopt a ‘tick box’ mentality. The tool is also designed to ascertain the SMEs basic level of knowledge, and to show them where to access the required information and support. This educational process is underpinned by referring the SME to the relevant parts of their manual. At all times the advisory/support aspect of the local authority is emphasised.

6. It is considered important to explain to the SME how the manual can be used. Therefore, a hands on approach is needed. The officer has to promote the manual but not over burden the organisation. It is considered that the utility of a self-assessment tool can be judged by how quickly it enables the user to access the required information and implement the required actions.

7. The self-audit approach has become a combination of all sources of advice, and helps structure and integrate new information. The tool also enables and encourages the officers to get to grips with legislation.

**Development**

8. There was a feeling that a great deal of information was not being presented effectively to SMEs. It was decided to distil the knowledge into a manual consisting of 95 topics with an ‘action list’ following each topic. The manual was designed to enable SMEs to identify areas of deficiency and actions required for compliance. SMEs are now provided with a bespoke manual, consisting of core legislation (20 core elements) and additions that are relevant to the SME concerned rather than including all 95 topics.

9. Information for the 95 topics was selected on the basis of professional knowledge and experience within the council. It was an iterative process, intended to be cumulative, with areas being constantly added, e.g. leisure and churches. 15 local businesses from various sectors, and with differing compliance histories were chosen to pilot the manual.

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An agency of the Health and Safety Executive
Content
10. The structure for each of the 95 topics is the same. The key legal and technical points are distilled. There follows a checklist for the SME to determine areas of deficiency and actions required to comply. The key references are then given, as is an indication of whether free leaflets are available that expand upon the information. Lastly contact details are supplied. The information provides a focus for inspectors.

Distribution
11. The manual was launched in 1997 with the support of local Business Link. Seminars were held and SME delegates were invited. The manual is never sent out blind. An Inspector introduces the SME to the manual. They promote health and safety and the effect it has on profitability. It is recorded when an SME has received a manual, and the additional elements that are included. 500/600 manuals have been sent out to date. The overall aim is for 100% coverage of council enforced premises. National companies are not included.

Online access
12. The 95 elements of the manual were put on a website, to enable users to access them anonymously. (http://www.nuneatonandbedworth.gov.uk/business/healthsafety/). It is felt that it is important to give SMEs as many means as possible to access the information. The online manual has the advantage of easy updating. It was noted that there is a danger that the printed versions of the manuals can quickly become out of date. There is also a version of the manual available on CD ROM. The CD ROM version is also subject to the difficulty of updating the information.

13. There are no precise figures for the number of SMEs that access the web. The site is publicised through many means, e.g. leaflets, pens and giveaways. There is also a link to the site from the Salford University/HELA portal. It was also reported that the Nuneaton website has also been adapted by Berkshire local authority for its own use.

Occupational Health
14. It was felt that SMEs are limited in their awareness of occupational health (OH), and would be unsure where to find further information. It is considered enough of a challenge to get SMEs to address basic health and safety, for example, risk assessment. It was felt that there could be more emphasis on occupational health if there was a scheme where SMEs could easily ‘buy in’ occupational health services, but there is no such scheme at present. It was noted that the Employment Medical Advisory Service (EMAS) has provided assistance in dust and manual handling issues. However, the level of awareness of EMAS is felt to be very low.

Impact of the self-audit tool
15. Every manual sent out contains a feedback form. Although not many of the SMEs have returned the feedback form, those received were regarded as being generally positive about the manual.
16. The main evidence in relation to the impact of the ‘health and safety matters’ manual comes from the reported increase in service requests. An increase has been noted in the number of requests for information and advice received, from approximately 50 to 150. It was noted that the main barrier to SMEs contacting the health and safety team is their fear that this will lead to an inspection visit. SMEs can be encouraged to seek help by building a relationship over time.

**Lessons learned**

17. The response from other LAs has been encouraging. There is a feeling that many LAs are engaged in similar tasks of distilling the legislation into a manageable form for SMEs, and that scope exists for this to be done on a national basis.

18. A key difficulty identified was the fact that as the audit is internal, there is no way of knowing whether the tool is being used. There are also issues concerning updating the database of companies that have received manuals, and of managing the information that is returned.

**Additional information**

19. The health and safety team intend to develop more specific self-audit tools to be used in project based targeted campaigns (e.g. cellar safety) for low risk premises. It was felt that this would help address the difficulty of meeting 100% inspection rates for low risk premises. The target group will be sent a self-assessment questionnaire, which they are strongly advised to fill in. They are told that if the questionnaire is not returned they will receive a visit. The results of the questionnaire are also used to determine whether a visit is required. It is anticipated that a sample (20%) of premises will be targeted for inspection. The results from the questionnaire are also intended to provide information on significant gaps in knowledge that could be addressed by providing workshops.

**Case Study 2: Aylesbury Vale District Council**

**Background**

1. The previous Principal Environmental Health Officer (PEHO) in the Department of Housing, Health and Leisure decided on the strategy of self-assessment, and had drawn up a business plan. The current district EHO designed and wrote the self-assessment pack and appears to have invested a great deal of personal effort in the development of the pack. This program relies primarily on existing resources. More recently a customer services officer has been seconded to help with processing the self-assessment form returns.

**Purpose & perception**

2. The tool was an attempt by the Department of Housing, Health and Leisure, to move away from an enforcement role into an educational one, and to be perceived as an accessible LA. The tone of the introductory letter was not coercive, but emphasised how SMEs could take
responsibility for their health and safety. The project was perceived to be in line with corporate objectives of developing partnerships with businesses.

3. It was felt that the project fits with a change in attitudes, whereby LAs no longer focus solely on enforcement, but are in partnership with local businesses. The LA’s role is now considered to be more of a consultative one. The department feels that local businesses are more inclined to ask their advice because past guidance has proved useful. It is felt that businesses are more prepared now to analyse risks in order to minimise them, rather than because they are legally bound to.

4. The purpose of the tool was to help meet health and safety targets, and to improve contact with the premises, whilst helping the SME onto the first rung of the ladder towards successful health and safety practices. The tool allows the LA to establish a baseline, and enables the EHO to judge whether the SME complies with current health and safety regulations. It was judged to be an effective strategy to avoid over-inspection of low risk premises, while providing valuable contact and support, in line with guidance from HSE.

5. It was felt that the self-assessment tool was a more appropriate use of resources (and provided more support), than the previous method of an inspection every six years. The EHO believed that due to the high turnover of businesses, some premises were never contacted because the occupier had changed before an inspection was due. It was felt this situation could be improved by making direct contact with a person at the premises, and explaining the health and safety self-assessment tool directly. It was hoped that the SME would perceive the tool as something that could be beneficial to them.

6. The pack is considered part of an evolutionary process, and is not thought appropriate to use again for a firm at a later date, once they have initially completed the pack. Either an alternative mechanism will need to be developed, or an inspection will be undertaken.

7. The department encourages SMEs to use the pack by emphasising that it is not just a paper exercise, but could offer some protection from compensation claims as the pack highlights the health and safety requirements, and the steps needed for compliance.

**Development**

8. The project plan was started in November 2000. Self-assessment tools from other LAs were analysed, but the questions on some were felt to be inappropriate due to their ambiguity. It was also felt that some were unduly complex, including separate forms for different types of business, i.e. churches and offices. The EHO decided to use a generic form that was appropriate for all premises.

9. A lot of time and resources were spent on the appearance of the pack. It was felt that some of the other tools reviewed were poorly presented, and did not grab the attention. The graphic
design extends throughout the pack to give continuity. The pack was written and designed to pose the question ‘How prepared are you’?

10. Topic areas that were included in the pack were:
   - Health and Safety Policy
   - PUWER
   - Management of Health and Safety at work regulations
   - Display Screen regulations
   - Electricity at Work regulations
   - COSHH
   - RIDDOR
   - Health and Safety of young persons

11. The pack comprises a self-assessment (mainly ticklist) form and health and safety booklet. A copy of the self-assessment form is provided in Appendix 7. There is an additional ticklist for organisations to identify any guidance leaflets they would like to receive. At the end of the tool is a consumer survey section, which asks users to rate the tool. The returns have mainly been marked ‘Satisfactory’ and ‘Good’. If the unsatisfactory category is marked, a reason has to be given. Those reasons are considered, and the form and information are amended accordingly.

12. A conscious decision was made to call the assessment tool a ‘business pack’. By referring to the tool as ‘your pack’ it was hoped that ownership of the information would be encouraged. No mention is made of inspection or prosecution. It was felt that if information could be volunteered freely without fear of prosecution, this would be a motivation for the SME to use the tool.

13. SMEs were encouraged to use the pack by the style of the letter, the professional look of the pack, and the fact that it was concise and easy to understand. The idea for the tone of the letter was influenced by sales letters, particularly the last sentence that encourages the premises to…”Find out how easy it is”.

14. The self-assessment tool was trialled with a number of businesses known to the district EHO. Very few of the targeted premises reported a problem with completing the form. The EHO believes the form takes around half an hour to complete if the recipient has some health and safety knowledge. Further time is required to read the booklet. This feedback was incorporated along with the feedback from the district EHOs. The project went live in June 2001.
15. A management consultancy was commissioned as part of a best value audit, to research how the public liked to receive information from the LA. One to one contact (45%) and leaflets (40%) were the most popular, which encouraged the department in their approach.

**Distribution**

16. The self-assessment tool is used for lower risk premises that are classified as category C or B3/4. Premises were sent health and safety information in an unsolicited mail shot, but it was felt that the responses to this were disappointing, so it was decided that contact should be made with each business through a visit.

17. The database administrator drew up a list of all C, B3/4 premises. These premises were visited to check whether they were still operating, whether the risk rating was accurate, and whether the premises was under the enforcement of the LA or HSE. This approach had the effect of increasing the accuracy of the database.

18. It was felt that the personal visit was the most effective form of distribution, as it was at this point of contact that a partnership could begin to develop between the LA and the SME. A deadline of two weeks was given for the self-assessment form to be returned. Two weeks was chosen as the cut-off date as it was felt that any longer and the pack would be forgotten. In the case of businesses which fail to respond, two separate reminders are sent out within a month of the visit. If the completed pack is still not returned, then the premises are scheduled for an inspection. 438 packs were sent out, of which 218 are still outstanding and 233 have been returned and the data analysed.

19. Returned forms are logged by the database administrator. If information needs to be changed, it is updated and any requested leaflets are sent out. The receipt of the form is acknowledged. The reply is personalised and refers to any comments made on the return. The department feels that a standard letter does not receive the same attention as a personalised one.

20. A customer services officer was seconded to help with the process of scanning returns, enabling the technical and EH officers to carry on with fieldwork. There was no impact on inspection rates. The information in the pack is available on the Internet, but it is not otherwise marketed.

21. A software package called Remark was used to analyse all the returns. The forms are scanned and the program extracts the data from the ticklist fields. The data can then be analysed and presented in a variety of ways. This approach was used to minimise the amount of manual data input that was required.

22. There has been no major analysis of the data so far. The software enables the team to develop a global picture of the information that businesses want, and to develop future
campaigns. It is intended to audit a sample of returned forms. The returns also form a contemporaneous record of the premises, which can have relevance for potential future investigations.

**Impact of self-audit tool**

23. The self-assessment program is still being evaluated as it is in its first year. Though it is felt that due to the diversity of the category C premises, and the time taken to travel to the locations within a large rural area, the current method of self-assessment is an appropriate use of resources. Information is directed to lower risk premises, enabling the manpower used for inspections to be focused on high risk premises. Some premises have sent letters to the department detailing actions that they are going to implement, i.e. completing a risk assessment (RA) or health and safety policy.

24. The EHO believes that proprietors with fewer employees were less likely to perceive the pack as applying to them. A lot of the returns from churches were marked as unsatisfactory, as they felt the form was inappropriate. The EHO felt that the churches did not understand the concept of the form, as they did not consider themselves a business. A separate paragraph has now been included in the introductory letter for churches, explaining their obligation to look after the public, and this has reduced the misconception.

25. This year the department has concentrated on making health and safety information available to the SMEs. In March of 2002 they will start the next phase of auditing a 5-10% sample of the returned forms. If it is found during the audit that a premises has implemented the information from the leaflets they have received, this will be taken as a measure of success. The results of the audit will determine the strategy of the department, if the pack is not considered successful a new direction will be adopted.

26. The next phase of the project will involve a global analysis of the data, to highlight sectors and issues that need attention. A potential exists to address these issues through seminars, as the department has had previous success in organising health and safety seminars for voluntary organisations. These have been targeted seminars to cover particular issues for certain business categories.

**Benefits of self-audit**

27. It is felt that the presentation and design of the pack has had a positive effect on the response rate. The pack allows the LA to initiate a relationship with the premises, and acts as an icebreaker. It is felt that premises prefer to receive information through personal contact with a particular officer.

28. The tool is considered an appropriate use of resources for low risk premises, and more effective than the previous policy of inspections. Inspections were scheduled every six years, so there would have been premises that were never seen due to the high turn over of businesses.
Limitations of self-audit

29. One of the main difficulties for the department was in establishing that the SMEs existed in the first place, and making contact with them. Due to the rapid turn over of businesses, databases can quickly become out of date. There were also problems in finding out whether premises were under the enforcement of HSE or the LA, and if the risk rating was still appropriate. These problems were resolved by visiting the premises, which allowed contact to be established with the SME, and details to be confirmed. There was an issue in balancing the range of leaflets available, while maintaining the project within manageable proportions.

30. The focus of the pack is educational, but does not ignore the responsibility for enforcement. This raises the issue of differentiation, and how a visit is credited when an officer discusses the pack on premises. At present the visit is recorded, but not credited as an inspection, even though enforcement issues are being addressed (i.e. risk-rating and checking of premises).

Case Study 3: Oxford City Council

Background

1. The OH section is part of the Oxford City Council EH business unit. The OH section is responsible for all non-food premises. The function of the team is the enforcement, promotion and education of health and safety issues. The team also has responsibility for an asbestos advice service.

2. The EH section team is expanding. There is a team leader, an EHO (to help reach revitalising targets), a full time health and safety technician, two part time health and safety posts, and one post which is split between analysing asbestos for housing inspectors (75%) and health and safety (25%).

Purpose & Perception

3. One of the purposes of the questionnaire was to be able to demonstrate contact with category C premises (designated low risk by the council), and to show that something was being done with these premises. The questionnaire also allowed the team to build up a database of email contacts, and to promote and raise awareness of health and safety issues.

4. The EHO feels that the self-audit approach cannot be used merely for enforcement, as there is an element of trust on behalf of the LA, that relies too much on the honesty of the business. He believes some companies comply with the questionnaire simply to avoid contact with the LA. He makes the distinction between business sectors and perceptions to health and safety self-audit, for example, he feels there is a genuine interest among small technology based industries, where staff are the main resource, compared with sectors such as retail that regard staff as less important. The questionnaire is felt to be less suitable for premises where there are a large number of employees.
5. It is felt that self-assessment tools are now established and can be used along side more traditional approaches and educational campaigns. The EHO aims to use the questionnaire for smaller targeted samples, and so generate a more manageable workload, that will be fitted into the work program, and enable the team to deliver better service.

6. Initially the EHO was sceptical about using the questionnaire, thinking that it would not be adequate. He now feels it has been a good starting point, and has proved its worth and will be used again.

**Development & Topic Areas**

7. The self-assessment approach was a countywide initiative, which was instigated by the county liaison group. The initial drive was to make contact with category C premises. The questionnaire was designed to be non-specific in order to fulfil the countywide remit. Other authorities in the county were consulted during the design of the questionnaire, but SMEs were not.

8. The questionnaire is similar to the checklist used by inspectors. It was a ‘belt and braces’ approach to cover all topics and check for compliance, but also to educate the user. To answer the RIDDOR reporting questions the user had to read the enclosed health and safety handbook. The form also asked for evidence with certain responses, e.g. if the company indicated that they had a safety policy, they had to provide documentary evidence of that policy.

9. There has been some negative feedback regarding the time taken to complete the 60 questions. The team leader concedes that if an SME has not considered the questions before then it could be a daunting task.

**Distribution**

10. The tool has been sent to a wide range of SMEs and non-SMEs, including banks and low risk premises. Premises are targeted by sector, risk rating and according to the use of the premises. There are a lot of start up businesses in Oxford, including business incubation units and a science park.

11. Around 700 questionnaires were posted in May/June 2000. All premises were informed in the covering letter that if the questionnaire was not completed they would be inspected (though this may prove not to be the case due to time constraints). A random sample of completed forms were selected for an inspection. The inspectors attempted to visit companies that were in close proximity to each other, in the hope that this would generate further returns, and increase the visibility of the inspectors. The number of visits that were generated presented resourcing difficulties.
12. The questionnaire was also used to generate an email database. There is an email newsletter that has generated contacts, and the questionnaire was also sent as part of this. The questionnaire and related information are published on a website, and are also available on a floppy disc. Support is provided via the telephone or through direct personal contact.

13. The response rate to the questionnaire was 45-50%, which was higher than the expected 25-30% response rate. There was no feedback from premises that did not return the questionnaire, and it was presumed that these businesses do not prioritise health and safety, or the questionnaire was forgotten, or that the company had moved or ceased trading.

14. The team is aiming for 100% returns next time. The EHO believes the response rate could be improved by strengthening the introductory letter, and targeting the premises through smaller sector specific groups. The questionnaire will be sent out again as part of a three-year plan, but to a smaller more manageable sample.

15. The returned questionnaires were analysed, and the premises were given a rating. If the information returned was satisfactory, the company would be put into a database to be contacted again in five years. If there was no return the company was entered into the overdue investigation database. There were no significant differences between what was reported, and what the inspector found, for the companies that completed the questionnaire.

Impact

16. There has been positive feedback on the questionnaire. Some businesses have contacted the OH section for advice and information, and others have claimed that the questionnaire has helped them focus on health and safety and raise it as an issue within the company.

17. The EHO believes that the questionnaire has changed some companies’ health and safety practices, especially regarding basic documentation for companies that had a low level of health and safety knowledge. He has evidence of documentation returned that indicates policies and procedures have changed for some companies.

Benefits of self-audit

18. The EHO believes that there is the possibility that some of the companies that received the questionnaire could develop into much larger organisations, especially in the business incubation units. He feels that the focus on health and safety in these companies, instigated by the questionnaire, could have a greater impact over time as these companies grow and employ more people.

19. The questionnaire has enabled the team to contact companies they would not have visited, and to distribute a lot of leaflets. The questionnaire has also allowed the team to develop relations with intermediaries, providing access to companies that would not otherwise have
been reached, e.g. the Oxford Trust distributes the section’s e-mail newsletter to its recipient list.

**Limitations of self-audit**

20. The questionnaire returns presented too large an administrative task. It was felt that officers spent too much time in the office focusing on low risk premises, and that this affected inspection rates. The EHO feels he did not anticipate the size of the task, and so it was not planned for effectively, though he believes this can be absorbed across the three-year plan.

**Case Study 4: Sefton Borough Council**

**Background**

1. Sefton is part of the Merseyside Health Action Zone (HAZ). Merseyside HAZ is the largest in the country, covering five LAs, with a population of 1.4 million people. The Environmental Health Department operates in alliance with a number of different sectors as part of the Sefton Strategic Health at Work Partnership. This group includes representatives from the following agencies: Sefton Council for Voluntary Services; Sefton Chamber of Commerce and Industry; Merseyside health Action Zone, Sefton Council and Sefton Health Authority.

2. The HAZ status allowed the department to bid for funding to develop a web-based health and safety resource for Merseyside. One of the core elements of the resource is an online self-assessment questionnaire that enables organisations to check their health and safety compliance, and provides accurate health and safety information. The site was launched around 18 months ago at www.healthymerseyside.com.

3. To inform the direction of the site and to develop an evidence based strategy, the decision was made to commission research into the health and safety needs of the local employers. The research also received HAZ funding. The initial assumption to make health and safety the core feature was supported by the research findings. The site is being relaunched at the end of January 2002, and will reflect the demands of the local employers that were highlighted by the research.

4. The web-site is conceived as a rolling project, to be continually updated and providing a nexus and supporting the infra-structure for all the related health and safety organisations, alliances and schemes within Merseyside.

5. The department is also bidding for funding to increase human resources in order to create two positions for workplace contact officers. It is hoped these positions will be seen by companies as advisory roles, and not linked to enforcement, and so encourage companies to seek advice.
**Purpose and perception**

6. A project based approach was adopted to allow the Environmental Health Department to find new ways to enter into dialogue with SMEs, and also to ensure that local priorities were in line with the national agenda and guidance established by HELA.

7. It was felt that the web-site offered the possibility of equal access by all companies within Merseyside, and could act as a safety net for organisations that were not inspected within the Sefton area. The nature of the HAZ funding dictated that schemes should be equally applicable to all of Merseyside.

8. The web based approach is considered less labour intensive than other schemes, and allows information to be cascaded quickly to the organisations. The interactivity of the site is also an important function for facilitating the dissemination of relevant information.

9. The self-assessment questionnaire is seen as providing information quickly to SMEs, which often lack time to find such information. It is hoped that by simplifying the legislation, and sign posting companies to core requirements, the fear factor will be taken away and the process of health and safety management will be demystified. Self-assessment is not perceived as an end in itself, rather it exists as another tool to help companies.

10. It is intended that the website and self-assessment questionnaire will be used as a lever to motivate more proactive health and safety practices. The Economic Development Unit (EDU) is responsible for administering EU grants for business improvement. It is envisaged that grants are to be made contingent upon competent health and safety practices, and that companies lacking these practices will be referred to the website.

11. The LA is also developing its own guidelines as an employer for contractor compliance, it is expected that the strategy developed from the website project will inform the rationale for the guidelines.

**Development**

12. The site was developed with a web design company who could provide the necessary expertise to develop a professional looking site. It was also felt that this external expertise was necessary to create a site that was applicable to all of Merseyside as required by HAZ funding.

13. The content of the self-assessment questionnaire was developed by the Liverpool Occupational Health Partnership (LOHP) with HAZ funding. The development of the questionnaire was also informed by research findings from a previous LOHP project in Speke, to identify appropriate health and safety support for SMEs.
14. The website is now updated by Sefton Health Improvement Support Services. It is estimated that it takes around two hours a week to maintain the website.

15. The website was designed to reflect the idea that health at work is important for everyone. Elements of the graphic design of the site and the splash-cards are intended to reflect issues such as: ethnicity, gender, health and safety and homeworking.

Content
16. The self-assessment questionnaire covers such core topics as:
   - Health and safety policy
   - Risk assessment
   - RIDDOR
   - COSHH
   - PUWER
   - Carrying out building work
   - Health, Safety and Welfare
   - First Aid
   - Manual handling
   - PPE
   - Substances hazardous to health
   - Using display screen equipment
   - Environmental assessment.

17. The website does not cover environmental monitoring, as this is considered to be outside the core health and safety elements of the website. The Pollution Control Section are responsible for such issues as hazardous waste.

18. The information in the online self-assessment questionnaire is also available in a hard copy as a health and safety starter pack for small businesses. Each LA has 200 copies of the pack which it is hoped will be used as a reference tool, allowing companies to selectively pick relevant health and safety information.

Distribution
19. The website and self-assessment questionnaire are intended for all employers in Merseyside, whether LA or HSE enforced. In practice the site will be used by SMEs as within the 7000 employers in the Sefton area, only around 100 companies employ one hundred or more people.
20. Web cards advertising the website were distributed to all the Merseyside LAs, and also placed in local papers. It was decided to limit marketing the website at that particular point in time, as the website did not yet reflect the needs of the users, as the results of the research had not been incorporated. Around 30 organisations have links on the website. Ownership of the website is encouraged for these organisations by allowing them to contribute content to the site.

21. The Enforcement Unit targets companies that they feel would benefit from using the health and safety pack. The enforcement officer’s judgement is used to decide which company is proactive in their approach to health and safety management and would respond to a more educational approach.

22. The Economic Development Unit also encourages companies to use the health and safety pack when developing business plans, especially if health and safety is central to the business plan.

23. It is felt that the environmental health department is relying on the website to do preliminary work, and that companies which have not been visited will use the site as it develops. The department feels that the approach that has been adopted is partly due to a constraint in resources (diverted to food safety) that necessitates such prioritising.

24. There are a number of other schemes that reinforce the website by referring to it. There is an attempt to create a loop with the organisation of the schemes, by ensuring that schemes market each other:
   - The Best Practice Grants Initiative provides funding for tangible resources to improve health and safety within a company.
   - The Merseyside Skills and Learning Council offers modern apprenticeships in health and safety.

25. The programme of targeted inspections also inform the content and strategy of the website. It is expected that information gained from the inspections will be made available on the web, to target specific sector needs and share examples of good practice. The targeted inspections include a warehouse project which is nearing completion, and residential homes will be the next targeted sector.

26. The project has depended upon good relationships and effective communication between different sectors. It is felt that the environmental health department has always had good links with the health authority, especially on an operational level. The Director of Public Health had previously established Healthy Alliance posts which sent out a strong message for
co-operation between departments. This initiative is viewed as partly responsible for establishing networking practices between sectors.

**Impact of the self-audit tool**

27. The research into the health and safety needs of Sefton employers received replies from 203 companies, 130 of these companies requested copies of the report. Feedback for the site from companies and health professionals is generally felt to be positive, though this evidence is anecdotally based.

28. The statistics for the site traffic are available, but it is felt to be too early to gauge the impact of the site and the self-assessment questionnaire. It is assumed that if a user stays on a section of the site for a long time, that they are actively using the information in that section.

**Advisory Vs Enforcement**

29. If a company feels that it has a compliance issue after completing the questionnaire they are directed to the Chamber of Commerce for advice and guidance. The environmental health department felt that this approach would encourage companies to come forward as there would be no fear of enforcement.

30. It is believed that SMEs will only be motivated to use self-assessment tools when they are reinforced by the incentive of enforcement. Voluntary schemes for self-assessment are considered impractical.

31. It is felt that if a relationship can be developed with a company by an officer then this is more effective in terms of motivating long-lasting, proactive health and safety management, than simple enforcement.

32. Generally it is believed that the educational approach should be targeted at companies which want to implement proactive health and safety management, and that the enforcement approach is more relevant to companies which do not wish to be proactive.

33. It is believed that explaining the benefits of proactive health and safety management in terms of cost, is the most efficient way to persuade a company to improve health and safety performance, as SMEs exist to make money.

**Benefits of self-audit**

34. It is felt that there have been a number of benefits from using the self-assessment questionnaire, and more specifically the website project in general:

- The project has enabled better relationships to develop between members of the groups involved. The improved communication has allowed new ways of thinking and
approaches to develop, particularly from the business perspective provided by the Chamber of Commerce.

- On a macro-level the project has had a compound effect, in that it enables data to be collected, which in turn forms evidence for bids, allowing access to other revenue streams. In this way elements of a health and safety portfolio develop, and progress is made.

**Limitations of self-audit**

35. Selective targeting of organisations deemed to be proactive towards health and safety is regarded as the most effective way of allocating resources. But this does exclude those not regarded as proactive.

36. On a general level the short-term nature of public funding initiatives is found to be frustrating, and the deadlines for bidding means that sometimes schemes are not fully thought through.

**5.2. Targeted**

**Case Study 5: Bradford MBC**

**Background**

1. The Environmental Health department targets specific sectors and activities, it was decided that this was the most effective way to use resources and to make an impact. Currently they are focusing on manual handling in residential homes. The programme was initiated in an attempt to focus on Occupational Health (OH) issues, and incorporate HELA targets and strategies in a formalised way. A self-assessment tool is incorporated within the residential home programme.

2. There is a program focusing on Hairdressers that also incorporates self-assessment tools. Areas covered include: staff health monitoring for asthma and dermatitis; and COSHH assessments.

3. The department has developed a self-assessment tool for display screen equipment (DSE), which will be used for programmes targeting call centres and the finance sector. There are also plans for future programmes to focus on funeral directors and steel stockholders.

4. The enforcement programme was decided at the start of the year, it was the responsibility of the health and safety team to implement it. The inspection program was not based on the risk rating of the premises as the database was considered inadequate. There were not enough resources to accurately survey the district. Different methodologies were used to identify the location of all the residential homes, e.g. The Social Services Register. The residential home programme began at the end of August and has not yet been formally evaluated.
5. The department has targets to bring the LA in line with the HELA Section 18 guidance audit, where LAs are encouraged to audit each other. The authority audited themselves in order to make a list of priorities. Additional support was brought into the health and safety team, as well as resources to produce documents. 2.5 staff are allocated to the targeted programmes and are not involved with reactive work.

**Purpose & Perception**

6. Self-audit was seen as a useful tool to enable businesses to develop a documented risk assessment, especially as some of the guidance available was regarded as too complicated for SMEs (e.g. Manual handling). It was felt that some SMEs lacked the basic knowledge regarding risk assessment, to the extent that they would not know where to begin. By providing a risk assessment form for the SME to complete, the department felt they were helping the SME to produce a documented risk assessment. A completed example of the document is also provided to act as a guide for the SME, and also to help the inspector explain the process.

7. The self-audit tool is regarded as an on-site educational instrument, which helps to explain how to conduct risk assessments and manual handling assessments. It also fulfils enforcement functions as it helps the user to comply with the law. The health and safety team believe that the tool needs to be backed up by a visit, or at least the possibility of a visit. If the tool is just sent to SMEs indiscriminately it will prove ineffectual.

8. In order to show the relevance of the self-audit tool to SMEs, and to link risk assessment (RA) to business drivers, the health and safety team explain how RA documentation can help protect against compensation claims. The team feels they have to constantly stress how the self-audit tool is not merely a piece of paper.

**Development & Topic Areas**

9. The self-assessment tool for residential homes is used in conjunction with an inspection. The audit tool was not piloted, but the inspector’s questionnaire was. The main purpose of the inspection is to examine manual handling issues, which takes around two and a half-hours.

10. Residential homes are not notified prior to inspection. To decide whether the manual handling activities require assessment, inspectors complete their own checklist at the initial inspection. If the home has not got a manual handling RA, then an improvement notice is served, and the self-audit pack is given out to aid compliance with the notice.

11. The self-audit pack covers: resident’s individual care plans; manual handling assessments; training for manual handling; and requirements for Lifting Operations and Lifting Equipment Regulations (LOLER). There are also two completed examples of the form to provide further guidance, and to give an idea of how to fill in the form. The forms for the other target areas
are based on the same principles. A copy of the manual handling summary and risk assessment forms are provided at Appendix 8.

12. There is a post inspection follow up program. If an improvement notice is served (e.g., because the home lacks a manual handling assessment), the home will be revisited once the notice has expired. If no notice is served but it is felt there are still some questionable areas then the SME will also be revisited. Only those SMEs that are considered acceptable at the initial inspection will not be revisited.

13. The health and safety team participated in a course with a hospital physiotherapist to obtain practical experience of manual handling issues, as they felt that there was not a lot of practical guidance or literature. The course helped them understand a lot of the problems, and enabled them to ask more probing questions regarding manual handling practices. The link with the hospital came through the Environmental Health forum, where a contact had been made with the hospital’s health and safety officer.

14. The program of inspections for Hairdressers was started at the same time as the one for residential homes. It was anticipated that COSHH would be a big issue, but this did not transpire as the products used are not classed as hazardous.

**Distribution**

15. There are around 120 residential homes, of which 100% coverage is aimed for. The philosophy of the program is to make a wholesale improvement across all the homes.

16. At an annual meeting of residential homes there were a number of disgruntled owners who felt that the health and safety team were victimising them. The team pointed out that all residential homes were being targeted, and with reference to the new residential home standards coming into effect in the following year, the owners were only being asked to do what they were obliged to by the law since 1992. Some owners expressed their satisfaction that all homes had been targeted; it seemed to be perceived as a fairer approach.

**Support**

17. As the self-audit requires a lot of information for the manual handling RA, the SMEs need support to help process the information. A number of trainers were also sourced to residential homes in an attempt to give as much information as possible to the SME.

18. There is a food safety newsletter, which contains health and safety information, but no separate health and safety newsletter. There is a health and safety forum newsletter, which is sent to LA and HSE enforced premises. The department hopes to produce a website with health and safety information. The draft enforcement policy is to be published on the web for consultation.
**Impact of the self-audit tool**

19. Whether the inspection program has made a difference or not can be answered next year. The team has seen a rise in RIDDOR reporting in some homes; they relate this to the home being told what they need to report during an inspection.

20. It was found that residential homes that were part of a larger group or national body, performed better than the individually owned residential homes, as there was more back up. In general the team felt that the resources that were available to an SME affected the success of the self-audit tool.

21. There is mixed anecdotal evidence regarding the usability of the self-audit tool. Some residential homes have found the tool easy to use, while others have struggled. The concept of risk-assessment (RA) has also been difficult for some residential homes to grasp.

**Benefits of self-audit**

22. Using the self-audit approach has resulted in inspections being more structured and less superficial, and has led to a higher standard. It is felt that previously the inspections were more ad-hoc. The approach is generally more proactive as opposed to reactive.

23. Although the inspectors had to spend a lot of time developing forms as opposed to inspecting premises, the trade-off was such that inspectors were very competent when it did come to inspections as they had taken the time to mentally process the legislation. The material cost has been low, involving sundry items such as paper and photocopying.

**Limitations of self-audit**

24. As there were no extra resources to commission new staff, existing inspectors were taken out of their normal functions. There was a lot of down time for inspectors as they were working on forms and not inspections. The down time had an impact on inspection targets, which were used as a best value performance indicator. The inspection process is very intensive and time consuming. Once a standard has been reached, a new problem arises of maintaining that level.

25. During the development stage, two residential homes sent in forms for comments. There was some confusion in that the tasks they had highlighted did not require manual handling assessments. The health and safety team felt that one of the risks of providing completed examples to act as guidance, is that SMEs merely copy the example onto the blank form, without attempting to understand it.
5.3. Generic/Targeted

Case Study 6: Nottingham City Council

Background
1. Around 1992 the Environmental Services Department felt that they were not sufficiently resourced to inspect all premises. Premises designated low risk were visited every five years, which left the possibility that during the short lifetime of an SME, it might never be inspected. The department felt that a different strategy needed to be adopted.

2. The team did not consciously set out to develop a self-assessment approach. The current self-assessment pack was developed from an information pack that was sent to retail premises three or four years ago. To encourage businesses to read the information pack, they were asked to return a feedback form concerning the information, on the understanding that they would not be inspected if they did so. This feedback form was developed into the current questionnaire, which is used by the officers to risk rate ‘low risk’ businesses, and prioritise inspections of higher risk businesses.

3. The questionnaire elicits details of the business, any significant hazards and feedback on the quality of information provided. The questionnaire arose as the department was applying for the charter mark, and needed to show evidence that customers perceived improvement in their work.

Purpose & perception
4. The pack is designed to give businesses the impression that the department is there to give free advice, and does not just exist in an enforcement capacity. The presentation of the pack was felt to be very important in reinforcing the department’s aims. The department felt that over time the quality of the presentation of the pack had decreased due to repeated photocopying. As a result the information was updated and reprinted to improve quality. The printing of the pack folder was sponsored by a union.

5. The pack is primarily used for advisory purposes. The department feels that the approach might not be effective where the owner of the business is autocratic and regards health and safety as a cost.

6. There is no differentiation made between health and safety and occupational health, both are regarded as part of the same remit. If a situation requires particular OH expertise (e.g. a case of workplace dermatitis) then the team would contact EMAS.

Development
7. The health and safety information pack is generic in its design, and it is hoped that it is applicable to any small or medium sized business. The Workplace Health and Safety
Enforcement team designed the pack. No extra resources were assigned for this task. The team did not feel that the project impacted upon their inspection rates.

8. The department decided to include what they felt were ‘obvious’ elements in the pack, as the feedback from premises led them to believe that small businesses felt they were bombarded with information. The pack is based on frequently asked questions, and includes information concerning:

- COSHH assessment sheet
- Risk assessment sheet
- Health and safety and welfare
- Lifting and handling
- Electrical checks
- Fire safety
- Crime prevention
- Working time regulations
- Employers of 5 or more staff
- First aid

9. A checklist is used on each of the crime prevention, electrical safety and employers of 5 or more staff information sheets. It was reported that the pack takes around 15 minutes to complete.

10. The content is regarded by the team as constantly evolving, and subject to change through legislation. Information sheets on slips and trips and a customer contract have been added recently. These additions are not sent out retrospectively, but are included in current packs, though if the team receive an enquiry, the relevant addition will be sent out.

11. The introductory letter states that ten percent of the premises returning the questionnaire will be inspected. Companies that do not return the questionnaire are not automatically inspected, as the department feels they were designated low risk, and would not necessarily have been inspected.

12. The team brought up the issue of the importance of knowing who completed the form, as their interest in the business can affect their attitude to the questionnaire. For example, an owner might have more vested interest in the business than a manager, and could be less accurate in answering the questions because of potential issues of cost.
13. The ‘Flare’ software system is used to record when a pack is given out and returned. The return is always seen by the relevant inspector. The premises are risk rated on the information provided. The premises will be inspected if the information returned warrants one, e.g. there are no toilets provided.

**Distribution**

14. Initially the pack was distributed to small low risk premises, but that has increased now to include medium sized low risk premises. Over 1000 packs have been distributed.

15. Small premises such as accountants’ offices are not included. Churches have only received a pack where an activity they are holding (i.e. lunch clubs and plays) requires a visit. The pack is not used for larger low risk premises as it is felt that the returns cannot be taken on trust in the same way they can for the smaller premises.

16. Officers personally deliver the pack to premises they believe they will be unable to inspect in the near future. The officers feel that the initial visit is important as it establishes personal contact, enables businesses to view officers as approachable, and increases the return rate. The pack is also distributed to every type of premises that is inspected. Businesses can also buy extra packs, and to date around 16 have been sold.

17. During the initial visit to a premises, the team try to mention the cost of health and safety failures to industry (e.g. the rise in civil claims), in order to motivate the premises to improve health and safety practices. There is a time constraint due to the brevity of this initial meeting. The response rate is around 60%, though this was much lower when the pack was posted, and premises were still inspected every five years, even if they returned the questionnaire.

18. The returns are taken on trust. There is no audit of the returns as it is felt that the business has demonstrated a commitment to health and safety by completing the questionnaire.

**Impact**

19. The team feels that there has been an increase in the number of phone calls asking for advice, which is some indication of the impact of the health and safety information pack, and their increased advisory role.

**Advisory Vs Enforcement**

20. In terms of balancing enforcement and advisory roles the team tend to approach each visit in an advisory capacity, but revert to an enforcement role if this is deemed necessary during the visit.

21. The team feels that businesses have many misconceptions regarding the enforcement powers of health and safety officers, and that it is a constant battle to counter these misconceptions and to show how accessible the department is.
**Benefits of self-audit**

22. The team feels that the pack shows businesses that the department is available to give advice. The pack allows the department to focus on higher risk premises, as resources can be allocated away from low risk premises.

**Limitations of self-audit**

23. Photocopying and collating the packs is time consuming. Sometimes premises will send the pack to their head office to complete, when the pack is meant to refer to the premises it was sent. Returns are based on trust and can be fictitious. The return is completed to indicate what should happen as opposed to the actual situation.

**Additional Information**

24. The team uses more specific self-assessment tools provided by HSE for:
   - scalding self-assessment for residential and nursing homes;
   - work place traffic management;
   - cooling towers (Legionella).

25. The department feels that a large number of businesses wish to comply, but that the underlying motivation is financial, in that businesses wish to avoid the costs related to prosecution and civil claims.

5.4. **Award Based**

**CASE STUDY 7: Barnsley Metropolitan Borough Council**

**Background**

1. Two years ago Barnsley MBC received funding from the South Yorkshire Coalfields Health Action Zone (HAZ) initiative. The funding was to support the position of a Healthy Workplace Advisor, with a special responsibility towards coronary heart disease. It was felt that the general health and safety performance of businesses needed to be prioritised, before the issues regarding coronary heart disease could be addressed. The general role of the healthy Workplace Advisor was to bring SMEs up to standard for health and safety performance and compliance. Other duties include: giving advice on risk assessments; problem solving; training; and introducing and implementing safety policies.

2. An award has been developed to promote Healthy Workplaces. The audit tool has been developed in conjunction with this award, and takes the form of a checklist that can be used by both the advisor and the SME. The award is available to HSE and Local Authority enforced premises.

3. The Healthy Workplace advisor post is funded until 31st March 2002. The initial budget has been £76k for 30 months. The largest proportion of the budget was allocated to salary and equipment. There was very little investment made in glossy folders or presentations. The
funding for the post expires in March, but the post will be maintained by the local authority so that businesses have an advice source that is not linked to enforcement.

**Purpose and perception**

4. The self-audit questionnaire was originally intended as a compliance and management tool that identified areas on which actions needed to be taken. The Advisor tries to extend this original approach and to encourage SMEs to analyse accidents and generally take the health and safety process further.

5. The Advisor considers that the tool encourages SMEs to think for themselves around the wider health and safety issues. There is an element of discovery learning. He feels that it is important for the SME to realise that their health and safety practices are not perfect and can never be concluded, and that the emphasis upon continual improvement is critical.

6. The advisor feels his position allows him more time to talk to, and so educate companies. He believes that it is more efficient to deal with someone with a high knowledge of health and safety, as it will take less time to explain the auditing procedure. It is felt that generally a company’s level of knowledge is proportional to their size. The struggle is to get SMEs to the level of knowledge where they are able to use the audit tools.

7. The award also raises the issue of documentation for SMEs, highlighting the fact that even though companies may have adequate health and safety procedures, those procedures need to be documented.

**Development**

8. The health and safety checklist was developed in January 2000. Two months were spent examining how to adapt other models. The LA schools’ health and safety audit became the primary source used. From April 2000 the audit tool was piloted with 3 companies. The project took a year to pilot, as the Healthy Workplace Advisor did not wish to push the award until he was satisfied that it was appropriate. Companies were chosen to pilot the award with the help of organisations such as the Chamber of Commerce, and the Federation of Small Businesses. Companies were sought that were regarded as proactive in relation to health and safety. Their attitude to health and safety was considered more important than their actual performance.

9. The advisor is also considering separating the award from the self-audit scheme, whereby companies sign up for the scheme, but can choose whether to pursue the award or not. The concept of a three tier system is also being considered (e.g. Gold, Silver and Bronze), which recognises the work of an SME as they reach certain targets. The Advisor hopes that once the award has become more permanent it will be able to be developed. The idea of a business advice unit is taken as a useful model for a direction forward.
10. The ‘workplace audit’ tool covers 11 key health and safety topics (e.g. health and safety policy, health and safety management and risk-assessment). Each topic provides a guidance note, and list of questions addressing the health and safety topic. It is presented as a spiral bound booklet. Environmental management issues are not dealt with directly by the tool, as there is a separate pollution department to deal with these issues. EH issues relevant to the working environment are included in the audit. Environmental issues can be introduced during the audit, but it depends upon the need of the company. Waste disposal and discharges to air are dealt with in reference to Risk Assessment and health related areas.

11. As the tool is a generic one, and designed for all sizes of company, the advisor considers that some degree of lateral thinking is required when the company applies the tool to their own situation. A specific example of this is a children’s day care centre which replied no to the question, ‘Are your staff in contact with hazardous materials, or undertaking hazardous procedures?’ The centre neglected to consider the issue of manual handling, and how it might expose staff to problems in later life. The audit tool also encouraged the centre to consider the issue of pre-employment health screening, which had been previously neglected.

12. In general the Advisor believes that the usability of the audit-tool depends upon the person using it. Those who are more knowledgeable about health and safety would find it easier. The observation was made that small companies often seem to have more problems with the tool than large ones. It was felt that SMEs generally drop out of the award due to either apathy or over work.

Distribution

13. The initial target was for 75% of companies contacted to take up the award. The advisor felt the practicalities involved in driving companies to achieve such a target would undermine the award. He feels SMEs have to see the benefit of the practices the award encourages for themselves, as internal motivation to improve H&S practices results in more effective outcomes than external motivation.

14. The award is open to any company that wishes to participate, though it was considered possible that the award can attract ‘gong collectors’. If companies are interested they are given a couple of chances to attempt the award, though they are not pressured if they drop out due to time constraints. It was felt that one company was attempting the award to ease the relationship with the local inspector. When it was clear to the healthy Workplace Advisor that the company had an ulterior motive for pursuing the award, the advisor withdrew in order to prevent a conflict of interest with the local inspector.

15. Currently 20 to 30 companies are working towards the award, no ethnic minorities are represented in this sample. To date 6 companies have completed the self-audit, though only 4 have been presented with the award. All of the companies are SMEs, the largest being Barnsley Football Club, with around 150 employees. Seven or eight companies that were
pursuing the award have dropped out, though it is possible that they are still using the audit tool. One of the companies decided that the tool was too onerous, and so involved a consultant. Another of the companies (a service station) is still working towards the award, and wishes to use it across the group.

16. The award is advertised through:

- leaflets in the letters that accompany inspections;
- posters at exhibitions;
- awareness days held by local business partnerships;
- leaflets at the Chamber of Commerce;
- inspectors informing the premises of the award during inspections;
- a newsletter.

17. The Advisor is considering marketing the award through intermediary bodies, such as the Chamber of Commerce and the Federation of Small Businesses. The Chamber of Commerce runs an award every two years, which includes such areas as environmental awareness, and there exists a possibility for the Healthy Workplace award to be part of the Chamber of Commerce scheme.

Support

18. After a company contacts the Healthy Workplace Advisor to express an interest in the award, the advisor sends out the manual and visits the company. At the initial meeting the audit process is explained to the SME. The explanation process can change according to the level of knowledge or ability of each company. A date is set for the initial audit. The audit can be a protracted process, as the advisor makes a distinction between what a company is able to do for themselves, and what they need advice on. Part of the trade off for the SME in taking up the award is that they know they will not be inspected.

19. Free courses are run to address the need for introductory H&S education. The Advisor believes that the cost will eventually fall when a greater number of SMEs are trained and awareness has risen.

Impact of the self-audit tool

20. The formal evaluation for the scheme is currently underway, but as the first award was presented in April it is felt longer is needed to evaluate the award. There is anecdotal evidence in support of the scheme.
• One SME was able to present the award to his bank and received a £12 per month reduction on the insurance premium.

• Another SME has reported that the award has revitalised health and safety, and that staff have become more proactive in health and safety reporting. Near misses are now reported, when previously they were never considered.

• A pub owner has indicated changes in the way the business is managed with the use of checklists and the recording of problems.

• An opticians has now taken on board the use of checklists, when previously they complained about inspections.

21. It is felt that feedback for the initiative as a whole has been positive, and that most companies have developed their own checklists on the back of the award. It is acknowledged that this could benefit inspectors as record keeping and the use of check lists indicate that health and safety planning is taking place.

22. The Advisor feels that he is more likely to be approached for advice by SMEs, as there is no barrier presented by potential enforcement issues. He regards the advisory capacity as relying on the honesty of SMEs, and of them being able to admit they are in the wrong.

Advisory Vs Enforcement
23. The Advisor balances the competing advisory and enforcement roles through the relationship with the SME. He feels there has to be mutual trust, and that if problems are identified they have to be addressed. The process is dependent upon the integrity of the SME. If the Advisor feels the SME is not addressing the problems in a satisfactory fashion, the inspectors will be informed, and the SME will be left as ‘cannon fodder’.

24. The Advisor does not take at face value what the SME explains as their health and safety practices, but looks for records as evidence of these practices. If no records are produced he maintains scepticism for what he is told by the SME.

Benefits of self-audit
25. The advisor believes that:
• self-audit tools can be used as a thought process to cover all points;
• self-audit provides documentation of health and safety systems and procedures;
• and gives an SME the tools to plan;
• as a move towards self-governance self-assessment could reduce the burden for inspection and enforcement;
• companies can build the tool into their own systems in a way that suits their needs without being coerced;
• self-audit allows growth and flexibility.

Limitations of self-audit

26. One drawback of the scheme is that SMEs can approach it with the wrong attitude, regarding self-assessment as a method for covering against litigation, which is in contrast to the spirit of continual improvement which the Advisor indicated is implicit in self-assessment. The self-assessment process relies on the total honesty of the SME completing the self-audit accurately. The SME has to have the confidence that what they report will be dealt with, as if actions are ignored by management the system will be regarded as a paper exercise and fall apart.

27. The Advisor believes that self-audit is only as good as the usability of the pro-forma, the content of the pro-forma and the actions taken. Though SMEs benefit from the hands on approach that the Advisor adopts, this has a disadvantage in that there is only one person assigned to that role, so there is a limit on the number of SMEs that can be dealt with in this way.

28. The Advisor believes that companies need to be taught the benefit of self-assessment approaches. Education has a bigger role to play, in enabling companies to look for problems, and plan for future problems. The benefits of the self-assessment approach need to be marketed more, especially regarding the impact on profitability. The Advisor tries at all times to illustrate the cost to businesses of health and safety issues, and how these costs can potentially be avoided through health and safety systems.

Lessons learned

29. When developing a self-audit tool the Advisor recommends that it is important to:

• consider who will be using the tool;
• think about whether the tool is used as a checklist or as part of a compliance model;
• keep the tool as simple as possible;
• develop different tools for the varying needs of SMEs, as it is difficult to use one generic tool for a variety of companies;
• consider what the tool is focusing on, eg particular processes or wider management issues.

Additional information

30. LA inspectors also use a checklist. This form is constantly updated from sources like the HELA strategy, and as inspectors’ professional experience develops. Noise was not included in the form, until there was an inspection of night-clubs. The constant development of the tool becomes part of the audit process. A self-audit tool for residential homes regarding legionella is currently being developed.
Case Study 8: Fenland District Council

Background
1. The Health in the Workplace Strategy Group received funding from the primary care trust for a project to support SMEs at the end of 1998. The money was used to fund a part-time position for a Healthy Workplace Advisor (HWA). The HWA reports to a steering group which is responsible for the scheme. It was felt that as the HWA was not involved with enforcement, SMEs would be less hesitant to seek advice as they would not perceive compliance failures as likely to be punished.

2. It was felt that the health and safety practices of SMEs had to be established, before occupational health and lifestyle issues could be addressed successfully. Basic health and safety management is regarded as the basis of occupational health issues.

3. The aims of the Healthy Workplace project were to:
   - Encourage improved standards of health and safety in SMEs.
   - Encourage SMEs to take an active role in addressing health and safety issues.
   - To establish an evaluation mechanism to enable the outcomes of the project to be determined.
   - Facilitate a close working partnership between employment organisations, regulators and health specialists, in relation to health and safety issues in the workplace.

Purpose and perception
4. It was hoped that the tool would provide SMEs with a benchmark to measure their health and safety progress. A compliance manual is also provided, which is cross linked to the self-assessment questionnaire, and this is intended as a reference tool to provide guidance for compliance with legislation. The manual is regarded as a work in progress that is constantly being added to. It is planned to use the different topics of the manual as modules that can be assembled to fit the individual requirements of each SME.

5. Based on the areas of weakness identified by the self-assessment tool, the SMEs work towards improved compliance and health and safety management with the help of the HWA, using the manual as a reference guide. This process is linked towards a Healthy Workplace Award. The award has three levels, Bronze, Silver and Gold. The levels are incrementally linked to increasing performance and compliance of health and safety management. The Bronze level represents the minimum requirements for legislative compliance. SMEs can take part in the scheme without being entered for the award. The scheme is free and available to all organisations (LA and HSE enforced) with 250 or less employees.
6. The strategy of the scheme is to focus on getting companies to the bronze level of the award as this represents the minimum legal compliance. The target is for 100 companies to reach the bronze level of the award.

**Development and content**

7. The assessment tool was developed to ascertain the health and safety needs of the local SMEs. Information was taken from two other LAs (Solihull, and Tyne and Wear) and HSE Literature to provide the content of the tool.

8. The comprehensive list of topics includes risk assessments (e.g., COSHH, PUWER, slips, trips and falls and manual handling); General (e.g., RIDDOR, electricity at work, lone working); and Lifestyle (e.g., Smoking, stress, and health choices). A copy of the bronze award checklist is provided at Appendix 9.

9. The self-assessment tool was not piloted as it was felt that it was important to establish the tool, and then steer the direction it was to go in once it was in use. This was important for the department as it would allow them to demonstrate outcomes when applying for further funding.

10. An attempt was made to link the tool to the HELA risk rating, but it was felt that the risk rating would not provide a good measure of progress for the SME. Even though the SME might instigate considerable changes in health and safety management, these would not affect the risk rating. The award scheme was felt to be more motivating for SMEs as it showed progress, and became a tangible measure. The award ceremonies are also felt to be useful for the participating SMEs as they create team-building.

11. The HWA considers that the language used in the tool is not appropriate for the targeted SMEs, as poor literacy levels are an issue in the area. It was also felt that the language reflected the jargon of the health and safety professional, and this was demotivating for users. It is planned to amend the language accordingly when time constraints allow.

12. The HWA estimates that a competent person could complete the self-assessment questionnaire in around 35 minutes, whereas for somebody with little health and safety knowledge it would take up to two hours.

13. It is estimated that around 30% of the companies complete the self-assessment tool with the aid of the HWA. There is a general lack of knowledge concerning health and safety and particularly occupational health.

**Distribution**

14. Initially SMEs were targeted to use the scheme that the EHOs believed were motivated towards improving health and safety management. Since then the scheme has grown mainly

HEALTH AND SAFETY LABORATORY
An agency of the Health and Safety Executive
through word of mouth, though there are cold calls and referrals from inspectors. The scheme was launched at the East England Show as part of the HSE stand, but this gave the impression that the scheme was enforcement based, and so was not considered successful.

15. The HWA also promotes the scheme by visiting companies directly, and selling the benefits of the scheme. During European Health Week there was a promotional campaign advertising the scheme in the larger supermarkets that was felt to be effective, and reached a wide audience.

16. Details of the scheme are also published in a newsletter. There are plans to make all the information available on the LA web-site. SMEs will be able to complete the questionnaire on-line and email help requests.

17. The HWA feels that one of the main priorities is to get companies registered, and to make the LA aware of their existence. Around 75% of the companies undertaking the scheme were not originally registered with the LA.

18. Currently 126 companies have received the self-assessment questionnaire, of these, 84 companies have received the manual and are working towards the award. The actions resulting from the process will be dated, and it is planned the companies will repeat the self-assessment in 2002 as part of a yearly review.

19. Links with intermediary groups have been established through the award, such as Fruitlink (a distribution company between small farmers and major multiples) and Opportunity Links (providing crèche facilities for core-skill workers).

**Advisory Vs Enforcement**

20. The facilitative role of the HWA has increased over the duration of the scheme. The HWA reported many instances of companies asking for general and specific advice. All of the 84 SMEs participating in the scheme have been visited more than once by the HWA.

21. It was felt that the HWA was not perceived in an enforcement role, which greatly contributed to the take up of the scheme amongst SMEs. The HWA emphasises the importance of building a rapport with the SMEs, as it is from this that mutual trust develops. The mutual trust in the relationship allows the HWA to network more successfully and to help demystify the process of health and safety management.

22. The HWA recommends that the SMEs in the scheme supply their accountants or insurance companies with copies of the self-assessment questionnaire, in order to negotiate lower insurance premiums.
23. The HWA receives feedback from EHOs as to the progress of some of the SMEs, and the EHOs recommend that certain SMEs become involved in the project. The HWA is reluctant to feedback information as regards enforcement to the EHOs, as she feels that this would betray the advisory role which has been established. Although it is acknowledged that there is a moral duty to report serious breaches and that ultimately the HWA is bound by professional ethics.

24. Links have been established with a surgery to begin structured occupational health schemes. It is planned to begin free medical assessments for employees taking part in the Healthy Workplace Scheme by Easter.

25. Workshops have been delivered in manual handling, and the HWA gives presentations to start up businesses on budgeting for health and safety, and incorporating health and safety into business plans.

**Impact of self-audit**

26. The HWA estimates that of the 84 companies participating in the scheme, around 70% have improved their health and safety performance.

27. It was felt that SMEs are not always truthful with themselves when filling in the self-assessment questionnaire. The scheme enables the HWA to visit companies and establish a relationship that is based on an advisory capacity, and so the HWA is able to ask questions and gain information that allows her to develop a complete picture of the SME’s health and safety practices. The HWA thinks that SMEs are able to admit their mistakes to her because she is not associated with enforcement.

28. Some of the larger companies were noted to be replying to the self-assessment questionnaire in the belief that there were sufficient health and safety management systems in place within the organisation. When the HWA visited the premises it was found that such practices were not in place. The companies were not believed to have been purposefully mis-reporting on the self-assessment form, but had received guidance from consultants which left them under the impression that legislation was being complied with.

**Benefits of self-audit**

29. The HWA believes some of the advantages of the Healthy Workplace Award Scheme are:

- It allows companies to see the extent of the legislation, and to measure how much they are complying, or think they are complying.
- It allows LAs to measure the health and safety practices in a range of premises across the authority.
- It provides a source of advice for SMEs.
**Limitations of self-audit**

30. The HWA believes that some of the disadvantages of the scheme involve:

- The validity of the scheme depending upon the honesty of the SME, not just with themselves but also the LA.
- A general low level of literacy in the area served by the scheme, which it is believed is a factor influencing uptake.
- There are difficult to reach populations within the LA such as Asian communities where cultural differences and literacy levels affect the uptake of the scheme.

6. **SME INTERVIEWS**

The interviews were conducted with SMEs that had used either the generic or targeted category of self-assessment tool. Of the 70 SMEs that were contacted only six were interviewed. The remaining SMEs had either not received a self-assessment tool, or the person responsible for health and safety was not available. Within this group, it was apparent that a proportion of certain sectors (i.e. newsagents) belonged to difficult to reach populations, e.g. ethnic minorities, or those whose first language was not English. Though the remit of the research did not require specific data on ethnicity, it would appear that future investigations into self-assessment practices would benefit from such data, as communicating self-assessment practices to difficult to reach populations presents enforcing authorities with additional challenges.

6.1. **Perception/Reaction**

A number of SMEs judged the self-assessment tool initially on how relevant it was perceived to be to their situation. One SME believed that the topics of the tool were irrelevant to their business (e.g. violence in the workplace), and so felt that the tool contributed to their general frustration with ‘red tape’. The same SME also felt that the purpose of the tool was not to directly help them, but was designed for the LA to demonstrate that they were doing their job. Another SME using the same tool, had the initial reaction.

> ‘Oh no, more paper’

Though they changed their opinion once they used the tool, and found that they were not complying as they supposed they were (i.e. they did not realise that a written health and safety policy had to be produced).

The relevance of the tool was judged according to whether the SME felt that the content applied to their situation. An SME without employees was dismissive of the tool. Because they did not employ anybody, it was felt that the tool did not apply to them. This highlights the difficulty of targeting for LAs using generic self-assessment tools, and of designing the tools to be used as widely as possible, while maintaining the specificity, so an SME feels that it is relevant to them.

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3 Quotations from those interviewed are presented in inverted commas and italics

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Generally the SMEs regarded the purpose of the self-assessment tools as making employers aware of their responsibilities, and as an attempt by the LAs to help businesses. The SMEs indicated that a lot of the content of the self-assessment tools was considered common sense.

### 6.2. Impact of the Self-Assessment Tool

The SMEs regarded the main impact of the self-assessment tools as raising awareness, and providing a starting point for health and safety management. The tool was not credited as having a dramatic, wide-ranging impact. The SMEs indicated this was because they were already following the appropriate standard procedures, being reasonably knowledgeable about health and safety issues before they received the tool. Indeed one of the SMEs reported that the tool served to help confirm that he was already conforming with legislation, though he did concede that he had not considered the issue of provision of safety for young people, prior to completing the tool.

A care home regarded the risk-assessment section of their LA’s self-assessment tool as especially beneficial. It was felt that the tool helped structure and break down the tasks for the risk-assessment, making it easier to articulate the process. The resulting documentation was not only regarded as improving the care plans of the residents, but of providing protection for the employer in the event of any future civil claims.

A number of SMEs did report that completing the self-assessment tool resulted in direct changes to their health and safety practices:

- A public-house had undertaken two risk-assessments and had completed a written health and safety policy.
- A care home reported that manual handling risk-assessments would not have been completed without the introduction of a self-assessment tool, though this was used in conjunction with a targeted inspection. They also planned to adapt the paperwork for other risk-assessments in the care home.

### 6.3. Barriers and Facilitators for Self-Assessment

Several of the SMEs were critical of the amount of information that they were required to read for the self-assessment tool, though it was remarked that completing the self-assessment tool was less inconvenient than being inspected. The SMEs that received additional information leaflets in response to their completed questionnaire, admitted that they had only given them a cursory glance, more to judge their relevance than to gain information.

Two SMEs reported that they felt the self-assessment tool was too simplistic, and that because of this it was perceived as irrelevant to their needs. The opinion was expressed that visits by EHOs would be more appropriate, as they would be able to provide expert information, targeted to the needs of the business at that point in time, e.g. electrical wiring.

The LA was not seen as the only legitimate source of health and safety information. A stationery store received information regarding the legislation for risk-assessments from a conversation with the proprietor of the neighbouring Chemist. This raises the issue of the differences in accessibility that are accorded to verbal information as opposed to written
information by SMEs. This finding is supported in the study by O’Hara and Dickety (2000) into the communication of health and safety information in small firms using chemicals.

The importance of the communication of information within SMEs, was raised by one employer. The responsibility for communicating the information was felt to be the employer’s, whereas the responsibility for making use of the information was regarded as the employees’. The employer stated

‘Whether they look is their responsibility’.

One SME felt that in order to facilitate the self-assessment process, it was important to communicate the information from the self-assessment tool to staff. Staff feedback prevented the process from being perceived as a ‘paper exercise’. However, LAs do not necessarily know whether staff have been consulted, or if the self-assessment is indeed a ‘paper exercise’.

Three SMEs responded to the advisory approach of the self-assessment tools. They felt the approach was useful as it was not ‘heavy handed’, and it allowed them the flexibility to meet the compliance requirements in a way that was appropriate to their business. The process was likened to ‘coaching’.

7. DISCUSSION

7.1. Key Issues from Local Authority Case Studies and SME Interviews

There are a number of issues that arise from the LA case studies and SME interviews that are relevant to the assumptions, implementation and effectiveness of self-assessment programmes. The issues are discussed in this section, with reference to findings from the literature review.

7.1.1. Evaluation

The majority of the LAs had not yet had time to evaluate the self-assessment programs, or were at the evaluation stage, which reflects the paucity of literature relating to the evaluation of self-assessment encountered during the literature review. Despite the lack of formal evaluation, none of the LAs felt they had reason to question the usefulness of the self-assessment exercise on the basis of anecdotal evidence from SMEs. One of the LA interviewees commented that they had been sceptical at the outset, but now felt self-assessment had been a useful exercise, simply on the basis of the response rate, requests for information and advice, and updating the LA records/database.

Despite none of the LAs having yet developed any standardised performance measures to determine the effectiveness of the self-assessment tool, there was a consensus regarding the conception of success for the self-assessment tool. Success was defined as whether the gaps in knowledge and practice, that were identified by the self-assessment, resulted in actions for improvement.

With reference to the SME interviews, it is again too early for measurable health and safety outcomes. A number of benefits were identified by SMEs, these included: raised awareness of health and safety, improved documentation, and changes to health and safety practices.
7.1.2. **Purpose of Self-Assessment**

The approaches to self-assessment by LAs varied in the extent that they focus on enforcement or education, the responsibility that is devolved to the SME, and the degree that the self-assessment tool serves the SME or the LA. A number of papers reviewed in the literature highlight the educational role of self-assessment in promoting a proactive attitude to health and safety. For example, Stalnaker (1996) notes that as line-management becomes more knowledgeable of safety issues, a more proactive attitude to health and safety is established.

The conclusions that can be drawn regarding self-assessment, by comparing directly across the case studies are limited, as like is not being compared with like. Though the overarching concept that is emphasised by all the tools, is that successful health and safety management is a continual process that is never concluded. The tools seek to change the attitudes of SMEs to health and safety by encouraging a self-reflexive, critical approach to health and safety management and performance. In encouraging the ownership of health and safety issues it is assumed that a proactive attitude is engendered, though the mechanism by which this occurs is not made explicit.

7.1.3. **The Issue of Trust**

The extent to which LAs believe in self-assessment and are prepared to devolve responsibility to duty holders, is informed by the LA’s view of their relationship with the SME, and their conception of self-assessment. Some LAs spoke of developing a partnership with the SME, that involved an holistic approach to health and safety. The LA’s role was conceptualised as a consultative or facilitatory one. The LA’s that adopted this more advisory role expressed the importance of mutual trust between the LA and the SME. It was felt that this trust was negotiated through the relationship, developed over time. The LAs reported that one of the barriers to SMEs improving their health and safety management was the refusal to admit to themselves there was a difficulty. There was also the fear of identifying problems to the enforcer. The trust that was developed in the relationship with the LA was viewed as crucial to overcoming these barriers.

A number of LAs remarked on the importance of having information about the person who completed the self-assessment form. It was felt that the accuracy of what was reported could vary depending on whether an owner or manager completed the self-assessment. The vested interests of an owner in the SME would be different to those of a manager, and so potentially result in a bias in the assessment, or the way the SME’s health and safety practices were presented.

Some LAs remarked that they felt self-assessment was unsuitable for larger SMEs, as the returns for larger organisations could not be taken on trust in the same way as with smaller organisations.

One of the LAs made the observation that they felt the motivation to use the tool was stronger for SMEs that recognised their workforce as a main resource. This observation is supported by research findings indicating that organisations have strong health and safety motivation when health and safety is considered a critical factor to commercial success (Wright, 1998).
**7.1.4. Education and Enforcement**

The self-assessment tools varied in the way the contrasting aims of education and enforcement were approached, and related to the issue of trust between the LA and SME. The relationship the LA established with the SME was regarded as important, as it enabled the LA to balance the conflicting demands of enforcement and education. The LAs’ perception of the SMEs’ attitude to health and safety determined whether the SMEs’ responses to self-assessment could be trusted as honest. In many instances it was reported that the environmental health officer used their professional experience to judge whether an enforcement or advisory approach was more relevant to the SME. A distinction was drawn between SMEs that were perceived as wanting to develop their health and safety practices, and those that did not. If the integrity of an SME was considered lacking, then a stronger enforcement approach was deemed necessary. The motivation of the SME towards health and safety, was regarded as a more relevant indicator of the appropriacy of the educational approach by the LA, than the SME’s level of health and safety knowledge. This relationship is illustrated in Figure 1.

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**Figure 1: Relationship Between SMEs’ Health and Safety Knowledge and Motivation, and LA Approach.**

- **SME lacks H&S knowledge**
  - SME is motivated
    - Educational approach by LA
  - SME possesses H&S knowledge
    - Enforcement approach by LA
- **SME is indifferent**
  - Educational approach by LA
  - Enforcement approach by LA

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A number of LAs only distributed the self-assessment tools to companies they perceived as proactive in relation to health and safety management. This strategy of targeting begs the question of what to do with SMEs that are considered inappropriate for the self-assessment tools. It was suggested by one LA that the direct enforcement/inspection approach is most appropriate for this group. However, this approach presents a difficulty for the LA in committing too many resources, that could be used more effectively in other arenas.

Of the LAs adopting a more advisory approach in support of their self-assessment tool, a lot of time was spent with the SME (particularly Award Based LAs), which had implications for the number of premises that could be allocated resources. The facilitative role was dependent on the communication skills and professional experience of the EHO involved. It was also reported that being able to present the necessary knowledge to the SMEs in a variety of methods was a vital skill. The distinction was made between offering expert solutions and encouraging the SME to find answers for themselves. The idea of an enforcing authority adopting a facilitative role to mediate self-assessment was discussed by Jensen et al (2001).

7.1.5. LA and SME Communication

It was felt by many of the LAs that personal contact with an officer was the most effective way of introducing the SME to the self-assessment tool. The personal contact also allowed the LA to present itself as approachable, and establish itself in more of an advisory capacity. Knowledge of the SME allows the LA to interpret the responses from the self-assessment more accurately.

SMEs report that information communicated verbally is more accessible than other forms, e.g. the SME that learned of risk-assessment legislation from his neighbouring Chemist. This finding was also replicated in a study commissioned by one of the LAs, into the public’s preferred method of receiving information from the LA. On this basis, it would appear that the preferred option for SMEs to receive information would be verbally, e.g. from EHOs, rather than from leaflets, which would suggest that visits by enforcing authorities to SMEs are crucial to the understanding and uptake of self-assessment practices. The issue of whether advisory visits or ‘contacts’ should be acknowledged in the same way as inspections needs to be considered, as both deal with compliance issues.

7.1.6. Time, Resources and Information Management

Time and resources are often cited as a barrier to proactive health and safety management. It is acknowledged in the literature that time and resources needed for health and safety management are proportionately greater for SMEs than large organisations (e.g. Wilkes and Dale, 1998). Jensen et al (2001) give the common reason for non-compliance with mandatory risk-assessments among Danish SMEs, as lack of time and knowledge. One of the SMEs interviewed, stated that they completed the self-assessment questionnaire because it entailed less time than a visit. One of the problems for SMEs in being time poor, is that they are unable to seek information and keep up to date with legislation, creating the demand for LAs to increase their advisory capacity, which in turn produces resource implications for LAs.

Developing and administering a self-assessment tool is an intensive process in terms of resources and staff time. Some LAs developed their self-assessment tools with existing...
resources (which had implications for planning, and in some cases inspection rates), while others received additional funding, e.g. from the Health Action Zone (HAZ).

A number of LAs reported how they did not plan sufficiently, or anticipate the workload involved in dealing with questionnaire returns and associated service requests (e.g. giving information and advice). This tended to be the case for LAs which had distributed questionnaires to a large number of SMEs through mailshot. One consequence was that inspection rates suffered, as inspectors were involved in office based administration. This was particularly noted as a source of concern where inspection rates were used as a performance indicator. It was felt that there were indirect benefits for inspectors from developing the self-assessment tools, as they helped structure and integrate new information and legislation.

The way the LA manages the data that is returned from the self-assessment appears to be important. Unless there are procedures and resources for collating returned data, there is a danger that the LA could ‘drown’ in self-assessment returns. The LA’s information technology (IT) capability influences the way that data generated by the returns is managed, analysed and acted upon. The LAs with greater information technology experience and resources were more successful at dealing with the resulting data. Though it was unclear whether the IT expertise was part of the LA strategy, or resulting from individuals’ skills and interests.

7.1.7. Presentation and Perception of the Self-Assessment Tool

Research by Osborne and Zairi (1997), indicates that health and safety is treated independently of core business processes. Some LAs are attempting to demonstrate health and safety as central to core business processes, by giving self-assessment tools a commercial rather than local government appearance. A number of LAs expressed the opinion that if the graphic design of the tool did not look professional, the tool would not be perceived by the SME as well as it could be. There was a feeling that the poor presentation of the tool would be interpreted as lack of commitment on behalf of the LA towards the tool. For generic self-assessment tools when the SME has no contact with the EHO, the tool becomes the point of contact, or ‘face’ for the environmental health department. There was an attempt by one LA to ensure that the tool did not resemble a typical local authority document. A graphic design company was employed to design a pack that implied a more corporate/commercial approach.

Some of the LAs emphasised how important it is for the SMEs to perceive that the returns will be acted upon, in order to prevent the scheme from being seen as a meaningless form filling exercise. The theme of implementing actions and follow up is reiterated in the literature review, e.g. Glendon and McKenna (1995). One of the LAs sent a personalised reply to the returned forms, mentioning specific information that had been returned. The belief was that standard letters do not receive the attention of personalised ones, and that mentioning the specific information which the SME had reported, acted as proof that the return had been read, and would be acted upon.

LAs also emphasised the importance of the language used in the tool in persuading SMEs of the approachability of the LA, and of demystifying health and safety management. There were attempts to avoid the jargon of health and safety literature, and use language that was relevant to the SME. Three LAs piloted the self-assessment tools (for readability and usability), before making them widely available.
One of the factors influencing the uptake of the self-assessment tool was whether the SME perceived the tool as relevant or not. Factors relating to this perception included: the purpose of the tool; whether the content contributed to the SMEs existing knowledge of health and safety; and whether the tool addressed the specific health and safety needs of the enterprise.

7.1.8. **Documentation**  
The importance of the self-assessment documentation to both LAs and SMEs, was stressed by LAs for a variety of reasons.

- The returned self-assessment form provides the LA with a contemporaneous record of the SME’s claims as regards health and safety. This record could have relevance to any future investigations involving the SME.
- The returned self-assessment forms can be analysed to provide the LA with a global picture of health and safety practices, and so strategies for targeting, or future campaigns can be based on evidence of needs as opposed to an ad-hoc basis.
- The records produced by the self-assessment exercise can provide evidence to counter claims of negligence. This factor was emphasised by all LAs to persuade SMEs of the relevance of the self-assessment exercise, and was part of a wider attempt by LAs to motivate health and safety performance by emphasizing the cost benefits.
- The self-assessment documentation provides SMEs with a benchmark with which to gauge the progress of their health and safety performance.

7.1.9. **Occupational Health**  
In general it was felt by the LAs that were interviewed, that awareness of occupational health (OH) issues by SMEs was lower than that of general health and safety issues. Several LAs expressed the view that general health and safety practices needed to be addressed successfully within SMEs, before these organisations were able to take on board occupational health problems specifically. Occupational health was seen as an emergent property of general health and safety practices, even when the self-assessment tool had initially been funded for occupational health purposes.

A distinction was made between OH issues related to basic health and safety practices (e.g. environmental monitoring for noise), and OH issues not under the aegis of core health and safety practices (e.g. hazardous waste). The latter were on the whole not addressed by self-assessment tools.

Specific occupational health issues which could not be included under the aegis of health and safety (e.g. dermatitis), were regarded as requiring specific expert intervention through intermediaries such as HSE’s Employment Medical Advisory Service (EMAS).

7.1.10. **Motivation**  
Research has indicated that UK companies are not motivated by the cost of health and safety compliance failure (Wright, 1998). SMEs may be less concerned with costs of health and
safety, in terms of time at work, but are increasingly becoming aware of the costs of compensation claims, which may be a more recent phenomena that Wright’s (1998) paper does not reflect. A number of SMEs reported that the documentation that resulted from the self-assessment would provide protection against potential civil claims. Indeed all of the LAs emphasised the cost of civil claims to SMEs in order to persuade them of the utility of the self-assessment tool, though none referred to specific case law. It is possible that the perceived rise in ‘blame culture’ and concomitant civil claims, is increasingly being viewed by SMEs and LAs as a motivating factor for health and safety management.

8. CONCLUSION

This report has presented findings from a literature review of self-assessment practices, and interviews conducted with LAs and SMEs that use health and safety self-assessment tools. The purpose of the research was to evaluate the effectiveness of self-assessment approaches from the literature, and the experiences of the LAs and SMEs.

The literature for self-assessment has been analysed according to purpose and definition, context and assumptions, and evidence for effectiveness. The eight interviews with the LAs were presented as case studies, providing specific examples of the issues the LAs faced in developing and implementing self-assessment. The interviews with the SMEs focused on the perception and impact of the self-assessment tool. The insights from the LAs and SMEs have been linked with the findings from the literature review, to present a range of issues salient to the success of health and safety self-assessment.

The key findings are:

1. It is too early to fully evaluate the impact of LA’s use of self-assessment tools, though there is reported evidence of the impact of such tools improving SME’s health and safety performance, and increased requests for information and advice. This finding is reflected in the literature review, where there was a paucity of studies formally evaluating self-assessment.

2. Commitment to, and awareness of the values of the model, are influential factors for the process of self-assessment against models of business excellence. Engendering a similar commitment and awareness of health and safety in SMEs, presents difficulties for successful health and safety self-assessment.

3. It is reported that time and resources present a barrier to successful self-assessment, and are proportionately greater for SMEs than large companies. Time constraints are also an issue for enforcing authorities.

4. Comparing self-assessment from models of business excellence with health and safety self-assessment is problematic. Self-assessment against business models is based on values of customer service, whereas health and safety self-assessment is based on issues of compliance.
5. The issue of using self-audits to manage costs, would appear to be less applicable in this country than the USA, according to the literature. However, LAs frequently emphasise the cost of civil claims to motivate SMEs in their health and safety management.

6. There is a trade-off with self-assessment for LAs, between efficiency (cost and time), and accuracy of the reported data.

7. The literature review suggests that it is not possible to isolate a generic model of self-assessment that is universally applicable.

8. Conditions identified in the literature that appear to influence the successful outcome of self-assessment include: time and resources; ‘openness’ of the organisation; self-assessment must be acted upon; and commitment to, and awareness of the self-assessment process at all levels in the organisation. These conditions form the wider context of a proactive approach to health and safety.

9. It would seem that mandatory legislation is a precondition for motivating SMEs in Denmark to initiate risk-assessments.

10. There are positive business gains to be made for SMEs in adopting self-assessment. For example, the resulting documentation can be essential to winning contracts from, and working for larger organisations as part of contractor compliance.

11. Self-assessment produces demands on LAs, in terms of volumes of returns, and service requests, which may require additional resourcing and planning initiatives.

12. LAs appear to regard Occupational Health practices as emergent from general health and safety practices.

13. Personal contact by the LA, is the preferred method of introducing self-assessment for SMEs and LAs.

14. The relationship that the LA establishes with the SME, enables the LA to balance the conflicting demands of enforcement and education, and to judge whether the SME is able to benefit from the self-assessment approach.

15. The LAs have adopted varying approaches to self-assessment, eg. targeted, generic, a mix of targeted and generic, and award-based. The overarching concept that all the tools emphasise is that health and safety management is a continuous process, which is never concluded.

9. **RECOMMENDATIONS**

1. Plans to develop the use of self-assessment approaches should take into account some of the key findings from the literature review, and the experiences of the LAs using self-assessment tools (e.g. Targeting lower risk premises and promoting the advisory aspect/role of the LA).
2. To investigate ways of facilitating communication and of sharing information between LAs. Whilst developing the self-assessment tools a number of LAs had sought advice and guidance from other LAs. The impression was given of LAs working in isolation on similar tasks. LAs expressed the wish for more centralised guidance and co-ordination, particularly in presenting and distilling information and legislation in a way that was relevant to SMEs.

3. To follow up the LA evaluations of self-assessment, in order to explore the impact of self-assessment, particularly in relation to the different approaches adopted towards self-assessment.

4. To consider ways of exploring the impact of self-assessment for SMEs.

5. To explore the scope for LAs to develop educational/advisory relationships with SMEs.

6. To develop ways to raise awareness among SMEs for the cost benefits of health and safety, and the role that self-assessment can play.

10. ACKNOWLEDGEMENTS

The authors would like to thank HSE Local Authority Unit, the Local Authorities and the SMEs who assisted in this research.
11. REFERENCES


Dear

I am currently working on a research project for HSE, sponsored by the Occupational Health Advisory Committee. The project will examine the effectiveness of Health and Safety self-audit tools for Small and Medium Enterprises (SMEs) and Local Authorities.

I am writing to ask whether you would be able to assist us in this project. Your contact details were passed on to me by Olwyn Jenkins of the LAU Enforcement Management unit at HSE, who indicated that you had some experience in using self-audit tools for Health and Safety issues.

Ideally we would like to interview between 6 to 8 Local Authorities which make use of self-audit tools. The interview will be of a semi-structured format and take around 45 minutes. The interview will address such issues as: purpose and perception of self-audit tools; usability of self-audit tools; and pros and cons of self-audit.

We are also interested to know if you are able to identify any SMEs which utilize self-audit questionnaires, and would be willing to assist us in this project.

If you are able to assist us in this research, or would like any further information regarding this request, I would be very grateful if you could contact me on 0114 289 2909, or e-mail julian.williamson@hsl.gov.uk.

Yours sincerely,

Julian Williamson
APPENDIX 2: QUESTION SETS FOR LAs.

BACKGROUND
How would you describe your current position?
What is your background in Health & Safety?
What are the particular challenges you face in your position?
What is your role and involvement in self-audit for Health & Safety?
In your position what distinctions do you make between Occupational Health and Health & Safety?

PURPOSE & PERCEPTION
What range of audit tools do you use?
- Which are successful? Why?
- Which are not successful? Why?
- Are any used for environmental monitoring?
What do you see as the purpose of Self-Audit?
- Punitive/advisory/education/compliance, etc.
- Why was this approach decided upon?
What are the benefits/disadvantages of mandatory/voluntary approaches?
What are the problems of taking on punitive and advisory roles?
Initially, how did the users/SMEs perceive the audit tool?
- Has this changed? Why?
What is the context within which the tool is used?
- Part of wider campaign, or within HAZ etc.
What is the OH provision like at the local level for SMEs?
- Range of services that SMEs have access to

DEVELOPMENT & TOPIC AREAS OF THE TOOL
How has your organisation gone about developing self-audit?
- What information was chosen? Why?
- What sources of guidance were used?
- Was it based on any existing tools?
- What was the design process?
- Was there consultation with end users?
- Was there a pilot?
- How expensive is it? How is the cost measured?
- What percentage of the budget does it take?
What topic areas are covered in the tool?
- e.g. RA or employment of disabled.
- Why were these topics chosen?
What information did you hope to receive from the users of the audit tool?

ACCESSIBILITY/USABILITY
How long does the audit take to complete?
- What do you think about this?
What knowledge was assumed on behalf of the user?
- What factors influenced how language was chosen?
- What reading age was the audit tool aimed at?
What factors influenced the layout and structure of the tool?
Have you received any feedback on the usability of the self-audit tool?

DISTRIBUTION
What SMEs are involved in self-audit?
- Sector, size etc.
How and why did you target the recipients?
- Databases used?
- Size, type of SME.
How has your organisation gone about introducing self-audit tools to SMEs?
- How was the tool distributed to the SMEs?
- How was the tool marketed generally and specifically to the SMEs?
- How did you encourage SME’s to use the tool?
- How was the roll out managed? Were there any problems with this?
What has helped you most in setting up self-audit?
What were the obstacles you encountered in implementing self-audit?

SUPPORT
What support is provided for the tool, or is it free-standing?
- e.g. guidance notes, telephone, internet help.
- Why were these chosen?
- At what level is the support provided?
What do the users think of the support?
What follow up is available for the user?
- What channels of communication are open?
What do you feel about the provision of online self-audit information?
- Would SMEs use this?
- Do they have access to PCs?
- Has it been tried before?

RESPONSE RATE & FINDINGS
How have businesses reacted to self-audit?
What was the response rate/uptake of the audit tools?
- What proportion of businesses complete self-audit questionnaires?
- What proportion of businesses return questionnaires to the LA?
- What did you think of this?
- How can it be improved?
What were the findings?
- Differences between types of SME?
- Differences across types of SME?
How were the findings used?
- Were they disseminated to SMEs?
How were the returns checked and seen to be checked?
What feedback did you receive from SMEs?
- Has the feedback led to any changes in self-audit?
How do you judge the effectiveness of the tool?
How do SMEs judge the effectiveness of the tool?
What influences the effectiveness of the audit tool?
- Type of SME, size of SME, attitude, and knowledge?
Is there evidence to show that the audit tools have enabled SMEs to improve H&S?
How do you know that real assessment and action to implement controls has taken place, and not just a ‘tick box/complete and comply mentality’?
How can SMEs be brought to a level where they are ready to self-assess?

EXPERIENCE/FEELINGS
What are your own feelings regarding these tools?
- Satisfied, unsatisfied, ambivalent…
What do you think the users of the audit tools feel about them, and why?

LESSONS LEARNED, DIFFICULTIES
How can the self-audit tools be improved?
What would you have done differently with the benefit of hindsight?
Has the introduction of self-audit tools led to any changes in Health & Safety?
What role do audit tools have in promoting/increasing OH awareness for SMEs?
What do you believe is the most effective way of promoting/increasing OH awareness for SMEs?
What do you believe is the most effective way of reducing inequalities of OH provision?

ADVANTAGES & DISADVANTAGES
What generally are the pros and cons of self-audit tools?
- From the LA POV
- From the user POV

EXAMPLES OF GOOD PRACTICE
What information would you wish to share with people in your position within other LAs regarding self-audit tools?

ROUND UP
Is there anything that you would like to add?

Thank you for your assistance.
Do you have any questions regarding the research?
APPENDIX 3: QUESTION SETS FOR SMEs.

BACKGROUND
What is the company background?
- Sector?
- Size?
What is your role within the company?
Who is responsible for Health & Safety?
What is the OH provision like at your company?
- Have you ever had an OH problem?
- Who did you go to for help/advice?
- Was it useful?
Is a distinction made between Occupational Health and Health & Safety?

PURPOSE & PERCEPTION
What experience have you had regarding self-audit tools?
What do you believe is the purpose of the audit tool?
- Punitive/advisory/educational/compliance etc.
What are the benefits/disadvantages of advisory/mandatory/voluntary approaches?
What is the context within which the tool is used?
- Part of wider campaign, or within HAZ etc.
Has your perception of self-audit changed? Why?
What does the LA think of the audit tool?
Is it possible for the LA to take on both advisory and punitive roles?

TOPIC AREAS OF THE TOOL
What areas are covered in the tool?
- e.g. RA or employment of disabled.
- Why do you think these topics were chosen?
- How relevant were they to your company?
- Would you have included any other information?
- Were you consulted in the development of the self-audit tool?

ACCESSIBILITY/USABILITY
How long does the audit take to complete?
Was it easy to understand?
How could the usability have been improved?

DISTRIBUTION
How has the LA gone about introducing self-audit tools?
How was the tool distributed to you?
How was the tool marketed to you?
- Did the LA try to persuade you of the tool’s usefulness, or encourage you to use it?
- What would be the best way to encourage you to use self-assessment?
How was the roll out managed?
- Were there any problems with this?
SUPPORT
What support is provided for the tool, or is it free-standing?
- e.g. guidance notes, telephone, internet help?
- How useful were these?
- At what level is the support provided?
What follow up/channels of communication are available for the user?
- Are there any opportunities to give feedback?
- Do you believe your feedback would be taken into consideration?
What do you feel about the provision of online self-audit information?

RESPONSE
How quickly did you respond to using the audit tool?
- What did you think of this?
- How can the LA encourage a fast response?
Did you receive any of the findings from the LA?
- What feedback did you receive from the LA?
How were your returns checked, and how did you know they were checked?
Has the tool fulfilled its purpose?
How do you judge the effectiveness of the tool?
- Was it useful?
- Can it be improved?
How do LAs judge the effectiveness of the tool?
Has the audit tool enabled you to improve H&S at your company?
- How?
- Why not?
Has real assessment and action to implement controls taken place, or just a ‘tick box/complete and comply mentality’?
- How do LAs ensure that a ‘tick box’ attitude is avoided?

EXPERIENCE/FEELINGS
What are your own feelings regarding these tools?
- Satisfied, unsatisfied, ambivalent etc.
What do other SMEs feel about them, and why?
What factors influence your feelings regarding the tools?
What factors for SMEs influence the use of self-audit tools?

ADVANTAGES & DISADVANTAGES
What generally are the pros and cons of self-audit tools?
- From the LA POV
- From the user POV

LESSONS LEARNED, DIFFICULTIES
What has helped you most in setting up self-audit?
What were the obstacles you encountered in implementing self-audit?
What would you have done differently with the benefit of hindsight?
How can the self-audit tool be improved?
How would you have managed the audit tool, in comparison with the LA?
What do you believe is the most effective way of promoting/increasing OH awareness for SMEs?
What role do self-assessment tools play in promoting/increasing OH awareness for SMEs?
What do you believe is the most effective way of reducing inequalities of OH provision?

HEALTH AND SAFETY LABORATORY
An agency of the Health and Safety Executive
EXAMPLES OF GOOD PRACTICE
What information would you wish to share with people in your position within other SMEs, regarding the use of self-audit tools?

ROUNDUP
Is there anything that you would like to add?

Thank you for your assistance.
Do you have any questions regarding the research?
APPENDIX 4: DETAILS OF SMEs.

<table>
<thead>
<tr>
<th>TYPE OF SME</th>
<th>YEARS TRADING</th>
<th>No. OF EMPLOYEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Home</td>
<td>Unknown</td>
<td>18</td>
</tr>
<tr>
<td>Stationery Warehouse</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Florists</td>
<td>23</td>
<td>2</td>
</tr>
<tr>
<td>Antiques Shop</td>
<td>24</td>
<td>2</td>
</tr>
<tr>
<td>Book Shop</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Music Shop</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Public House</td>
<td>8 Weeks</td>
<td>9</td>
</tr>
<tr>
<td>Hairdressers</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
APPENDIX 5: DETAILS OF LAs AND SELF-ASSESSMENT TOOLS.

<table>
<thead>
<tr>
<th>LOCAL AUTHORITY</th>
<th>TYPE of TOOL</th>
<th>ADDITIONAL FUNDING</th>
<th>PILOT</th>
<th>START</th>
<th>DISTRIBUTION OF TOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUNEATON</td>
<td>Generic</td>
<td>No</td>
<td>Yes</td>
<td>May 1997</td>
<td>500/600</td>
</tr>
<tr>
<td>AYLESBURY</td>
<td>Generic</td>
<td>No</td>
<td>Yes</td>
<td>June 2001</td>
<td>438</td>
</tr>
<tr>
<td>OXFORD</td>
<td>Generic</td>
<td>No</td>
<td>No</td>
<td>June 2000</td>
<td>700</td>
</tr>
<tr>
<td>SEFTON</td>
<td>Generic</td>
<td>Yes - HAZ*</td>
<td>No</td>
<td>July 2000</td>
<td>Not Available</td>
</tr>
<tr>
<td>BRADFORD</td>
<td>Targeted</td>
<td>Some from LA</td>
<td>No</td>
<td>Jan 2001</td>
<td>Aiming for 120 residential homes</td>
</tr>
<tr>
<td>NOTTINGHAM</td>
<td>Generic/Targeted</td>
<td>No</td>
<td>No</td>
<td>1997/1998</td>
<td>Over 1000</td>
</tr>
<tr>
<td>BARNSLEY</td>
<td>Award Based</td>
<td>Yes - HAZ*</td>
<td>Yes</td>
<td>Apr 2001</td>
<td>20/30 working towards the award</td>
</tr>
<tr>
<td>FENLANDS</td>
<td>Award Based</td>
<td>Yes - PCT*</td>
<td>No</td>
<td>Dec 1998</td>
<td>126 received tool. 84 working towards the award</td>
</tr>
</tbody>
</table>

*HAZ - Health Action Zone

*PCT - Primary Care Trust
Appendix 6: Summary of LA Procedures for Using Self-Assessment Tools

Generic Health and Safety Tools

Nuneaton and Bedworth Borough Council

The ‘Health and Safety Matters’ manual consists of 95 health and safety topics, 20 of which form the core elements. Each topic is followed by an action list for the user to determine the areas of deficiency and actions needed to comply. The bespoke manual (consisting of the 20 core elements and additional topics relevant to the SME) is introduced directly to the SME by an officer. This information is recorded by the LA. The manual also contains a feedback form.

Aylesbury Vale District Council

The self-assessment tool is presented to the SME by the EHO. All returns are logged by a database administrator. A personalised receipt of the form and requested leaflets are sent out to the SME when the self-assessment forms are returned. Two weeks are given for the self-assessment forms to be returned. Two separate reminders requesting the returns are sent out within a month of the visit. If the completed pack is still not returned, then the premises are scheduled for an inspection.

Oxford City Council

Questionnaires are posted to a wide range of SMEs. SMEs have to read the information provided in the pack and answer the questions. For some of the responses they have to provide evidence, e.g. a copy of the H&S policy. SMEs are informed that if they do not complete the form they will be subject to an inspection. A random sample of completed forms are also selected for inspection. The responses are analysed, and the premises given a rating. If the responses are satisfactory the company is put on a database to be contacted again in five years.

Sefton Borough Council

An online health and safety questionnaire enables SMEs to check their health and safety compliance, and provides information. The content of the tool was provided by the Liverpool Occupational Health Partnership. The questionnaire forms part of a web based approach to motivate proactive health and safety practices among SMEs.

Targeted Self-Assessment Tools

Bradford MBC
The Environmental Health Department targets specific sectors and activities, self-assessment tools are used within these programmes. The self-assessment tool for residential homes is used in conjunction with an inspection. The tool is regarded as an educational instrument to help explain how to conduct risk assessments and manual handling assessments. There is a post inspection follow up programme.

**Generic/Targeted Self-Assessment Tools**

**Nottingham**

The pack is presented to the SMEs by the officers. The SMEs must return the completed questionnaire giving details of the premises. If these replies detail hazards the officers were unaware of, e.g. dangerous machinery, then the premises will be inspected. Certain topics in the pack contain a check list for the SME, e.g. Electrical Safety. There is no automatic inspection if the SME does not return the completed pack.

**Award Based Self-Assessment Tools**

**Barnsley MBC**

The audit tool is in conjunction with a Healthy Workplace Award, and can be used by the Healthy Workplace Advisor and the SME. After a company contacts the Healthy Workplace Advisor to express an interest in the award, the advisor sends out the manual and visits the company. At the initial meeting the audit process is explained to the SME. The explanation process can change according to the level of knowledge or ability of each company. A date is set for the initial audit. The audit can be a protracted process as a great deal of monitoring can be involved. The advisor makes a distinction between what a company is able to do for themselves, and what they need advice on. Part of the trade off for the SME in taking up the award is that they know they will not be inspected. The advisor decides whether the SMEs achievement merits the award according to the audit criteria.

**Fenland District Council**

A compliance manual is provided, which is cross linked to the self-assessment questionnaire, and this is intended as a reference tool to provide guidance for compliance with legislation. The tool provides SMEs with a benchmark to measure their health and safety progress.

Based on the areas of weakness identified by the self-assessment tool, the SMEs work towards improved compliance and health and safety management with the help of the healthy workplace advisor, using the manual as a reference guide. This process is linked towards a Healthy Workplace Award.
YOUR HEALTH AND SAFETY BUSINESS PACK

How prepared are you?

The information you provide is confidential.

1. Company Name: ____________________________
2. Owner/Proprietor: __________________________
3. Address: __________________________________
4. Telephone Number: _________________________
5. Head Office Address: _________________________
6. Previous occupant of premises (if known)______
7. What is the main activity of your business: __________
8. Name of Person Completing the Questionnaire and Position in the Business: ________________________

Please shade in the appropriate circles.

Section 1
Health and Safety Policy

The Health and Safety at Work etc Act 1974 requires you to have a written Health and Safety Policy if you employ 5 or more people.

9. Do you employ 5 or more people on a full or part time basis? If no please go to Section 2
   Yes ☐ No ☐

10. Do you have a written Health and Safety at Work Policy?
    Yes ☐ No ☐ If No, request free leaflet H4 on the attached leaflet form.

11. Does your policy state your general policy on health and safety?
    Yes ☐ No ☐ If No, request free leaflet H6 as above.

12. Does the policy describe the organisation and arrangements for carrying out your policy?
    Yes ☐ No ☐ If No, request free leaflet H4 as above.

13. How are your staff made aware of the policy?
    Staff booklet ☐ Notice board ☐ Induction training ☐ Individual copies ☐ Not made aware ☐

Section 2
Management of Health and Safety at Work Regulations 1999

These regulations require all employers to carry out an assessment of the health and safety risks to which their employees and any other persons are exposed as a result of their business. Self employed persons must also assess the health and safety risks to themselves and anyone else who may be affected by their work activities. Significant findings of your risk assessment should be documented if you employ five or more employees.

14. Have you carried out a risk assessment?
    Yes ☐ No ☐ If No, request free leaflet R2 on the attached leaflet form.

15. Do you have a policy on stress at work?
    Yes ☐ No ☐ If No, request free leaflet S8 on the attached leaflet form.

16. Have you established safe working procedures for lone workers and violence in the workplace?
    Yes ☐ No ☐ If No, request free leaflet V1 on the attached leaflet form.
### Section 3

**Provision and Use of Work Equipment Regulations 1998**

The primary objective of these regulations requires risks to people's health and safety, from equipment that they use at work, be prevented or controlled. The term “equipment” is extremely wide, and is generally any equipment used by an employee at work, for example hammers, knives, ladders/foot stools, photocopiers, drilling machines, power presses etc.

If you identify any “work equipment” within your premises you need to ensure that the equipment selected is suitable for its intended use, safe for use, maintained in a safe condition, used only by people who have received adequate information, instruction and training and is accompanied by suitable safety measures, e.g. protective devices, markings or warnings.

20. Have you identified and do you keep written records on each piece of work equipment?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Section 4

**Health and Safety (Display Screen Equipment) Regulations 1992**

These Regulations require employers to examine the workstations under their control to assess the risks to “users” health and safety and to reduce the risks identified to the lowest level possible.

A ‘user’ is defined as “employees who routinely use display screen equipment (DSE) as a significant part of their normal work”. For example:

- would the employee be unable to carry out their normal daily tasks without the use of the screen?
- does the employee require a high level of skill or concentration to use the DSE?
- does regular normal use involve using the screen continuously for an hour or more?
- is it used in this way more or less daily?

If the answer to more than one of the above questions is “Yes” the DSE Regulations are likely to apply.

24. If you use computer equipment or workstations have you identified any employees as being ‘users’ according to the above example?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

25. Has a suitable and sufficient risk assessment of all equipment and workstations been carried out?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
26. Did your risk assessment reveal any significant hazards and associated risks?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No request free leaflet D3 as above.

27. Have you implemented appropriate controls to address the significant risks identified in 25 above?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No request free leaflet D3 as above.

28. Do you provide 'users' with adequate instruction and training?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No, request free leaflet D3 as above.

29. Do display screen equipment 'users' have regular eye tests upon request?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No, request free leaflet D3 as above.

---

Section 5

Electricity at Work Regulations 1989

These Regulations require you to ensure that all electrical installations and equipment used at work are properly used and maintained. This must include regular checking of the installation and equipment by competent persons, keeping records and taking appropriate action regarding any faults found.

30. Do you as an employer understand your duties under the Electricity at Work Regulations 1989?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No, request free leaflet E3 on the attached leaflets form.

31. Do you have a system in place for checking portable electrical equipment in your workplace?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No, request free leaflet E2 on the attached leaflets form.

32. Does a competent person make electrical safety checks at regular intervals (at least every 5 years), on electrical equipment?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No, request free leaflet E2 as above.

---

Section 6

Control of Substances Hazardous to Health Regulations 1999 (COSHH)

These regulations require you to assess the risks to health arising from the use of or exposure to hazardous substances used in or created by your work activities. To obtain information for your assessment valuable sources of information may be obtained from chemical suppliers or the label affixed to the container of the chemical. When assessing risk you need to make a judgement on how likely it is that a hazardous substance will affect a person’s health.

Please note that apart from chemical substances with exposure limits, COSHH also includes biological agents (bacteria and other micro-organisms if directly connected with work, dusts in concentrations specified in COSHH, any other substance which has comparable hazards to people’s health).

33. Have you identified the substances in your workplace that are potentially hazardous?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No, request free leaflet C1 on the attached leaflets form.

N/A ○ If N/A, please go to section 7

34. Have you assessed the risks that these substances might create in your workplace?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No, request free leaflet C1 as above.

35. Are you satisfied that exposure to these substances is adequately controlled?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No, request free leaflet C1 as above.

---

Section 7

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

RIDDOR requires you to report some work-related accidents, diseases and dangerous occurrences. Also all injuries resulting from accidents or acts of violence at work which cause incapacity for more than 3 days need to be reported. It applies to all work activities. It is a legal requirement to report work related accidents and ill health to the Enforcing Authority which is Aylesbury Vale District Council.

36. Do you have a procedure for reporting work-related accidents?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ○ If No, request free leaflet A3 on the attached leaflets form.
37. Are you fully aware of the injuries, diseases and dangerous occurrences that need to be reported?
   Yes ☐ No ☐ If No, request free leaflet A3 as above.

38. Do you investigate work related accidents to establish the cause and put in place measures to prevent a recurrence?
   Yes ☐ No ☐ If No, request free leaflet A3 as above.

39. Do you have an accident book in which you record RIDDOR accidents?
   Yes ☐ No ☐ If No, request free leaflet A3 as above.

---

Section 7
The Health and Safety (Young Persons) Regulations 1997

These Regulations require employers who employ people under 18 years of age to undertake a risk assessment with reference specifically to the inexperience of this group.

40. Do you employ anyone who is under 18 years of age?
   Yes ☐ No ☐ If No, please go to section 8

41. Are any of the above employees under 16 years of age?
   Yes ☐ No ☐

42. Have you considered your employees under 18 specifically in your risk assessment?
   Yes ☐ No ☐ If No, consider ordering the HSE’s publication Young People at Work. See leaflet list attached for further details.

---

Section 8
General

43. Are you displaying the Health and Safety Law poster or have you provided your employees with the appropriate related information on a leaflet which is a legal requirement?
   Yes ☐ No ☐ If No, you need to order the poster or leaflet from the HSE Books. See leaflet list attached for further details.

44. Do you have a first aid box stocked with a sufficient quantity of first aid materials in accordance with the Health and Safety (First Aid) Regulations 1981.
   Yes ☐ No ☐ If No, request free leaflet F1 on the attached leaflet form.

45. Do you have an appointed person to take charge of first aid arrangements when someone falls ill and to look after the first aid materials.
   Yes ☐ No ☐ If No, request free leaflet F1 on the attached leaflet form.

If you have answered No to a number of the questions it may indicate that improvements regarding health and safety management are necessary.

If you have any queries regarding any of the questions then please contact the officer whose name appears in the accompanying letter.

You may also contact us at the following address:
Environmental Health Services
Aylesbury Vale District Council
P.O Box 249
Aylesbury
HP20 1YV
Telephone: (01296) 585598 Fax (01296) 585674
Minicom: (01296) 585055

We would value your comments on the information contained in the form you have filled in.

Please shade in the appropriate circles next to the questions.

<table>
<thead>
<tr>
<th>good</th>
<th>satisfactory</th>
<th>unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clarity of questions</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Quality of information provided</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Layout of form</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Helpfulness of questions in highlighting health and safety obligations</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

For any unsatisfactory answers please provide details: ________________________________
APPENDIX 8: Bradford Self-Assessment Form

<table>
<thead>
<tr>
<th>Assessment Area</th>
<th>Date of Assessment</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal Health and Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Laboratory Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Exposure Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Emergency Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Training and Competence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. GHS and NEC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Table continued]
# BRONZE AWARD

The Bronze Award establishes a framework for health issues and health & safety at work to develop and become part of the business culture.

**Objectives to be achieved:**

1. **Management and Business Strategy.**
   1.1 A commitment on health issues and health & safety at work from senior management.
   1.2 A named person to lead in the health issues and health & safety.
   1.3 The introduction of accident and illness recording and reporting.
   1.4 Consultation with employees on health & safety matters.
   1.5 Determine health and safety training needs.
   1.6 Establish working links with the Workplace Health Advisor and as the key to achieving these objectives.

2. **The Working Environment.**
   2.1 A written policy for health and safety.
   2.2 Risk assessments completed.
   2.3 A clean and safe working environment with adequate welfare facilities.
   2.4 Work-related accidents and ill health.
   2.5 Promotion of good working relationships.

3. **Lifestyle.**
   3.1 Identify health issues.
   3.2 Health information available to all employees.
   3.3 Introduce a policy concerning smoking in the workplace.

4. **Business Community Alliance.**
   4.1 Identify groups/organisations of which membership may be of benefit to the project/award scheme.

## Guidance & Checklist

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Guidance for Achievement 1 Management &amp; Business Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Support from senior management</td>
<td>Owner/Proprietor signs registration form.</td>
</tr>
<tr>
<td>1.2 Named person to lead on health issues and health &amp; safety</td>
<td>A member of staff is designated to lead the initiatives. The person may already be responsible for health &amp; safety or human resources.</td>
</tr>
<tr>
<td>1.3 Introduction of accident and illness recording and reporting</td>
<td>The introduction of a system for the recording of all accidents and illness and the reporting thereof which fall under the ROIDDOR system to the relevant enforcing authority.</td>
</tr>
<tr>
<td>1.4 Consultation with employees on health and safety matters</td>
<td>All employees should be consulted on matters affecting their health and safety. In larger organisations this will not be practicable so a proportion of the employees should be used.</td>
</tr>
<tr>
<td>1.5 Determine health and safety training needs and issue information</td>
<td>Determine the health and safety training that may be required by the employees to enable them to carry out their duties without risk to themselves or others.</td>
</tr>
<tr>
<td>1.6 Establish links with the Workplace Health Advisor</td>
<td>Make contact to establish a link with the Workplace Health Advisor.</td>
</tr>
</tbody>
</table>

2. **The Working Environment.**
   2.1 A written policy for health and safety.
   2.2 Risk assessments completed and communicated to employees.
   2.3 Clean and safe working environment adequate welfare facilities.
   2.4 Work-related accidents and ill health.
   2.5 Promotion of good working relationships.

3. **Lifestyle.**
   3.1 Identify health issues.
   3.2 Health information available to all employees.
   3.3 Introduce a policy concerning smoking in the workplace.

4. **Business Community Alliance.**
   4.1 Identify groups/organisations of which membership may be of benefit to the project/award scheme.