Broad Lane, Sheffield, S3 7HQ
Telephone: +44 (0) 114 289 2000
Facsimile: +44 (0) 114 289 2500

HEALTH & SAFETY LABORATORY

Scoping exercise for research into the health and safety of homeworkers

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Project Leader: **Dr Rachel O'Hara**
Author(s): **Dr Rachel O'Hara**
Science Group: **Human Factors**

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CONTENTS

1 Introduction....1
2 Background....2
3 Method....5
3.1 Literature Review....5
3.2 Homeworker Focus Groups....6
3.2.1 Sample....6
3.2.2 Group Discussion....6
3.3 Employer Interviews....6
4 Findings....7
4.1 Literature Review....7
4.1.1 Recent statistics on homeworking....7
4.1.2 Homeworker research using national data....7
4.1.3 Homeworker research across various UK locations....15
4.1.4 Homeworker research in local areas....19
4.1.5 Research focussing on suppliers of homework....23
4.1.6 Other relevant homeworking studies....25
4.2 Homeworker Focus Groups....26
4.3 Employer Interviews....28
5 Discussion....32
5.1 The extent of homeworking....32
5.2 Characteristics of homeworkers....32
5.3 Characteristics of homework....33
5.4 Motivating factors....33
5.5 Health and safety issues....34
5.6 Characteristics of employers....35
5.7 Research on Homeworking....35
6 Conclusion....36
7 Recommendations....38
8 Appendices....39
APPENDIX 1: SUPPORT ORGANISATIONS FOR HOMEWORKERS....39
APPENDIX 2: FOCUS GROUP QUESTION SCHEDULE....40
APPENDIX 3: EMPLOYER INTERVIEWS QUESTION SCHEDULE....42
9 References....43

EXECUTIVE SUMMARY

This report presents findings from a scoping study of the health and safety issues in homeworking conducted by the Health and Safety Laboratory (HSL). This project was conducted as support work to the Health and Safety Executive's (HSE) Safety Policy Division. The work was commissioned in response to a Health and Safety Commission Briefing document on Homeworking, HSC/01/123 (Dempsey, 2001). This document proposed that HSE undertake research designed to shed light on the numbers, trends and risk factors facing homeworkers.

A literature search was conducted and the relevant findings have been summarised according to different categories of research: 1) homeworker research using national data; 2) homeworker research across various UK locations; 3) homeworker research in local areas; 4) research focussing on suppliers of homework; and, 5) other relevant homeworking studies. Focus group discussions were held with thirty homeworkers in four different geographical locations (Greater Manchester, Hampshire, Wales and Yorkshire). Interviews were conducted with nine companies who supply a range homework including, packing, assembly, data entry, and knitting. The common findings across the research literature, homeworker focus groups and employer interviews were discussed under the following different headings: extent of homeworking; characteristics of homeworkers; characteristics of homework; motivating factors; health and safety issues; characteristics of employers; and research on homeworking.

The aim of the project was to conduct a scoping study to identify key issues for research into the health and safety of homeworkers.

Objectives

The objectives of the project were:

1. To provide information on numbers of homeworkers and their activities.
2. To provide demographic information on homeworkers (e.g geographical location, gender, ethnicity).
3. To provide information on employers of homeworkers (e.g. sectors, size, geographical location).
4. To explore health and safety issues in homeworking for employees and employers (hazards, risk, accidents, ill-health, health and safety knowledge, communication of information).
5. To explore the motivating factors for employees and employers involved in homeworking (push and pull factors, pros and cons).
6. To provide recommendations in relation to key issues for research into the health and safety of homeworkers.

Main findings

1. The most up to date figure from the Labour Force Survey (LFS, autumn 2000) gives a figure of 650,000 homeworkers. This figure accounts for 2.3% of the employed workforce.
2. Data from both the census and LFS reveal a considerable increase in the number of people working at home since the early 1980's.

3. The LFS data indicates that there is a high concentration of homeworkers in the South-East of England. The census data has the advantage of allowing a breakdown by local areas. According to the 1991 census, Birmingham has the greatest number of homeworkers.
4. Women constitute the majority of those working mainly at home though men are more likely to work at home less frequently. Women homeworkers are more likely to work in manufacturing than non homeworkers. The opposite appears to be the case for men.
5. Ethnic minorities were found to be under represented in homeworking compared to the employed workforce but they were over represented in manual and low paid homework.
6. The main industry sectors for homework activities were business services and manufacturing.
7. The main occupations identified were sewing, assembly and packing, non-manual occupations included clerical, secretarial and administrative work.
8. The majority of homework suppliers are small firms.
9. The main reasons for and advantages of working at home were childcare, financial and flexibility, and the main disadvantages were poor pay, isolation, mess and irregularity of work.
10. Environmental hazards caused by homework included: lack of space; dirt; smell; noise; electrical; and fire.
11. Hazards perceived as causing accidents and ill-health included, poor seating, repetitive work, manual handling and working with substances such as solder, glues and paints.
12. The main health problems experienced by homeworkers were musculoskeletal pain, eye strain, headaches and mental strain.
13. The research studies provide evidence of accidents affecting homeworkers and others in their home, including children.
14. Accidents and health problems often go unreported to the company supplying the work. Even those homeworkers who sought medical treatment had not always informed the health professionals that their problem was work-related.
15. Levels of awareness of health and safety issue appeared to be quite poor as was access to health and safety information, equipment and training. Homeworkers had not seen HSE guidance and were not familiar with health and safety legislation relevant to homeworking. Risk assessments were not being carried out.
16. Many homeworkers were in favour of HSE focussing more attention on homeworking and the possibility of visits to homes.
17. In relation to the kind of guidance information that would be useful, some expressed a preference for brief leaflets, which are more specific to the different types of activities. Translation of guidance, and videos or other pictorial formats were also mentioned.
18. The main reason identified for employing homeworkers included flexibility/dealing with fluctuating workflows, reduced costs, restricted space, and to solve childcare problems, and the main disadvantages were difficulty with supervision and reduced contact with staff.
19. Both homeworkers and their employers appear to be confused over employment status and its implications for health and safety provision.

Recommendations

1. A large-scale survey on homeworking could be conducted to provide more recent information than previous studies. The information gathered from such a survey could

provide up-to-date baseline information on health and safety in homeworking. In order to explore the health and safety issues pertinent to each industry sector, the survey could focus on sectors rather than 'local economies' which were the focus of Felstead and Jewson's (1996) study. The definition adopted would warrant close attention, for example, the inclusion of those who work at home some of the time would allow comparisons to be made with those who work at home all of the time. The issues to be addressed could include those explored in the scoping study as well as homeworkers' understanding of the role of HSE and information sources that could be used for communicating health and safety information.

2. A survey of employers of homeworkers could also provide baseline information on employers' knowledge of and practice in relation to the health and safety of homeworkers. This too could focus on companies from different industry sectors.

3. Existing national data could be analysed further using questions on accidents, which have been included in the Labour Force Survey since Autumn 1997. Other issues could also be explored, for example, some homeworkers reported working from home because health problems or disability make it difficult for them to go out to work; the LFS data would allow further investigation of this issue.

4. A comparative study could be conducted which would compare health and safety issues for homeworkers with those for on-site workers doing similar work. This would be a useful approach for assessing the relative risks and hazards associated with homework.

5. The development of revised guidance on homeworking could include sector-based case studies of good practice in health and safety for homeworkers. These case studies could illustrate how employers and homeworkers could identify hazards associated with sector-based activities and the appropriate control measures. The development of guidance should include piloting and address the need for translation into languages other than English.

6. There is currently no reliable system available for recording statistics on accidents, injuries or ill-health in homeworking. HSE could explore potential mechanisms for gathering this information such as changes to the RIDDOR form but it needs to be considered that this may still not yield any reliable information due to high levels of under-reporting.

7. Advice and information about health and safety rights is not reaching homeworkers. It is also quite likely that it is not reaching a considerable number of their employers, particularly those who are small subcontracting firms. HSE needs to identify effective avenues for communicating with homeworkers and employers and highlight the fact that much of the legislation that applies to on-site workers also applies to homeworkers.

8. There is considerable confusion regarding employment status. The lack of clarity in the distinction between employee and self-employed status makes it very difficult for both employers and homeworkers to interpret the current HSE guidance on Homeworking. The current HSE definition of homeworkers as 'those people employed to work at home' (HSE, 1996) is perceived as not applying to many of the homeworkers lacking definite employee status. HSE could explore ways of reducing the confusion in relation to health and safety.

1 INTRODUCTION

This report presents findings from a scoping study of the health and safety issues in homeworking conducted by the Health and Safety Laboratory (HSL). This project was conducted as support work to the Health and Safety Executive's (HSE) Safety Policy Division. The work was commissioned in response to a Health and Safety Commission Briefing document on Homeworking, HSC/01/123 (Dempsey, 2001). This document proposed that HSE undertake research designed to shed light on the numbers, trends and risk factors facing homeworkers.

'This would help to ensure that the issues are better defined so that future policy is properly informed. It could be based on a review of exiting research to determine whether further research is necessary to fill the gaps, for example, in demographic and socioeconomic information; the main work activities undertaken and hazards and risks to which they give rise; and awareness among employers and employees of their responsibilities.' (Dempsey, 2001).

The aim of the project was to conduct a scoping study to identify key issues for research into the health and safety of homeworkers.

The objectives of the project were:

- To provide information on numbers of homeworkers and their activities.
- To provide demographic information on homeworkers (e.g geographical location, gender, ethnicity).
- To provide information on employers of homeworkers (e.g. sectors, size, geographical location).
- To explore health and safety issues in homeworking for employees and employers (hazards, risk, accidents, ill-health, health and safety knowledge, communication of information).
- To explore the motivating factors for employees and employers involved in homeworking (push and pull factors, pros and cons).
- To provide recommendations in relation to key issues for research into the health and safety of homeworkers.

Section 2 of this report provides background information on homeworking and section 3 details the methodology employed in carrying out the work. Section 4 presents the findings from a review of relevant literature on homework, focus group discussions with homeworkers and telephone interviews with suppliers of homework. Key findings across the literature review, focus groups and supplier interviews are discussed in section 5. Conclusions and recommendations are presented in sections 6 and 7.

2 BACKGROUND

Working at home is not a new phenomenon. A range of activities such as sewing, packing, assembly, soldering and telesales have traditionally been carried out by homeworkers. While these more traditional forms of homeworking remain widespread, increased use of information technology over the last two decades has added to the numbers of people working at home. Homeworkers whose work relies on the use of computer and telecommunications technology are often referred to as teleworkers. The numbers involved in homeworking increase further when a broad definition of homeworking is adopted to include those who work at home some of the time or those who work from home; these categories are likely to include a wide range of professionals and trades occupations. The variation in defining homeworkers means that constructing an overall picture of homeworking for this disparate population is problematic.

Evidence from national data sets such as the Census and Labour Force Survey (LFS) indicate that the numbers of people working at home are increasing. Analysis of LFS data from 1981 and 1998 shows that the numbers working mainly at home have doubled in that period, from 345,920 (1% of the employed workforce) in 1981 to 680,612 (2.5% of the employed workforce) in 1998 (Felstead, Jewson, Phizacklea and Walters, 2000). Census data shows a similar increase in homeworking (Felstead and Jewson, 1996). These figures are likely to be an underestimate as some homeworkers may be reluctant to admit to homeworking.

The growth in homeworking is attributed not just to increased use of information technology but also to changing employment patterns in the modern economy. Modern methods of controlling cost and regulating labour have introduced outsourcing, subcontracting, just-in-time supply and the enhanced use of all forms of non standard employment (Felstead and Jewson, 1999). Companies can minimise costs by maintaining a flexible pool of workers. A report by the European Agency for Safety and Health at Work (Goudswaard, 2001) examined the impact of changing contractual relationships in the workforce and the impact of increased temporary and short term contracts and subcontracting. In relation to the impact on health and safety it was noted that the shift towards non-permanent workers and subcontractors means a shift towards workers who have less protection and/or access to knowledge to cope with work-related health and safety risks.

The increase in homeworking would imply an increase in the associated health and safety issues, thus highlighting the need to address the extent to which current legislation and guidance is effective in protecting those involved in homeworking. In 1996 HSE produced a guidance leaflet on homeworking (HSE 1996) to inform employers and homeworkers of the health and safety issues involved in homeworking. In this leaflet homeworkers are defined as 'those people employed to work at home' (p.2). It highlights the fact that under the Health and Safety at Work Act (HSWA) 1974 employers have the same obligations to protect the health, safety and welfare of homeworkers who are employees as they have for employees on-site. The guidance emphasises that some specific factors in the home, such as the presence of children and animals, can turn relatively minor hazards into significant risks. It also points out that HSE Inspectors have the right to visit homeworkers, to ensure the risks from work and working at home are properly managed as well as investigating and helping in settling complaints about health, safety and welfare at work issues.

In a recent report on the health and safety needs of UK homeworkers Gilbert (2002) assesses the extent to which homeworkers are addressed in various health and safety regulations:

- *The Management of Health and Safety at Work Regulations 1999*[1] require employers to carry out a risk assessment of the work carried out by employees. Employers also have to assess 'the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking'. Therefore, even if homeworkers are not actually an employee there is a duty to assess and minimise the risks. The regulations also oblige employers to provide 'comprehensive information' on the risk to employees' health and safety, and 'adequate training'.
- *The Workplace (Health and safety and Welfare) Regulations 1992* covering issues such as heating, lighting and welfare facilities do not apply to domestic premises.
- *The Health and Safety (DSE) Regulations 1992* require employers to make sure that VDU equipment is safe. These regulations apply regardless of where the work is carried out.
- *The Provision and Use of Work Equipment (PUWER) Regulations 1998* require employers to make sure that work equipment used by the employee is safe. Employers should also ensure that persons who use work equipment have health and safety information, written instructions and training.
- *The Personal Protective Equipment Regulations 1992* require employers to provide employees with any necessary protective equipment free of charge.
- *The Manual Handling Operations Regulations 1992* require employers to try to avoid the need for employees to carry out heavy lifting. Where this is not possible, employers should ensure that lifting is as safe as reasonably possible (e.g. provide training).
- *The Control of Substance Hazardous to Health (COSHH) Regulations 1994* require employers to inform, instruct and train employees about the nature of substances and materials they work with. Also, to inform employees of any risks and precautions associated with substances and provide a data sheet listing the content of substances and any potential hazards to health. These regulations require employers to assess the risks and hazards for employees who work away from the main work premises.
- *The Health and Safety (First Aid) Regulations 1981* require employers to supply adequate first aid provisions for their employees depending on the nature of the work, risks and hazards.
- *The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 1995* requires employers to record and report certain occupational injuries, diseases and dangerous events to the enforcing authority. The RIDDOR form asks for the address where the accident occurred.

Gilbert (2002) highlights confusion over employment status as a significant problem in relation to the protection of homeworkers. Many homeworkers are unsure of their employment status, assuming they are self-employed and without any rights to protection. Suppliers of homework may consider that the health and safety regulations do not apply if the homeworkers are not specifically employees. Gilbert notes that an employment status review to be carried out by the Department of Trade and Industry (DTI) in 2002 may help to clarify the position regarding the relevance of health and safety legislation for homeworkers. It is expected to assess whether employment legislation needs to be changed as a result of the growth in atypical patterns such as temporary contracts and homeworking.

A number of organisations, national and local, now exist to provide support to homeworkers. The National Group on Homeworking (NGH) is a national non-governmental organisation

[1] *The Management of Health and Safety at Work Regulations 1999 have superseded the 1992 regulations.*

which campaigns for improved pay and working conditions for UK homeworkers. It provides information for homeworkers and homework employers, and conducts research. There are a number of local support organisations that provide information, advice and even equipment to homeworkers. Other organisations deal specifically with teleworkers. Appendix 1 provides details of some of the local and national support resources for homeworkers.

The current scoping study aims to identify key issues for research into the health and safety of homeworkers by reviewing existing research on homeworking, and eliciting the views of homeworkers and employers. This information will form the basis of recommendations for further research and issues to address.

3 METHOD

3.1 LITERATURE REVIEW

This part of the study involved identifying and reviewing relevant literature on homeworking. The initial search was conducted using database, citation and HSE on-line facilities. 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.
- Institute of Management Website – 100,000 full text articles from 1980 to date.
- PsycLIT – compiled by the American Psychological Association, citing abstracts to over 1,300 journals in psychology and behavioural sciences.

This search was supplemented by literature provided by Temple Consulting Ltd in conjunction with the National Group on Homeworking (NGH).

The initial material obtained was reviewed in order to identify those publications regarded as most relevant to the present study. Literature was deemed to be relevant on the basis of providing statistical information and/or presenting research findings from studies of homeworkers and employers of homeworkers. This included numbers of homeworkers, homework activities, gender, ethnicity, and geographical location. Literature which specifically addressed health and safety issues relevant to homeworking was also included. For example, hazards, and accidents and ill-health, knowledge, communication, and motivational factors. Papers that addressed single hazards such as stress were not included. Also excluded from the literature review were a number of papers that summarised research conducted by others (Perkins, 1997; Ponting, 1997) or summarised health and safety regulations and guidance relevant to homeworking (e.g. Ellis, 2000; Taggart, 1998; Thornton, 1998). The literature review focussed on original sources from research conducted in the UK.

Research on homeworking tends to involve two main approaches. One involves the analysis of national data sets (e.g Census; LFS) to provide quantitative information on homeworking (numbers involved, gender, ethnicity, geographical location, industrial sector and occupations). The second approach involves more localised and often small scale surveys which produce more qualitative information (e.g. activities, accidents, ill-health, training, information, equipment, and motivating factors). The literature review will include research using both approaches in order to address the objectives of this project.

The literature review findings are presented in the form of a summary of relevant research from papers, reports and books. The literature is presented in five subsections according to the focus of the research: 1) homeworker research using national data; 2) homeworker research across various UK locations; 3) homeworker research in local areas; 4) research focussing on suppliers

of homework; and, 5) other relevant homeworking studies. Details of the most recently published statistics in relation to homeworking and teleworking are also presented.

3.2 HOMEWORKER FOCUS GROUPS

Four focus groups with homeworkers were conducted between January and February 2002 in order to obtain a picture of motivating factors and current health and safety issues relevant to homeworkers. The focus group approach was chosen because it was regarded as the most efficient way of gathering information from homeworkers engaged in a variety of homeworking activities. The information gathered was expected to cover the key issues relating to the health and safety of homeworkers. This group discussion approach was also regarded as preferable to individual interviews as it was felt that homeworkers may feel more at ease among a group of other homeworkers and the scope for discussion may yield responses that individuals would not have considered in isolation.

3.2.1 Sample

The focussed group discussions were held with homeworkers in different locations across the UK (Greater Manchester, Yorkshire, Hampshire and Wales). This provided a total sample of 30 homeworkers. Each group contained between 5 and 9 participants. Homeworkers were recruited by Temple Consulting Ltd via local community workers and homeworking groups. Participants were provided with a payment of £20 in acknowledgement of their participation in the research.

3.2.2 Group Discussion

The group discussion was facilitated by an HSL researcher, while a second researcher took written notes throughout the discussion. The discussion was also audio-taped. A full transcription of these tapes was not conducted; they were used to supplement the information recorded by the note-taker. One of the group discussions was conducted via an interpreter (the local authority homeworking development officer) in Punjabi, because some of the participants had limited understanding of English.

A schedule of topics was used as a guide for the discussion (see Appendix 2). This was used flexibly as a guide in relation to the various issues of interest and included: what the homework activities involved, employment status and conditions; motivational factors; hazards; accidents and ill-health, and information, training and equipment provision.

3.3 EMPLOYER INTERVIEWS

Interviews were conducted with employers of homeworkers in order to explore motivating factors and health and safety issues in homeworking from their perspective. Information was obtained from nine companies in total. Details of organisations known to employ homeworkers were provided by Temple Consulting Ltd. A total of thirty employers were contacted in order to obtain this sample. Some of the companies reported that they did not employ homeworkers.

Eight of the companies agreed to participate in a telephone interview. An additional company requested a list of questions in preference to a telephone interview. The list of questions was sent as a brief questionnaire, which they completed and returned to HSL. Issues explored were similar to those addressed with the homeworkers and included hazards, accidents and ill-health, knowledge, communication, motivational factors, and any other issues relevant to heath and safety (see appendix 3). One of the companies was not actually providing homework at the time of the interview but did when the supply of work was high.

4 FINDINGS

4.1 LITERATURE REVIEW

The literature review provides details of the most recently published statistics (as of April 2002) in relation to homeworking and teleworking. This is followed by summaries of findings from relevant studies organised according to different categories of research: 1) homeworker research using national data; 2) homeworker research across various UK locations; 3) homeworker research in local areas; 4) research focussing on suppliers of homework; and, 5) other relevant homeworking studies. The most recent studies are presented first.

4.1.1 Recent statistics on homeworking

4.1.1.1 Homeworkers (Labour Market Trends, May 2001)[2]

According to the autumn 2000 LFS a total of 650,000 people (2.3% of all employees and self-employed) worked as homeworkers (mainly in their own home) in their main job in autumn 2000. 65% (424,000) of these homeworkers were women. There was a total of 149,000 people working as homeworkers in their second job in autumn 2000 (12.5% of all employees and self-employed with as second job). Associate professional and technical workers were most likely to be homeworkers (4.6%). Among industries, those working in other services and banking, finance and insurance were most likely to have been homeworkers (both around 5%).

4.1.1.2 Employees and self-employed people teleworking in their main job (Labour Market Trends, October 2001)[3]

According to the Spring 2001 LFS there are over a third of a million teleworker homeworkers (i.e. people who work mainly in their own home and could not do so without using both a telephone and computer) in their main job. Slightly more than half of teleworker homeworkers were female.

4.1.2 Homeworker research using national data

4.1.2.1 A Statistical Portrait of Working at Home in the UK: Evidence from The Labour Force Survey (Felstead, Jewson, Phizacklea, & Walters, 2000)

This paper is based on an analysis of data collected as part of the LFS. It is one of the most recent sources of statistical information on homeworking. A question on workplace location was inserted into the LFS in Spring 1981, but it was then removed for eleven years until its reintroduction in 1992. Since 1992, the LFS has distinguished between respondents working 'mainly' and 'sometimes' at home. An additional set of questions, added in Spring 1997, identified those who worked at home at least one full day in the week before interview. Answers to these questions, thus, enable us to specify three groups: those who work mainly at home, those who work partially at home (ie, at least one day a week), and those who work sometimes at home. They also asked whether the use of a computer and telephone was involved. This allows the identification of those involved in teleworking.

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[2] Labour Market Trends, May 2001, p239
[3] Labour Market Trends, October 2001, p.469

Felstead et al.'s analysis shows that the numbers working 'mainly' at home have risen dramatically over the 1981 to 1998 period – doubling from 345,920 (1.5%) in 1981 to 680,612 (2.5%) in 1998. Those working at home for at least one day a week ('partially') account for 3.5% of the employed workforce (or 932,364 individuals), while those reporting working 'sometimes'[4] at home account for a further 22%. In total, therefore, around a quarter of the UK workforce now carries out some of their work at home. Table 1 provides a summary of the characteristics of those who work at home to varying extent.

Table 1: Characteristics of those working at home (LFS, Spring 1998)

	Mainly	Partially	Sometimes	Employed workforce
Extent of homeworking	680,612	932,364	5,864,379	26,947,448
	2.5%	3.5%	21.8%	100%
Women	69.3%	36.2%	37.1%	44.7%
Men	30.7%	63.8%	62.9%	55.3%
Ethnic minorities	3.2%	3.5%	2.9%	4.9%
Teleworking(Uses IT)	49.5%	61.2%	n/a	n/a
Employee	32%	67.3%	75.9%	86.9%
Self-Employed	61.9%	32.3%	23.8%	12.1%
Manual	23.1%	11.3%	15.2%	39.9%
Size of organisation (1-10)	84%	25.1%	20.8%	21%
Size of organisation (50+)	6.7%	48.8%	51.6%	50.8%

Women outnumber men among those working mainly at home (69% versus 31%). However, men are more likely to work at home less frequently. Women also account for almost nine out of ten manual employees working at home. For women there appears to be an association between working at home and childcare responsibilities. Women who work mainly at home are more likely to report having dependent children than peers who work elsewhere.

Felstead et al.'s analysis reveals that ethnic minorities are under-represented among those working at home but are over-represented among those mainly working at home in manual occupations. They are also among the worst paid. The average age of those who work mainly at home is 46 years. The highest proportion (27%) are in the 46-55 age group compared with the employed workforce where the highest proportion of the workforce (27%) are in the age group 26-45 and the overall mean age is 39 years.

Those involved in teleworking account for almost half those working mainly at home. A high proportion (62%) of those working mainly at home are self-employed. The majority of those working mainly at home are involved in non-manual work (77%) and receive their work from small firms (84%). The analysis also indicates that the incidence of low pay.[5] is much higher for those who work mainly at home (26%) when compared with the workforce in general (14%).

Table 2 provides details of the proportion of those working mainly at home in different industries and occupations. The three sectors with the largest proportion of homeworkers are real estate and business services, health and social work, and manufacturing. The three occupations with the largest proportion of homeworkers were, clerical and secretarial, managers and administrators, and associate professionals and technical.

[4] Caution should be applied when interpreting figures for the 'sometimes' category – the question asked is open-ended and, by including the phrase 'unpaid work', differs from others asked about working at home

[5] Hourly rates of pay below £3.60 are regarded as low pay (Felstead et al, 2000)

Table 2: The industrial sector and occupation of those working mainly at home (LFS Spring, 1998)

Industry		Occupation	
Agriculture	3%	Managers & Administrators	21.4%
Manufacturing	13.8%	Professionals	11.5%
Construction	6.3%	Associate Professionals & technical	17.9%
Wholesale & retail	8.4%	Clerical & secretarial	23.2%
Hotels & restaurants	4.6%	Craft & related	5.1%
Real estate & business services	25.7%	Personal & protective service	13.7%
Education	4.2%	Sales	2.9%
Health & social work	15.2%	Plant & Machinery	2.7%

Table 3 lists the top 5 UK Regions ranked by proportion of homeworkers. It shows that homeworking is more prevalent in the South East of England. Less frequent forms of homeworking are also more prevalent in the South East which accounts for 41% of those who work at home to varying extent compared to 32% of the employed workforce.

Table 3: Top 5 UK Regions ranked by the proportion of persons working mainly at home (LFS, Spring 1998)

Region	% of persons working mainly at home
South East (rest of)	26%
South West	11.6%
Outer London	9%
East Midlands	8.2%
Inner London	6.2%

4.1.2.2 Homeworking in Britain: the National Picture in the mid-1990s (Felstead, 1996)

This paper presents findings from a secondary analysis of data from the Spring 1994 LFS. Felstead analysed the data using the Homeworkers Bill 1991 definition of homeworker. This definition is based on Wages Council legislation and defines a homeworker as 'an individual who contracts with a person, not being a professional client of his (sic) for the purpose of that person's business, for the execution of any work (other than the production or creation of any literary, dramatic, artistic or musical work) to be done in domestic premises not under the control or management of the person with whom he (sic) contracts, and who does not normally make use of the services of more than two individuals in carrying out that work'.

According to Felstead's analysis there were over 250,000 homeworkers in Britain plus an additional 55,000 doing homework as a second job giving a total of 305,000 homeworkers. This figure can be compared with the 1981 National Homeworking Survey (Hakim, 1987), which employed a similar definition of homeworkers and identified approximately 100,000 homeworkers. This suggests that homeworking in Britain has trebled between 1981 and 1994.

While women were in a minority among the employed workforce (45%) they accounted for over four-fifths of homeworkers in the 1994 LFS. Women homeworkers were more likely to have children (52%) than women in the employed workforce overall (42%). Ethnic minorities were relatively poorly represented in homeworking compared to their presence in the employed workforce. Analysis by ethnic group is in line with local studies, which indicate that workers from ethnic minority communities are concentrated in a narrow range of occupations and industries. According to the LFS around 70% of female Pakistani/Bangladeshi homeworkers are in textiles and footwear occupations doing activities such as sewing. The remaining 30% are in other craft related occupations such as making blinds, toys, jewellery and lampshades.

Black women homeworkers were found predominantly in textiles and secretarial work and Indian women were wholly confined to secretarial jobs. None of the ethnic minority men were reported to be homeworking in any of these areas. Homeworkers tended to be older than the employed workforce.

Seventy percent of males and forty-two percent of females classified themselves as self-employed. Around 95% of homeworkers reported that their supplier of work was from the private sector. The industries in which homeworking was found to be most prevalent were: manufacturing (23%); business services (18%); wholesaling and retail (17%). Although manufacturing accounts for just 12 % of the total female labour force, it accounts for 24% of female homeworkers. The opposite is the case for male homeworkers, who are underrepresented in manufacturing compared to the overall labour force. Male homeworking was spread across a wide range of occupations with sales representatives making the largest contribution (17%). Homeworking among women was less dispersed with the following main categories: secretaries, typists and word processors operators (30%); book-keepers and accounts clerks (18%); other clerks (11%); and. sewing machinists and knitters in the garment trade (10%).

4.1.2.3 Homeworkers in Britain (Felstead and Jewson, 1996)

The aim of this study commissioned by the Employment Department was to provide better information about levels of homeworking in manufacturing and lower-level service sector work, and to explore the characteristics of these types of homeworkers and their jobs. The study comprised three stages:

- An analysis of the 1991 census data
- A doorstep survey of home-located work in four localities
- In-depth interviews with a sample of homeworkers in each of the 4 localities

This was and remains the largest study of homeworkers since the National Homeworking Survey (Hakim, 1981). It provides detailed information on the characteristics of a sample of 338 homeworkers.

The definition of homeworker adopted by Felstead and Jewson was: '…persons who work at home, for firms or businesses who market or sell their output; in routine white-collar or manual activities; and whilst not acting as subcontractors.' (Felstead and Jewson, 1996, p.3)

Analysis of the 1991 Census

Felstead and Jewson highlight a number of advantages and disadvantages with using the Census data for obtaining information on homeworking. First, the definition adopted by the census is quite broad as it refers to '…people who work mainly at home'. This definition includes those who work in the same grounds and buildings as home (e.g. agricultural workers). Felstead and Jewson use this definition to refer to 'home-located' workers. They also make a further distinction between those who work for a supplier rather than directly marketing their own products or services (i.e. 'persons who work for individuals who are 'end users' and those who produce goods or services for businesses). This excludes childminders and self-employed entrepreneurs who market their own services and products. A second problem identified was under-reporting as homeworkers may wish to hide the fact that they are working from the Inland Revenue or may not perceive their activities as work. Other reasons why homeworkers may be under-represented in the census data include the possibility, given the irregularity of some homework, that some homeworkers may not have worked in the period covered by the census.

The main advantages to the census data set is that it is a compulsory survey and it is the only national data set that enables researchers to profile specific local areas.

Table 4 gives the census data figures for those working mainly at home broken down according to gender. The 1991 Census shows that 5% of the working population works 'mainly at home', this includes those in the same grounds or buildings (e.g. living over a shop). Overall men account for 55% of those working mainly at home .

Table 4: Those working mainly at home in Britain by country and gender[6] (Census 1991)

	Great Britain	England	Wales	Scotland
Men	637,980 (4.9%)	528,770 (4.7%)	42,680 (7%)	66,530 (5.9%)
Women	524,830 (5.1%)	457,830 (5.1%)	27,870 (5.8%)	39,130 (4.2%)
All	1,162,810 (5%)	986,000 (4.9%)	70,550 (6.5%)	105,660 (5.1%)

Table 5 provides a list of the top five census districts according to the numbers of the persons working mainly at home and the proportion of employed population that the homeworkers represent in each district. The census data indicates that there is a higher proportion of managers (7.3%) and professional workers (6%) than service sector and semi-skilled manual workers (1.9%)and unskilled manual workers (1%) who work at home.

Table 5: Top 5 Census districts in Britain ranked by numbers working mainly at home (Census 1991)

Census District	Numbers of homeworkers (% of the employed population)
Birmingham	11,000 (3.1%)
Leeds	9,700 (3.3%)
Barnet	8,340 (6.6%)
Edinburgh City	7,010 (3.7%)
Sheffield	6,940 (3.4%)

Interviews with Homeworkers in Local Areas

The doorstep survey of 15,623 homes in four local areas found that 3.4% of households had at least one member who had engaged in paid work at home during the last 12 months. Where this work at home involved manufacturing and lower-level service sector work, individuals were asked if they would be willing to participate in an in-depth interview. The interviews covered a range of topics to explore the characteristics of homeworkers and homeworking, advantages and disadvantages, and the health and safety aspects of homeworking.

Of the total sample of 338 homeworking interviewees, 91% were female and 54% were from ethnic minorities. A more detailed breakdown of the ethnicity of homeworkers interviewed is also provided: White (46%); Black (6%); Indian (16%); Pakistani (7%); Bangladeshi (11%); Chinese (1%); Turkish (8%), and Kutchi (4%). For just under half (48%) of the homeworkers interviewed English was not their first language. Gujerati was the first language for 14% and Bengali for 12%. Other first languages included Punjabi, Urdu and Hindi. The respondents for whom English was not their first language were asked to evaluate their comprehension of English. Whilst a majority (56%) of respondents reported that they understood English very well or quite well, around two-fifths (39%) reported some level of difficulty in understanding spoken English. These difficulties were more concentrated in particular ethnic minority groups.

[6] Some of the census data items were restricted to a 10% analysis. These items were grossed up by a factor of 10. This is the case for the data presented unless otherwise indicated.

Almost half of Bangladeshi homeworkers reported a poor or very poor understanding of English.

85% of the interviewees had not had contact with homeworking groups or campaigns. This suggests that information from this group would not have been represented in many of the other local research studies.

The main work activity was sewing (54%); followed by packing (12%); clerical-type work (7%); routine assembly (4%); VDU work (4%), and knitting (3%). The main industrial sectors for those homeworkers interviewed were: Electrical (1%); Food/tobacco (3%); Leather (1%); Textiles (11%); Clothing (30%); Hosiery (17%); Footwear (4%); Paper products (8%); Rubber and Plastics (2%), and Commercial Services (2%).

The majority of those interviewed reported that they obtained their current job by word of mouth and family contact (60%). Others had obtained their current job through answering an advertisement (16%), having previously been employed in the suppliers workplace (8%) and through enquiring with local firms (5%).

Table 6 provides details of the perceived advantages and disadvantages of homeworking mentioned by the interviewees

Table 6: Perceived advantages & disadvantages of homeworking

Advantages		Disadvantages	
Childcare	64%	Mess	42%
Flexibility	33%	Pay Problems	31%
Do housework	15%	Isolation	29%
Being at home	31%	Pressure	16%
Autonomy	24%	Health and safety problems	10%
Convenient	20%	Inconvenient	10%

The main reasons for homeworking were not dissimilar to those given as the advantages of homework; the need for income (89%) was the most significant reasons for both male (88%) and female (89%) homeworkers. The second most important reason was different according to the gender of respondents. Male homeworkers (46%) cited being unable to get an alternative job as the second most important reason whereas for female homeworkers (60%) it was the opportunity for childcare.

A number of nuisances and problems associated with homeworking were also identified. The main one was lack of space (60%) followed by dirt (59%), excessive noise (4%), unpleasant smells (23%), fire hazards (19%) and electrical dangers (11%). Interviews revealed that a fifth (21%) of homeworkers had experienced accidents, injuries or ill-health because of their work. The most common accident reported by respondents was injury to fingers of hands from sewing needles that in a number of cases required hospital or other medical treatment. The second most common set of complaints related to musculoskeletal problems (e.g. aching back and shoulders), this was often attributed by respondents to poor workstation design. Cuts to hand and respiratory problems were also a familiar hazard. Smaller numbers of respondents also mentioned specific work-related problems such as headaches and sickness due to fumes. A number of respondents mentioned accidents affecting their children which tended to be either cuts and injuries from machinery or respiratory problems caused or aggravated by dust, fibres and other material.

Homeworkers were asked whether their supplier of work had provided them with any health and safety advice. Only 11% of respondents had received health and safety advice, 88% had

not. Almost half of the sample reported that they would be in favour of health and safety Inspectors visiting their homes, while ¼ of respondents were opposed to such visits.

The issue of employment status was explored and it was found that 15% were unable to describe their employment status and 20% did not know how their supplier of work regarded them. 50% regarded themselves as employees. 88% of interviewees did not have a written contract of employment outlining their terms and conditions of employment. Very few homeworkers reported that they were entitled to any fringe benefits, such as sick pay (7%) or holiday pay (6%).

Among those respondents who had children aged 16 or under in the house, 34% said that children were present always or most of the time while they were working. A further 52% said they were present sometimes. The presence of children was more likely with female rather than male homeworkers.

While the study provides a detailed picture of homeworking for manufacturing and lower-level service jobs within four localities, the authors caution that the interview findings cannot be extrapolated to all homeworkers in Britain.

The findings from Felstead and Jewson's study also indicted that there is considerable diversity between patterns of employment in local areas and between ethnic groups involved in homeworking. In general, members of ethnic minority communities were likely to experience the poorest terms and conditions of employment. One local area selected because it appeared to have low numbers of homeworkers revealed homeworking on a scale not previously detected in either national or local surveys.

4.1.2.4 Home Based Work in Britain: A Report on the 1981 National Homeworking Survey and the DE research programme on homework (Hakim, 1987).

This report represents the findings from an interview survey of home-based workers conducted in autumn 1981 in England and Wales for the Department of Employment. The 1981 LFS was used as a sift survey and sampling frame for the interviews. The survey was limited to England and Wales for reasons of cost though the survey was claimed to be broadly representative of Britain. The home-based workforce is taken to comprise people who work at home and people who work from home as a base. Homeworkers are defined as 'People who do their work at home'. The survey excluded 284,000 home-based workers in buildings/construction and transport/haulage most of whom were working from home as a base on the basis that 'much is already known about these types of home-based jobs' (Hakim, 1987: p.7). The National Homeworking Survey (NHS) was the first major study of homeworking of its kind and it is widely cited, though it has also been subject to criticism, mainly on methodological grounds (Felstead and Jewson, 1997).

Analysis of the 1981 LFS data produced a figure of 658,250 home-based workers and 229,800 people working at home (excluding childminders). The primary focus for the interview survey was on the 229,800 people working at home, (excluding childminders). Hakim further subdivided this group according to the type of work activity (manufacturing or other form of work) and whether they worked for one or more supplier/client. These figures are provided in table 7, which shows that just over a quarter of the homeworkers were involved in manufacturing and two-thirds only receive work from a single supplier.

Table 7: Persons working at home by work activity and number of homework suppliers

	Single supplier	2+ clients	Total (%)
Manufacturing	40,000	18,750	58,750 (26%)
Other work	66,270	104,780	171,050 (74%)
			229,800 (100%)

Table 8 provides a similar breakdown according to the gender of those working at home. It shows that women account for the majority of those working at home (68%) and approximately one-third of them are involved in manufacturing. The survey did not gather information on the ethnic origin of those involved in homeworking.

Table 8: Persons working at home by work activity and gender

	Manufacturing	Other work	Total (%)
Male	5,020	68,170	73,190 (32%)
Female	53,730	102,880	156,610 (68%)
			229,800 (100%)

Interview data was analysed for 1,684[7] home-based workers, 614 of whom worked at home rather than from home. 76% of those who worked at home reported that their work hours varied each week. Interviewees were asked how they obtained their current job, 44% of those who worked at home said it was through a friend or relative, for 21% it was through an advertisement, and 12% of homeworkers had previously worked on-site for their employer.

The survey explored interviewees' reasons for starting to work at home. The most significant reasons are presented in table 9.

Table 9: Reasons for starting to work at home

Reasons for starting to work at home	%
To look after my children	40%
I wanted the freedom of working at home	29%
I want to be able to choose when I work	29%
My sort of work was normally done at home	16%

Among those respondents who had dependant children under 16 years of age at home, three-quarters (79%) of women gave childcare as a reason for working at home. Only 8% of men having dependant children gave this as a reason for working at home.

The survey did not contain any specific questions on the advantages of working at home though it was felt that these were quite similar to the reasons for working home. Interviewees were asked about the disadvantages of working at home. 72% identified disadvantages, 28% reported that their were no disadvantages for them. The most notable disadvantages were: missing the company of other people (38%); earning less money working at home than outside (38%); the work making a mess at home (18%); the work taking up a lot of space at home (19%), and there being a lot of distractions at home (32%). 71% of those working at home had heard of HSE whereas only 16% thought HSE covered people working at home.

[7] In order to restrain survey costs some home-based jobs (e.g. selling) were subsampled. The results were reweighted to the correct level in the report. Thus survey results are effectively available for 1,684 home based workers (614 homeworkers) even though only 1,287 home based workers (576 homeworkers) were interviewed.

The provision of training for homeworkers seems to have been fairly limited. 54% reported that they just 'started straight away', 38% were 'just shown how to do the work' while 8% were given what they would regard as training. Interviewees were asked about their employment status. 64% of those working at home believed that they were self-employed, 27% believed they were employees and 9% didn't know. These responses relate to interviewees perceived rather than actual status.

Over half those who work at home reported that their work and storage spaces were both in places used by the rest of the family. Storage problems in relation to having equipment, materials and finished goods in the home were identified by 46% of those working at home, these included damage to furnishings, dirt, lack of space and danger for children and others.

The incidence of accidents and ill-health among those who work at home in Hakim's survey population appears to be quite low with 2% having had an accident in connection with their work and 3% having experienced ill-health. Among those who experienced accidents, these consisted of cuts, falls, bruises, sprained wrists and similar short-term problems. The report notes that the most serious accident was to a woman who got a sewing machine needle through her finger. Health problems are divided into two broad categories, physical (e.g. backache, effects of fumes, headaches, eyestrain and respiratory problems) and psychological (e.g. depression, anxiety and phobia). Manufacturing homework had the highest rate of accidents and ill-health. Hakim concludes that 'It would appear that the health risks of homework have been exaggerated compared to the other problems that affect homeworkers' such as the dirt and inconvenience connected with providing workspace and storage space in the home, and the social isolation of working alone most of the time' (Hakim, 1987, p.140).

4.1.3 Homeworker research across various UK locations

4.1.3.1 Out of sight…out of mind: A report on the health and safety needs of UK homeworkers (Gilbert, 2002).

This recent report from the National Group on Homeworking (NGH) presents findings from a survey of homeworkers, using questionnaires and in-depth interviews. 69 homeworkers took part in the questionnaire survey.[8] In-depth interviews were then conducted with 23 of the questionnaire respondents. As a small-scale survey this study aimed to provide an overview of some of the health and safety issues affecting homeworkers. Questionnaires were sent to homeworkers who were either members of NGH or contacted via local homeworking support workers.

All of the respondents, except four lived in England. Three were from Wales and one from Scotland. Within England the geographical spread covered 18 counties. 44 of the sample working at the time of the study, 25 had stopped homeworking in the 12 months prior to the study. 87% (60) of the questionnaire sample were female and 9% (6) were male[9]. The proportion of homeworkers from ethnic minorities was quite low at 23% (16) from Asian communities. All of the Asian homeworkers lived in Oldham.

Questionnaire respondents carried out a broad range of homework activities. 25% (17) were involved in sewing, 12% (8) in electrical/electronic assembly, and 9% (6) in textiles. Other activities included rubber trimming (4), card packing (3); cracker assembly (3); administrative/clerical work (4), assembly of other gifts/novelties (3), addressing/packing other

[8] 215 questionnaires were distributed. A response rate of 32%.
[9] The gender of 3 respondents was unknown.

paper products (1), and work using computers (8). 17 homeworkers carried out various other work such as wire bending and knitting.

Respondents identified the main advantages of homeworking as being able to take work when one chooses (78%), being able to organise one's own time (59%), and the ability to combine working with caring for dependants (49%). The main disadvantages identified were low pay (74%), irregularity of work (56%), and not being able to leave the work behind at the end of the day (56%). Other disadvantages mentioned included, health and safety problems, mess, lack of space, lack of employment rights and the adverse effects on family life.

50% of homeworkers worked 26-45 hours a week, while 10% worked more than 45 hours. A majority of homeworkers carried out their work activities in a room shared by other members of the household (e.g. kitchen, lounge or bedroom). Only 17% had a designated workroom. 38% (26) of homeworkers had to supply their own work tools and equipment (e.g. sewing machines, scissors for sewing and rubber trimming, blades, knitting and sewing needles). One homeworker stated that the computer provided by their company was second hand and the screen flickered.

A number of significant work-related hazards were identified: lack of space (58%); mess (50%); dust/fibres (36%); smells (29%); fire hazards (10%); noise (7%) and electrical dangers (4%).

Questionnaire respondents identified a total of seven accidents associated with homeworking activities. Accidents were experienced by four homeworkers, one friend and two family members, including a child. One of the accidents involved the homeworker getting a needle in their eye, it had to be removed at the hospital. Others included a cut from working with laminates in electronic/electrical assembly, falling over boxes or bags, burns from a glue gun and plastic in the eye. The homeworker who received burns from the glue gun did not report it to their employer as they had received training and felt it was their own fault. Follow-up interviews with homeworkers revealed more accidents that were either not considered worth mentioning or had been forgotten (e.g. stitching fingers). Gilbert states that some of the accidents could have been prevented, for example, through the provision of a needle guard, goggles and training.

Awareness of health and safety issues was generally felt to be low. Most homeworkers relied on common-sense and previous experience outside the home. None of the respondents had seen the HSE guidance on homeworking. One person had received HSE guidance on Manual Handling. A small number had received health and safety information from NGH or their local homeworking project. Nearly one in five (19%) of homeworkers reported that they had received health and safety advice, much of this was informal and limited. None of those interviewed were given any health and safety training by their employer/supplier. About 22% (15) of respondents used solvents, paints and glues but only 6% (4) were provided with a safety data sheet (cracker and card assembly/packing workers). Some of those homeworkers doing soldering had been provided with masks and extraction units and four of the homeworkers (6%) had been provided with finger guides for cutting and sewing. Some homeworkers had also benefited from health and safety equipment that was provided by local homeworking groups. 27% (19) of homeworkers had provided their own health and safety equipment (e.g. vibration mats, adjustable chairs, first aid kits and exhaust fan). It was noted that there were a number of homeworkers who should have had health and safety equipment (e.g. masks, goggles and extraction).

The questionnaire asked specifically about workplace risk assessments. 54% (37) had not been given a risk assessment and 38% (24) did not know whether one had been carried out. Although two homeworkers reported having received a risk assessment of their work,

interviews revealed that one of them had not and didn't actually understand what was meant by risk assessment. The other had received a limited risk assessment in relation to the suitability of the house for the work. The interviews emphasised that homeworkers' awareness of risk assessment was extremely low.

Approximately one-third of homeworkers felt that their health had deteriorated as a result of homeworking. 6 homeworkers gave up work because of these changes. 19% (13) did not report any health problems and one person noted an improvement in health due to reduced stress and blood pressure. Table 10 details the various health problems identified in connection with homeworking and their perceived causes.

Table 10: Health problems experienced by homeworkers and their perceived causes

Health problem	%	Main causes
Back/neck ache	51%	Poor seating, repetitive & fiddly work, heavy lifting
Headaches	29%,	Long hours, fiddly work, smells, fumes, noise, stress
Eye strain	26%	Repetitive, fiddly work, concentrating for long periods
Skin irritation	12%	Fabric treatments, print, substances - solder flux, glue, paint
Dizziness	10%	Fumes and smells from chemicals/solvent, lack of ventilation,
Breathing difficulties	6%	Dust/fibre, fumes, lack of ventilation

Other symptoms noted were: feeling sick; sore fingers; dry throat; pains in hands and arms. Specific conditions noted included: asthma; rsi; carpel tunnel syndrome, and sciatica. In addition, 50% of homeworkers reported that they suffered from stress.

Very few respondents had informed their doctor or employer/supplier about their health problems and the link with their work. Only 10% (7) of the homeworkers had mentioned their health problems to their employer. Many did not want to tell their employer/supplier for fear of losing their job. Two homeworkers were advised by their doctor to stop working and they did so. One person was made redundant after discussing their health problems with their supplier.

Gilbert's report also details the hazards and risks associated with a number of different homeworking activities to illustrate the range of problems encountered by homeworkers in different sectors.

- Sewing: Dust, fibres and chemically treated fabrics causing respiratory and skin irritation. Needle injuries. Vibration, noise, poor seating and lighting causing muscular and eye strain, and headaches.

- Packing or assembly work: Because of the vast variety of activities that this can include it also involves a range of hazards and health problems. It is generally repetitive work which can involve heavy lifting, dust, fibres and working with glues and paints.

- Electronic and electrical assembly: A notable hazard is that posed by the use of rosin solder flux, a known cause of occupational asthma. The repetitiveness and close inspection required can also lead to muscular and eye strain.

- Working with computers: Muscular strain, eye strain and headaches due to incorrect workstation set-up.

- Knitting: Upper-limb pain. Respiratory and skin irritation due to fibres and dust from knitting wool.

– Other finishing and assembly activities (e.g. trimming and assembling rubber and plastics, wire bending): Cuts to fingers. Repetitive work causing upper limb-pain, especially in the hands and fingers. Muscular strain, eye strain, respiratory and skin irritation, headaches and nausea due to vapours in some products.

4.1.3.2 Home Truths: Key results from a National Survey of Homeworkers (Huws, 1984)

This is another much cited report which presents findings from a national survey of homeworkers conducted by the NGH in 1991. A total of 175 homeworkers were interviewed across 10 local homeworking project locations (Leeds, Rochdale, Oldham, London, Nottingham, Birmingham, Manchester, Leicester, Wakefield and Calderdale).

Women accounted for 94% of those interviewed. In relation to ethnic origin, 54% of the homeworkers were white. Other significant ethnic groups included: Pakistani (20%); Indian (16%); Black (3%); and Bangladeshi (3%).

The reasons for doing homework were similar for all ethnic groups. The two main reasons were identified as money (82%) and childcare (70%). Other reasons included language problems (11%) and the need to care for dependants (8%). The main advantages were consistent with the reasons why people work at home: childcare (66%); flexibility/convenience (69%); and, looking after dependants (9%). A number of disadvantages of homeworking were highlighted by homeworkers: low pay (66%); isolation (46%); creates mess (42%); can't leave work behind (29%); irregularity of work (26%); and, takes up space (25%).

54% of those surveyed worked in sewing, 14% in assembly work, 13% packed cards or carried out routine clerical work, and 3% knitted. The majority (66%) of homework was carried out for the textiles, clothing and footwear industry. Other industries employing homeworkers included: printing/paper (9%); electrical (5%); rubber and plastics (1%); and, leather (1%). Asian workers were more concentrated in textiles, 81% of Asian homeworkers worked in this industry. In relation to employment status, 50% of the homeworkers stated that they were employees, 36% said they were self-employed and 13% said they didn't know what their employment status was. 57% said that they didn't know the name of the company supplying their homework.

The average working week was 36 hours. At the time of the survey the average hourly pay for female full-time manual workers in Britain was £4.42 (New Earnings Survey, 1993) the average hourly rate for the homeworkers surveyed was £1.28 with some earning considerably less. Furthermore homeworkers tend not to receive the employment benefits that on-site workers would. 34% received itemised pay slips and 4% had a written contract.

Table 11 provides a list of work-related health problems experienced by homeworkers in the survey. Each of these health problems were experienced at some time by all of the occupational groups in the study. Musculoskeletal pain affecting the neck and back, and fatigue were the most significant health problems identified, each affecting 70% of homeworkers. The homeworkers also reported the detrimental effect of home-based work on their mental health. Just under 60% found their work stressful, due to the insecure conditions, conflicting demands, and isolation. Specific problems were also identified in relation to different occupations. Sewing emerged as particularly hazardous, with 62% of sewing machinists complaining of headaches. They were also more likely to suffer from eyestrain (61%), experience dizziness (33%), complain of irritation from dust (53%); breathing (20%) and skin problems (26%) as well as nausea (22%). 90% of those involved in packing cards or in routine clerical work reported having experienced musculoskeletal aches or pains.

Table 11: Work-related health problems experienced by homeworkers

Health problem	%
Neck/backache	70%
Fatigue	70%
Eyestrain	52%
Headaches	48%
Other aches and pains	42%
Dust to lungs	41%
Skin problems	19%
Dizziness	18%
Other breathing problems	15%
Nausea	12%

The hazard that homework creates within domestic premises was also highlighted by the survey. This included problems with space (64%); dirt (53%); smells (31%); noise (29%); fire hazards (27%) and electrical hazards (15%). These hazards pose a risk not just to the homeworkers; others such as family and friends, including children are also at risk. The majority (73%) of homeworkers with children reported that they work with them in the same room at least some of the time. Few homeworkers (4%) had received health and safety advice and even fewer were provided with safety equipment.

4.1.4 Homeworker research in local areas

4.1.4.1 Working with a difference in Bury (Emerson, Hughes and Westbrook, 2000)

This study aimed to explore flexible working in Bury, Greater Manchester, specifically the existence of homeworking. It targeted suppliers of homework as well as those carrying out work at home. The methods utilised included a questionnaire survey[10] of businesses, a doorstep questionnaire survey of homes[11], 64 interviews, 4 focus groups and an examination of telephone enquiries to the homeworking project at the Greater Manchester Low Pay Unit.

The survey of businesses revealed that 11 (12%) of the 93 businesses offer home-based work. The perceived advantages for businesses of home-based work were: ability to retain qualified staff (64%); having a family friendly image (64%); lower overheads (54%); and, increased flexibility (45%). The disadvantages identified were: reduced contact with staff (73%) and supervision problems (36%). One business mentioned difficulties with health and safety compliance.

In the doorstep survey of homes, 7% (39) of respondents either worked at home at the time of the survey or had in the past. The majority (85%) of the homeworkers were female. The most common homework activity was sewing. Other activities included: assembly and packing; stuffing envelopes; sales and distribution; telesales; childcare; word processing; ironing; craft work; catering; journalism; and, electrical work.

Interviews were carried out with 64 workers, 52% of whom were male. For those doing homework, poor wages and working conditions were identified as the main problems with this form of work.

[10] 93 out of the 400 questionnaires distributed were returned. A response rate of 23%.
[11] 595 out of the 2000 questionnaires distributed were returned. A response rate of 30%.

The examination of telephone enquiries between May 1997 and March 2000 revealed that of those callers who gave a reason for seeking homework (i.e. 489) 63% cited childcare, 21% cited health problems or disability.

4.1.4.2 The 'Double Burden' Intensified: Asian Women's Perceptions of Homeworking (Basatia, Kaur, and Canaan, 1999).

This report details findings from a survey of Asian women homeworkers in the West Midlands garment trade carried out by the AEKTA project[12]. The project interviewed thirty-five women in 1991/93 and interviewed twenty-four in 1997/98 to determine whether pay and working conditions had changed. The main difference identified by the authors was an increase in work-related accidents in the more recent survey. It should be noted that only 13 of the homeworkers in the 1997/98 survey participated in the earlier one. The findings for the 1997/98 survey are presented here.

The definition of homeworkers adopted was that of Felstead and Jewson (1997), who define homeworkers as only those who:

- Work at home (excluding those working from home or in the same premises);
- Work for firms or businesses which market or sell their output (excluding those who provide a service directly to individuals such as most child-minders);
- Work in routine white-collar or manual activities;
- Do not act as intermediaries between supplier of work and other homeworkers;
- Are not employers of waged labourers.

The majority (88%) of homeworkers obtained their work via friends, relatives or neighbours. The main advantages of homeworking were the same as the reasons for working at home, these were: childcare (76%); financial (46%); and flexibility (25%). The disadvantages of homeworking were identified as: untidy house (96%); overhead costs (92%); low pay (88%); no fixed work time (83%); isolation (79%); and erratic pay (33%).

Nearly all of the homeworkers had to meet the costs of supplying and maintaining their own sewing machines. They all regarded themselves as employees but none had received a written statement of terms (contract).

Homeworkers had not received any health and safety information or equipment from their employers though they had received chairs from a pilot scheme being operated by the Local Authority.

The study revealed that 75% of the homeworkers had experienced a work-related accident/injury; this was usually needles going into fingers. Many of the homeworkers had also experienced health problems in connection with their work. 63% reported headaches, 58% experienced backache, 50% had eye problems, 38% had other upper limb problems, 54% had lower limb complaints, 25% experienced skin problems and 21% reported breathing problems. The effect of homeworking on mental health was also raised as a number of homeworkers cited emotional pressure and stress as problems in connection with homeworking. Only four of the homeworkers reported accidents or health problems to their employers even though nineteen of

[12] The AEKTA project established in 1985 is an independent voluntary organisation providing assistance to clothing workers and employers. The project distributes health and safety equipment and conducts surveys.

them had required medical treatment. Two of them said that their employer had recorded it in the accident book.

4.1.4.3 The Hidden Workers of Sheffield: The Health and Safety Needs of Homeworkers (Carney and Brent, 1997)

This report presents findings from a study commissioned by Sheffield Health to identify the health and safety needs of homeworkers in Sheffield. The research approach involved interviews with 18 homeworkers identified through various contacts (e.g. women's groups) and a questionnaire survey of Health Visitors[13]. The definition of homeworker used was that from Felstead and Jewson's survey (1996) 'someone who works at home; for a business or firm who sell or market their output; in routine white collar or manual work; and who does not sub-contract'

All of the homeworkers interviewed, except one, were female. Ten (55%) of the sample were of Asian origin, the remainder were white. The homeworkers interviewed carried out a range of activities covering different industries: sewing; assembly and packing (umbrella frames, photograph frames, paper bags, envelopes); computer work; and, making toy soldiers. The main reasons identified for doing work at home were: financial; childcare; care of other dependants; ill-health; lack of English skills; being kept occupied; and flexibility. Only one of the homeworkers regarded themselves as an employee, six said they were self-employed and the other eleven did not know their employment status.

A high proportion of the homeworkers interviewed stated that they suffer from work-related problems. The findings from the survey of health visitors were consistent with those from the homeworker interviews. Table 12 details the various work-related health problems experienced by homeworkers and their perceived causes.

Table 12: Work-related health problems experienced by homeworkers and their perceived causes

Health problem		% (no's)	Main causes
Eye problems		83% (15)	Poor lighting; textile and paper dust
Musculoskeletal Pain:	Neck pain	72% (13)	
	Back	83% (15)	Repetitive manual work, poor
	Shoulders/arms	72% (13)	seating
	Hands/wrists	44% (8)	
Numbness (fingers)		67% (12)	Repetitive manual work
Skin complaints		50% (9)	Fabric, textile and paper dust
Headaches		61% (11)	Noise from sewing machines
Chest problems/coughing		39% (7)	Textile and paper dust
Hearing problems		22% (4)	Noise

Eye problems and musculoskeletal pain account for a high proportion of the work-related problems experienced by the homeworkers. Although some homeworkers had visited their GP about their work-related health problems, most did not tell them about their work. Homeworkers also experienced stress, which they attributed to the insecurity of homeworking, long hours, isolation and boredom.

Cuts and needle injuries were common among the homeworkers, affecting 55% (10) of those interviewed. Other accidents included: four homeworkers and family members tripping over the work; two homeworkers being hit in the face by metal and snapped needles; and two

[13] Eighty one of 153 questionnaires were returned (58%).

homeworkers receiving burns from glue guns. One homeworker did state that because her sewing machine was fitted with a plastic needle guard, she had not been injured by needles snapping off. Five homeworkers had received hospital treatment for work-related accidents.

Homeworkers felt that their work brought a range of potential hazards into the home. In addition to the potential causes of accidents and ill-health other hazards included the danger of fire from work materials and lack of space. All of the homeworkers said that they needed health and safety equipment which had not been provided by their supplier of work. Only two of the homeworkers interviewed had received health and safety advice. For example two workers were advised to have a bowl of cold water handy to dip their fingers into following glue gun burns. No health and safety training had been provided. The homeworkers identified a range of health and safety equipment that would be helpful. For example: an adjustable chair; circuit breaker; fold-up work bench; protective gloves; a first aid kit; and a needle guard. Eight of the homeworkers said they would like a health and safety advisor to visit them at home, whilst the other ten said they would prefer to contact an advisor by phone rather than have anyone visiting their home.

4.1.4.4 Homeworking in Glasgow: Key issues arising from a preliminary Investigation (Harris, 1997)

This report presents information obtained by the Scottish Low Pay Unit (SLPU) as part of a pilot study on homeworking. The study aimed to build a picture of the nature and extent of homeworking in Glasgow. Homeworking was defined as 'Anyone working/producing materials/goods or products on a piece or hourly rate for one or more employer, contractor or agent of an employer; and whose work is similar to that done in a factory or office but which is instead carried out in the worker's home' (Harris, 1997, p.1). A distinction was made between homeworking and teleworking. The latter is used to refer to 'individuals who work at home using computers or telecommunications networks, who meet the criteria in the definition of homeworking' (p.2). Teleworkers are further defined as having no designated on-site office space.

Respondents were recruited via the SLPU network, various local groups, the local media, flyers and the use of snowballing techniques (i.e. homeworkers introducing researchers to other homeworkers that they know of). In her report, Harris notes that contacting homeworkers proved to be the major problem experienced in the study.

In total, 36 homeworkers completed the questionnaire. Only 20 (56%) of the respondents were from Glasgow, the additional 16 were from other Scottish council areas. Most (89%) of the respondents were female. Only 2 of the respondents were from ethnic minority communities. Most of the respondents had no homeworking experience but were trying to start homeworking.

The single most important reason for working at home (or wanting to work at home) was financial (64%). Others cited 'caring for dependants, especially children (27%) or health reasons (9%).

Interviews were conducted with five of the questionnaire respondents who had carried out homework in the previous year. The case studies explored health and safety issues in greater depth for three different activities, packing, sewing, and telework (telephone work and information technology). Four of the interviewees regarded themselves as employees. The work carried out in the home produced dust in two cases, in another case noise, dust and unpleasant smells. Three of the homeworkers had experienced backache as a result of their work. The two teleworkers did not perceive any potentially harmful aspects to their work. Two of the five homeworkers had received health and safety advice from their employer.

4.1.4.5 Homeworking Women: Gender, Racism and Class at Work (Phizacklea and Wolkowitz, 1995)

This book presents findings from a questionnaire and interview survey of female homeworkers. The questionnaire survey was conducted via a large circulation, national women's magazine (Prima) and provided a sample of 377. While this was a novel approach to researching homeworkers, the authors do point out that it did have the problem of creating a sampling frame biased towards higher income and English speaking homeworkers, the readership of the magazine. For this reason a different approach was used to recruit interview participants. Forty–nine interviewees were recruited via community workers in Coventry. Nineteen (39%) of these were from Asian backgrounds.

Analysis of the questionnaire identified that 45% of the sample were carrying out non-manual homework and 41% were doing manual work. Just less than one-third of the sample indicated that they used a personal computer or terminal in their work. 26% of the sample worked for small businesses, 18% for large companies and 41% stated that they worked for individuals or families. The key advantages to homeworking were identified as being able to look after children (54%) and that the timing of work was flexible (18%). Key disadvantages were unpredictability of income (22%) and low earnings (20%).

Although the survey did not specifically address the health and safety aspects of homeworking, some difficulties/problems associated with homework activities were mentioned in the interview survey. These included: paint fumes from painting sports trophies affecting a child's asthma and working long hours to earn sufficient income. One of the interviewees carried out soldering when her child was in bed as she was worried the fumes would affect his health. Those homeworkers doing manual work were also found to have received little or no training.

4.1.4.6 A Penny a Bag (Tate,1990)

This book reports findings from a survey of homeworkers conducted by the West Yorkshire homeworking group. Interviews were conducted with 23 female homeworkers who carried out a range of work activities at home (sewing, knitting, electronics, toy-making, assembly and packing, and clerical work). The interviews did not really address the health and safety aspects of working at home though it did identify that the most common reason for taking on homeworking was childcare. The survey also highlighted the issue of poor pay among homeworkers. The title of the book is taken from an interview with one of the homeworkers, 'a penny a bag' was her rate of pay for bagging plastic ducks.

4.1.5 Research focussing on suppliers of homework

4.1.5.1 Homeworking-Health and Safety Responsibilities (Vassie, 1999)

This report provides a summary of the key findings from a project funded by the Nuffield Foundation. The research focussed on suppliers of work to homeworkers and reports on the employment status and terms and conditions, including health and safety, afforded to homeworkers. The research approach utilised interviews with managers in a range of organisations identified via relevant stakeholders (e.g. Local Authorities, trade association, NGH and homeworker campaigns). Homeworkers were defined as: 'those who are employed by an organisation but work at home, and those who are self employed and work at home' (p.2).

Interviews were conducted with 13 organisations from different industrial sectors that provided work to homeworkers. The sample comprised four small businesses, employing less than 50 people and nine large companies, employing over 250 people. Seven of the companies were

involved in manufacturing (e.g. light assembly, packaging, and sewing) and the other six were business and telecommunications companies (e.g. call handling, software development, administration). The most frequently cited reason for using homeworkers was operational flexibility. Other reasons included reducing space and retaining staff.

In the majority of organisations (9) homeworkers had employee status, whilst the remainder (4) regarded their workers as self-employed (all manufacturing companies). Some of the companies, although paying tax and National Insurance for homeworkers stated that they did not regard them as employees.

Three approaches to health and safety provision for homeworkers were identified:

- Seven companies reported having a health and safety policy, which detailed responsibilities for homeworkers and managers, and was communicated to homeworkers. Homeworkers had access to a health and safety representative. Company standards were in place for work equipment, including its maintenance, the work environment, training, risk assessment and accident and ill-health reporting in relation to homeworking. Risk assessments were carried out in one of three ways: 1) self assessment by the homeworker; 2) initial self assessment followed up by safety professional assessment; or 3) assessment by a safety professional. The companies provided all the equipment and materials necessary to do the job.

- Five companies reported that they undertook a risk assessment of activities undertaken at home, but didn't actually visit homes. The risk assessment formed the basis of a safe working method, which was communicated via induction training, in some cases in writing. The companies provided all the equipment and materials necessary to do the job.

- One company did not address health and safety provision for homeworkers. The company provided some equipment necessary to do the job.

The report does not identify the size of organisations in each of these three categories.

4.1.5.2 Teleworking in Britain (Huws, 1993)

This report summarises the findings from a research project on teleworking in Britain conducted in 1992 for the Employment Department. The research consisted of a survey of teleworker employers to establish the prevalence and distribution of teleworking. Although the survey did not specifically address health and safety aspects of teleworking, some of the findings are relevant to the objectives of the current scoping study.

For the purposes of the project a teleworker was defined as someone who:

- Had worked for the employer in question for at least ten days or an equivalent number of hours, in the four weeks immediately prior to the survey;
- Had been based at home for at least 50% of this time;
- Had a direct contract with the employer, which might or might not confer employee status;
- Used both a telecommunicating device and a computing device in the course of carrying out his or her work; and,
- Would not be able to work remotely without the use of this technology.

Of the 1003 employers surveyed, 113 (11%) were employing people who had spent at least half their working time based at home. Some of these 113 did not use, or could have worked without

the use of, computers of telecommunications technology. Therefore the actual number of companies employing teleworkers was 55 (6%). A further 8.5% had considered introducing teleworking, while a similar proportion thought it was likely to be introduced in the future.

Telework employers were found in almost all industrial sectors, regions, and organisational sizes. Though they were particularly concentrated in the South-East of England, the public sector, the very large (200+ employees) and the very small businesses (less than 20 employees). Non-telework (homework) employers were more concentrated in the smaller businesses (56%) than telework employers (47%).

Teleworkers were found at all organisational levels and in a diverse range of occupations. The two most common occupations were consultants and secretarial/administrative staff, followed by data entry staff, computer professionals, training or education specialists, researchers and sales or marketing staff. Other teleworking activities included translation, design, planning, social work, telephone counselling, inspection, legal work, accountancy, financial advice and engineering.

The main benefits of teleworking were identified as: flexibility (43%); reduced cost (29%); convenience (27%); solving travel problems (24%); and, allowing the employment of people with childcare responsibilities (17%). The main disadvantages of teleworking were identified as: being hard to manage (27%); social isolation (21%); and, communication difficulties (20%).

Female teleworkers outnumbered men 2:1 but this varied across occupations. Women were more likely to be found in occupations employing the greatest numbers of teleworkers (e.g. secretarial and administrative).

4.1.5.3 Toy Manufacturing Wages Council (ACAS,1976)

Although this is a rather dated report it does have some relevance. In particular, it highlights that confusion over employment status among homeworkers and their employers is not a recent problem. The report details findings from a postal survey of 153 toy manufacturing firms and interviews with 178 homeworkers. The survey found that 57% of firms in the sample used homeworkers, primarily to cope with fluctuating workflows, but also to save factory space and recruit employees who would not work in the factory. 58% of the homeworkers interviewed reported that their main reason for working at home was to look after young children. Homeworkers mentioned that they felt their work could pose health and safety risks to themselves or their children (e.g. paint thinner and cleaning material). There also appeared to be confusion over employment status. None of the employers regarded the homeworkers as employees, but 56% of the homeworkers regarded themselves as employees[14].

4.1.6 Other relevant homeworking studies

4.1.6.1 Outsourcing and Occupational Health and Safety: A comparative Study of Factory Based and Outworkers in the Australian TCF Industry (Mayhew and Quinlan, 1998)

This study, although carried out in Australia, seems particularly relevant to this report. Mayhew and Quinlan (1998) conducted a comparative study of 100 factory based and 100 home-based workers in the garment trade. Although they experienced similar types of injuries, homeworkers were more than three times more likely to suffer injury. This difference was

[14] 151 (85%) of the homeworker sample were working for firms in the employer survey.

attributed to a combination of piece work payment and low pay which led to long working hours and pressure on homeworkers to meet tight deadlines.

4.2 HOMEWORKER FOCUS GROUPS

Twenty-eight of the thirty homeworkers who attended the focus groups were female[15]. Nine of the homeworkers were of Asian ethnic origin, all of whom were from the Greater Manchester area and carried out sewing at home. The homeworkers who participated in the focus groups were involved in a range of homeworking activities across different industrial sectors, The majority worked in manufacturing, in textiles, rubber and paper products. The homework activities of participants are summarised in table 13.

Table 13: Homework activities of focus group participants

Homework Activities		**No. (%)**
Sewing	Clothing, bedding, flags and bunting	10 (33%)
Finishing	Trimming and inserting rubber components	8 (27%)
Assembling and packing	Crackers, tights, cards, various products, books of fabric	7 (23%)
Soldering & Electrical assembly	Dimmer switches,	1 (3%)
Teleworking	Data input and report writing, social science research	2 (7%)
Arts and crafts	Making cards, food and various products	2 (7%)

Just over one-third of the participants were employees of the company that supplied their work, this included all eight of those involved in finishing rubber components. The two arts and crafts workers were clearly self-employed. The remainder of the homeworkers were less clear about their employment status and assumed that they were self-employed. The majority of work was supplied by small and medium sized businesses, though one of the participants found themselves dealing with multinational brand name products.

The majority of participants worked between 20-35 hours per week with a small number working fewer or more hours. However, for some of the participants, irregularity of work was a problem, especially those involved in sewing.

Levels of pay were generally low and for many, well below minimum wage levels. The two teleworkers were among the better paid of the group receiving between £4-£6 an hour.

Across the groups, the key reasons identified for working at home were: caring for dependants (mainly children); flexibility; and financial. A small number mentioned that it would be difficult for them to get work outside the home because of their age or health problems. The benefits of homeworking were similar to the advantages. The main disadvantages were identified as: earning less money working at home; isolation; dirt; and homework causing problems with family members (e.g. due the time spent working, the smell and mess). The vast majority of the homeworkers had obtained their work by word of mouth through family, friends, and neighbours.

Homeworkers carried out their work in rooms shared by other members of the house, though some did try to keep children out of the room when they were working because of the hazards posed by their work (e.g. clipping wires for dimmer switches caused flying metal and wires lying on the floor and other surfaces). Table 14 illustrates the health problems experienced by homeworkers and some of the perceived causes of these problems.

[15] One of the two men had previously done homework as his main job. He is employed outside the home though he does help his wife who is a homeworker.

Table 14: Health problems experienced by homeworkers and their perceived cause

Health problem	Perceived causes
Musculoskeletal aches and pains	Heavy bags and boxes.
Lumps/calluses on hand and fingers	Repetitive scissor and blade work.
Eyestrain	Constantly working with black rubber. Work requiring close attention.
Headaches	Noise from the sewing machines.
Skin irritation	Material, dust and fibres.
Respiratory irritation	Dust, fluff and fibres.

Participants also identified a number of causes of work-related accidents and injuries:

- Needle injuries were common in sewing, one had affected a child who switched on the machine.
- Cuts from staples in the bags of rubber components, manipulating dimmer switch wires, and cutting implements such as scissors and blades. Cuts were usually minor, requiring plasters.
- Burns from soldering.
- Being hit in the face by 'flying' bits of rubber and wire.

Several of the homeworkers who had experienced health problems had visited the doctor. One was advised by the doctor to give up her job. At least half of the focus group participants indicated that they were reluctant to report health problems, accidents and injuries to their suppliers of work. Common reasons for this reluctance included the belief that suppliers would just regard them as part and parcel of the job and that it may affect their supply of work. These concerns were for a number of participants based on the reaction of their supplier when they had mentioned problems previously. On a more positive note, a number of the homeworkers said they either had or would report problems to their supplier without any of the above reservations. This included sending back work because of problems experienced and stating that they did not wish to do particular types of work. Some had been provided with personal protective equipment when they identified problems or asked for something specific. For example, One of the homeworkers who works with glue had been provided with goggles, gloves and a mask after complaining about the glue. He was told the glue was 'non toxic'. Some of the homeworkers had received a visit from an occupational health nurse several years ago who enquired if they had any aches or pains.

Suppliers of work generally only supplied the materials necessary to carry out the work. The costs of supplying and maintaining many of the tools required to carry out homework activities were met by the homeworkers (e.g. sewing machines, cutting tools). Equipment that was provided included that required for soldering wires and assembling dimmer switches, and a computer. Specialist sewing machines (e.g. for overlocking) could be rented. In some cases equipment which was previously provided by the supplier now has to be paid for (e.g. scissors).

Those employers who provided training did so either at their premises or in the workers' home. This training was generally perceived to be an assessment that they could do the work rather than actual training. Some of the women mentioned it was difficult for them to attend factory-based training. One of the homeworkers who did telework stated that she had received good training, which covered personal safety. The other person who did telework was expected to have the necessary qualifications to do the job from her degree course. Some of the participants are currently provided with or have in the past received written instructions.

Many of the homeworkers received little or no health and safety information from their suppliers of work. Where it was provided it was quite limited. For example, one of the suppliers provided its workers with a letter regarding health and safety, which for the most part informed them that working, at home, they were responsible for their own health and safety and that of others who may be affected by their work. The letter also included general advice, for example, working in a well ventilated area and ensuring that equipment was stored safely. One inquired about the glue she used, and was told it was safe. Some workers had enquired about the content of some products (e.g. rubber, glue) and were told that they were 'safe' or 'not toxic'. Some health and safety information had been communicated informally from suppliers and by drivers, delivering and collecting work (e.g. keep dimmer switch parts and cracker snaps away from children, and keep the snaps away from sources of ignition). Homeworkers in the Greater Manchester and Yorkshire areas had received free health and safety equipment from their local homeworking project. This included adjustable/swivel chairs, adjustable lamps, smoke alarms, fire blankets, anti-vibration mats and dress making scissors. Some of the women used scarves as masks while sewing with some fabrics.

Homeworkers were generally unaware of any health and safety regulations applying to them. One woman said that because she works at home she didn't think she had any rights. None of the homeworkers had seen the HSE Homeworking guidance. Some of them had received information from NGH, Citizens Advice and Trade Unions. One of the groups of homeworkers had become quite active in seeking information, advice and support in relation to the minimum wage, this had led to them meeting as a group.

Very few of the homeworkers knew about risk assessment. Some of those that did found out through family members or other jobs. A few were also aware of COSHH. It appeared that no one had received any risk assessment information though the person doing soldering had received a list of the solder content. One of the homeworkers felt that the workers could be shown how to carry out risk assessments themselves and tell the company of the outcome.

Most of the homeworkers felt that HSE should pay more attention to homeworking, particularly companies supplying homework and most were in favour of HSE inspectors visiting their homes. A number were not in favour of such visits as they were worried about the impact on their employment and taxation, and some felt that other household members may not be in favour of such visits. It was mentioned that HSE should not rely solely on companies to distribute information/guidance, as it was felt unlikely they would pass it on to homeworkers. A number of suggestions of guidance that would be helpful included leaflets which are 'short, sweet and to the point', information which is specific to the type of work they do, first aid information, translation into different languages and videos.

4.3 EMPLOYER INTERVIEWS

Information was obtained form nine suppliers of homework. The majority of companies were Small and Medium Enterprises (SMEs). The main reasons for supplying homework were, restricted factory space, acquiring/retaining staff with children, and managing the peaks and troughs of production.

Table 15 summarises the various homework activities supplied by the companies interviewed, the equipment involved and the employment status of the homeworkers.

Table 15: Homework activities supplied, the equipment and employment status of the homeworkers

Activity	Equipment	Status
Packing hosiery	Sellotape dispenser	Employees
Data entry and other computer related work	Computers, printers, scanners	Employees
Assembling pattern books	Brushes and glue, one homeworker uses a sewing machine	Self-employed
Assembling Christmas crackers (2)	1. Scissors and glue 2. Packing board, roller tube, sellotape & string	Interviewee unsure Self-employed
Hand knitting	Needles and yarn	Self-employed
Plaiting wire rope	Wire and pole, a nut spinner to tighten wire and overalls	Employees
Assembling electrical component	Components that need to be assembled	Subcontracted
Soldering wires to components	Soldering iron, wire, and components	Employees

The following are brief details of findings from interviews with homework suppliers organised by company.

Company 1

In relation to training, workers are shown what to do at home and given samples to copy. There is no health and safety training. Factory workers receive fire safety training but not homeworkers. The respondent was not aware of any accidents or ill-health in connection with the homework. They were not aware of any health and safety regulations that applied to their homeworkers and felt there were no health and safety issues that need explaining, as the work is not hazardous. It was suggested that training in manual handling could be provided if HSE felt it was necessary.

Company 2

This company are not aware of any major accidents, injuries or health problems among its homeworkers apart from paper cuts and dropping boxes on toes. Any incident or use of the first aid box is expected to be reported to a central co-ordinator and recorded in the accident book. Isolation was recognised as a problem and the company has introduced measures to address this including a central telecom system so that workers can call each other. This has had the added bonus of improved problem solving and sharing of information.

The manual handling and DSE regulations were regarded as relevant to homework. Training in manual handling and first aid is provided for homeworkers. They are also provided with smoke alarms and first aid kits.

It was mentioned that the company had difficulties identifying an off the shelf health and safety policy that was applicable to homeworkers and had contacted HSE. In the end the respondent wrote one based on the same work in the office environment. This highlighted areas that the company could not be responsible for (e.g. wiring of the house). If workers are unable or unwilling to accept solutions (control measures) they have to sign that they are aware of and accept the risk (e.g. if they need a different table but do not have space for one). The health and safety policy is perceived as a selling point for the company and as establishing credibility with potential customers. It was felt that information from HSE on homeworking could help

companies by explaining how they can achieve the necessary requirements rather than just stating what the requirements are. In relation to information for homeworkers it was felt that 'simple pictorial health and safety leaflets would be useful'.

Company 3

The company has not been informed of any accidents, injuries or health problems. The health and safety issues were regarded as common-sense and not requiring training. It was stated that the workers receive written information about the glue (this information is provided by the manufacturer) and are show how to lift loads by the delivery driver. The company has encouraged workers to work at a table but feel that at the end of the day it is up to each worker how they operate.

Company 4

The person interviewed was not aware of any accidents, injuries of health problems affecting homeworkers. Outworkers train homeworkers in their own homes, this does not include health and safety. It was mentioned that the work does not involve anything specifically dangerous as the glue is water based. The respondent was not aware of any health and safety regulations applying to homeworkers. It was stated that they would like guidance on health and safety for homeworkers but there was not any available. It was also mentioned that although everyone is entitled to protection, it is difficult to get a perspective on homeworkers as they are in their own home.

Company 5

None of the homeworkers had reported any accidents, injuries or health problems in connection with homework. The workers are considered not to require any training as they have the necessary skills to do the job. They do not receive any health and safety training or information. The respondent was not aware of any health and safety regulations that apply to homeworkers and it was stated that the business could not control health issues as the workers are in their own home.

Company 6

The person interviewed liases with the homeworkers and shows them how to carry out the work. It was stated that there have been no accidents, injuries or ill-health in connection with the work. As there is no heavy handling involved and no machinery it was felt that there was no way a worker could harm themselves doing the work. Health and safety training is not provided and the person interviewed was not aware of any health and safety regulations that apply to homeworkers, though it was mentioned that the company health and safety officer may be more familiar with any regulations.

Company 7

The company has not been informed of any accidents, injuries or health problems. In-house training is provided for homeworkers. Training in manual handling is also provided. The person interviewed was not aware of any health and safety regulations applying to homeworkers but feels they have a good system in place to protect them, which includes meetings every six weeks. The company has sought advice from HSE on other matters in the past and they would welcome advisory visits from HSE. It was stated that the company would like notification of new and updated legislation.

Company 8

Employees of the company are allowed to bring additional work home. They receive training, which covers health and safety. Subcontracted homeworkers do not receive this training. The person interviewed was not aware of any accidents, injuries or health problems caused by homeworking and did not know of any health and safety regulations applying to homeworkers. When employees take work home their working practices are not checked.

Company 9

The company reported that homeworkers had not experienced any accidents, injuries or ill health due to their work. Training is given to all employees including homeworkers and they are treated the same as on-site workers in relation to health and safety. The company maintains regular contact with homeworkers, so that any issues can be dealt with promptly. The respondent said they were not aware of any health and safety regulations applying to homeworkers.

5 DISCUSSION

Despite the various definitions of homeworking employed in the research studies presented, there are a number of common findings across studies. It is interesting to note that the findings from Felstead and Jewson's (1996) survey of homeworkers are broadly consistent with local studies of homeworkers given that 85% of their sample had not had contact with homeworking groups. This would suggest that those participants who were recruited through established networks such as homeworking projects need not be regarded as 'untypical'. The common findings across the research literature, homeworker focus groups and employer interviews will now be discussed.

5.1 THE EXTENT OF HOMEWORKING

Information on the numbers of homeworkers has only been available on a regular basis from the LFS since 1992 with the introduction of a question on homeworking. Prior to this the LFS in 1981 carried a one-off question on homeworking. The most up to date figure from the LFS (autumn 2000) gives a figure of 650,000 homeworkers. This figure accounts for 2.3% of the employed workforce. This figure relates to all people working in their own homes except those employed in the same grounds and buildings as their home. It is slightly lower than the figure from the Spring 1998 LFS of 680,612 which represented 2.5% of the employed workforce (Felstead et al, 2000). Adopting a broad definition of homeworking to incorporate all those who spend some of their time working at home would mean that a quarter of the workforce are homeworkers.

Most of the studies on homeworking have either examined national data sets or focussed on local area research. The Labour Force Survey is conducted on an annual basis whereas census data is only available every ten years. The figure for numbers of homeworkers tends to be higher using census data as it employs a broader definition of homeworker, including those people who work from home. The first results of the 2001 census are expected to be available at the end of August 2002. (http://www.statistics.gov.uk/census2001/). Many of the local studies have been conducted in areas where homeworking campaigns have been active and have relied on the contacts of such groups to identify respondents. Some of the studies focus on women only and/or specific sectors.

Data from both the census and LFS reveal a considerable increase in the number of people working at home since the early 1980's. Felstead et al (2000) calculated that the number of homeworkers in Britain doubled between 1981 and 1998. The increase in homeworking is to some extent accounted for by an increase in teleworking. The other reason for the increase appears to be a shift towards more flexible forms of working. It has been suggested that the shift towards non-permanent workers and subcontractors means a shift towards workers who have less protection and/or access to knowledge to cope with work-related health and safety risks (Goudswaard, 2001). This would indicate that the health and safety of homeworkers is a topic that warrants attention.

In relation to the geographical spread of homeworking, the LFS data indicates that there is a high concentration of homeworkers in the South-East of England. The census data has the advantage of allowing a breakdown by local areas. According to the 1991 census, Birmingham has the greatest number of homeworkers.

5.2 CHARACTERISTICS OF HOMEWORKERS

It is evident from the various research findings presented that women constitute the majority of those working mainly at home though men are more likely to work at home less frequently.

Women homeworkers are more likely to work in manufacturing than non homeworkers. The opposite appears to be the case for men. Women homeworkers are also more likely to have childcare responsibilities. The latter finding is consistent with one of the key reasons why women work at home, i.e. childcare. The presence of children in the work environment highlights a significant health and safety consideration for homeworkers that probably would not be addressed in risk assessments for workers carrying out the same activities on-site.

Ethnic minorities were found to be under represented in homeworking compared to the employed workforce but they tended to be concentrated in a narrow range of industries. They did appear to be over represented in manual and low paid homework. This finding is consistent across national and local surveys, which identify work activities that particular ethnic groups are more likely to be involved in. For example, Asian workers were more concentrated in the clothing and textiles sectors carrying out sewing. This also appears to be associated with the geographical location of homeworkers, which would affect the type of work available. For example, one of the local homeworking studies explored Asian women working in the clothing industry in the West Midlands (Basatia, Kaur and Canaan, 1999). It has been suggested that ethnic minority groups are under-represented in large scale national surveys and that local surveys working within communities are better placed for gaining access to these groups (Felstead, 1996). This has relevance for the effective dissemination of information such as HSE guidance. Findings from Felstead and Jewson's (1996) research also have implications for the effective dissemination of information. Their survey revealed that for just under half (49%) of the homeworkers, English was not their first language, and around two-fifths (39%) of these reported some level of difficulty in understanding spoken English.

5.3 CHARACTERISTICS OF HOMEWORK

The main industry sectors for homework activities were business services and manufacturing. The main occupations identified were sewing, assembly and packing, non-manual occupations included clerical, secretarial and administrative. The employment status of homeworkers varied across studies but a common finding was that there is considerable confusion regarding employment status. The lack of clarity in the distinction between employee and self-employed status makes it very difficult for both employers and homeworkers to interpret the current HSE guidance on Homeworking. Working hours did not appear to be a particular issue for concern with overall weekly work hours tending to range between 20-36 hours though the way in which these hours are spread out through the day or week may be an issue.

The most common approach for obtaining homework was word of mouth via friends and relatives. This is consistent with the apparently informal relationships between homeworkers and suppliers, which are maintained by means of personal contact. The downside of this is that it creates the opportunity for irregularity in the terms and conditions of work, such as the lack of a contract or formal approach for training and communicating information.

The majority of homework suppliers are small firms. This appears to be consistent with the view that homeworkers are mainly located at the end of the subcontracting chain. This also highlights the challenge faced by HSE and other organisations in addressing health and safety for these small firms and their employees. The Health and Safety Commission paper HSC/01/151 details recent work that HSE has carried out to address health and safety in small firms (Michael, 2001).

5.4 MOTIVATING FACTORS

As mentioned earlier one of the main reasons for working at home was childcare, this was a more significant issue for women. Financial reasons and flexibility were also key reasons. The advantages were the same as the reasons for homeworking. The main disadvantages were poor pay, isolation, mess and irregularity of work.

5.5 HEALTH AND SAFETY ISSUES

A range of work-related hazards have been identified. Environmental hazards included lack of space, dirt, smell, noise, electrical and fire. A number of hazards perceived as causing accidents and ill-health were also identified, for example, poor seating, repetitive work, manual handling and working with substances such as solder, glues and paints. The most useful way of addressing hazards in homeworking appears to be in relation to specific activities. Some activities emerged as particularly hazardous, for example, sewing. The main health problems experienced by homeworkers were musculoskeletal pain, eye strain, headaches and mental strain.

The research studies provide evidence of accidents affecting homeworkers and others in their home, including children. Gilbert (2002) identified a number of accidents that could have been prevented with provision of training and equipment (e.g. needle guard, goggles). Accidents and health problems often go unreported to the company supplying the work. Even those homeworkers who sought medical treatment had not always informed the health professionals that their problem was work-related. This raises the issue of how to encourage reporting in order to gain information on the levels of accidents and ill-health in homeworking. Although RIDDOR forms ask for the address where the incident occurred it does not allow easy identification of homeworkers. It would also seem that any RIDDOR analysis would greatly under-represent the level of incidents in homeworking. Similarly, although hospital Accident and Emergency Departments also record the location of accidents they do not record whether accidents in the home are due to work. This means there is no reliable system available for recording statistics on accidents, injuries or ill-health in homeworking.

Levels of awareness of health and safety issues appeared to be quite poor as was access to health and safety information, equipment and training. Homeworkers had not seen HSE guidance and were not familiar with health and safety legislation relevant to homeworking. Furthermore, risk assessments were not being carried out. While there were a number of examples of homeworkers receiving information, training and equipment, these examples were quite limited. There are some indications from the research that those involved in teleworking fare better in relation to their terms and conditions, including health and safety provision though this is based on a small number of examples.

Huws (1984) notes that the isolated and scattered nature of homeworkers means that they are less likely to receive adequate training and information and makes it more difficult for HSE to enforce health and safety legislation. The contact with local homeworking projects and other homeworkers facilitates the information sharing and provision. A number of homeworkers had also benefited from local homeworking projects which provided health and safety equipment (e.g lamps, chairs and first aid kits).

It is not possible to ascertain from current research whether there are any marked health and safety differences between those working at home some of the time and those working mainly at home. It seems probable that those workers who spend some of their time on-site are more likely to have gained some awareness of health and safety as well as having access to information, equipment and training.

Despite the apparent lack of knowledge of HSE's role in protecting homeworkers and the various health and safety regulations, many homeworkers were in favour of HSE focussing more attention on homeworking and the possibility of visits to homes. A number of suggestions were also made in the homeworker focus groups in relation to the kind of guidance information that would be useful. Some expressed a preference for brief leaflets, which are more specific to the different types of activities that homeworkers do rather than general information covering all

forms of homeworking. Translation of guidance into different languages was also felt to be important. Information on video or other pictorial format was also thought to be useful.

5.6 CHARACTERISTICS OF EMPLOYERS

There are much fewer research studies focussing on employers of homeworkers. One of the reasons for this may be the difficulty of gaining access due to the apparent reluctance of some employers to admit to employing homeworkers. The main reason identified for employing homeworkers included flexibility/dealing with fluctuating workflows, reduced costs, restricted space, and to solve childcare problems. The main disadvantages related to the communication difficulties that homeworking creates, difficulty with supervision and reduced contact with staff. Confusion over employment status also emerged as an issue in the employers' research. This has important health and safety implications, as the perceived status of homeworkers is likely to influence whether the employer believes that they need to address health and safety issues. This is also consistent with the comment by Dempsey (2001) that HSE has received queries from the public suggesting that some employers are confused about what legislation applies to homeworkers and what their responsibilities are.

5.7 RESEARCH ON HOMEWORKING

The studies presented in this report are intended to highlight the various approaches adopted by researchers to date. This also serves to highlight the problems faced when conducting research on homeworking. Initially, the difficulty of defining homework. The difficulties of carrying out the research include identifying and accessing the population of homeworkers and their employers. Also, problems of low response rates and reluctance to admit to doing or supplying homework which result in quite small study samples.

National surveys such as the census and LFS provide useful information on the extent of homeworking and the characteristics of homeworkers. However, they are believed to underestimate the extent of homeworking as some homeworkers may be reluctant to admit to homeworking. This is highlighted by Felstead and Jewson (1996) who report instances where respondents in their doorstep survey denied any homeworking activity in the household when it was very obvious to the researcher that homeworking was taking place (e.g. work being visibly delivered/collected/carried out).

Many of the local studies of homeworkers have been conducted in areas where homeworking groups or campaigns are well established. These studies have relied on established contacts to identify potential research participants. This approach offers the potential benefit of using known contacts who are more may be more likely to gain co-operation but they may omit those homeworkers who do not have contact with any of the homeworker networks. These studies are a useful source of information on the issues facing homeworkers and common findings have emerged across studies in different localities but their findings provide a limited picture of homeworking.

6 CONCLUSION

This report presents findings from a scoping study designed to identify the key health and safety issues for research. A literature search was conducted and the relevant findings have been summarised according to different categories of research: 1) homeworker research using national data; 2) homeworker research across various UK locations; 3) homeworker research in local areas; 4) research focussing on suppliers of homework; and, 5) other relevant homeworking studies. Focus group discussions were held with thirty homeworkers in four different geographical locations (Greater Manchester, Hampshire, Wales and Yorkshire). The focus groups explored what the homework activities involved, employment status and conditions; motivational factors; hazards; accidents and ill-health, and information, training and equipment provision. Interviews were conducted with nine companies who supply a range homework including, packing, assembly, date entry, knitting. Issues explored were similar to those addressed with the homeworkers and included hazards, accidents and ill-health, knowledge, communication, motivational factors, and any other issues relevant to heath and safety.

The common findings across the research literature, homeworker focus groups and employer interviews were discussed under the following different headings: extent of homeworking; characteristics of homeworkers; characteristics of homework; motivating factors; health and safety issues; characteristics of employers; and research on homeworking.

The main findings are:

- The most up to date figure from the Labour Force Survey (LFS, autumn 2000) gives a figure of 650,000 homeworkers. This figure accounts for 2.3% of the employed workforce.
- Data from both the census and LFS reveal a considerable increase in the number of people working at home since the early 1980's.
- The LFS data indicates that there is a high concentration of homeworkers in the South-East of England. The census data has the advantage of allowing a breakdown by local areas. According to the 1991 census, Birmingham has the greatest number of homeworkers.
- Women constitute the majority of those working mainly at home though men are more likely to work at home less frequently. Women homeworkers are more likely to work in manufacturing than non homeworkers. The opposite appears to be the case for men.
- Ethnic minorities were found to be under represented in homeworking compared to the employed workforce but they were over represented in manual and low paid homework.
- The main industry sectors for homework activities were business services and manufacturing.
- The main occupations identified were sewing, assembly and packing, non-manual occupations included clerical, secretarial and administrative work.
- The majority of homework suppliers are small firms.
- The main reasons for and advantages of working at home were childcare, financial and flexibility, and the main disadvantages were poor pay, isolation, mess and irregularity of work.
- Environmental hazards caused by homework included: lack of space; dirt; smell; noise; electrical; and fire.

- Hazards perceived as causing accidents and ill-health included, poor seating, repetitive work, manual handling and working with substances such as solder, glues and paints.
- The main health problems experienced by homeworkers were musculoskeletal pain, eye strain, headaches and mental strain.
- The research studies provide evidence of accidents affecting homeworkers and others in their home, including children.
- Accidents and health problems often go unreported to the company supplying the work. Even those homeworkers who sought medical treatment had not always informed the health professionals that their problem was work-related.
- Levels of awareness of health and safety issue appeared to be quite poor as was access to health and safety information, equipment and training. Homeworkers had not seen HSE guidance and were not familiar with health and safety legislation relevant to homeworking. Risk assessments were not being carried out.
- Many homeworkers were in favour of HSE focussing more attention on homeworking and the possibility of visits to homes.
- In relation to the kind of guidance information that would be useful, some expressed a preference for brief leaflets, which are more specific to the different types of activities. Translation of guidance, and videos or other pictorial formats were also mentioned.
- The main reason identified for employing homeworkers included flexibility/dealing with fluctuating workflows, reduced costs, restricted space, and to solve childcare problems, and the main disadvantages were difficulty with supervision and reduced contact with staff.
- Both homeworkers and their employers appear to be confused over employment status and its implications for health and safety provision.

7 RECOMMENDATIONS

- A large-scale survey on homeworking could be conducted to provide more recent information than previous studies. The information gathered from such a survey could provide up-to-date baseline information on health and safety in homeworking. In order to explore the health and safety issues pertinent to each industry sector, the survey could focus on sectors rather than 'local economies' which were the focus of Felstead and Jewson's (1996) study. The definition adopted would warrant close attention, for example, the inclusion of those who work at home some of the time would allow comparisons to be made with those who work at home all of the time. The issues to be addressed could include those explored in the scoping study as well as homeworkers' understanding of the role of HSE, and information sources that could be used for communicating health and safety information.
- A survey of employers of homeworkers could also provide baseline information on employers' knowledge of and practice in relation to the health and safety of homeworkers. This too could focus on companies from different industry sectors.
- Existing national data could be analysed further using questions on accidents, which have been included in the Labour Force Survey since autumn 1997. Other issues could also be explored, for example, some homeworkers reported working from home because health problems or disability make it difficult for them to go out to work; the LFS data would allow further investigation of this issue.
- A comparative study could be conducted which would compare health and safety issues for homeworkers with those for on-site workers doing similar work. This would be a useful approach for assessing the relative risks and hazards associated with homework.
- The development of revised guidance on homeworking could include sector-based case studies of good practice in health and safety for homeworkers. These case studies could illustrate how employers and homeworkers could identify hazards associated with sector-based activities and the appropriate control measures. The development of guidance should include piloting and address the need for translation into languages other than English.
- There is currently no reliable system available for recording statistics on accidents, injuries or ill-health in homeworking. HSE could explore potential mechanisms for gathering this information such as changes to the RIDDOR form but it needs to be considered that this may still not yield any reliable information due to high levels of under-reporting.
- Advice and information about health and safety rights is not reaching homeworkers. It is also quite likely that it is not reaching a considerable number of their employers, particularly those who are small subcontracting firms. HSE needs to identify effective avenues for communicating with homeworkers and employers and highlight the fact that much of the legislation that applies to on-site workers also applies to homeworkers.
- There is considerable confusion regarding employment status. The lack of clarity in the distinction between employee and self-employed status makes it very difficult for both employers and homeworkers to interpret the current HSE guidance on Homeworking. The current HSE definition of homeworkers as 'those people employed to work at home' (HSE, 1996) is perceived as not applying to many of the homeworkers lacking definite employee status. HSE could explore ways of reducing the confusion in relation to health and safety.

8 APPENDICES

APPENDIX 1: SUPPORT ORGANISATIONS FOR HOMEWORKERS

Homeworking Projects

Homeworking projects can provide a variety of advice and information on health and safety. Some also run equipment loan schemes.

- Blackburn Women's Resource Centre
- Bolton Homeworking Project
- Coventry City Council Homeworking Officer
- Homeworkers Campaign For Change (Leicester)
- Milton Keynes Women and Work Group
- Nottinghamshire Outworkers Support Group
- Opportunities for Women (Oldham)
- Rochdale Homeworking Development Unit
- Sahara in Preston
- West Yorkshire Homeworking Unit

Occupational Health Units/Hazards Centres

The following is a selection of some of occupational health units in different areas.

- Bradford Occupational Health Project
- Greater Manchester Hazards Centre
- Health Works in Newham
- Keighley Work Safe Project
- London Hazards Centre
- Sheffield Occupational Health Unit
- West Midland Health and Safety Advice Centre

Low Pay Units

Low Pay Units provide free advice on employment rights

- Greater Manchester
- Liverpool City Council Anti-Poverty Unit
- London Low Pay Unit
- Scottish Low Pay Unit
- Northern Ireland Low Pay Unit
- Yorkshire and Humberside Low Pay Unit

Representative Organisations

National Group on Homeworking http://homeworking.gn.apc.org/
The Telework Association http://www.telework.org.uk
Scottish Teleworking Association http://www.cali.co.uk/sta/

Periodicals

'The National Homeworker' . Quarterly newsletter of the national group on homeworking
'Teleworker'. The magazine of the telework association.

APPENDIX 2: FOCUS GROUP QUESTION SCHEDULE

1. What type of work/activities do you do
Prompt
- What other homeworking activities have you done previously
- What equipment does this involve working with (e.g sewing machine, soldering iron)
- What products does this involve working with (e.g glues, paints, solvents)
- Have you noticed any changes in the type of work available?
- Does anyone else ever help you with the work (eg. Family, what do they do, how often)

2. What type of organisation do you work for (type of business, sector, large , small, more than one company)
Prompt
- Do you receive work form more than one company at a time
- How is the work supplied to you
- How is it returned to the company
- Who supplies the equipment/products needed to do the work

3. What is your employment status (e.g employed by provider of work, self-employed)
Prompt
- What does this mean in practice (e.g. tax paid via employer, sick pay, holiday pay, other benefits)
- How long have you done homework
- How may hours a day do you work (how many after 10pm)
- How many days a week
- How are you paid for the work (e.g regular salary, hourly, piece rate)

4. Where is the work carried out
Prompt
- Who else uses the room (is it used at the same time as work is being carried out)
- Where is your work stored (work material, equipment, is it locked away)

5. Reasons for homeworking
Prompt
- Advantages of homeworking
- Disadvantages of homeworking

6. Have you had any training in how to do the work (e.g formal, informal, oral, written , video or other format)
Prompt
- Have you received any health and safety training
- Have you received any health and safety information (e.g. oral, written or other format)
- Is there any health and safety information you think would be helpful
- Have you been provided with any health and safety equipment
- Is there any health and safety equipment you think would be helpful (e.g chair, lamp, overalls, goggles, gloves, dust/fumes extractor, workbench, first aid kit, fore extinguisher)

7. Do you know of any health and safety regulations that applies to you as workers
Prompt
- How did you become aware of this
- Have they seen the HSE leaflet
- How did you receive this

8. What sources of information have you used to find things out about homeworking
Prompt
- What kinds of information
- What sources
- what was most helpful (and why)

9. Is there anything in your work that you think may be dangerous (e.g fire hazard, smell/fumes, dangerous machinery or equipment, dirt, noise)
Prompt
- Anything that might cause an accident
- Anything that might make you feel ill

10. Have you had any accident associated with your work (elicit details)
Prompt
- What did you do (e.g. seek medical attention, gp, casualty, if not...why?)
- Did you inform your employer/supplier (What did they do)

11. Has you work ever caused health problems or made you feel ill (e.g aches and pains, breathing, eye strain, headaches, skin problem, stress, depression)
Prompt
- What did you do (e.g. seek medical attention)
- Did you inform your employer/supplier
- Have you worked when feeling sick/ill

12. Has anyone else had an accident or felt ill due to your work (elicit details)
Prompt
- What did you do (e.g. seek medical attention)
- Did you inform your employer/supplier

13. Do you think there is more your employer/supplier could do to protect you (i.e. reduce the risk of accidents or health problems from your work)
Prompt
- Do you think they should have to do more to protect you

14. Would you like HSE to do more to protect you (e.g inspections, prosecutions)
Prompt
- What would you like HSE to do
- Would you like more regulations to protect you
- How do you feel about HSE taking more of an interest in the health and safety of homeworkers

15. Any other information relevant to protecting homeworkers from accidents or health problems due to their work

APPENDIX 3: EMPLOYER INTERVIEWS QUESTION SCHEDULE

1. What type of organisation are you (type of business, sector, large, small, more than one company)?

2. What type of work/activities are done by the homeworkers?
- What equipment does this involve working with (e.g. sewing machine, soldering iron)
- What products does this involve working with (e.g. glues, paints, solvents)
- How many hours a day do they work (how many after 10pm)
- How many days a week
- How are they paid for the work (e.g. regular salary, hourly, piece rate)

3. What is the employment status of the homeworkers (e.g. employed by provider of work, self-employed)?
- What does this mean in practice (e.g. tax paid via employer, sick pay, holiday pay, other benefits)

4. Reasons for employing homeworkers?

5. Do you know of any health and safety regulations that apply to the workers?
- How did you become aware of this

6. Have you given any training in how to do the work (e.g. formal, informal, oral, written, video or other format), particularly relating to health and safety?
- Have you provided any health and safety equipment
- Is there any health and safety equipment you think would be helpful (e.g. chair, lamp, overalls, goggles, gloves, dust/fumes extractor, workbench, first aid kit, fire extinguisher)

7. Have there been any accidents, or has the work ever caused health problems or made workers feel ill (e.g. aches and pains, breathing, eye strain, headaches, skin problem, stress, depression)?

8. Do you think there is more you could do as an employer/supplier to protect the workers (i.e. reduce the risk of accidents or health problems from your work)

9. What is the role of HSE regarding homeworkers, and what would you like it to be (e.g inspections, guidance)

10. Any other information relevant to protecting homeworkers from accidents or health problems due to their work

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