



Evaluation of reducing risks, protecting people

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Evaluation of reducing risks, protecting people

Dr Jo Rick, Ceri Evans, Rob Barkworth
Institute for Employment Studies
Mantell Building
Falmer
Brighton
BN1 9RF
UK

Reducing Risks, Protecting People (R2P2) is the document that explains the basis for the Health and Safety Executive's (HSE's) decision-making processes. As such, it underpins all HSE regulatory activity. The research summarised here sought to establish the reach of the document amongst the HSE's stakeholder groups and to determine the extent to which R2P2 makes transparent HSE activities and lays the decision-making process open to scrutiny.

A multi-stage research methodology was adopted, involving a telephone screening survey to establish reach, and a series of more in-depth interviews and focus groups to gather qualitative data about the document and its impact.

Findings are presented in relation to both the impact of R2P2, and ways in which the HSE could enhance further dissemination, if this was felt to be appropriate.

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Executive Summary

Reducing Risks, Protecting People (R2P2) was first published in 2001. R2P2 is the document, which explains the Health and Safety Executive's (HSE's) decision-making framework. R2P2 aims to make the way the HSE approaches the promotion and enforcement of workplace health and safety open to scrutiny. As such, it is a key document for the HSE, explaining the rationale upon which decisions and actions are based and making such processes transparent to stakeholders.

This evaluation assesses the extent to which R2P2:

- a) reached its target audience
- b) was understood by this audience
- c) explained adequately for this audience, the basis for how the HSE takes decisions about regulatory actions
- d) allowed them to scrutinise the decision-making process
- e) informed them of the factors that inform the HSE's risk-based decisions
- f) reassures the public that risks from work activities are properly controlled
- g) informs other regulators adequately of the basis for the management of health and safety risks arising from work activities.

The target audience for R2P2 and, therefore, for this research, excluded the general public but included the following stakeholder groups:

- major employers
- employers' organisations
- employee organisations
- local authorities
- other regulatory bodies in Great Britain(ORBs)
- the Commission of the European Communities
- academics
- non-government organisations (NGOs), and

- health and safety professionals.

Methodology

A two-stage research design was adopted. Stage one consisted of a brief telephone screening survey amongst the stakeholder groups to gauge the reach of R2P2 and to identify a sample of interviewees. Stage two consisted of up to 50 interviews and focus groups with individuals from across the stakeholder groups. Fieldwork was conducted between January and April 2004.

Survey findings

Stage one research revealed that 52 per cent of the total sample had heard of R2P2. Reach was highest amongst unions (73 per cent) and local authorities (64 per cent), and lowest amongst large employers (42 per cent). Respondents who spent 100 per cent of their time at work on health and safety were also far more likely to have heard of R2P2 (61 per cent).

The screening survey also revealed that just 16 per cent of the total sample had read R2P2 (31 per cent of those who had heard of it). Of those who had read R2P2, responses in the screening survey were largely positive as to the document's quality (layout, content and ease of reading).

Qualitative findings

Stage two interviews explored responses to R2P2 in greater depth from which a more complex and contrasting picture emerged. However, although mixed, the majority of comments on content indicate that readers found the content interesting and that it provided a good level of information.

There was also evidence when considering general views on the presentation of R2P2 that respondents' views are influenced by, or based on, confidence in the HSE 'brand' rather than the specific document.

Interviews revealed differences in reactions to R2P2 across the stakeholder groups.

Employers

Employers, for example, felt confident about their knowledge of the role of the HSE and that R2P2 served to confirm what they already knew. A common theme to their comments was that R2P2 was long and academic, that it didn't have implications for direct action so was, therefore, less relevant to them. However, it is clear that when it came to the finer detail (*e.g.* of the decision-making

process) R2P2 was providing knowledge that was not available from other sources. Amongst employers who had heard about R2P2 but not read it, the majority view seemed to be that there was no need to understand the ‘whys and wherefores’ of decision-making. This view tended to be coupled with a view of the HSE as a highly professional and trusted organisation. A strong and consistent message from employers who had not heard of R2P2 was that they would like to know more about HSE decision-making processes, but that this was not a priority.

Local authorities, fire and police

In contrast to large employers, none of the interviewees in organisations with some responsibility for health and safety regulation and enforcement criticised R2P2 for being too long or academic. The responses from this group of interviewees conveyed implicit recognition of the need to make explicit the HSE’s decision-making processes. As a stakeholder group, local authorities, fire and police services appeared more comfortable with the format, presentation and content of R2P2. Their responses indicated that they saw the need for this type of document. The one interviewee in this group who had not read R2P2 would have welcomed more information on the way that the HSE made decisions.

Other stakeholder groups

Representatives from other stakeholder groups are distinct from the previous two groups in that they do not have direct responsibility for health and safety (*i.e.* as duty holders) nor do they have a regulatory responsibility (*e.g.* like local authorities). Rather, they represent a diverse range of health and safety related interests from academic researchers, government departments, trades unions, members of the EU, and employers’ organisations.

Their responses to R2P2 were diverse and there was no particular pattern of responses or new themes to emerge beyond those that had already been identified. Government departments and EU members with strategic links to the HSE were more likely to express appreciation of the need for a framework statement such as R2P2. Academics concerned with teaching were also concerned with the principles of the HSE’s operations to pass on to students, others felt that R2P2 helped to make explicit what the HSE did and inform them of how and when to engage and influence.

Suggested amendments

The in-depth interviews also asked interviewees a series of questions about amendments to R2P2 and how they felt the document could be improved or the message put across more effectively.

A large number of suggestions were forthcoming relating to the title, the need for an executive summary and points about layout, diagrams, pictures, fonts and colours.

The majority of comments indicated a high level of satisfaction with HSE publications in general, but also suggested that R2P2 does not match the other HSE publications in terms of looks and layout.

A number of suggestions were also made about alternative formats, the majority of these involving some kind of summary document which could be widely distributed, directing interested readers back to the main report.

In addition, interviewees commented on document content and target audiences, indicating that tailoring the content of the document to the needs/interests of the individual stakeholder groups would be welcomed.

Conclusions

Reach of R2P2

One reason for low readership figures is straightforward lack of knowledge about R2P2. Interviews also reveal that some stakeholders who did not know about R2P2 and who would be interested in the document indicated that targeted marketing and publicity could increase the reach of the document considerably.

Content of R2P2

Analysis of data from those who have read R2P2 clearly suggests that different stakeholder groups require different levels of information from the HSE. Whilst R2P2 in its current form seems suited to certain stakeholders (local authorities, fire and police, and government departments with a strategic link to the HSE) other stakeholders have different requirements. For example, academics and major employers would both be keen to see the use of more practical examples. Major employers see R2P2 as less directly relevant to them and would prefer something shorter/an executive summary. The findings suggest that disseminating R2P2 using a variety of formats, more targeted on the needs of individual stakeholder groups would increase the reach of the document.

A few of the stakeholders interviewed commented on R2P2 in the context of open government or the need for the HSE to make its processes transparent. Future promotion of R2P2 could emphasise that aspect of the HSE's activity.

Where it has been read, the data suggest that R2P2 does successfully fulfil the objectives set out for it. There is evidence

that in some respects R2P2 could be improved and made more accessible. Other regulators seem most comfortable with R2P2 as it stands at the present time.

Recommendations

In one sense, the starting point for the recommendations is a question for the HSE:

What is an appropriate or a sufficient level of promotion of transparency and open government?

If it is the case that having (what is seen as) a fairly theoretical document available for those who are sufficiently interested is appropriate, then although it could be improved, R2P2 appears to do that job.

If it is the case that the HSE wants to promote awareness of its decision-making process amongst stakeholders, then R2P2 is part of that, but other approaches need to be considered, and in particular, the needs of different stakeholder groups need to be taken into account.

If the latter is the case, then an amended version of R2P2 might be the cornerstone of any approach, with different levels of information also available through a variety of formats.

There is a clear role for R2P2 whatever the decision, but improving awareness in the stakeholder groups will require additional forms of promotion and dissemination.

In particular, attention needs to be given to the different information requirements of the various stakeholder groups.

1. Introduction and Methodology

Reducing Risks, Protecting People (R2P2) was first published by the HSE as a discussion document in 1999. This was revised in the light of consultation and the document in its current format was published in 2001.

The purpose of R2P2 is, in essence, to explain how the HSE seeks to fulfil its duty in the promotion and enforcement of workplace health and safety. As such, it differs from more commonly seen HSE documents, e.g. guidance or an ACoP, in that it explains the principles underlying HSE activity, rather than explaining the responsibilities of individual duty holders.

At the time of publication it was noted in the preface that:

'In presenting this latest document we realise that there will be scope for further development and refinement. We shall revise it as necessary so that it remains a document attuned to current needs.'

In November 2003, the HSE commissioned the Institute for Employment Studies (IES) to undertake an evaluation of R2P2. This document details the objectives, methodology and findings of the research.

1.1 Research objectives

The aim of this research was to provide an understanding of the extent to which R2P2 had been successful in disseminating the principles underlying HSE decision-making processes. Specifically, the research needed to assess the extent to which R2P2:

- a) reached its target audience
- b) was understood by this audience
- c) explained adequately, for this audience, the basis for how the HSE takes decisions about regulatory actions
- d) allowed them to scrutinise the decision-making process
- e) informed them of the factors that inform the HSE's risk-based decisions

- f) reassures the public that risks from work activities are properly controlled
- g) informs other regulators adequately of the basis for the management of health and safety risks arising from work activities.

1.1.1 The target audience for the research

The target audience for R2P2 and, therefore, for this research, excluded the general public but included the following stakeholder groups:

- major employers
- employers' organisations
- employee organisations
- local authorities
- other regulatory bodies in Great Britain (ORBs)
- the Commission of the European Communities
- academics
- non-government organisations (NGOs), and
- health and safety professionals.

No pre-existing lists or databases of stakeholder groups were available. A primary task for the research then was to construct a sample for each of the different stakeholder groups.

1.2 Methodological approach

It was felt that there were two 'stages' to the research required to meet the project objectives:

- Firstly, assessing the reach of the R2P2 document was a research objective best addressed in a quantitative manner.
- Secondly, assessing understanding, the adequateness of explanations, ability to scrutinise the decision-making process, comprehension of the factors that inform the HSE's risk-based decisions, public reassurance, and informing other regulators were all objectives best explored with qualitative techniques.

We, therefore, proposed a multi-stage methodology for the evaluation of R2P2 consisting of three main stages:

1. construct a sample
2. conduct a short telephone survey
3. the in-depth qualitative work.

1.2.1 Stage one: constructing a sample

For each of the stakeholder groups identified by the HSE, a slightly different approach to identifying the sample was taken.

Taking each in turn:

Major employers

A sample of over 1,200 major employers was bought in from Dunn and Bradstreet. The sample was selected on the basis of employer size (251+ employees) and stratified by SIC to be representative of all GB major employers. The main contact was the HR director or equivalent (H&S managers were not available on the database).

Employers' organisations

A list of relevant employers' organisations was compiled via consultation with the HSE, the Certification Office and a web-search. Twenty-eight employers' organisations were identified as suitable for inclusion in the research.

Employee organisations

TUC membership currently stands at 69 unions, representing nearly 6.7 million people. Contact details for these unions were obtained from the TUC website. Additionally, trade unions and staff associations were identified via the Certification Office. Of them, a sample of 20 was included in the survey.

Local authorities

There are over 500 local authorities in GB, according to the lists and contact details provided by the Local Government Association (for England and Wales – a total of just under 500 authorities); the Convention of Scottish Local Authorities (32 authorities). It was, therefore, decided to opt for a 100 per cent sample of local authorities (purchased from Binley's). This allowed us to include fire and police authorities in the sample.

Other regulatory bodies in GB

A list of regulatory bodies whose responsibilities overlap or touch those of the HSC/E was compiled in consultation with the HSE.

The Commission of the European Communities

Initial exploration identified four committees that appeared to be of particular relevance to this research (details at

http://europa.eu.int/comm/employment_social/health_safety/committ/committ_en.htm):

- Advisory Committee on Safety, Hygiene and Health protection at work.
- Scientific Committee on Occupational Exposure Limits.
- Senior Labour Inspectors Committee.
- Safety and Health Commission for the Mining and other Extractive Industries.

However, closer investigation within the HSE showed that one main contact would be the most appropriate, and this was pursued via interview.

Academics

A number of routes were identified as ways of identifying research active academics. Initially, an electronic search on selected key words, in databases of reputable journal articles such as 'Web of Science' was used to generate a list of potential contacts. However, during the screening survey it quickly became apparent that first authors on relevant papers did not necessarily have any health and safety specific knowledge. As a result, the strategy switched to interviewing the course leaders for IOSH approved qualifications, and a sample of leaders of research institutes with a substantial health and safety element to their work.

Non-governmental organisations

A sample of key NGOs for interview (or for inclusion in the screening survey – dependant on number) was constructed in consultation with the HSE.

1.2.2 Stage two: telephone survey

The purposes of the telephone survey were twofold. Firstly, a brief telephone survey would enable us to assess the 'reach' of the R2P2 document/contents. The size of the sample would depend on the results of the first stage, but it was envisaged that contact would be made with around 1,000 people active in the health and safety area from across the constituent stakeholder groups.

More importantly, the telephone survey enabled us to identify possible research subjects for the final stage of the research; the qualitative work to meet the project objectives outlined in Section 5.1 (b to g).

A short screening survey was developed and piloted (see Appendix 1). The survey took between five and seven minutes to complete.

Telephone interviews were conducted with major employers, employers' organisations, employee organisations, local authorities (incorporating fire and rescue services, and police authorities), government departments and academics.

Chapter 2 presents findings from the survey.

1.2.3 Stage three: in-depth exploration

In the final stage of the research we used a combination of focus groups/group interviews and individual interviews to investigate the remaining project objectives.

The interview format was structured to explore each of the objectives in turn and included assessments of the extent that respondents had read and understood R2P2. The interview also included a series of questions to elicit views on the HSE and the basis for decisions about regulatory control.

A copy of the interview schedule for major employers is included at Appendix 2 (the schedule was modified slightly for each stakeholder group).

- Chapter 3 reports on the findings from the in-depth interviews.
- Chapter 4 reports on suggestions for revisions to R2P2.
- Chapter 5 details the conclusions and recommendations from the study.

2. The Reach of R2P2

The second stage of the research consisted of the telephone screening survey. For each of the stakeholder groups of interest a sample was constructed. Screening interviews lasting between five and seven minutes were conducted by Employment Research, an independent research and survey house.

This chapter presents findings from the screening survey in relation to three aspects of R2P2:

1. Reach – *i.e.* the number of people who had heard of, or knew about, the existence of R2P2.
2. Readership – which stakeholders were more likely to have read the document.
3. Reactions – an initial take on readers' reactions to the document, for further exploration in the qualitative stage of the research.

2.1 Reach of R2P2

One of the stated aims of this research project was to assess the reach of R2P2 amongst the target audience. The method chosen to assess reach of R2P2 was a short telephone screening survey, a copy of which can be found in Appendix 1. This screening survey was not only designed to assess the reach of R2P2 but also generate interviews for the qualitative stage of the project.

So that the survey collected information from the relevant stakeholder groups of interest to the HSE, separate databases representing each group of interest were compiled. Before the analysis of the screening survey is presented, it is necessary to provide information about the samples we used (see Table 2.1), as a consideration of the sample will give the results the required context.

2.1.1 The extent to which respondents had heard of R2P2

The first measure of the reach of R2P2 was the question, '*Have you heard of 'Reducing Risks, Protecting People', sometimes called 'R2P2', which is a policy document published by the HSE?*'

Table 2.1: Sample information for the telephone screening survey

Stakeholder	Sample	Responses	Response rate (%)
Large employers	1,200	383	31.9
Local authority	500	267	53.4
Health authority	600	269	44.8
Unions	20	15	75.0
Government department	62	30	48.4
Employer associations	28	17	60.7
Academic	24	12	50.0
Total	2,434	993	40.8

Source: IES survey, 2004

Analysis of this question reveals that there are significant differences between stakeholder groups, in terms of whether they had heard of R2P2. Just over 73 per cent of unions and 64 per cent of local authorities had heard about R2P2. This is compared with only 43 per cent of large employers having heard of R2P2 (Table 2.2).

Not only were there differences in the extent of knowledge of R2P2 by stakeholder group, but also by the amount of time the organisation's Health and Safety Officer dedicated to health and safety activities. One of the questions asked was about the amount of time the interviewee spent on health and safety activities. Just under 50 per cent of people spent all their time on health and safety activities. This became the definition of a full-time health and safety officer. All the other interviewees were classified as having part-time responsibilities.

Unsurprisingly, we found a significant difference between the two groups, with full-time employees being more likely to have heard of R2P2 than their part-time colleagues (see Table 2.3).

Table 2.2: Proportion of organisations who had heard of R2P2, by Stakeholder group

	Heard of R2P2 (%)		Count (N)
	Yes	No	
Large employers	42.8	57.2	383
Local authority	64.0	36.0	267
Health authority	51.7	48.3	269
Unions	73.3	26.7	15
Government department	50.0	50.0	30
Employer associations	52.9	47.1	17
Academic	50.0	50.0	12
Total	51.9	48.1	993

Source: IES survey, 2004

Table 2.3: Proportion of Health & Safety Officers who had heard of R2P2, by the time they spend on health & safety issues.

	Heard of R2P2 (%)		Count (N)
	Yes	No	
Part-time	42.6	57.4	495
Full-time	61.0	39.0	498
Total	51.9	48.1	993

Source: IES survey, 2004

Respondents from the TU and local authority stakeholder groups were far more likely to have heard of R2P2 than were respondents from large employers. Those whose involvement in health and safety is full-time were also more likely to have heard of R2P2.

2.1.2 Extent to which interviewees had read R2P2

Another measure of reach used in the telephone screening survey was whether R2P2 had been read by the respondents in the different stakeholder groups. This question was only asked of those respondents who had heard of R2P2, so it will be observed that the sample is smaller than in the previous question.

Of those participants who had heard of R2P2, just over 31 per cent had read it (Table 2.4). Similarly to the findings concerning those who had heard of R2P2, respondents from unions were also most likely to have read the document, at just over 63 per cent. Included in Table 2.4 is the combined measure of reach, *i.e.* proportion of respondents who have both *heard* and *read* R2P2. This combined measure shows that 16 per cent of respondents had both heard about and read R2P2. The document seems to have the lowest penetration amongst large employers, with only 13 per cent of respondents in this group having heard about the document and read it.

Table 2.4: Proportion of organisations who had read R2P2, by stakeholder group

Sector	Read R2P2 % (of those who have heard of it)		Read R2P2 % (as percentage of total population)	
	Yes	Count (N)	Yes	
Large employers	30.9	162	13.1	
Local authority	32.5	169	20.6	
Health authority	26.6	139	13.8	
Unions	63.6	11	46.7	
Government department	26.7	15	13.3	
Employer associations	33.3	9	17.6	
Academic	42.9	7	25.0	
Total	31.1	512	16.0	

Source: IES survey, 2004

Table 2.5: Proportion of health & safety officers who had read R2P2, by the time they spend on health & safety issues

	Read R2P2 % (of those who have heard of it)	Count (N)	Read R2P2 % (as percentage of total population)
	Yes		Yes
Part-time	24.8	210	10.5
Full-time	35.4	302	21.5
Total	31.1	512	16.0

Source: IES survey, 2004

Not only are full-time health and safety officers more likely to have heard of R2P2 but are significantly more likely to have read the document as well. Looking at the combined measure, nearly 22 per cent of full-time health and safety officers have read R2P2 compared to only 11 per cent of their part-time colleagues (Table 2.5).

Union employees, academics or local authority personnel were the most likely to have read R2P2, as were those working full-time in a health and safety capacity. Least interest in the document was shown by large employers and health authorities.

2.2 Initial reactions to R2P2

The telephone screening survey also asked those respondents who had read the document, what they thought about it. They were asked the following five questions:

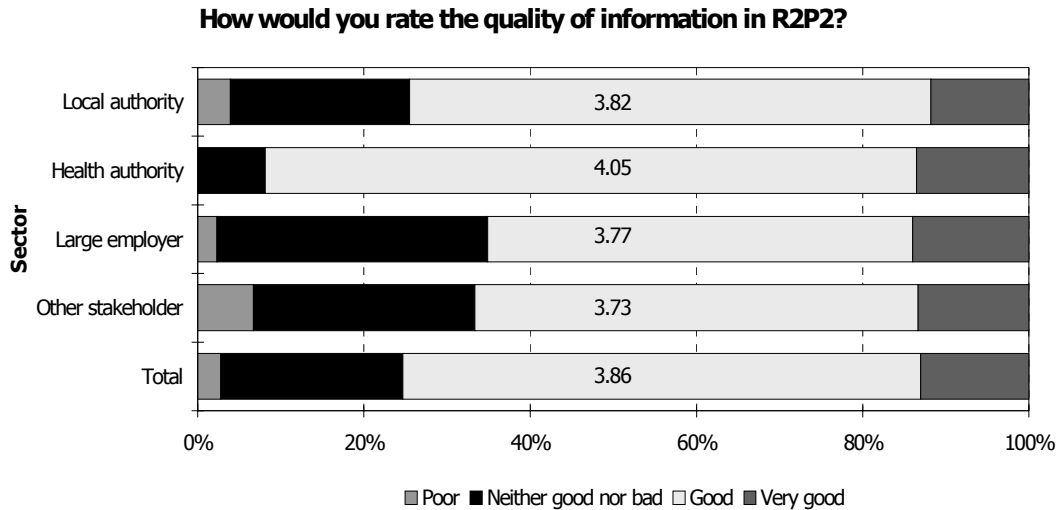
- How would you rate the quality of information in R2P2?
- How would you rate the amount of information in R2P2?
- How would you rate the organisation of information in R2P2?
- How would you rate R2P2 for ease of reading?
- How would you rate the relevance of examples used in R2P2?

These questions were rated on a five-point scale, where 1 = very poor and 5 = very good. A score of 3 represents a rating of neither good nor bad. The level of understanding of R2P2 was investigated in far more depth during the qualitative part of this project. These ratings give us an understanding of what the stakeholders thought about R2P2 as a policy document.

Stakeholder groups

The five questions were first analysed by stakeholder group, to identify whether any differences existed. Unions, government departments, employer associations and academics are grouped into 'other stakeholders' due to the small sample size.

Figure 2.1: Rating of quality of information, by stakeholder group.

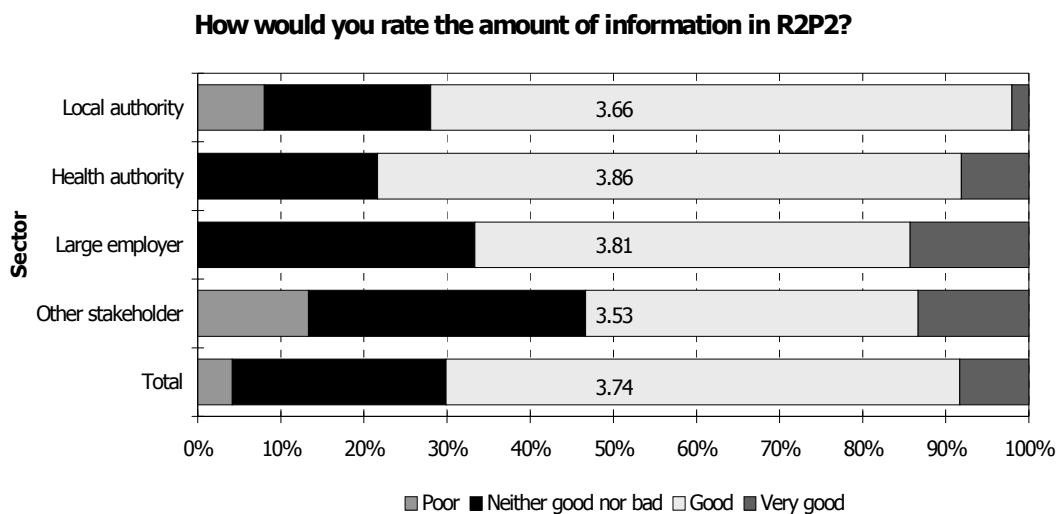


Source: IES survey, 2004

Of note, when inspecting the analysis of the ratings of the quality of information in R2P2, is that respondents are positive about this aspect. Figure 2.1 displays the ratings for this question. The numbers on the bars represent the average response to the question from each group. The overall mean is 3.86, which means that people thought the quality of information was good. Those at health authorities were more positive than other stakeholders about this aspect. Also noteworthy, is that none of the respondents thought the document was very poor.

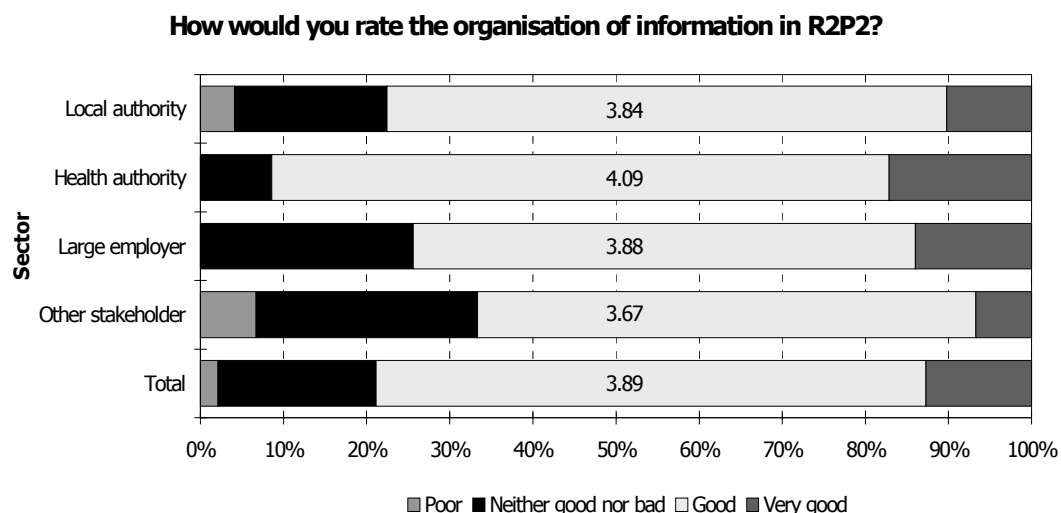
The stakeholders were also positive about the amount of information in R2P2, with a mean score of 3.74 and again, no one thinking this aspect to be very poor (Figure 2.2). There is little difference between the stakeholder groups but 'other

Figure 2.2: Rating of amount of information by, stakeholder group.



Source: IES survey, 2004

Figure 2.3: Rating of the organisation of information, by stakeholder group.



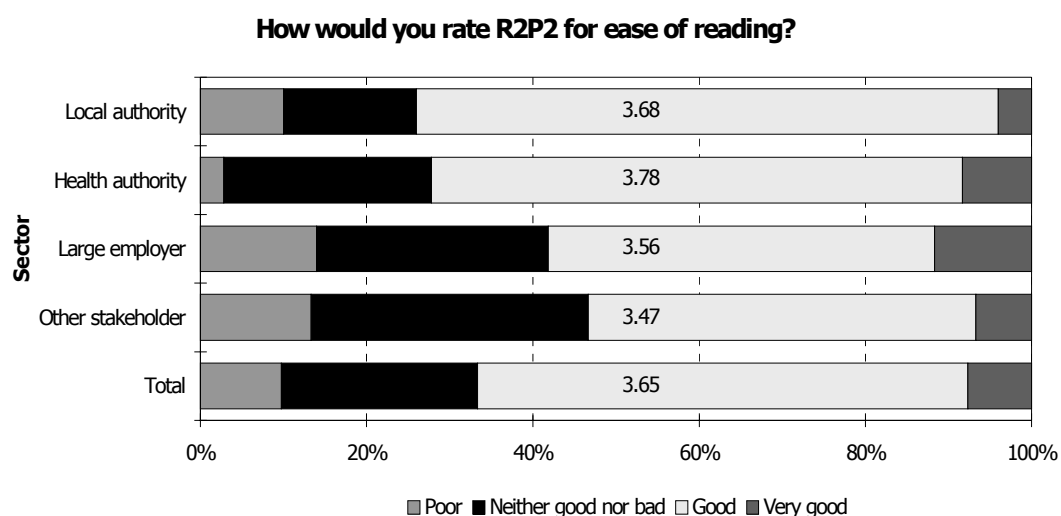
Source: IES survey, 2004

stakeholders' are slightly less positive than the other groups.

Respondents also rated the organisation of information in R2P2 positively. Overall, less than five per cent of respondents thought R2P2 to be poor in this area, with just under 80 per cent rating the document as good (Figure 2.3). Again, the health authority respondents rated the document more positively.

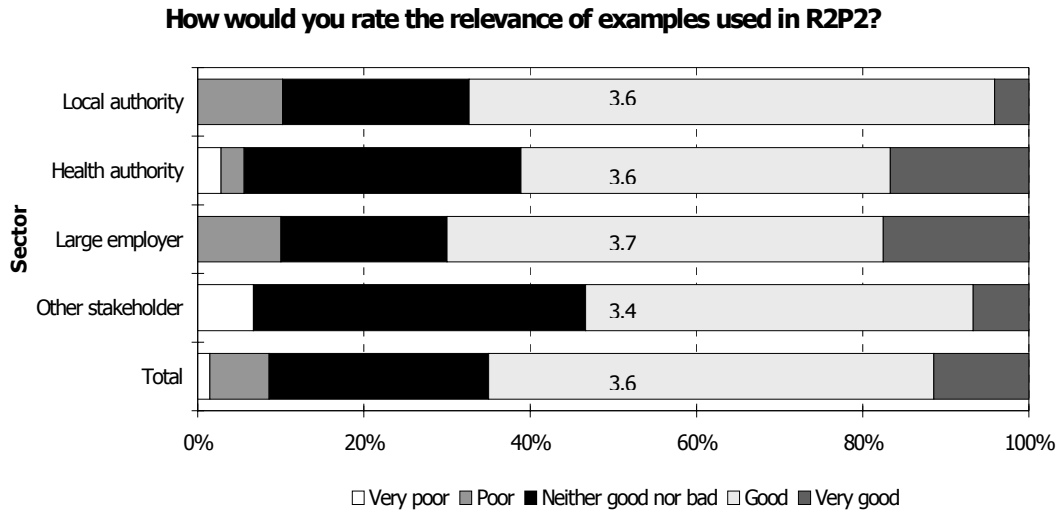
When asked about the ease of reading, respondents were, again, positive about R2P2 (Figure 2.4), with the mean score being 3.65. Again, no one thought this document to be very poor on this measure. The pattern, whereby, the health authority respondents rate the document more favourably than the other groups, is again repeated.

Figure 2.4: Rating of the ease of reading, by stakeholder group.



Source: IES survey, 2004

Figure 2.5: Rating of the relevance of examples used, by stakeholder group.



Source: IES survey, 2004

Finally, respondents were asked about the relevance of examples used in R2P2 (Figure 2.5). Whilst the ratings are still positive here, this is the area where ratings were lowest. For the first time respondents have used the 'very poor' option. Also of note, is that large employers were slightly more favourable than other groups about this issue.

Half of those surveyed had heard of R2P2. This is higher than previously anticipated.

Reaction to the document was generally positive, with health authority employees likely to give the most positive, and large employers the least positive ratings for document content.

3. Stakeholder Reactions to R2P2

This chapter describes findings from interviews and focus groups with representatives from all the stakeholder groups. The majority of contacts were by interview, with two focus groups being run in London.

A copy of the discussion guide for the employer stakeholder group can be found at Appendix 2. (The discussion guide was adapted for discussions with members of the different stakeholder groups, but the main questions remained the same.)

3.1 Who was interviewed

Interviewees were selected from across the stakeholder groups to represent the full range of views on R2P2. Interviewees were also selected on the basis that they had read R2P2, only heard about it, or not heard about it at all. Table 3.1 gives a breakdown of interviewees by stakeholder group.

3.2 Sources of information about R2P2

When first written, a number of copies of R2P2 were distributed directly to individuals, and the document is available as a download on the HSE website. There has not been any further promotion of the document by the HSE.

All interviewees were first asked about how they had come to hear of R2P2 and why they had read it.

Interviewees had heard of R2P2 through a variety of sources, with no particular source being predominant. A few interviewees had received R2P2 direct from the HSE when it was first produced, others had heard about it via professional journals. Many were unable to specify the exact source, but assumed it was through one of their regular sources of H&S information or via the HSE website.

'We are bombarded with stuff, and I could list a number of sources, but I don't know how I heard about R2P2.'

'Found it on the HSE website.'

Table 3.1: Interviews by stakeholder group

Stakeholder group	Number of interviews completed
Large employers	
Manufacturing	5
Construction	3
Wholesale and retail trade; repair of motor vehicles, motorcycles <i>etc.</i>	1
Hotels and restaurants	1
Transport, storage and communication	1
Real estate, renting and business activity	3
Education	2
Other community, social and personal service activity	1
Health sector	4
Local authorities, fire and police	7
Employer and employee organisations	3
Non-governmental organisations and other regulatory bodies	8
Government departments	2
Academics and professionals	4
European Union representative	1
Total	46

Source: IES, 2004

Although some stakeholder group members received R2P2 direct from the HSE at the time of publication, there is no evidence of a dissemination strategy or a clear introduction of R2P2 to the stakeholder groups. For the most part, respondents have found R2P2 via a third party, or by chance via the website.

Of those who had read R2P2, the majority had done so to check whether there were any implications for their organisations, or out of general interest:

'To understand what the implications of it were for the organisation. Forewarned is forearmed.'

'I have a responsibility for H&S generally, so it's good to keep a finger on the pulse.'

'General interest; I like to keep up-to-date with everything that is published.'

'It's my job to keep abreast of all new publications to see what impact they have on my organisation.'

Those who had heard of but not read R2P2 generally stated time pressure as the reason:

'We are swamped with information so unless we get the document...if a document headlines on the HSE website I might take a look, otherwise it's a question of where do you start?'

Lack of practical relevance was another reason for not reading R2P2, although aware of the document:

'I skimmed it, but there is nothing there for us to do practically, so that was it.'

There is a clear divide in responses between those who have a wider interest in health and safety and respondents who are concerned primarily with ensuring their organisation's compliance with any new guidance that might be issued. This is not related to the percentage of time in the respondents' role dedicated to health and safety.

3.3 General comments on document layout

There was considerable variation in the views of respondents on the layout and presentation of the R2P2 document. This variation appears to depend on how recently the respondent has read R2P2 or how well they can remember it.

For many respondents, R2P2 is a general reference document. As a result, respondents had often read the document some considerable time prior to this research. Additionally, R2P2 has no immediate, practical implication for organisations, so respondents do not need to refer to it on a regular basis or use it as a basis to implement change (*i.e.* their interaction with R2P2 is very different from, *e.g.* guidance). Respondents who fell into this category tended to rate R2P2 in very general terms and back this up with evidence about the general quality of HSE documents, as the following pairs of quotations demonstrate:

1. Respondent from the academic stakeholder group:

'As with most HSE documents it [R2P2] is generally readable. It's geared towards employers and various people with varying degrees of knowledge and competence.'

AND:

'Don't ask me about it [R2P2] in too much detail, it was some time ago that I read it.'

2. Respondent from the major employer stakeholder group:

'It was fine; I have no problems with HSE documents. It [R2P2] probably is a bit dry, but you get used to it, ignore it. If you are from a health and safety background you are happy with it.'

AND:

'I can't really remember the detail [in R2P2], the examples, but I am sure they would be relevant, since they are health and safety issues.'

3. Respondent from the major employer stakeholder group:

'HSE's information is generally excellent – always clear, bright and CrystalMark level.'

AND:

'I've read this [R2P2], but it was some time ago, so I don't really feel prepared to answer specific questions on it.'

In direct contrast, some respondents who had re-read R2P2 as a result of the screening survey, in preparation for the interview, were far more specific in their comments on the presentation of R2P2 and felt it contrasted sharply with the usual quality of HSE documents, as the following responses suggest:

1. Respondent from the major employer stakeholder group:

'Can't think of very much I like about it [R2P2].'

AND:

'Apart from R2P2, I would say the quality of the information the HSE publishes is pretty good.'

2. Respondent from the major employer stakeholder group:

'I found R2P2 OK to read, but it isn't as nicely laid out as some of the latest HSE construction documents...but R2P2 is better than the old style strategy documents.'

AND:

'The construction documents are nicer, the fonts are better and the layouts are better, with diagrams, charts and figures.'

It is clear that satisfaction with HSE publications in general is high. The discrepancy in views on R2P2 can, in part, be explained by variations in the views of stakeholder groups and these are discussed fully at Section 3.6. However, there are two further factors that help to explain this discrepancy at the general level:

1. Those who have not read R2P2 recently are, nevertheless, confident in the presentation of the document in part almost 'because it's from the HSE'.
2. R2P2 is not an everyday document; therefore, those who have looked at it recently can see that it is not presented in the same way as guidance. However, R2P2 is not intended to serve the same purpose as a guidance leaflet.

<p>When considering general views on the presentation of R2P2, there is some evidence that respondents' views are influenced by or based on confidence in the HSE 'brand' rather than the specific document.</p>
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Some respondents highlighted differences between the presentation of R2P2 and other HSE publications, such as guidance. However, these documents serve very different purposes and this underlines a fundamental question for the HSE in terms of what it wants R2P2 to achieve.

3.4 General comments on document content

Interviewees' general comments on the content of the document were mixed, but on the whole, the positive outweighed the negative:

'It's quite academic, and like all academic documents, far too long.'

'It's easy to read, an interesting document.'

'I thought it was a well thought out document that conveyed the information effectively.'

'It did provide a good level of information.'

'The structure was logical. The content was quite complicated and high level, you have to think about what you're reading quite a bit.'

'The appendices at the back are full of useful information, but you have to wade through so much other stuff beforehand.'

Although mixed, the majority of comments on content indicate that readers found the content interesting and that it provided a good level of information.

3.5 How well it explains the role of the HSE (by sector)

This section of the report examines the extent to which R2P2 meets its objectives in explaining the role of the HSE and its decision-making process. Interviewees who had read R2P2 were asked a series of questions about the extent to which the document:

- explained the *role* of the HSE
- explained the *basis* on which the HSE made decisions
- explained the *decision-making* process itself
- enabled *scrutiny* of the decision-making process.

Analysis of data from the qualitative interviews confirmed the findings from the screening survey: that variations in response existed between certain stakeholder groups. Major employers and respondents from the health sector raised very similar issues in the interviews. Their responses are presented together. A second distinct group was that of local authority, fire and police stakeholders, whose responses are amalgamated. Finally, the

remaining stakeholder groups raise a variety of issues. These are presented in the final section of the chapter.

3.6 Major employers (including health sector interviewees)

Interviewees who had read R2P2 were asked a series of questions about the extent to which R2P2 explained the role of the HSE and its decision-making process.

3.6.1 Those who have read R2P2

The vast majority of the respondents in this stakeholder group felt confident in their knowledge of the *role* of the HSE and that R2P2 didn't really add to that in any way.

A common response amongst this stakeholder group was that parts of R2P2 confirmed what they already understood of the *basis* for HSE decision-making, *i.e.* formalised tacit knowledge:

'It mostly confirms what I already know.'

'It did explain the basis a bit, but it didn't make it any clearer than the background knowledge I already had.'

'The main thrust of the document is explaining the basis for HSE decisions. I was already aware of the processes, for example, I am familiar with the cost benefit calculations they make, the consultation processes etc. etc.'

'I understood what the document was trying to convey but it took far too long to get to this stage.'

'It's help as guidance on HSE, R2P2 is good guidance.'

However, it was clear that such tacit knowledge usually did not extend to the *decision-making* process itself:

'It was very good at describing the decision-making process. It enabled me to draw on my own knowledge of other changes – understand how they fitted in. It [R2P2] sets out the pressures that are on HSE and how it targets resources in a logical way. I wasn't aware of this before reading R2P2.'

'R2P2 does explain the decision-making process itself – I hadn't really given this much thought before, it's nice to know how they do it.'

Views on the extent to which R2P2 enabled *scrutiny* of the decision-making process were more divided. A number of major employers felt that scrutiny of the decision-making process was a well established principle through the consultation process:

'There is always the option to scrutinise.'

At the general level, large employers felt confident about their knowledge of the role of the HSE and that R2P2 served to confirm what they already knew. However, it is clear that when it came to the finer detail (e.g. of the decision-making process) R2P2 was providing knowledge that was not available from other sources.

3.6.2 Those who have heard of, but not read R2P2

For those who had heard of R2P2 but not read it, there was little sense that interviewees felt the need to be informed about how the HSE made decisions. This lack of need, to know the 'ins and outs' of a decision, tended to be combined with high levels of trust in the HSE more generally:

'I don't have time to look at how and why. I have to decide how to comply, convince the bosses to spend the money and inform them how particular legislation will affect them.'

This interviewee also said of the HSE more generally:

'HSE brief their people quite well, they are always helpful over the phone, we have a good relationship with the local H&S office.'

One interviewee whose confidence in the HSE was medium to high also said:

'I know very little, no one has actually told me [about the framework underlying any specific piece of regulation or guidance]. I am sure the information is out there if I had time to find it.'

A final interviewee who was 'very confident in the professionalism of the HSE' also made the observation that:

'I don't always feel it is relevant to our work to know exactly how the decisions are made.'

Amongst interviewees who had heard about R2P2 but not read it, the majority view seemed to be that there was no need to understand the 'whys and wherefores' of decision-making. This view tended to be coupled with a view of the HSE as a highly professional and trusted organisation.

3.6.3 Those who have not heard of R2P2

There were no observable differences in knowledge of HSE processes and confidence in the HSE's decisions between those interviewees who had heard of/read R2P2 and those who had not.

Virtually all interviewees who had not heard of R2P2 acknowledged that this was an area where they lacked information, but that it was not a priority for them to know:

'I feel I lack knowledge about all the principles and processes of HSE decision-making. In particular, what leads up to HSE's decision to look at something? Why start consulting about an issue?...it would be nice to know but not essential, I'm more concerned with what implementations are coming our way and making sure we are equipped to deal with them.'

'I have lots of HSE booklets which are good, but nothing on the decision-making process. I would like to know more, but it's a question of finding the time to find out about it. Perhaps knowing about the decision-making process is more relevant to an H&S consultant, advising companies about H&S, rather than an H&S manager working in an organisation.'

'I don't know how their decision-making process works, but it is important for people in my position to know, and to know who HSE consult with and how they arrive at best practice. I imagine they have a website, but I've not had time so far to go looking for it. Maybe HSE should send something out to companies.'

'I would like to have more understanding of HSE decision-making. By understanding their process you buy into it more, and understand the logic of what HSE is doing.'

A strong and consistent message from interviewees who had not heard of R2P2 was that they would like to know more about HSE decision-making processes, but that this was not a priority.

3.7 Local authorities, including fire and police

3.7.1 Those who have read R2P2

As with representatives from the major employer stakeholder group, the majority of the interviewees in this group felt that R2P2 confirmed or complemented existing knowledge rather than provided them with new information.

'It [R2P2] explained the role of the HSE quite fully, but I already understood this – it is difficult to say how much I got from the document compared with what I knew already.'

However, comments on the document were generally made in a more positive light and there appeared to be more implicit recognition and acceptance of the need for the HSE to make its decision-making processes explicit.

'R2P2 explains the role of HSE very well, explains to their customers how they function and go about their business.'

'None of the information is groundbreaking, but it is an informative document on the HSE and the way that they make decisions.'

'It's a good supplement to legislation, provides good examples of how organisations comply with legal requirements.'

'This is a most useful source, the information isn't really available from anywhere else.'

Respondents from these stakeholder groups were also more likely to report a direct practical application for R2P2:

'We use it in H&S committee meetings to make executives aware of HSE's role.'

'It will be used as part of the routine training and in the training of the business unit managers [from a compliance point of view].'

Unlike the employer group, none of the interviewees in this group criticised R2P2 for being too long or academic. The tone of response conveyed an implicit recognition amongst this group of the need for a document that made the HSE basis for decision-making transparent.

3.7.2 Those who have heard of, but not read R2P2

The one interviewee in this group who had heard of but not read R2P2 thought that there was a lack of information about the principles underlying HSE decisions, but that it was important to understand those principles:

'I don't know much about how they [HSE] come to a conclusion and I would like to know more.'

'The confidence is there, but I would like to know more on how HSE come to a decision – who they speak to, what evidence they have.'

As a stakeholder group, local authorities, fire and police services appeared more comfortable with the format, presentation and content of R2P2.

Their responses indicated that they saw the need for this type of document. The interviewee who had not read R2P2 was clear that they would welcome more information on the way that the HSE made decisions.

3.8 Other reactions to R2P2

This section of the report details findings from discussions with representatives from other stakeholder groups. They are distinct from the previous two groups in that they do not have direct responsibility for health and safety (*i.e.* as duty holders) nor do they have a regulatory responsibility (*e.g.* like local authorities). Rather, they represent a diverse range of health and safety related interests from academic researchers, government departments, trades unions, members of the EU, and employers' organisations.

Their responses to R2P2 are diverse and there is no particular pattern of responses or themes that emerge beyond those that have already been identified in the section above. Additional

points are presented here in the context of the stakeholder relationship with the HSE.

3.8.1 Those who have read R2P2

One view shared between some non-governmental organisations and government departments was that R2P2 was an important document for the HSE in terms of clarifying and making its processes transparent:

'I suspect it was almost an internal exercise for the HSE...I suspect in terms of them needing to clarify for themselves what they were doing...and if that was the case and it's meant to be an exercise in transparency, then that's fine.'

'I can see that it was an important document for HSE in terms of them articulating how comparative risks were assessed and how, as a result, the HSE, as an organisation of limited resources, should be focussing on specific areas...It's a document that HSE should produce, but I wouldn't think that this is a document that would be widely read.'

'It's important to understand "what makes them [HSE] tick" because you are left wondering, "what are the benefits to society, employers and employees and are they under pressure from governments or trade unions?" It's good to know what their philosophy is.'

These comments reflect these stakeholders' shared understanding of the need for the HSE to make its processes transparent. It is far more explicit amongst these stakeholders than amongst other groups (e.g. major employers).

A further theme picked up from comments made by these stakeholder groups was about the perceived usefulness of the HSE. Several interviewees (e.g. in Europe, some NGOs and government departments) needed to work with the HSE at a strategic level. R2P2 was felt to be a useful aid to the process of engagement:

'HSE produces a lot that is useful to us in our advice work. We need to understand the way in which HSE operates and the instructions they give to their inspectors.'

'We've had to understand the decision-making process because we've been engaged with HSE in relationship to their drafting of some of their documents...it helps to know how an organisation like us can engage with HSE so we can have a maximum impact on the process.'

Academic interviewees involved in delivery of training and in running IOSH approved courses also perceived the need for information about the HSE processes and operating principles:

'Yes, it's important to understand these underlying principles, you understand the rationale and why HSE are there.'

'I haven't used R2P2 explicitly in teaching, but I've used it implicitly in terms of teaching people about HSE's strategy to publicise its approach to reducing risks.'

The message from these interviews, sometimes stated, was that the HSE were doing a very good job in terms of the principles of open government:

'I think the HSE is an unusually transparent organisation...in general terms, they have a very good open government policy. I think they are very good compared to other agencies.'

3.8.2 Those who have heard of, but not read R2P2

Several interviewees in this group had heard of, but not read R2P2.

One academic interviewed felt that the information from the HSE was generally quite good and that they were always helpful in terms of giving information and pointing people in the right direction, but that:

'We've been a lot more involved in consultation and discussion groups over the last 12 months and that's really opened it up for us, but we need to understand more about how and why HSE are making decisions – we need to be able to explain it to students.'

Another academic who had heard of but not read R2P2 was asked to rate the information the HSE publishes about its processes:

'The information is useful, but it's not as though HSE are reaching you, you have to find the information out for yourself.'

In contrast, interviewees from other stakeholder groups who had heard of but not read R2P2 were less likely to see the content as relevant to them.

3.8.3 Those who have not heard of R2P2

One interviewee had not heard of R2P2. This interviewee, who had a more strategic level of interaction with the HSE, expressed an interest in R2P2 and thought it would be relevant to the role:

'I really don't know HSE processes in any detail. I would be interested in seeing R2P2, this is the sort of business I am in, looking at how things are done.'

Overall, the comments from these interviewees suggest that R2P2, in its current format, would be of interest and direct relevance to a larger number of stakeholders. However, they didn't know about its existence or were unclear about its purpose.

4. Proposed Revisions

A final section of the questionnaire asked interviewees a number of detailed questions about preferred forms of communication. This chapter presents findings on the stakeholders' views of HSE communications, how they compare to other agencies and how they could be adapted or modified to improve reach.

On the whole, interviewees expressed satisfaction with R2P2. Although it was often noted for being rather long and 'academic' in nature, it was generally agreed that the document was appropriate to the target audience of health and safety professionals who, on the whole, were familiar with documents of this kind.

This said, a number of interviewees did suggest improvements to the R2P2 document. Stakeholders who had recently read or re-read the document were more likely to suggest improvements to the document, and tended to be more critical of the document than those who reported reading the document some time ago. The improvements suggested in the follow-up interviews are discussed below.

4.1 Structure, content and readability

Although, as stated above, there were high levels of satisfaction with R2P2, some criticisms of the document were made and many of these centred on the structure, content and overall readability of R2P2. For many of the interviewees who had read or re-read R2P2 recently, the document did not compare favourably with certain other HSE publications in this regard.

R2P2 was regarded as a theoretical and academic document and so not wholly comparable with many other HSE documents of a more practical, applied and prescriptive nature. Nonetheless, this was not seen as reason to preclude R2P2 from being as user-friendly as some of these other HSE documents.

The points below illustrate the ways in which R2P2 was not seen as favourably as other HSE documents.

4.1.1 Document title

The follow-up interviews suggest that using the name R2P2 for this HSE document is confusing, as R2P2 is also the HSE's current 'strap-line' on their website. We found a few cases where respondents reported in the screening survey that they had heard of R2P2, but in further investigations in the follow-up interviews this was not clear, and it was suspected that respondents had confused the document with the HSE in a more general way.

4.1.2 Executive summary

One of the suggestions made was for R2P2 to have an executive summary. It was argued that an executive summary is necessary in a document of this size and type. An executive summary would enable readers to quickly get an idea of the main points in the document and make it easier for people to navigate the document.

One respondent suggested that an executive summary could be structured so as to enable readers from different industrial sectors and stakeholder groups to identify which sections of the report may be particularly relevant to them.

Executive summaries, in particular, appealed to those from the large employer group, as R2P2 was felt to be less relevant to them (no practical implications).

4.1.3 Layouts, diagrams, pictures, fonts and colours

It was generally reported that HSE publications and information services have improved immensely over the past few years. The majority of interviewees were familiar with various HSE publications, and on the whole, very satisfied with their quality. However, those who had read R2P2 usually saw it as a long, in-depth and at times difficult document to read. This was partly attributed to its subject matter and content but also attributed to its formal and quite plain layout. Consequently, other improvements discussed in the follow-up interviews centred on readability issues such as:

- improved layouts
- the use of illustrations such as diagrams, flow-charts and pictures, and
- the use of more interesting fonts and colours.

The other HSE documents that R2P2 was (unfavourably) compared to included various HSG documents but particularly HSG 65 and HSG 48.

A few of the employers showed us a selection of other HSE documents which they considered to be much more user friendly

than R2P2. Examples from an employer in the construction industry included an HSE document on Manual Handling and various sector specific HSG documents including 33, 149, 150 and 151, which use colours, pictures, bullets, clear headings and boxed examples.

In saying this, however, we did come across a few examples where R2P2 was compared favourably to other HSE documents. One respondent in the health sector found R2P2 better than 'Revitalising Health and Safety' which was found to be *'going over old ground and lengthy'* and 'Back to Work Again' for being too long.

The majority of comments indicate a high level of satisfaction with HSE publications in general, but also suggest that R2P2 does not always meet the standard of other HSE publications in terms of looks and layout.

4.2 Alternative formats

Respondents were prolific in their suggestions on how R2P2 could be produced in alternative and additional formats. The key message, however, was that R2P2 should be kept simple. A respondent from the police suggested that the HSE apply the KISS strategy to R2P2; 'Keep It Simple and Straightforward'.

A few interviewees suggested R2P2 could be produced as a short two or four page brief that uses diagrams and interesting fonts and colours. This brief could then direct interested readers to the full document via the HSE website or HSE Books. A similar brief, noted here, was one on the advisory committee on dangerous pathogens.

One employer in the construction industry supported the production of wallet-size cards that can be handed out to employees.

An interviewee from a local authority suggested the HSE produce, *'something like "an idiot's guide to the HSE decision-making process",'* like the HSE has recently done for CHIP; "CHIP for Everyone".

4.2.1 The HSE in practice

Some interviewees thought R2P2 could make better use of practical examples, showing the HSE decision-making process in practice. One respondent from a local authority thought a diagram showing how the HSE is structured, what parts of the organisation are doing what, and what the outcomes of those activities will be, would be very useful. An employer in the business services sector thought R2P2 could make better use of case studies and real-life examples to illustrate the processes.

Extending this point slightly, there were some stakeholders who thought the HSE should actually show how they do things in practice and make people aware of their processes in very hands-on terms. One example of this comes from an employer in the construction industry who suggested the HSE could have a higher profile on construction sites, thereby, making people aware of their processes face-to-face. We came across other examples of this viewpoint in other sectors such as education and the fire service where it was felt that more interaction between themselves and the HSE would help raise understanding of how the HSE operates. Given that inspectors are a significant element of the HSE's contact with Duty Holders, they would be ideally placed to disseminate and promote R2P2, if equipped with appropriate tools/materials.

We came across some confusion as to the differences between the HSC and the HSE, even among stakeholders who had read R2P2. It could be argued that a document of this kind could be used to inform readers of the relationship between the HSC and the HSE.

4.2.2 Targeting audiences

Although, on the whole, readers of R2P2 were happy with this document, this was often with the caveat that R2P2 is a good document of its kind and suited to its target audience. A suggestion resulting from the follow-ups is that R2P2 is not so well suited to other groups that may have an interest in the HSE decision-making process. Four groups identified in the follow-ups who may have an interest in the subject matter detailed in R2P2 were:

- the general public
- employees
- trade union representatives, and
- small and medium sized enterprises.

It was argued in a number of the interviews that R2P2 is not very well suited to such groups and could appear long, complex and complicated by jargon. If the HSE were to consider widening the scope of R2P2, it was felt that there would be an audience for it, but in a more simplified form.

4.2.3 Dissemination

Improvements were also suggested with regard to how R2P2 is disseminated. The HSE website was a much cited and generally well-regarded source of information for the vast majority of stakeholder groups. As such, the HSE's website was often viewed as the most appropriate method of disseminating R2P2 and many interviewees who had read the document had obtained it from the

website. However, it was suggested that R2P2 could be better sign-posted on the website and a number of participants thought the website could be improved further with such changes as the use of more executive summaries and easier navigation.

Those who suggested the production of an R2P2 brief, noted that a link to the full document on the HSE website should be included in the brief.

There were some suggestions to improve the availability and adaptability of R2P2 and HSE documents generally. An employer from the construction sector requested that more HSE documents be made available as word documents via hyper-links. Then, sections of documents such as R2P2 could be copied and pasted, enabling health and safety professionals in organisations to quickly summarise important sections for their senior managers, enabling them to illustrate the HSE viewpoint on various issues. In a similar tone, another suggestion, made by a stakeholder from a health service, was that the HSE allow end-users to modify documents so they can adopt the essence of the document but package it in their own style.

Other suggestions included:

- The use of 'What's New' bulletins, highlighting new issues the HSE is working on.
- The use of email lists to inform interested parties of HSE processes, although, it was noted that these email lists need to be updated regularly as they can go out-of-date quickly.
- Use of the national press and television, which, it was argued, would be an effective way of targeting the general public and SMEs.
- Publishing notes in health and safety publications on HSE processes and procedures, and updating these if the HSE makes any changes to them.

In addition, a number of participants suggested the HSE make better use of their personnel in the face-to-face provision of information regarding the decision-making process. A few thought HSE Inspectors and local offices should have a wider role in this. One major employer in the manufacturing sector suggested the HSE have road shows around the country, inviting employers along to meet HSE officials.

Many of the stakeholders felt that the HSE should have a higher profile, and needs more publicity generally. Perhaps, making R2P2 available in a simpler form and widening its intended audience, would go some way to achieving this.

Although the research picked up on a fair amount of ambivalence to the subject of the HSE's decision-making processes, some

participants who had not heard of R2P2, or heard of it but not read it, stated that they would be interested in obtaining a document of this kind. This suggests that there is scope for improving the reach of R2P2 among some of the HSE's stakeholder groups, particularly among some major employers.

4.2.4 Availability

It was found in the interviews that a much more condensed version of what is detailed in R2P2 is available elsewhere. The most commonly cited alternative sources were:

- HSE consultation documents
- HSE enforcement documents
- HSE regulations and legislation, and
- the HSE Annual Report and Business Plans.

A suggestion which could be made from this finding, is that if information on the HSE decision-making process is already available in these other sources, it would be quite straightforward to use these much cited sources to provide information on the HSE decision-making processes in a very practical and applied manner. The HSE could use such documents to place the six-stages framework in a practical context, stating explicitly where these documents fit in the system for informing and reaching decisions. This would be a way of reaching the kind of stakeholders who had no strong interest in reading R2P2 or documents of its kind. As one large employer, who had not heard of R2P2 stated, *'HSE could put the reasoning behind their decisions in an introductory section of various documents like ACoPs, setting out why they decided to look at this as an issue and how HSE came to their decision.'* This does not necessarily suggest that R2P2 be made obsolete, when in fact, a number of the interviewees stated how useful it was that R2P2 provided this information in one document. However, it would make R2P2 more accessible, practical, and applicable to its intended audience.

The HSE's consultation process was seen very positively in the research. Many of the participants had been involved in various consultation exercises over the last few years and it was thought that the HSE consult very widely and very thoroughly. Although, it was noted by a couple of interviewees, that the consultation documents themselves can be very lengthy, some being well over 200 pages long, the process overall was well regarded. In fact, some respondents from major employers who had not been involved in the HSE consultation process suggested widening the process and making more people aware of its existence.

Stakeholders made many suggestions as to how R2P2 could be further disseminated and the different types of format that could be used. It seems clear that the stakeholders feel there would be a receptive audience for future versions of R2P2.
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5. Conclusions and Recommendations

This chapter draws together the conclusions from the evidence presented in chapters 2, 3 and 4, and makes recommendations with regard to areas for possible future action.

5.1 Research objectives

This research was designed to assess the extent to which R2P2:

- a) reached its target audience
- b) was understood by this audience
- c) explained adequately, for this audience, the basis for how the HSE takes decisions about regulatory actions
- d) allowed them to scrutinise the decision-making process
- e) informed them of the factors that inform the HSE's risk-based decisions
- f) reassures the public that risks from work activities are properly controlled
- g) informs other regulators adequately of the basis for the management of health and safety risks arising from work activities.

The next section presents conclusions about the reach of R2P2 and the reasons why stakeholders have or haven't read the document.

Section 5.3 then goes on to draw conclusions about the remaining objectives for those who have read the document.

5.2 Reach of R2P2

Just over half of all respondents had heard of R2P2, but readership of the document was much lower, with considerable variation amongst the stakeholder groups; 13 per cent of all large employers and government departments having read the document, and up to just under half of all trades unions involved in the survey. There appear to be three reasons for the low readership of R2P2.

5.2.1 Promotion

First, when asked how they heard about R2P2, respondents gave a variety of answers, with no particular source predominating. Lack of readership is, in part, due to a straightforward lack of knowledge about the document. We understand that there has been no particular promotion of R2P2 since its launch, following consultation. These findings indicate that greater reach could be achieved through further marketing and publicising of the document. Interviews with representatives from different stakeholder groups also indicate that some who did not know about the document would be very interested in the content.

One reason for low readership figures is straightforward lack of knowledge about R2P2. Interviews also reveal that some stakeholders who did not know about R2P2 and who would be interested in the document indicated that targeted marketing and publicity could increase the reach of the document considerably.

5.2.2 Content and focus

Second, moving on to consider those who have heard of but not read R2P2, the content of the document was a considerable factor in attracting or deflecting interest, dependent on the stakeholder's role. The stakeholder groups identified for the research, and at whom R2P2 is focused, interact with the HSE in a variety of ways. Readership, to some extent, can be seen as a reflection of the type of their interaction. Large employers, for example, are primarily concerned with regulation and guidance – ensuring that they are compliant. As a group, their predominant view appeared to be that whilst R2P2 might be of interest, it was not a priority, as it did not have any direct practical implications for them. They were also most likely to complain that R2P2 was 'too long' or 'too academic' and make suggestions for changes such as an executive summary. This group was also more likely to praise the use of practical examples in R2P2.

In contrast, stakeholders from local authorities and fire and rescue services (who both have regulatory responsibilities) were more likely to have read R2P2 and were generally more positive in their comments on the document. Their comments conveyed an implicit recognition of the need for this level of information about the HSE.

Finally, members of other stakeholder groups such as academics, NGOs, ORBs and government departments/European colleagues were more likely to interact with the HSE at a purely strategic level. Where this was the case, they recognised R2P2 as a highly relevant document for them. Surprisingly, government departments were amongst the lowest stakeholder groups in terms of having heard about and/or read R2P2 (arguably, this is

because they would be less likely to be searching other HSE sources, such as the website).

This data clearly suggests that different stakeholder groups require different levels of information from the HSE. Whilst R2P2, in its current form, seems suited to certain stakeholders (local authorities, fire and police, and government departments with a strategic link to the HSE), other stakeholders have different requirements. For example, academics and major employers would both be keen to see the use of more practical examples. Major employers see R2P2 as less directly relevant to them and would prefer something shorter/an executive summary.

These findings suggest that disseminating R2P2 using a variety of formats, more targeted on the needs of individual stakeholder groups, would increase the reach of the document.

5.2.3 Recognition of the need for open government

The third reason for low levels of readership can best be summed up in terms of the extent to which different stakeholders recognised the need for a more general move towards transparency and open government.

One of the ways this was demonstrated was through faith in the 'HSE brand'. One of the consistent themes to emerge through interviews was the high level of trust in the HSE expressed by this sample of interviewees. The result was that interviewees concerned with the practical delivery of health and safety quite often felt that they did not need to know about the decision-making process because it was the HSE and they could be trusted to get it right. Where there was recognition of a move to be more open, this was welcomed, but peripheral to their reactions to R2P2.

In contrast, some of the academic stakeholders were clear that one of their primary needs was to understand the basis on which the HSE operated, although this was mainly for teaching purposes.

ORBs, NGOs, local authorities and European contacts were all most likely, amongst the stakeholders, to recognise the need for openness and transparency, and comment on R2P2 in the light of that.

A few of the stakeholders interviewed commented on R2P2 in the context of open government or the need for the HSE to make its processes transparent. Future promotion of R2P2 could emphasise that aspect of the HSE's activity.

5.3 Extent to which R2P2 explains the role of the HSE and its decision-making processes

5.3.1 Objective b: The extent to which R2P2 was understood by this audience

Interviewees' comments on R2P2 ranged from 'heavy going' and 'too academic' to 'excellent – nothing needs to be changed about it'. On the whole, comments demonstrated that interviewees understood R2P2. The document could be made more accessible for some groups through improvements to layout, greater use of practical examples and an executive summary.

5.3.2 Objectives c to e: The HSE decision-making process

Responses from interviewees indicate that R2P2 is successful at explaining the principles of the decision-making process. Unsurprisingly, interviewees tended to be much more familiar with the latter stages of the process such as consultation and outputs – stages that they are more likely to have had input to or been directly affected by.

A number of comments from interviewees indicated that they found practical examples helpful in fleshing out these principles and understanding how they work in practice.

Scrutiny of the decision-making process was generally seen to be available through consultation.

5.3.3 Objective f: Reassures the public that risks from work activities are properly controlled

This objective was always recognised as a slight anomaly in the research, given that the target audience for R2P2 excludes the general public.

For the purposes of the research, it was assumed to mean the extent to which stakeholders perceive that HSE approval or involvement in an issue offers public reassurance. In fact, evidence pointed to a much more immediate effect: HSE involvement [rather than R2P2] reassured certain stakeholder groups that risks from work activities were being properly controlled.

It seems likely that this 'HSE brand' trust would extend to the general public, but this research did not identify any evidence to substantiate that. We understand that other research into public perceptions is being conducted by the HSE.

5.3.4 Objective g: Informs other regulators adequately of the basis for the management of health and safety risks arising from work activities

There was a marked difference in the responses to R2P2 amongst stakeholders with regulatory responsibilities. Local authorities and fire services, for example, were more positive, overall, in their comments about virtually all aspects of the document. In particular, they saw value in a document that explained how the HSE went about its business and felt R2P2 provides good examples of how organisations comply with legal requirements.

Where it has been read, the data suggest that R2P2 does successfully fulfil the objectives set out for it. There is evidence that in some respects R2P2 could be improved and made more accessible. Other regulators seem most comfortable with R2P2 as it stands at the present time.

5.4 Recommendations

In one sense, the starting point for the recommendations is a question for HSE:

What is an appropriate or a sufficient level of promotion of transparency and open government?

If it is the case that having (what is seen as) a fairly theoretical document available for those who are sufficiently interested is appropriate, then although it could be improved, R2P2 appears to do that job.

If it is the case that the HSE wants to promote awareness of its decision-making process amongst stakeholders, then R2P2 is part of that, but other approaches need to be considered, and in particular, the needs of different stakeholder groups need to be taken into account.

If the latter is the case, then an amended version of R2P2 might be the cornerstone of any approach, with different levels of information also available through a variety of formats.

5.5 Amending R2P2

Chapter 4 of the report details a variety of comments made by interviewees on how the HSE could improve R2P2. The priorities, based on interviewees' other responses, are:

- For an executive summary (which could also act as a stand-alone document) to make understanding of the decision-

making process accessible to those for whom time or priorities preclude reading R2P2.

- Consider changes to the layout of R2P2, particularly for a web-based version of the document, particularly given the predominance with which respondents report using the web to access information about the HSE.
- Expand the use of examples (not necessarily within the R2P2 document) and consider, *e.g.* a range of industry specific examples.

5.6 Alternate forms of getting the message across

There is a wide range of possibilities for raising awareness of the HSE's decision-making processes. Any approaches used should be clearly based in stakeholder needs:

- Executive summaries have been mentioned a number of times in relation to R2P2 and such an approach would clearly meet the needs of the biggest stakeholder group for R2P2 – major employers. Equally, the promotion of top-line summaries of the stages of decision-making would help to get the HSE approach more firmly established in stakeholders' minds.
- Several interviewees suggested the development of training materials, and a training pack or video on the decision-making process might help to establish those principles in trainees' minds, both in an academic and an industry setting.

In addition to the needs of stakeholder groups there are two further issues to consider:

- Having a high level of trust in the HSE 'brand' is generally an extremely positive state of affairs, but can, in some ways, almost be an obstacle to promoting transparency. A common response amongst some interviewees was that they didn't need to know about the general principles by which the HSE operated, just about any regulations that impacted on them. This lack of a need to know appeared to be based on trust in the HSE. As a result, part of getting the message across for the HSE might be about promoting the idea of openness and transparency as well. Making it clear to stakeholder groups that they might not need to know from a regulatory point of view, but they might want to know how they could participate and influence future decisions.
- Finally, part of delivering openness and transparency is not just about promoting messages, or reports about the process, but flagging-up the process itself in a very visible way. For example, producing a brief version of the six decision-making stages (almost like a logo), which could then be attached to documents highlighting which stage of the process they belong to. An approach like this would make the process

explicit, as it was happening, in a very simple way and drive home the message that each HSE decision/action relates back to the decision-making process. (This is a simplified version of what happens, *e.g.* during consultation, where an explanation of the process so far is given at each stage.) The HSE could explore using this and other approaches to highlight when the process is happening.

The recommendations depend on the HSE view of what is an appropriate or desirable level of awareness of their framework for decision-making.

There is a clear role for R2P2 whatever the decision, but improving awareness in the stakeholder groups will require additional forms of promotion and dissemination.

In particular, attention needs to be given to the different information requirements of the various stakeholder groups.

Appendix 1: Telephone Screening Survey

A. Introductory Section

1. Confirm name of contact & company/organisation

ID (from contact sheet):

Hello is that: Name:

And you are the/a: Job title:

For: Company:

2. 'Do you have overall responsibility for Health and Safety in your organisation?'

YES NO

(If NO, get contact details of H&S manager & end interview)

3. Introduction to survey:

'I'm 'phoning about a survey the Institute for Employment Studies is doing for the Health & Safety Executive to find out what employers think of the HSE, and the way decisions are made.

Could I ask you a few questions?... It will take about five or six minutes and your responses will be completely confidential. The results will be presented as a poll. No organisation or individual will be identifiable. Would you be prepared to answer a few questions?'

4. What is the main business activity of your organisation?

.....Sector

5. Approximately how many employees are there in total? *(may be able to omit this – should have this info already, awaiting confirmation)*

.....Employees

6. Approximately what percentage of your time at work is taken up with H&S related work?

.....% time spent in H&S work

B: Assessing respondents' opinions about HSE decision-making processes

'I would now like to ask you some questions about the HSE and its decision-making. The HSE is responsible for deciding on whether or not there is a need for additional forms of regulation to promote health and safety in the workplace, such as Regulations, Approved Codes of Practice (ACoPs), or guidance.'

7. How would you rate your understanding of the basis on which the HSE takes decisions about the need for regulation? *(if some understanding continue with Q8, if not, go to Q9)*

- a) no understanding
- b) very little understanding
- c) average understanding
- d) good understanding
- e) excellent understanding

8. Where did you learn about the way in which the HSE makes decisions about the need for regulation in the workplace? *(circle all that apply)*

- a) on the job experience
- b) training
- c) HSE website
- d) HSE publications *(any specific ones?)*

LIST publications keeping an ear out for R2P2:

.....
.....

e) practitioner journals *(any ones?)*

LIST journals:

.....
.....

f) an other way (please specify)

.....
.....

The HSE is also responsible for deciding how risks should be regulated and managed through introducing new regulations.

9. To what extent do you feel informed about the factors that the HSE takes into account when taking decisions about what sort of regulatory action to take, such as introducing new regulations, issuing an ACoP or publishing guidance?

(if a or b go to Q12)

- a) completely uninformed
- b) uninformed
- c) neither informed nor uninformed
- d) informed
- e) completely informed

10. How did you learn about these factors?

- a) on the job experience
- b) training
- c) HSE website
- d) HSE publications *(any specific ones? – coding R2P2 separately)*

.....
.....

- e) practitioner journals *(any specific ones?)*

.....
.....

- f) in an other way *(please specify)*

.....
.....

11. What do you consider to be the main factors that they take into account?

Code unprompted responses to:

- 1) scientific knowledge of the risks concerned
- 2) the technology available for controlling risks
- 3) the costs of implementing procedures
- 4) public attitude towards the risks
- 5) public attitude towards the benefits associated with these risks

6) other (*record verbatim and code later*)

.....
.....

7) can't remember/don't know

C: Have respondents heard of R2P2

(If respondents have previously mentioned R2P2 at Q8 or Q10 go to Q13)

12. Have you heard of 'Reducing Risks, Protecting People', sometimes called 'R2P2', which is a policy document published by the HSE?

- 1) YES
- 2) NO (*if No go to Q14*)

13. On a scale of 1-5, where 1 = 'very poor', 2 = 'not good', 3 = 'neither good nor bad', 4 = 'good', and 5 = 'excellent'; how would you rate the content of R2P2 in terms of:
(*circle one number on each line*)

	1	2	3	4	5
	Very poor	Not good	Neither good nor bad	Good	Excellent
Quality of information	1	2	3	4	5
Amount of information	1	2	3	4	5
Organisation of information	1	2	3	4	5
Ease of reading	1	2	3	4	5
Relevance of examples used	1	2	3	4	5

14. Finally, would you be prepared to take part in a further, more detailed interview, either face-to-face or at a meeting/focus group, about R2P2, as we are trying to gain an understanding of its impact and usefulness to organisations?

- YES
- NO

15. (*If yes*) Can I just confirm that this is the best number to reach you on? Is there a best time to call you/alternative way of contacting you *etc.*

ENTER DETAILS:

.....
.....
.....
.....

Thanks & Close

R2P2 Definition:

R2P2 is a document published by the HSE with the purpose of explaining the basis for the HSE's decisions regarding the degree and form of regulatory control of risk from occupational hazards. Specifically, it aims to open to scrutiny their approach to the assessment, management and regulation of risk, make transparent the factors informing their decisions, and to help reassure the public that risks to people from work activities are properly addressed.

Appendix 2: Discussion Guide

Introduction

Thank interviewee for agreeing to participate in the study. Provide a brief outline of the research brief and answer any questions. Assure them of confidentiality and that no individual or organisation will be identified in the reporting. The interview should last between 35 and 45 minutes.

Background details

- a) Name
- b) Role/Job Title
- c) Organisation
- d) Main business
- e) Size and structure: (probe for **main** business/function areas and no's involved)
- f) Interviewee's Health and Safety responsibility: (check percentage of time spent on health and safety from survey. *(probe for job role, staff groups covered etc. for each of the main business or function areas above)*)
- g) What in your view are the **main** hazards faced by the organisation?
- h) For each of the **main** hazards identified, who is at risk (staff groups/occupations/public)
- i) For each of the **main** hazards identified, please describe the controls that are in place (*ie what and how does it work*). For each example identified, how was the hazard control determined (*eg company choice/general H&S requirements/specific legal requirements etc.*).

Knowledge of R2P2

(This section explores how they know about R2P2, how they rate it and if/how they use the document)

Double check if respondent has read or heard of R2P2 (aside from during the telephone screening survey)

- If heard of R2P2 go to **section 3**
- If not heard of R2P2 go to **section 3**
- If they have read R2P2 continue with section 2.

Those who have read R2P2

- a) How did you come to hear about R2P2?
- b) Why did you read it? (*specific purpose vs. general interest etc.*)
- c) How did you find the document to read? (*probe: structure, ease of reading, accessibility, content, quality of examples etc. – check answers from screening survey before interview and probe*)
- d) How does R2P2 compare to other HSE documents? (*make note of examples*)
- e) To what extent did R2P2:
 - Explain the **role** of the HSE?
 - Explain the **basis** for HSE decision-making on regulatory action?
 - Explain the HSE **decision-making** process itself?
 - Enable you to **scrutinise** the decision-making process?
- f) Is anyone else likely to have read R2P2 in this organisation? If so, who and why?
- g) How (if at all) is R2P2 used within your organisation? (*probe for, eg expected reading for those with H&S responsibilities/used in training or induction/not really that relevant but useful background etc. etc.*)
- h) How would you summarise the purpose of R2P2?
- i) In your opinion is that available from anywhere else? (*ie is R2P2 the only source? Most useful source? Duplication of what is available elsewhere? If they mention other sources, get examples.*)

Those who have read R2P2, go to section 4

Health and Safety information

ASK ONLY OF INTERVIEWEES WHO HAVE NOT HEARD ABOUT R2P2 OR HEARD ABOUT IT BUT NOT READ IT

- a) How do you find out about new or existing H&S regulation/guidance/information? (*probe for main/most useful sources of information*)

NB. the next question asks about HSE regulatory decisions in the broad sense, eg how display screens were identified as an H&S issue and how the HSE developed the DSE regulations, NOT about enforcement of decisions, eg deciding to prosecute a company for not following DSE regs.
- b) Thinking specifically about the framework underlying any specific piece of regulation or guidance, *ie* the basis on which the HSE identifies something as an issue and decides what to do about it: What do you know about the principles underlying HSE decisions?
- c) Where does that knowledge come from?
- d) Do you feel there is enough information available about the principles underlying HSE decisions about regulatory action? (*ie do they feel adequately informed. Probe for what info they know of, and if insufficient – why?*)
- e) Is it important or relevant to you to understand these underlying principles? Why is that?

R2P2 in practice

(ALL INTERVIEWEES)

- a) Could you give me an example of recent health and safety legislation or guidance or information that impacts on your organisation/employees?

If YES: Could you give me a brief outline of the legislation/guidance/information and who/how it impacts on your organisation?

If NO: or nothing recent, ask if they are familiar with Management Standards for work related stress or the Display Screen Equipment (DSE) regulations or the Passive Smoking Guidance. (NB aim here is to get an example of HSE activity the respondent is aware of)

- b) Thinking about that piece of legislation/guidance/information, what do you think were the main drivers for the HSE to pick up on this as an issue (*probe: technological advances; pressure of events – increase in accidents; failure of existing arrangements; public perceptions; political reasons etc.*)
- c) Was it an appropriate issue for the HSE to pick up? (*probe: should/could it have been tackled in any other way? or by another government department or body? or not really an issue?*)
- d) Thinking about the piece of legislation/guidance/information are you aware of how the HSE made decisions about what action to take? (**if no go to section 5**) (*probe for knowledge about different levels of intervention, eg recommending new legislation, inviting guidance or recommending more enforcement? AND suitability of current legislation*)
- e) To what extent do you think the HSE was taking decisions in the public interest (*probe for any particular influences at work*)
- f) To what extent do you think this was the right decision?
- g) What, to your knowledge, have HSE done to implement their decision on (the issue)? (*If are aware of what the HSE have done, get description/examples*)

HSE information Overall

(ALL INTERVIEWEES)

- a) How would you describe your confidence in the HSE and its decision-making processes?
- b) What affects/gives this confidence? (*probe for examples/fuller explanation*)
- c) How would you rate the information the HSE publishes about its processes and activities?
- d) Are you aware of information put out by other regulatory bodies about the way that they operate? (*ie their basis for identifying problems or issues and deciding how to regulate?*) (eg Food Standards Agency, Environment Agency?)
- If so, what information? How does HSE information compare? (*probe for format, content, clarity, usefulness*)
- e) Do you have any thoughts on how the HSE could improve the information that it puts out about how and why it makes decisions on workplace health and safety? (*probe: distribution & marketing, format of dissemination – web/paper/video?*)
- f) Is there any other information that would help to maintain/increase your confidence in the way the HSE makes decisions about regulatory actions?

What else would they like to know? In what format?

Thanks and close



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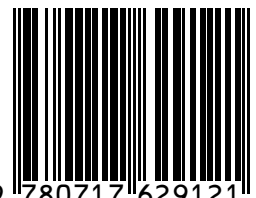
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