



Results from the Health and Safety Module  
of the British Social Attitudes Survey 2001

Health and Safety Executive  
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# Executive Summary

## ***Background***

This survey was commissioned by the Health and Safety Executive (HSE) to provide a picture of the British public's awareness of workplace risks, attitudes to health and safety, and reported adoption of appropriate behaviours, including how these vary by other factors such as age, sex and reported experience of occupational ill health.

## ***Methods***

A 40-question health and safety module was included within the annual British Social Attitudes Survey for 2001, run by the National Centre for Social Research (NatCen). A stratified random sampling procedure, taking into account area of residence, population density and socio-economic status, was used to ensure a representative coverage of adults living at private addresses in England, Wales and Scotland (excluding the area North of the Caledonian Canal). The quantitative survey was administered mainly using computer-assisted interviews at respondents' own homes. A self-completion supplement, containing questions thought to require longer thinking time or to be sensitive in nature, was also used.

Data collected were coded and validated by NatCen and sent to HSE in the form of an SPSS data file. The data were then analysed by HSE using the statistical packages SPSS and STATA.

## ***Results***

For ease of reference, the results are presented under the headings of 'awareness', 'attitudes' and 'behaviours'. Results were also analysed to identify differences by subgroup; summarised below under the heading 'differences between groups'.

- ***Awareness***

In questions designed to test respondents' knowledge of health and safety legislation, the vast majority correctly stated that employers have to record details of all accidents at work (98%) and are legally responsible for the health and safety of their employees at work (97%). The percentages knowing that employers must consult their employees on health and safety issues even if the issues are not considered life threatening (71%) and that employees who 'blow the whistle' on dangerous working conditions are protected by law (56%) were lower.

The majority (65%) of those who had worked within the last ten years in HSE enforced industries thought correctly that HSE was the agency mainly responsible for ensuring their employers met their legal health and safety responsibilities. However, the majority of those working in industries enforced by Local Authorities (67%) also thought HSE was the agency mainly responsible, with only 10% correctly identifying the Local Authority as the agency responsible.

In total, 65% of respondents who had worked in the previous ten years reported that they had a safety officer appointed by their employer, trade union or both. Just under half (46%) reported receiving health and safety training and a much larger percentage (79%) reported seeing a health and safety-related poster or leaflet at work. They were also asked how often they were consulted on health and safety

issues. There was a wide range of responses, with 30% saying 'always', 28% saying 'sometimes', 17% saying 'hardly ever' and 24% saying 'never'. The majority (78%) said that they were happy with the amount of say that they had in health and safety decisions, including 66% of those who reported never being consulted.

- **Attitudes**

There was an even split in opinion on how much attention was paid to health and safety in Britain. Around half of respondents (49%) thought that there was not enough attention paid to health and safety at work, whereas 42% thought that the amount of attention paid was about right. Only 4% indicated that too much attention was given to health and safety at work.

The majority (86%) of those who had worked in the previous ten years believed that their employer took health and safety very or fairly seriously; in addition, 83% thought that if there was a health and safety problem their employer would sort it out and 76% thought that their workplace was safe and healthy. A minority (23%) thought that if they reported a health and safety problem they would be seen as a troublemaker.

The majority (83%) said that little risk of injury or damage to health was either very or fairly important as a job characteristic. The factor rated most frequently as very important was job security (72%), followed by an interesting job (61%), with little risk of injury or damage to health in third place (46%). In an assessment of the perceived health and safety risks on the roads, at work and at home, the roads were viewed as the highest risk (88% saying that there was a great deal or fair amount of risk) followed by work (50%) and home (34%).

The majority of those who had worked in the previous ten years said that risks associated with their job could not be reduced at all (50%) or just a little bit (28%). Around a third (32%) said that there were never any accidents at their workplace. Excluding those who said that there never were any accidents, the majority (66%) said that most accidents in the workplace were caused by human error or carelessness. Other responses included corner cutting by employees (24%), lack of training (24%), tiredness (21%), corner cutting by management (18%) and lack of adequate safety precautions (15%).

The majority of those who had worked in the previous ten years believed that there was a great deal or a fair amount they could do to prevent themselves being injured or damaging their health at work (74% and 68% respectively). Most thought that it was not likely they would suffer ill health or injury because of their work in the next 12 months.

Given a hypothetical risk situation involving witnessing a fellow employee lifting too heavy an object only 7% of respondents indicated that they would initially just leave it up to the employer to notice and deal with. If the situation was extended so that no action was taken about this risk only 1% of the total asked indicated that they would do nothing but wait for the employer to notice and deal with.

- **Behaviours**

Forty-one percent of those who had worked in the previous ten years said that they were supposed to wear protective clothing; 72% of these said that they always wore it when they should, 16% said they wore it most of the time, 9% sometimes and 3% never. Seventy-two percent said that they were supposed to follow special health and

safety rules or advice; 50% of these said that they always strictly followed the rules, 40% said they followed them most of the time, 8% sometimes and 1% never.

Thirty-four percent of those who had worked in the previous ten years reported ever experiencing work-related injury. The majority (60%) said that they reported it directly to their employer; it was estimated that employers would be made aware of 80% of accidents. Ten percent said that they had not reported their injury to anybody. Twenty-five percent reported ever experiencing work-related illness. Only 40% of these said that they reported the problem directly to their employer; it was estimated that employers would be made aware of only 46% of work-related illnesses. Almost a quarter (24%) said that they reported their illness to nobody.

- ***Differences between subgroups***

The survey indicated significant differences in awareness, attitudes and behaviours between respondents working in industries where health and safety was mainly enforced by HSE compared to those mainly enforced by Local Authorities. Local Authority enforcement activity covers retailing, some warehouses, most offices, hotels and catering, sports, leisure, consumer services and places of worship. HSE enforcement activity covers factories, building sites, mines, farms, fairgrounds, quarries, railways, chemical plants, offshore and nuclear installations, schools, hospitals and other places where there is work activity not covered by the Local Authority. In general those who worked in HSE enforced industries reported greater awareness of, and more consultation, on health and safety issues. Their responses also tended to indicate a more hazardous working environment. For example they were more likely to report the need to wear protective clothing and to follow specific health and safety rules.

Significant differences in awareness, attitudes and behaviours were also evident between different occupational class groups (relating directly to the type of work and position that the respondents was employed in). Notably members of lower class groupings reported greater health and safety risks and a perceived higher risk in the future compared to those in higher class groupings. Lower class groups also considered little risk of injury or health damage more important in a job, indicated more attention should be paid to health and safety and reported greater compliance with health and safety rules or advice. Furthermore, lower class groupings were less likely to report being consulted on health and safety and more likely to say that they should be consulted more.

Males were significantly more likely than females to report experience of an accident within the last twelve months and to say that they were supposed to wear protective clothing or follow safety rules and advice. However, they were less likely to say that not enough attention was paid in this country to protecting workers at risk of injury or health damage, that little risk of injury or health damage was very important in a job or that they always wore their protective clothing when they were supposed to. They were also significantly less likely to say that they would report a health and safety problem to their employer and more likely to say that they would intervene personally.

The self-employed were significantly less likely than those who worked for an employer to report that they always wore protective clothing when they should and, although they were as likely to say that they always strictly followed health and safety rules or advice when they should, they were less likely to report that there were any rules for them to follow.

Respondents with experience of injury or illness caused by their current or last job were less likely than others to say that their employer took health and safety very seriously, that the workplace was safe and healthy or that their employer would sort out any health and safety problems.

Perceptions of employers' attitudes to health and safety related closely to perceptions of the quality of management and relations between management and employees. For example, those who reported better relations between management and employees tended to report that their employers took health and safety more seriously. Respondents' perceptions of the safety of their workplace and the amount that they could do to protect themselves from work-related injury and health damage were related to their perceptions of their employers' attitude to health and safety: those who considered that their employer took health and safety seriously, would sort out a health and safety problem and would not view them as troublemakers if they reported a health and safety problem tended to report that the workplace was safe and healthy and there was a great deal they could do to protect themselves from injury or ill health.

### ***Conclusions***

This survey was successful in obtaining health and safety awareness, attitudes and behaviours data from a representative sample of the adult British population. There were some interesting findings, especially relating to differences between subgroups of the population. However, the main value of this survey may be its potential, when compared with the results of any similar surveys undertaken in later years, in identifying trends over time. HSE is currently looking into the feasibility of running similar surveys in later years.

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## **1. Introduction**

There is little information available on the awareness, attitudes and behaviours of the British population in relation to general occupational health and safety issues. Previous work has focussed on public perception of risk<sup>1</sup> or on specific issues such as attitude to noise as an occupational hazard<sup>2</sup> or risk perceptions of workers on oil and gas platforms<sup>3</sup>.

The Health and Safety Commission's strategy 'Revitalising Health and Safety'<sup>4</sup> sets a target of achieving a 20% reduction in the incidence rate of work-related ill health by 2010. There are three general approaches to the reduction of workplace risks, outlined by Lee<sup>5</sup>.

- Limiting exposure compulsorily, preventing risky actions being carried out.
- Legislating for safer exposure, which usually involves physical modifications to the environment.
- Changing attitudes towards hazards so that exposure is voluntarily reduced, safer ways of engaging activity are cultivated or optional environmental changes are accepted.

Changing attitudes is therefore an important part of any programme to reduce work-related ill health. The development of safety cultures, or climates, where every person takes responsibility for health and safety, are particularly important. Zohar<sup>6</sup> suggested that one of the most important dimensions in determining an organisation's overall health and safety climate is the workers' perceptions of management attitudes about health and safety. Leather<sup>7</sup> suggested that, 'the safe working environment ...needs to be seen as that which is materially necessary to perform a job safely and that which is psychologically necessary to convince lower organisation members that safety really counts as a primary organisation goal'. Positive health and safety cultures can be expressed in a number of ways including, for example, the provision of staff safety representatives, emphasis on safety training and consultation with staff on health and safety issues<sup>6</sup>.

To assist in the design of health and safety improvement programmes, and to monitor changes over time, it is important to have a baseline measure of health and safety-related awareness, attitudes and behaviours of workers in Great Britain. To meet this need, HSE commissioned a Health and Safety module within the annual British Social Attitudes (BSA) Survey for 2001.

The BSA Survey started in 1983 and has been run every year except 1988 and 1992 by the National Centre for Social Research (NasCen). It is now recognised as a key programme of social research measuring changes in attitudes, values and beliefs amongst the British public. Each year, 3,300 to 3,600 adults are invited to participate in an hour-long interview and self-completion supplement on a range of social subjects. The sample is designed to be representative of adults aged 18 or over living in Great Britain. The survey is divided into modules each taking about ten minutes of question time, or forty items. The survey is core-funded by the Gatsby Charitable Foundation and also supported through the commissioning of individual modules.

The British Social Attitudes Survey 2001 contained, for the first time, a module on health and safety, commissioned by the Health and Safety Executive (HSE). This report describes the methods used, the results of, and a discussion of the findings for this module.

## **2. Objectives**

- To provide a picture of the British public's awareness of workplace risks, their attitudes to health and safety and their adoption of appropriate behaviours (including compliance with regulations).
- To provide information on how such factors as awareness, attitudes and behaviour vary with other factors, including experience of occupational ill health and injury as well as demographic variables such as age, sex and employment status.

## **3. Methods**

### *3.1 Development of questionnaire module*

An internal steering group, comprised of a researcher from NatCen and representatives of various HSE departments was convened to discuss the aims of the research and areas to be covered. Based on these areas, HSE and the NatCen together drafted an initial questionnaire, which was refined and reduced to forty questions to form a pilot questionnaire.

The pilot questionnaire was tested in the field and the results presented at a pilot debriefing, attended by representatives from HSE. In the light of the pilot, the NatCen researcher circulated a revised draft, which, following further discussion with HSE, was finalised and tested in May 2001.

Background information, such as age, sex and occupational class was covered by the core of the questionnaire.

### *3.2 Sampling*

The sampling frame used was the Postcode Address File (PAF); a list of addresses compiled by the Post Office. Those living in institutions were excluded, as were those living North of the Caledonian Canal (Scottish Highlands) where the scattered population would make the cost of interviewing prohibitively expensive.

A list of postcode sectors was drawn up and the sectors stratified on the basis of region, population density and, in England, percentage of owner occupied households, in Scotland the percentage of household heads in non-manual occupations. Two hundred postcode sectors were then systematically selected with a probability proportional to the number of addresses in that sector. Thirty-one addresses were selected from each sample point by starting at a random point and choosing addresses at each fixed interval, making a sample of 6,000 addresses.

An advance letter was sent to selected households addressed to 'The Resident', then interviewers called at each address and established whether it contained one, several or no private households. Addresses with no private households were excluded from the survey. Where there were several private households, one was selected using a random selection procedure. Within selected households, interviewers listed all adults aged 18 or over and selected one for interview using a random selection procedure.

The selection of one person for interview at each of the addresses caused unequal selection probabilities, as a person in a larger household had a lower chance of selection than one in a smaller household. This was taken into account using weighting based on the number of adults in the household sampled.

### *3.3 Fieldwork, coding and input*

The fieldwork was conducted by trained interviewers from NatCen. Interviews were computer assisted with an additional self-completion supplement which respondents could either hand back to the interviewer or send back when completed. Two of the 40 questions in the health and safety module were part of the self-completion supplement. Respondents were informed that the series was funded through contributions from various grant-giving bodies and government departments, and invited to contact NatCen if they required more information. HSE was not specifically mentioned as a sponsor.

NatCen provided the results to HSE in the form of a coded, validated SPSS data file.

### *3.4 Analysis*

Data were analysed by HSE using the statistical packages SPSS<sup>8</sup> and STATA<sup>9</sup>. Replies to each question were analysed descriptively for the sample as a whole and by important background variables, such as age, sex, occupational class, whether working in an industry where health and safety enforcement was mainly the responsibility of HSE or the Local Authority and experience of work-related accidents and ill-health. Tests of significance were undertaken to identify differences between groups that were significant at the 0.05 level i.e. where one could be 95% certain that the results were not due to chance. For some of the main findings, 95% confidence intervals (95% CI) were calculated, which are the range at which you can be 95% certain encompass the true population value. The calculation of confidence intervals and significant differences took into account the effect of clustering i.e. the two hundred postcode sectors used as primary sampling units, and stratification using the survey functions in STATA<sup>9</sup>. Where appropriate, findings were compared with comparable findings of other UK surveys. All results are shown rounded to the nearest whole number.

## 4. Results

For convenience, the results are presented under four section headings: demographics and experience (background variables), awareness, attitudes and behaviours.

### 4.1 Demographics and experience

#### 4.1.1 Sample size, age and sex

A total of 3287 respondents were interviewed. Figure 1 shows the age and sex structure of the sample. Figure 2 shows the mid-2000 estimate for the age and sex structure of the population of Great Britain. Comparison of Figures 1 and 2 shows that the sample was similar to the population of Great Britain<sup>10</sup> in terms of age and sex, although men aged under 35 and women aged 65 or over were slightly under-represented, and women aged 35-64 were slightly over-represented.

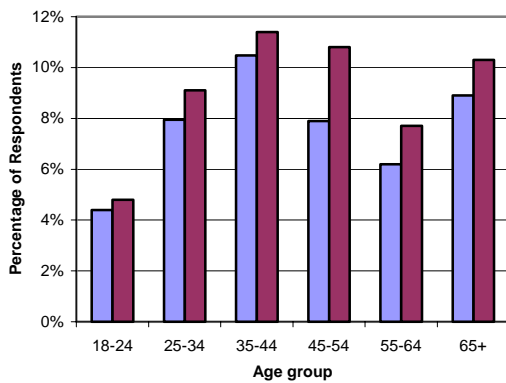


Figure 1: Age and sex structure of the sample

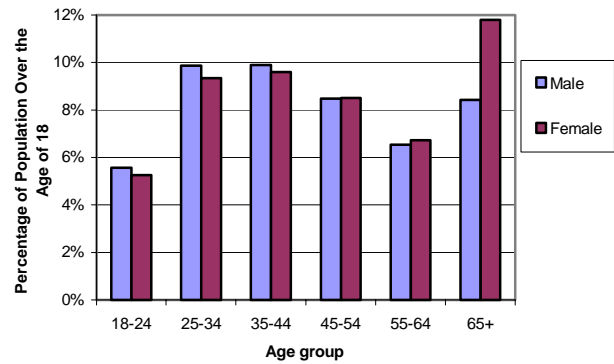


Figure 2: Age and sex structure of the adult population of Great Britain (mid 2000 estimate)

#### 4.1.2 Employment status

Table 1 shows the number and percentage of respondents who reported ever working over ten hours a week and working over ten hours a week within the previous ten years, previous twelve months and at the time of the survey. Of those had worked in the last ten years, 2345 (89%) reported working for an employer in their most recent job and 288 (11%) reported being self-employed.

Table 1: Number and percentage of respondents who reported working over ten hours a week

	NUMBER	PERCENTAGE
EVER	3207	98%
WITHIN PREVIOUS TEN YEARS	2634	80%
WITHIN PREVIOUS TWELVE MONTHS	2083	63%
CURRENTLY	1875	57%

All respondents who reported working in the last ten years were asked for details of their current or most recent job by industry type. Of those whose workplace could be classified in this way, 1713 (65%) worked within industries where health and safety enforcement was mainly the responsibility of HSE and 922 (35%) within industries mainly enforced by the Local Authority.

Local Authority enforcement activity covers retailing, some warehouses, most offices, hotels and catering, sports, leisure, consumer services and places of worship. HSE

enforcement activity covers factories, building sites, mines, farms, fairgrounds, quarries, railways, chemical plants, offshore and nuclear installations, schools, hospitals and other places where there is work activity not covered by the Local Authority. Respondents whose current or last job in the last ten years was within an industry where health and safety was the responsibility of HSE tended to report that the workplace employed a greater number of people (see Table 2). They were also significantly more likely to be male (69% compared with 61%) and to report that a union was recognised in the workplace (52% compared with 24%).

*Table 2: Number of employees at respondents' workplaces where health and safety enforcement was the responsibility of HSE or the Local Authority*

	NUMBER OF EMPLOYEES AT WORKPLACE			
	UNDER 25	25-99	100-499	OVER 500
HSE	33%	25%	26%	16%
LOCAL AUTHORITY	52%	19%	21%	9%
<b>BASE</b>	<b>1713</b>			

Just less than half the respondents who had worked in the previous ten years reported ever being a member of a trade union (45%), around a fifth (19%) of them as current members. A further 6% reported ever being a member of a staff association, 4% of them as current members. Respondents working within industries where health and safety enforcement was mainly the responsibility of HSE were significantly more likely to be a member of a trade union than those in industries enforced by the Local Authority (22% compared with 7%).

#### 4.1.3 Occupational class

Respondents who reported ever working and gave sufficient information on the type of work undertaken were allocated into occupational class categories as shown in Table 3. This measure correlated directly to the type of work undertaken by the respondent and their position within the world of work, unlike most social class measures, which are based on the occupation of the head of household, and correspond less accurately to experience of work and more accurately to the resources available to respondents in terms of material wealth, education, status, etc.

*Table 3: Occupational class\* of respondents classified by type of occupation*

OCCUPATIONAL CLASS	TYPE OF OCCUPATION	NUMBER	PERCENTAGE
<b>1</b>	EMPLOYERS IN LARGE ORGANISATIONS, HIGHER MANAGERS AND PROFESSIONALS	345	11%
<b>2</b>	LOWER PROFESSIONAL AND MANAGERIAL, HIGHER TECHNICAL AND SUPERVISORY OCCUPATIONS	743	23%
<b>3</b>	INTERMEDIATE OCCUPATIONS	418	13%
<b>4</b>	SMALL EMPLOYERS AND OWN ACCOUNT WORKERS	253	8%
<b>5</b>	LOWER SUPERVISORY AND TECHNICAL OCCUPATIONS	404	13%
<b>6</b>	SEMI-ROUTINE OCCUPATIONS	588	18%
<b>7</b>	ROUTINE OCCUPATIONS	451	14%
<b>BASE</b>		<b>3210</b>	

*\*Occupational class coded by NatCen based on analytical social class categories*

#### 4.1.4 Perceptions of workplaces and employers

Respondents who were currently employed were asked how good they thought relations were between managers and other employees at work, how well they thought the workplace was managed and how much say they thought they would have over decisions that affected the way they did their job. The results are summarised in Table 4.

*Table 4: Responses to questions regarding relations between management and other employees, quality of management and level of say over job-related decisions*

QUESTION	VERY GOOD	QUITE GOOD	NOT VERY GOOD	NOT AT ALL GOOD
HOW WOULD YOU DESCRIBE RELATIONS BETWEEN MANAGEMENT AND OTHER EMPLOYEES AT YOUR WORKPLACE?	33%	47%	16%	4%
	VERY WELL	QUITE WELL	NOT WELL	
HOW WELL MANAGED WOULD YOU SAY YOUR WORKPLACE IS?	25%	53%	21%	
	A GREAT DEAL	QUITE A LOT	JUST A LITTLE	NONE
HOW MUCH SAY DO YOU THINK YOU WOULD HAVE OVER DECISIONS AFFECTING THE WAY YOU DO YOUR JOB?	15%	24%	18%	42%
<b>BASE</b>	<b>1875</b>			

When asked, almost half (49%) said that they should have more say over decisions that affected the way they did their job. Those working within industries where health and safety enforcement was mainly under Local Authority remit were significantly more likely than those enforced by HSE to say that relations were very good (38% compared with 30%).

Those in higher occupational classes were significantly more likely than those in lower class groupings to say that they would have a great deal of say over decisions that would change the way they did their job (26% in class 1 compared with 8% in class 7) and less likely to say that they would have no say (31% in class 1 compared with 57% in class 7).

#### 4.1.5 Experience of work-related injury and illness

Table 5 shows the percentage of respondents who reported knowing of an incident of injury or health damage in their workplace in the previous twelve months, and the percentage who had experienced a work-related injury or illness themselves. In the case of health damage/illness, the question relating to experience in the last twelve months could include problems caused or made worse by work during that time, or caused by previous work. In the case of illness experienced in the last job, the question specifically asked whether it was caused by the last job. All questions regarding injury asked about accidents during that time, not about the effects of old injuries. Similar proportions working in HSE and Local Authority enforced industries reported work-related illnesses, although a higher proportion of those working in HSE enforced injuries reported work-related injuries.

Table 5: Percentage of respondents reporting knowing of and experiencing work-related accidents and health damage/illness

		KNEW OF DURING THE LAST YEAR (HEALTH DAMAGE/ INJURY)	EXPERIENCED EVER	EXPERIENCED IN LAST YEAR	EXPERIENCED IN LAST JOB
ILLNESS	HSE		26%	16%	16%
	LOCAL AUTHORITY		23%	15%	15%
	TOTAL		25%	15%	16%
INJURY	HSE	39%	37%	12%	23%
	LOCAL AUTHORITY	26%	27%	10%	14%
	TOTAL	34%	34%	11%	20%
BASE		WORKED WITHIN LAST TWELVE MONTHS (N=2083)	WORKED WITHIN LAST TEN YEARS (N=2634)	WORKED WITHIN LAST TWELVE MONTHS (N=2083)	WORKED WITHIN LAST TEN YEARS (N=2634)

There was considerable overlap in reporting of work-related injury and illness; 23% of those working in the last twelve months reported work-related injury or illness during that time and 4% reported both illness and injury.

Respondents in lower occupational classes were significantly more likely than those in higher classes to report having an accident at work in the previous twelve months (5% in occupational class 1 compared with 16% in occupational class 7). The highest rate of reported accidents was amongst respondents of class 5 (lower supervisory and technical occupation) at 25%, with slightly lower rates among classes 6 and 7. This is illustrated in Figure 3.

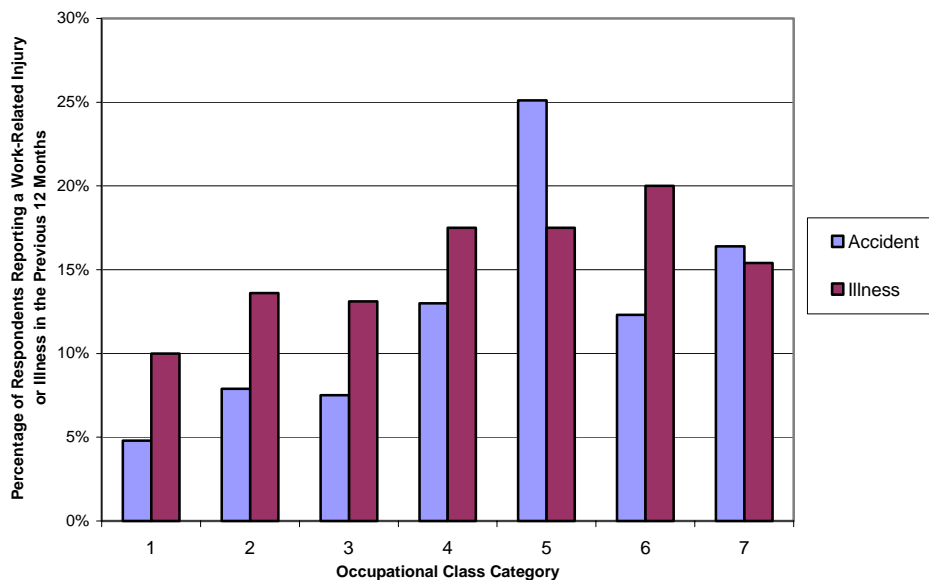


Figure 3: Reporting of work-related illness and injury in the previous twelve months by occupational class

Males were significantly more likely than females to report having had an accident at work in the previous twelve months (14% compared with 9%). There were no significant differences in the reporting of illness by age or sex.

The proportion of respondents reporting work-related illness in the last twelve months was around three times higher (15%, 95% CI 14%-16%) than the proportion reported in the ill-health module of the 1999 Labour Force Survey summer quarter<sup>11</sup> (SWI 98/99) (4.6%, 95% CI 4.4% - 4.8%). The questions asked in each survey were similar (see Box 1), and in both cases covered only those who had worked in the previous twelve months. There were a number of methodological differences between the two surveys; for example, SWI 98/99 used proxies e.g. relatives to respond on behalf of selected participants who were unavailable, whereas proxies were not used in the BSA survey. However, such methodological differences are unlikely to have produced a difference in reported work-related ill health of such magnitude. It appears, therefore, that something in the context of the survey or question led respondents in the BSA survey to include problems that they might not otherwise have remembered, identified as work-related or considered serious enough to report in a survey of work-related illness.

*Box 1: Comparison of question wording in BSA and SWI 98/99 surveys*

<p><u>BSA</u></p> <p>In the last twelve months, have you suffered from any illness or other physical problem that was caused or made worse by your work?’</p>
<p><u>SWI98/99</u></p> <p>‘In the last twelve months, have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or work done in the past?’</p>

In another survey, the Bristol Stress and Health at Work Study<sup>12</sup>, an even greater proportion (23%) reported an illness that was caused or made worse by their work in the past year. This was a postal survey with a relatively low response rate (49%), which may have led to non-response bias. Previous survey questions had focussed on stress in the workplace and this again could have prompted respondents to include problems they might not have considered in another context.

## 4.2 Awareness

### 4.2.1 Knowledge of health and safety legislation

To assess knowledge of health and safety legislation, respondents who reported working in the previous ten years were given four statements and asked whether they thought each was true or false. Table 6 lists the statements, their correct answers, the percentage of correct replies and 95% CIs around these. Most respondents stated correctly that employers are legally responsible for the health and safety of their employees at work and have to record details of all accidents at work. However, only 71% were aware that employers should consult employees about health and safety at work even if the issues are not life threatening, and only 56% were aware that workers who ‘blew the whistle’ on dangerous working practices were protected by law.

Table 6: Responses to statements testing knowledge of health and safety legislation

STATEMENT NUMBER	STATEMENT	CORRECT ANSWER	PERCENT CORRECT	95% CI
1	EMPLOYERS ONLY HAVE TO CONSULT THEIR EMPLOYEES ABOUT HEALTH AND SAFETY AT WORK IF THE ISSUE IS CONSIDERED LIFE-THREATENING	False	71%	68% – 73%
2	EMPLOYERS ARE LEGALLY RESPONSIBLE FOR THE HEALTH AND SAFETY OF THEIR EMPLOYEES AT WORK	True	97%	96% – 98%
3	WORKERS WHO ‘BLOW THE WHISTLE’ ON DANGEROUS WORKING CONDITIONS ARE PROTECTED BY LAW FROM BEING PENALISED AFTERWARDS	True	56%	54% – 58%
4	EMPLOYERS HAVE TO RECORD DETAILS OF ALL ACCIDENTS AT WORK	True	98%	97% – 98%
BASE		2548		

Knowledge of whether employers needed to consult employees on health and safety issues and on the legal protection given to ‘whistle-blowers’ varied significantly by age and occupational class. Figure 4 shows the percentage of correct responses to statements 1 and 3 by occupational class category and Figure 5 shows this information by age quartile (of the whole sample). There were no significant differences in knowledge of legislation between respondents working in industries where health and safety enforcement came under the remit of HSE or the Local Authority.

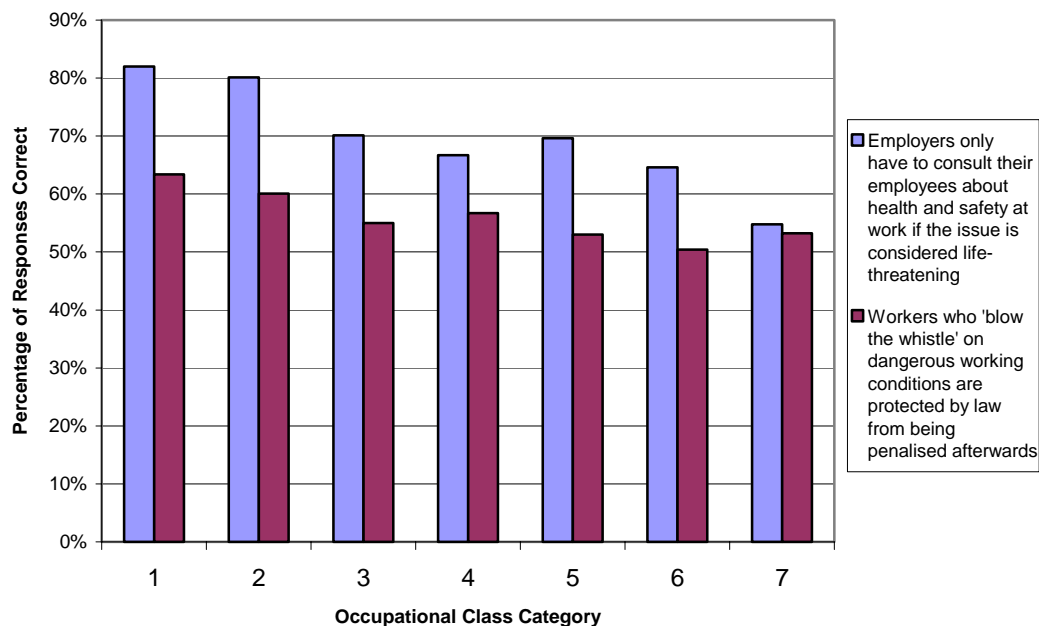


Figure 4: Percentage of correct replies to statements on health and safety legislation regarding consultation and whistle-blowing by occupational class

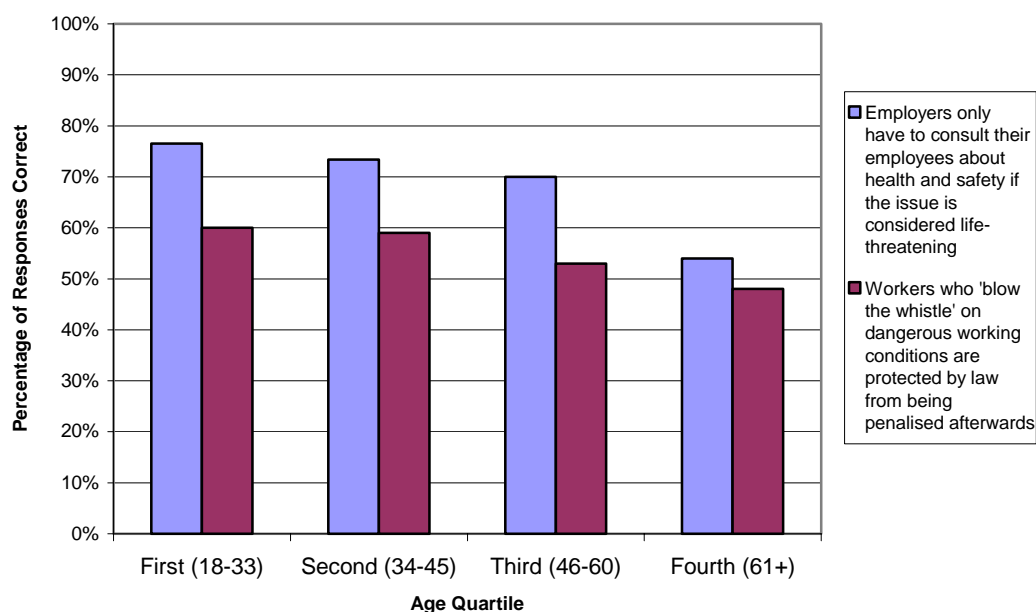


Figure 5: Percentage of correct replies to statements on health and safety legislation regarding consultation and whistle-blowing by age quartile

Respondents were also asked the following question:

‘ If there was a health and safety problem at your (last) place of work and your employer didn't deal with it properly, which of the people on this card do you think is (was) mainly responsible for making sure that your employer meets (met) his or her legal responsibility?’

Table 7 summarises the responses. The majority (65%) said that HSE was mainly responsible, including 67% of those who worked in industries where health and safety enforcement was under the remit of the Local Authority. The second most popular response was 'trade union', which was stated more frequently by those working in HSE than Local Authority enforced industries, related to the fact that those in HSE enforced industries were more likely to be a trade union member. Twenty-eight percent of trade union members thought the union was mainly responsible, compared with 7% of non-union members. Only ten percent (11% of those working in a Local Authority enforced sector) said that the Local Authority was responsible.

Table 7: Organisations that respondents said were mainly responsible for health and safety at their workplace

ORGANISATION	PERCENTAGE OF RESPONDENTS	95% CONFIDENCE INTERVALS
HSE	65%	62% - 68%
TRADE UNION	15%	13% - 17%
LOCAL AUTHORITY	10%	9% - 17%
NO-ONE	4%	3% - 6%
POLICE	1%	0% - 1%
OTHER	2%	1% - 3%
DON'T KNOW	3%	2% - 4%
BASE	2634	

#### 4.2.2 Availability of a health and safety contact at work

Respondents who worked for an employer in their last job in the previous ten years were asked whether they were aware of a health and safety officer, appointed by the employer, trade union or anyone else other than the employer, in their present or last place of work. In total, 65% reported that they had a safety officer appointed by their employer, another organisation or both. Those working within industries under HSE remit were significantly more likely than those under Local Authority remit to report having a safety officer and having an additional safety officer appointed by a trade union or other organisation. This is illustrated in Figure 6.

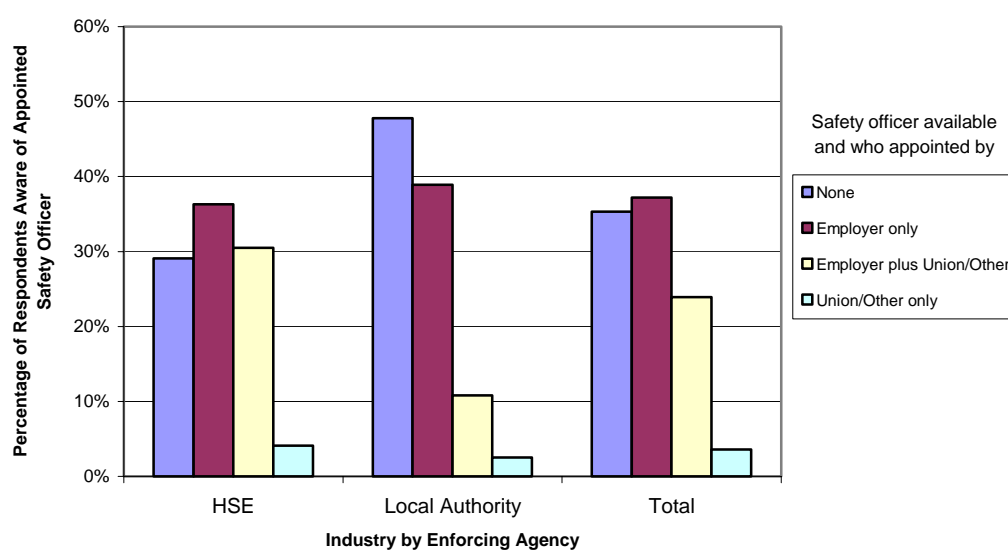


Figure 6: Awareness of appointed safety officers among respondents working within industries under the health and safety enforcement of HSE and the Local Authority

#### 4.2.3 Health and safety training and information

Respondents who had worked for an employer in their last job during the previous ten years were asked whether they had received any health and safety training in their present or last place of work and whether they had seen any health and safety posters and/or leaflets in work. Just less than half (46%) reported receiving training, 37% of those in Local Authority enforced industries and 50% of those in HSE enforced industries. The differences between those working with Local Authority and HSE enforced industries were significant, and may have been related to the more hazardous nature of some HSE enforced industries and perhaps the greater proportion of small businesses within Local Authority enforced sector.

Figure 7 shows the proportion that reported that their employer had displayed posters on health and safety and/or had handed out health and safety leaflets by those working in HSE and Local Authority enforced industries. In total, 79% reported seeing a poster at, or receiving a leaflet from, their workplace. A significantly higher percentage of those working within HSE than Local Authority enforced industries reported seeing both a health and safety poster and receiving a leaflet.

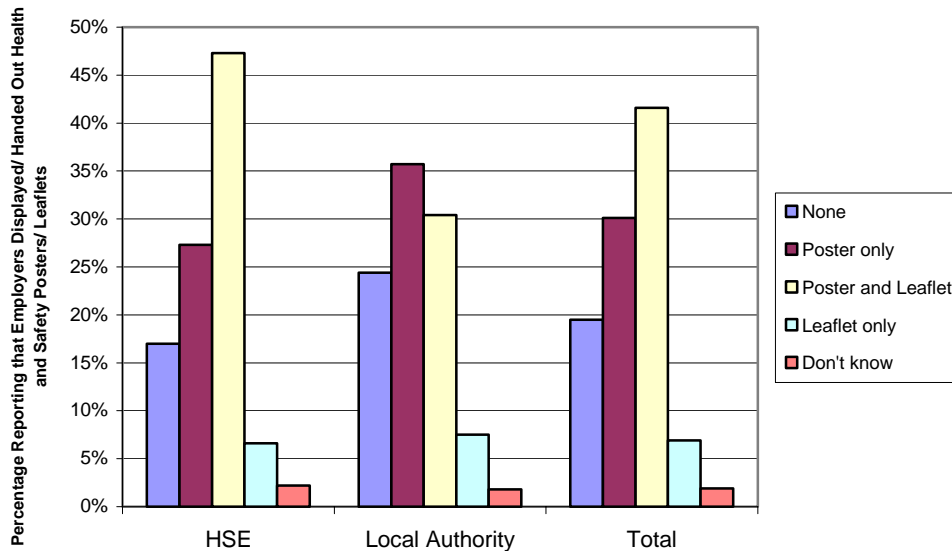


Figure 7: Awareness of health and safety leaflets handed out and posters displayed

#### 4.2.4 Health and safety consultation

Respondents who had worked for an employer in their last job during the previous ten years were asked whether their employer consulted them on health and safety issues most of the time, sometimes, hardly ever or never. There was a wide spread of responses; shown in Figure 8 by industries under HSE and the Local Authority health and safety enforcement (excluding 'don't know' replies). Respondents working in HSE enforced industries were significantly more likely than those in Local Authority enforced industries to report being consulted most of the time or sometimes (62% compared with 52%).

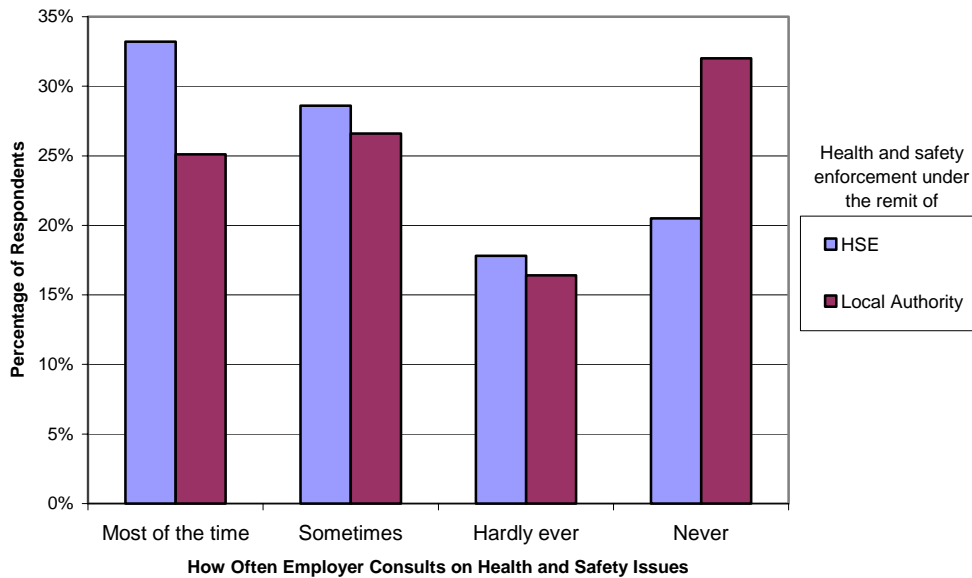


Figure 8: Perceptions of how frequently respondents were consulted by their employers on health and safety issues by HSE and Local Authority enforced industry

Respondents who had worked in the previous ten years were also asked whether they thought they should have more say over health and safety issues at work or whether they were satisfied with the way things were. Overall, excluding those who said they did not know, 78% reported being satisfied with the amount of say they had. Those who reported being consulted on health and safety more frequently were significantly more likely to report being satisfied with the amount of say they had (85% of those consulted most of the time compared with 66% of those never consulted). Those who reported suffering illness or injury as a result of their current or last job were significantly more likely than other to say that they should have more say over health and safety issues (35% compared with 17%). Those in lower occupational classes were significantly more likely than those in higher class groupings to say that they should have more say (26% of class 7 compared with 15% of class 1). Those working within industries enforced by HSE were significantly more likely than those in Local Authority enforced industries to say that they should have more say (23% compared with 19%).

Those who said that they should have more say over issues of health and safety tended also to give less favourable assessments of other management issues in the workplace than those who were satisfied with the amount of say they had. For example, 10% of those in current employment who said that relations between managers and employees were very good said that they should have more say over issues of health and safety compared with 43% of those who said that relations were not at all good.

### 4.3 Attitudes

#### 4.3.1 Attention paid to health and safety

All respondents were asked the following question: ‘Some people work in jobs where there is a risk of injury or damage to their health. Do you think that the attention paid in this country to protecting such workers is too much, about right or not enough’. This question was also asked in a survey of public attitudes towards risk, undertaken in 1981<sup>1</sup>. Table 8 shows the results of the two surveys for comparison. The results for the two periods were very similar, suggesting that views in this matter have changed little over the 20-year time period. The wording of the question, by emphasising the risky nature of some work, may have influenced some responses.

Table 8: Perceptions, in 1981 and 2001, of the amount of attention paid to protecting workers at risk of work-related injury or health damage

ATTENTION PAID TO HEALTH AND SAFETY	2001		1981
	PERCENTAGE	95% CI	PERCENTAGE
TOO MUCH	4%	3% - 4%	2%
ABOUT RIGHT	42%	40% - 45%	39%
NOT ENOUGH	49%	47% - 52%	53%
DON'T KNOW	5%	4% - 6%	6%
<b>BASE</b>	<b>3287</b>		<b>1170</b>

Please note: No confidence intervals were calculated for 1981, as not enough information was available. Differences in the design of the two surveys mean that comparisons between the two surveys should be undertaken with caution. Columns may not add up to exactly 100% due to rounding of numbers.

Figure 9 shows the responses to this question by occupational class category (n=3201).

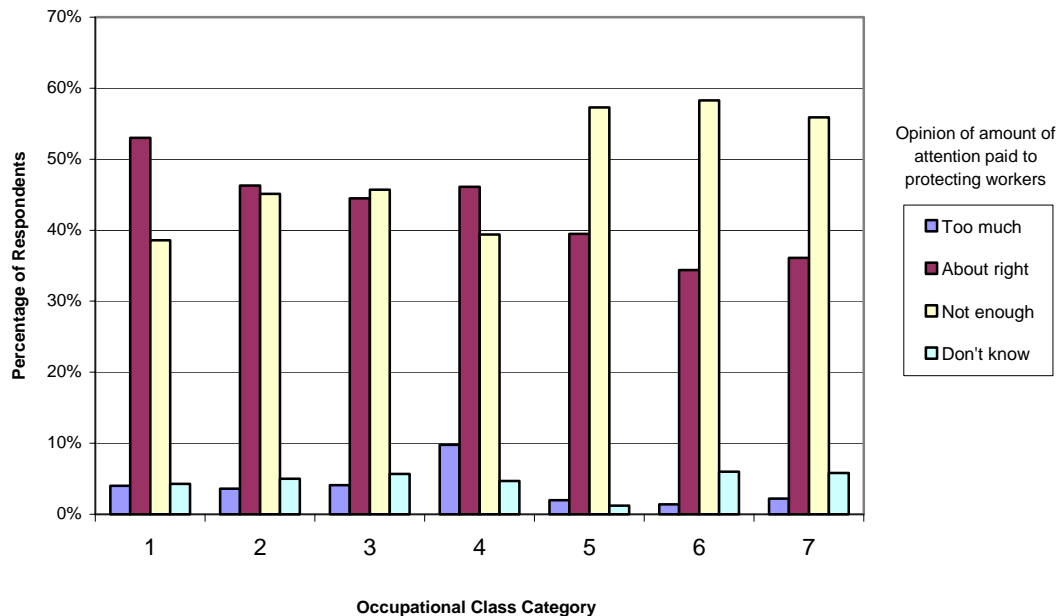


Figure 9: Perceptions of the amount of attention paid to protecting workers at risk of injury or damage to health, by occupational class

Those in lower class groups were significantly more likely than higher class groups to say that more attention needed to be paid to protecting workers. Those in occupational class four (small employers and own account workers) were the exception; they were more likely than others to say that the amount of attention given was too much or about right. Females were slightly more likely than males (52%

compared with 47%) to say that there was not enough attention paid. There was no significant difference between different age groups or those working within industries where health and safety enforcement was within the remit of HSE or the Local Authority. Those who reported knowing of an incident of injury or damage to health in their workplace within the last twelve months were significantly more likely to state that not enough attention was paid to protecting workers than those who did not know of any such incidents (55% compared 43%).

#### 4.3.2 Employers' role in health and safety

Respondents who were currently employed or had been employed in the previous ten years were asked how seriously they thought that their employer took health and safety in the workplace. The majority (86%) said that their employer took health and safety either very or fairly seriously. The full range of responses is shown in Table 9. Those who worked within industries where health and safety enforcement was within the remit of HSE were significantly more likely to state that their employers took health and safety very seriously compared with those under Local Authority enforcement (56% compared to 48%).

*Table 9: Perceptions of how seriously employers took health and safety*

HOW SERIOUSLY EMPLOYER TOOK HEALTH AND SAFETY	PERCENTAGE	95% CI
VERY SERIOUSLY	54%	51% - 56%
FAIRLY SERIOUSLY	33%	31% - 36%
NOT VERY SERIOUSLY	9%	8% - 11%
NOT AT ALL SERIOUSLY	3%	2% - 3%
DON'T KNOW	1%	1% - 2%
<b>BASE</b>	<b>2258</b>	

*N.B Columns may not add up to exactly 100% due to rounding of numbers*

Those currently in employment who reported a recognised union in the workplace were significantly more likely than those without a union or staff association to state that their employer took health and safety very seriously (63% compared with 49%). Those who reported suffering work-related injury or illness as a result of their current or last job were significantly less likely than others to report that their employer took health and safety very seriously (48% compared with 57%).

There was also a significant trend for respondents who reported better management/employee relations to also say that their employers took health and safety at work more seriously, shown in Figure 10. A similar trend was observed for reported quality of workplace management; 76% of those who said that the workplace was very well managed said that their employer took health and safety very seriously compared with 36% of those who said that the workplace was not well managed.

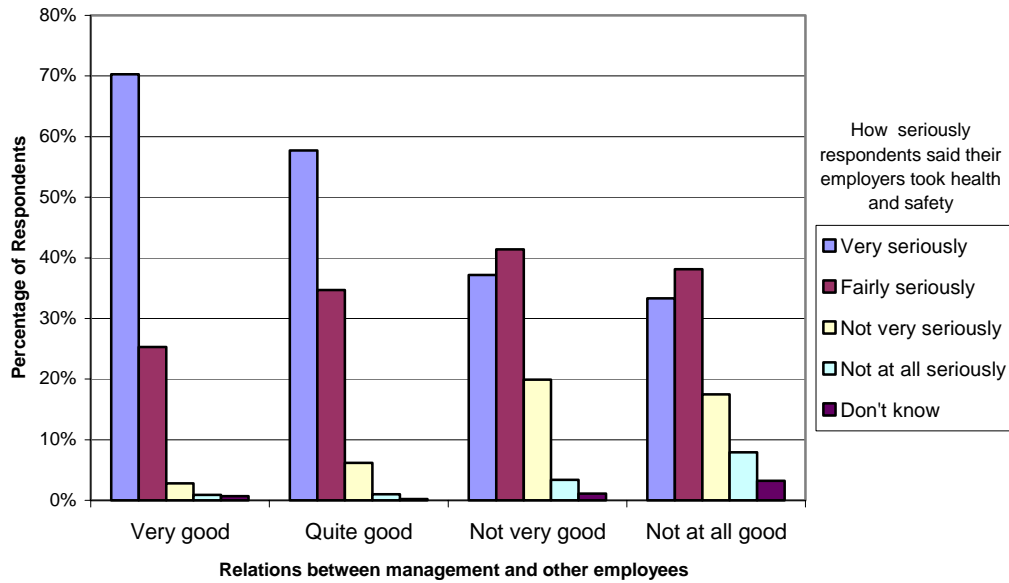


Figure 10: Perceptions of how seriously respondents' employers took health and safety at work by their perceptions of relations between management and other employees

#### 4.3.3 Job priorities

Within the self-completion section of the questionnaire, all respondents were asked to respond to four statements, asking whether they thought that job security, a high income, an interesting job, a job that was useful to society and a job where there was very little risk of injury or damage to health were very, fairly, not very or not at all important. Table 10 shows the responses to the question on the importance of little risk of injury or damage to health.

Table 10: Views on the importance of having a job with little risk of injury or damage to health

IMPORTANCE OF LITTLE RISK OF INJURY OR HEALTH DAMAGE	PERCENTAGE	95% CI
VERY IMPORTANT	46%	44% - 48%
FAIRLY IMPORTANT	37%	35% - 39%
NOT VERY IMPORTANT	13%	12% - 15%
NOT AT ALL IMORTANT	3%	2% - 4%
<b>BASE</b>	<b>2732</b>	

N.B. Columns may not add up to exactly 100% due to rounding of numbers.

Females were significantly more likely than males to say that little risk of injury or health damage was very important (51% compared with 41%) and those in lower occupational classes were significantly more likely than those of higher class groupings to say that it was important (59% of class 7 compared with 34% of class 1). There were no significant differences by age.

Figure 11 shows how little risk to health and safety compares with the other priorities listed. The factor rated most often as very important was job security (72%), followed by an interesting job (61%) with little risk of injury or health damage in third place.

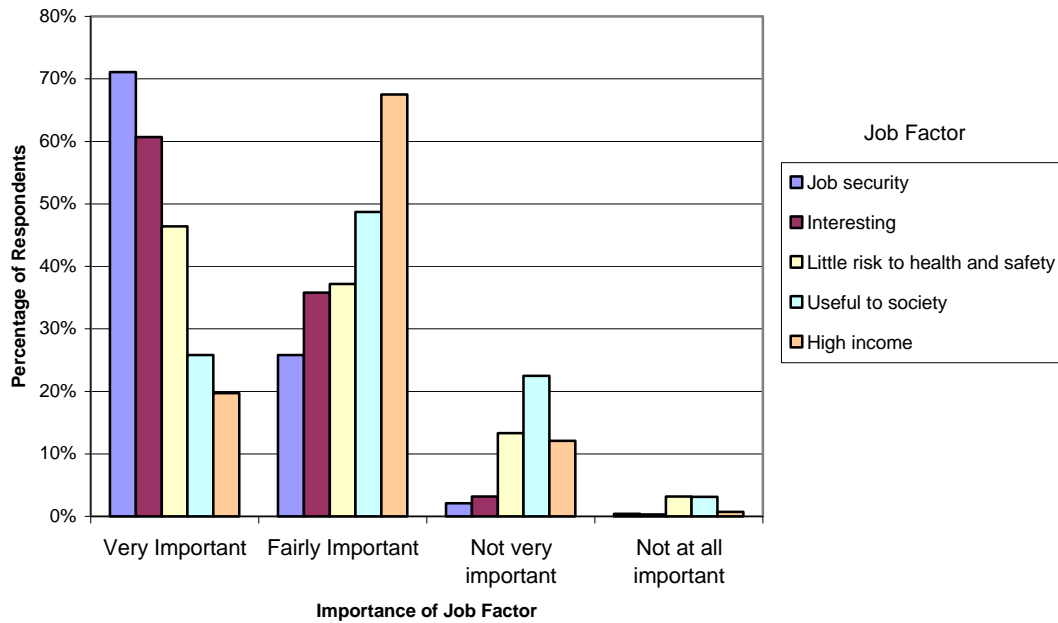


Figure 11: Ratings of the importance of various job factors

#### 4.3.4 Perceptions of risk

Within the self-completion component of the questionnaire, respondents were asked three questions regarding how much they perceived that they and people they knew were at risk of injury or damage to health at work, at home and on the roads. Table 11 shows the responses for the question on risk at work.

Table 11: Views on the amount of risk respondents and the people they knew were exposed to through work

	PERCENTAGE	95% CI
A GREAT DEAL	8%	7% - 10%
A FAIR AMOUNT	42%	40% - 44%
NOT VERY MUCH	44%	42% - 47%
NOT AT ALL	5%	4% - 6%
<b>BASE</b>	<b>2635</b>	

N.B. Columns may not add up to exactly 100% due to rounding of numbers.

Figure 12 compares the responses to each statement. The roads were viewed as the highest risk (88% stating that there was a great deal or fair amount of risk) followed by work (50%) and home (34%).

Those in lower occupational classes were significantly more likely than those in higher class groupings to say that there was a great deal or a fair amount of risk from work (30% of class 1 compared with 62% of class 7). Those who worked within HSE enforced sectors were significantly more likely to say that there was a great deal or fair amount of risk at work than those working in Local Authority enforced industries (43% compared with 54%).

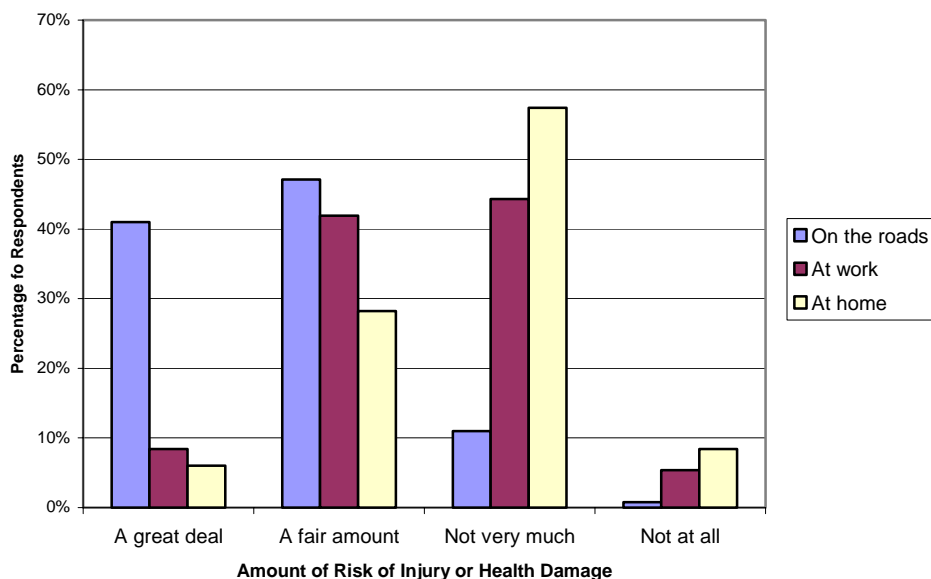


Figure 12: Perceptions of risk of injury and health damage on the roads, at work and at home

#### 4.3.5 Perceptions of the most common causes of accidents

Respondents who had worked in the previous ten years were asked what they thought were the most common causes of accidents in their workplace, from a list provided, or whether there were never any accidents. A similar question was asked in a survey of public perceptions of risk in 1981<sup>1</sup>, although with slightly different response categories. Around a third (32%) said that there were never any accidents. Table 12 summarises the responses, excluding those who said that there never were any accidents or that they did not know, and compares them to those in the 1981 survey. In both surveys, interviewees were able to give more than one response, and therefore columns add up to more than 100%.

Table 12: Perceptions of the most common causes of accidents in the workplace

	PERCENTAGE OF RESPONDENTS	
	1981	2001
HUMAN ERROR OR CARELESSNESS	72%	66%
CORNER CUTTING BY EMPLOYEES	15%	24%
LACK OF TRAINING		24%
TIREDDNESS		21%
CORNER CUTTING BY MANAGEMENT	15%	18%
LACK OF ADEQUATE HEALTH AND SAFETY PRECAUTIONS	8%	15%
LACK OF CONSULTATION WITH EMPLOYEES		7%
DRINK OR DRUGS		3%
STRESS		1%
ATTACK BY CUSTOMER, PATIENT OR PUPIL		1%
OTHER	31%	3%
<b>BASE</b>	<b>672</b>	<b>1682</b>

The majority of respondents in both 1981 and 2001 reported that human error or carelessness were the most common causes of accidents in their workplace. There were no significant differences by those who knew of an accident in the workplace during the previous twelve months and those who did not, or by those who worked within industries where health and safety enforcement was the responsibility of HSE or the Local Authority.

#### 4.3.6 Perceptions of workplace safety and employer attitudes

Respondents who had worked in the previous ten years were asked how much they thought the risks associated with their job could seriously be reduced. Table 13 summarises the responses.

Table 13: Perceptions of how much the risks associated with respondents' jobs could seriously be reduced

	PERCENTAGE OF RESPONDENTS	95% CONFIDENCE INTERVAL
A LOT	7%	6% - 8%
A FAIR AMOUNT	13%	11% - 15%
A LITTLE BIT	28%	26% - 30%
NOT AT ALL	50%	47% - 52%
DON'T KNOW	1%	1% - 2%
<b>BASE</b>	<b>2494</b>	

N.B. Columns may not add up to exactly 100% due to rounding of numbers.

Those working within industries where health and safety enforcement was the responsibility of HSE were significantly more likely to report that the level of risk in their job could realistically be reduced a great deal or a fair amount than those in Local Authority enforced industries (23% compared to 15%). There was no significant difference in response by age or sex.

Those who reported experiencing a work-related accident or damage to their health in their current or last job were significantly more likely than others so say that the risks associated with their job could be reduced. This is shown in Figure 13. The majority (57%) of those with no experience of work-related injury or illness in their current or last job stated that risk could not be reduced at all.

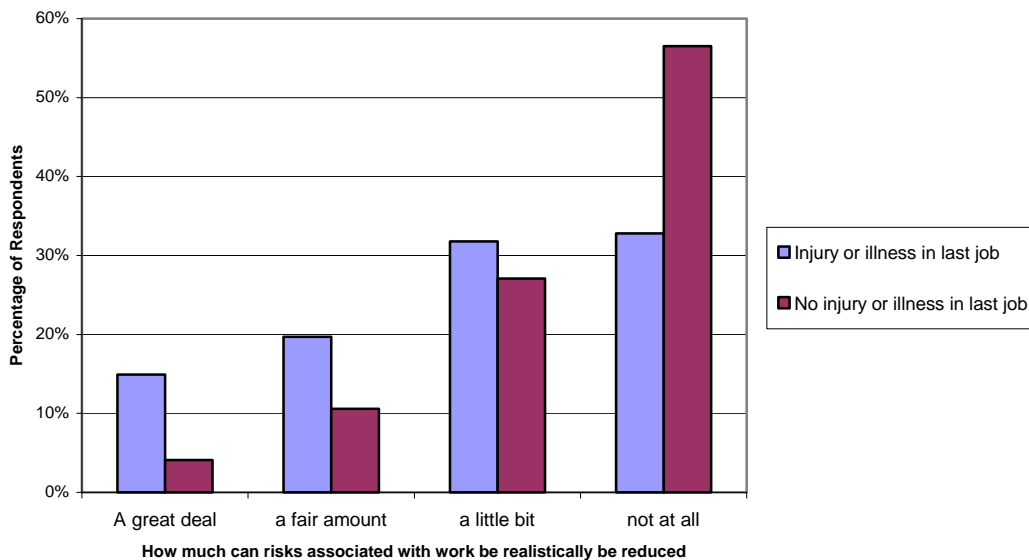


Figure 13: Perceptions of how much risks associated with respondents' jobs could be realistically reduced by experience of work-related injury or illness within current or last job

Figure 14 shows that the more seriously respondents thought their employer took health and safety, the less likely they were to report that the risks of their job could be reduced a great deal or a fair amount.

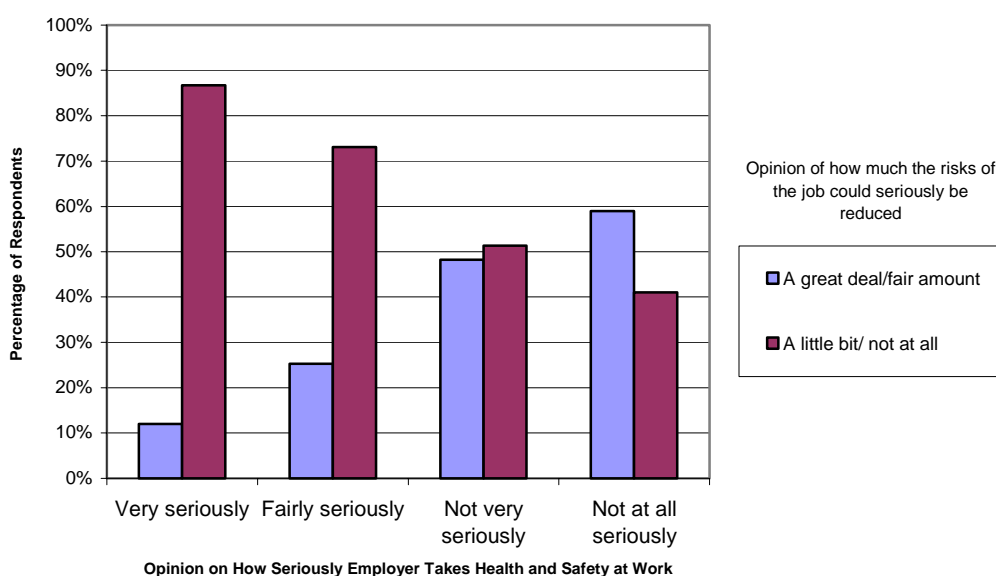


Figure 14: Perceptions of how seriously employers took health and safety by how much respondents believed the risks associated with their jobs could be reduced

Respondents who had worked in the previous ten years were asked how much they agreed with the statement that their workplace was safe and healthy. The majority agreed or agreed strongly. The range of responses is shown in Table 14.

Table 14: Levels of agreement that respondents' workplaces were safe and healthy

	PERCENTAGE OF RESPONDENTS	95% CONFIDENCE INTERVAL
AGREE STRONGLY	16%	14% - 18%
AGREE	60%	58% - 62%
NEITHER AGREE NOR DISAGREE	9%	8% - 11%
DISAGREE	12%	11% - 14%
DISAGREE STRONGLY	2%	1% - 2%
DON'T KNOW	0%	0% - 0%
<b>BASE</b>	<b>2256</b>	

N.B Columns may not add up to exactly 100% due to rounding of numbers.

Those working in industries where the Local Authority enforced health and safety were significantly more likely to agree or agree strongly that their workplace was safe and healthy than those in HSE enforced industries (76% compared with 68%). This is consistent with the greater proportion of those in HSE enforced industries who reported work-related accidents and ill health. There were no significant differences by age or sex.

Those in higher occupational classes were significantly more likely to agree that their workplace was safe and healthy than those in lower class groupings (81% of class 1 compared with 65% of class 6), consistent with the higher proportion of respondents in lower class groupings reporting work-related accidents and ill health. Those who knew of injury or health damage in their workplace within the last twelve months were significantly less likely than others to agree or agree strongly that their workplace was safe and healthy (62% compared with 79%). Those who reported suffering a work-related injury or illness caused by their current or last job were significantly less likely than those who did not to agree or strongly agree that their workplace was safe and healthy (84% compared with 58%). The majority of those who knew of or had

experienced injury or health damage in the workplace still considered their workplace to be safe and healthy.

Those who agreed or agreed strongly that their workplace was safe and healthy tended to rate levels of work-related risk as significantly lower and measures of their employers' attitudes to health and safety as significantly better than others. For example, 37% of those who said that the level of risk in their current or last job could be decreased a great deal agreed or agreed strongly that their workplace was safe and healthy, compared with 85% of those who said that risk could not realistically be reduced at all.

Respondents who had worked in the previous ten years were also asked how much they agreed with the statement that if there was a health and safety problem at work their employer would sort it out. The majority (83%) either agreed or agreed strongly. Table 15 shows the full range of responses.

*Table 15: Levels of agreement with the statement that if there were a health and safety problem the respondents' employers would sort it out*

	PERCENTAGE OF RESPONDENTS	95% CONFIDENCE INTERVAL
AGREE STRONGLY	19%	17% - 21%
AGREE	64%	62% - 66%
NEITHER AGREE NOR DISAGREE	8%	6% - 9%
DISAGREE	8%	6% - 9%
DISAGREE STRONGLY	1%	1% - 1%
DON'T KNOW	1%	0% - 1%
<b>BASE</b>	<b>2256</b>	

*N.B. Columns may not add up to exactly 100% due to rounding of numbers.*

Those who had experienced work-related injury or illness in their current or last job were significantly more likely than those who had not to agree or agree strongly that if there was a health and safety problem their employer would sort it out (71% compared with 89%). There were no significant differences between those who worked in HSE or Local Authority remit industries or between respondents of different age, sex or occupational class.

Those who agreed or agreed strongly that if there was a health and safety problem their employer would sort it out tended to rate work-related risks as significantly lower and employers' attitudes to health and safety as significantly better than other respondents. For example, 98% of those who agreed strongly that their workplace was safe and healthy agreed or agreed strongly that their employer would sort out a health and safety problem compared with 20% of those who strongly disagreed that their workplace was safe and healthy.

Respondents who worked for an employer in their last job in the previous ten years were also asked how much they agreed with the statement that if they reported a health and safety problem their employer would see them as a troublemaker. The full range of responses is shown in Table 16. The majority (79%) either disagreed or disagreed strongly.

Table 16: Levels of agreement with the statement that if respondents reported a health and safety problem they would be seen as a troublemaker

	PERCENTAGE OF RESPONDENTS	95% CONFIDENCE INTERVAL
AGREE STRONGLY	2%	1% – 2%
AGREE	11%	9% - 12%
NEITHER AGREE NOR DISAGREE	8%	6% - 9%
DISAGREE	62%	59% - 64%
DISAGREE STRONGLY	17%	15% - 19%
DON'T KNOW	1%	1% - 2%
<b>BASE</b>	<b>2256</b>	

N.B. Columns may not add up to exactly 100% due to rounding of numbers.

There was a significant trend by occupational class; 7% of those in occupational class 1 agreed or agreed strongly compared with 18% in occupational class 7. Those who had experience of an accident or illness caused by their current or last job were significantly more likely than others to agree or agree strongly that if they reported a health and safety problem they would be seen as a troublemaker (19% compared with 10%). Those who agreed or agreed strongly that they would be seen as a troublemaker were significantly less likely than others to correctly state that workers who 'blew the whistle' on dangerous working practices were protected by law from being penalised afterwards (48% compared with 58%). Responses did not differ significantly by age, sex or industry (HSE/ Local Authority enforced) group.

Those who agreed or agreed strongly that if they reported a health and safety problem they would be seen as a troublemaker tended to report higher levels than others of perceived risk from work and less positive perceptions of health and safety in their workplace. For example, 5% of those who agreed or agreed strongly that their employer would sort out a health and safety problem agreed or agreed strongly that if they reported a health and safety problem they would be seen as a troublemaker, compared with 87% of those who strongly disagreed or disagreed strongly that their employer would sort out a health and safety problem.

#### 4.3.7 Perceptions of how much respondents could do to protect themselves against accidents and health damage at work

Respondents who were currently working were asked two questions regarding how much they thought they could do to prevent themselves from having an accident or having their health damaged by work. Table 17 summarises the responses. The majority said that there was a great deal or fair amount they could do to prevent accidents or health damage. They tended to give similar replies to both questions; 66% gave the same reply to both questions and 91% gave replies within one step up or down of each other. However, they were significantly more likely to say that they could do a great deal to prevent accidents than health damage.

Table 17: Perceptions of how much respondents could do to prevent accidents and health damage to themselves at work

	ACCIDENTS		HEALTH DAMAGE	
	PERCENTAGE	95% CI	PERCENTAGE	95% CI
A GREAT DEAL	43%	40% - 46%	35%	32% - 38%
A FAIR AMOUNT	31%	28% - 33%	33%	30% - 35%
A LITTLE BIT	17%	15% - 19%	20%	18% - 22%
NOTHING AT ALL	9%	7% - 11%	12%	10% - 14%
DON'T KNOW	0%	0- 1%	0%	0% - 1%
<b>BASE</b>	<b>1741</b>			

N.B. Columns may not add up to 100% due to rounding of numbers.

Males were significantly more likely than females to say that there was a great deal they could do to prevent accidents (48% compared with 38%) and health damage (40% compared with 31%). There were no significant trends by occupational class. Those who worked within industries where health and safety enforcement was the responsibility of HSE were significantly more likely than those under Local Authority enforcement to say that they could do a great deal to prevent themselves having an accident at work (46% compared with 36%).

Those with experience of illness caused by their current job were significantly less likely than others to say that there was a great deal they could do to prevent their health being damaged (28% compared with 36%). However, experience of injury did not affect how much respondents said that they could do to prevent injury.

Those who said that they could do a great deal to prevent their health being damaged and to prevent accidents tended to report significantly more positive perceptions of their employers attitudes to health and safety than those who said that there was less they could do. For example, 54% of those who strongly disagreed that if they reported a health and safety problem they would be seen as a troublemaker said that they could do a great deal to prevent their health being damaged, compared with 15% of those who strongly agreed. The percentage who said that they could do a great deal to prevent themselves having an accident in work was 45% among those who strongly agreed that if there were a health and safety problem their employer would sort it out compared with 18% among those who strongly disagreed.

Respondents who were currently working were asked two questions regarding how likely, from a range of very, fairly, not very and not at all, they thought it was that they would suffer a work-related accident or damage to their health as a result of their job in the next twelve months. The range of responses is shown in Table 18. The majority (65%) gave the same response for each question; 94% gave replies to the two questions that were within one step up or down of each other.

Table 18: Estimations of how likely respondents were to experience a work-related accident or to damage their health in the next twelve months

	ACCIDENTS		HEALTH DAMAGE	
	PERCENTAGE	95% CI	PERCENTAGE	95% CI
VERY LIKELY	3%	2% - 4%	2%	2% - 3%
FAIRLY LIKELY	10%	8% - 11%	11%	9% - 12%
NOT VERY LIKELY	40%	37% - 43%	41%	38% - 44%
NOT AT ALL LIKELY	46%	43% - 49%	45%	42% - 48%
DON'T KNOW	2%	1% - 3%	1%	0% - 2%
<b>BASE</b>	<b>1709</b>		<b>1720</b>	

N.B. Columns may not add up to exactly 100% due to rounding of numbers.

Those working within industries where health and safety enforcement was the responsibility of HSE were significantly more likely than those in Local Authority enforced industries to say that they were fairly or very likely to have an accident (15% compared with 9%) or damage their health (15% compared with 10%). Males were significantly more likely than females to say that they were fairly likely or very likely to have an accident (16% compared with 9%), although there was no significant difference in their expectation of damaging their health. Those in lower occupational classes were significantly more likely than those in higher class groupings to say that they were likely or very likely to have an accident (25% of class 7 compared with 3% of class 1) although this was not the case for health damage.

Those who said that they could do more to prevent damage to their health reported significantly lower perceived risk of health damage in the next twelve months than those who said they could do less. However, the group who said that they could do nothing had the highest proportion (81%) saying it was not at all likely that they would damage their health. These patterns are shown in Figure 15. Nine percent of the sample reported both that there was nothing at all they could do and that it was not at all likely that their work would damage their health. A very similar picture was observed for belief in how much they could do to prevent an accident by how likely they thought they were to have an accident.

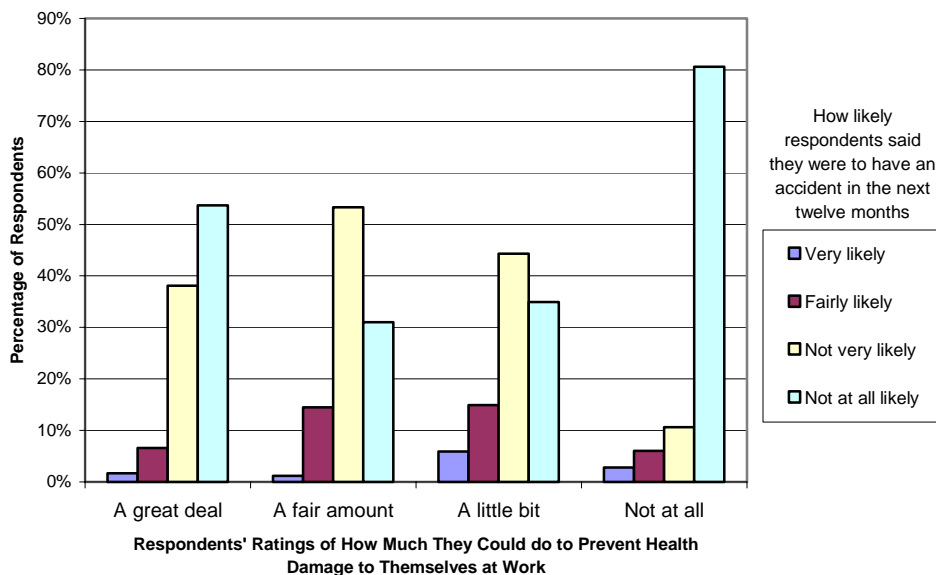


Figure 15: Respondents' estimations of how likely they were to damage their health at work in the next twelve months by how much they said they could do to prevent damage to their health at work

#### 4.3.8 Responses to hazards

Respondents who had worked in the last ten years and whose most recent job was for an employer were given the following scenario and question: 'Suppose the following happened in your (last) place of work. You notice/ed someone trying to lift a very heavy load on their own. Which of any of the things on this card would you do/have done first?' Respondents could only give one reply to the question.

A summary of the responses is shown in Table 19. The majority (65%) said that they would deal with the hazard themselves, 24% would speak to their employer or safety officer and only 7% would leave it to their employer to notice and deal with. Women

and people in lower occupational class groupings were significantly less likely than men and those in higher class groupings to say that they would deal with the problem themselves, and more likely to say that they would report it to the employer (71% men compared with 61% of women and 77% of class 1 compared with 57% of class 7 said that they would deal with it themselves). There were no significant differences by age or working in HSE or Local Authority enforced industry.

*Table 19: Reports of what actions respondents would take if they saw somebody at work trying to lift a heavy load by themselves*

<b>ACTION</b>	<b>PERCENTAGE RESPONDENTS</b>
DEAL WITH IT MYSELF	65%
SPEAK TO EMPLOYER DIRECTLY	15%
SPEAK TO EMPLOYERS' HEALTH AND SAFETY OFFICER	9%
LEAVE TO EMPLOYER TO NOTICE AND DEAL WITH	7%
SPEAK TO A TRADE UNION REPRESENTATIVE	1%
SPEAK TO HSE	1%
SPEAK TO LOCAL AUTHORITY	0%
OTHER	1%
DON'T KNOW	1%
<b>BASE</b>	<b>2223</b>

*N.B. Columns may not add up to exactly 100% due to rounding of numbers.*

Excluding those who had replied that they would deal with the problem themselves, respondents were then asked what they would do next if nobody had done anything about it. There was a wide range of responses, although the majority said that they would speak to their employer directly, speak to their employer's health and safety officer, deal with it themselves or speak to HSE. A small minority (9%) said that they would leave it to their employer to notice and deal with. The full range of responses is shown in Table 20. Just over 1% of the total sample said that they would leave it to the employer to notice and deal with both initially and if nothing was done about it.

Older age groups and those working within industries under HSE enforcement were significantly more likely than younger groups and those under Local Authority enforcement to say that they would speak to their trade union representative (20% of the oldest age quartile compared with 6% of the youngest, 14% of HSE compared with 7% of Local Authority enforced) and younger age groups were significantly more likely to say that they would speak to their employer's health and safety officer (26% of the youngest age group compared with 12% of the oldest). There were no significant differences by sex.

*Table 20: Reports of actions that respondents would take if they saw somebody at work trying to lift a heavy load by themselves, had reported it and nothing had been done*

<b>ACTION</b>	<b>PERCENTAGE RESPONDENTS</b>
SPEAK TO EMPLOYER DIRECTLY	20%
SPEAK TO EMPLOYERS' HEALTH AND SAFETY OFFICER	18%
DEAL WITH IT MYSELF	17%
SPEAK TO HSE	15%
SPEAK TO A TRADE UNION REPRESENTATIVE	11%
LEAVE TO EMPLOYER TO NOTICE AND DEAL WITH	9%
SPEAK TO LOCAL AUTHORITY	2%
SPEAK TO THE POLICE	1%
OTHER	3%
DON'T KNOW	3%
<b>BASE</b>	<b>743</b>

*N.B. Columns may not add up to exactly 100% due to rounding of numbers.*

## 4.4 Behaviours

### 4.4.1 Protective clothing, safety equipment and procedures

Respondents who reported working in the previous ten years were asked whether, as far as they knew, they were supposed to wear special clothing in their current or last job and whether they were supposed to follow any health and safety rules or advice. Similar questions were asked in a 1981 survey<sup>1</sup>. The responses to both surveys are summarised in Table 21. In addition, at the 2001 survey, 2% of respondents said they did not know whether they should follow special health and safety rules or not.

*Table 21: Self-reported requirements to wear special clothing and follow special health and safety rules and advice in 1981 and 2001*

	1981	2001	
	PERCENTAGE	PERCENTAGE	95% CI
WEAR PROTECTIVE CLOTHING	35%	41%	38% - 43%
FOLLOW RULES AND ADVICE	55%	72%	69% - 74%
<b>BASE</b>	672	2525/ 2493	

*Please note: No confidence intervals were calculated for 1981, as not enough information was available. Differences in design of the two surveys mean that comparisons between the two surveys should be undertaken with caution. Columns may not add up exactly 100% due to the rounding of numbers.*

Those working in HSE compared with Local Authority remit industries were significantly more likely to say that they should wear special clothing (47% compared with 28%) as were males compared with females (52% compared with 30%). Requirement to wear special clothing also varied widely by occupational class, although not in a linear fashion: the lowest rate was amongst class 3 (20%) and the highest was amongst class 5 (68%).

The percentage reporting that they were supposed to follow health and safety rules or advice was significantly higher for respondents working within HSE than Local Authority enforced industries (69% compared with 72%) and males than females (77% compared with 69%). Requirement to follow special rules or advice also varied by occupational class in a similar fashion to the wearing of protective clothing; it was highest in supervisory and technical occupations (82%); lowest in small employers and own account workers (57%) followed by intermediate occupations (61%). Those who worked for an employer were significantly more likely than the self-employed to report that there were rules or advice that they were supposed to follow (72% compared with 58%). There were no significant differences by age.

Those who reported that they should wear special protective clothing or follow specific health and safety rules/ advice were then asked how often they wore the clothing and followed the advice strictly. Table 22 summarises the responses to these two questions and compares them with responses to a similar question asked in 1981.

Table 22: Self-reports of wearing special clothing or following health and safety rules or advice where respondents said that they were supposed to

ADHERENCE TO SAFETY PRECAUTIONS		1981	2001	
		PERCENTAGE	PERCENTAGE	95% CI
WEAR PROTECTIVE CLOTHING	ALWAYS	60%	72%	69% - 75%
	MOSTLY	13%	16%	13% - 18%
	SOMETIMES	27%	9%	7% - 11%
	NEVER		3%	1% - 4%
<b>BASE</b>		<b>233</b>	<b>1001</b>	
FOLLOW RULES AND ADVICE STRICTLY	ALWAYS	58%	50%	47% - 53%
	MOSTLY	32%	40%	38% - 43%
	SOMETIMES	9%	8%	7% - 10%
	NEVER		1%	0% - 2%
<b>BASE</b>		<b>233</b>	<b>1794</b>	

*N.B Columns may not add up to exactly 100% due to rounding of numbers*

Females were significantly more likely than males to report always wearing their protective clothing (76% compared with 69%), as were those who worked for an employer compared with those who were self-employed (74% compared with 54%). There were no significant differences in reported use of required special clothing between respondents working in HSE and Local Authority enforced industries.

Those in older age and lower occupational class groupings were significantly more likely than younger age and higher class groupings to report always strictly following rules and advice (40% of class 1 compared with 59% of class 7 and 40% of the first age quartile compared with 60% in the fourth age quartile). There were no significant differences by sex, HSE or Local Authority enforced industry or status as working for an employer or self-employed.

Those who replied to questions suggesting a positive perception of health and safety in their workplace or a positive view their ability to protect their own health and safety were significantly more likely than others to say that they always followed rules and advice when they were supposed to. For example, the percentage saying that they always followed health and safety rules or advice was 66% of those who strongly agreed that their workplace was safe and healthy compared with 38% of those who strongly disagreed that their workplace was safe and healthy.

#### 4.4.2 Reporting of work-related injuries and illness

All respondents who had worked in the previous ten years and who reported ever having an accident at work (n=889) were asked to what agency or individual they reported this accident. They were provided with a list and able to give more than one response. Table 23 summarises the responses. The majority (60%) said that they reported it directly to their employer. If it is assumed that safety officers, trade union representatives, HSE, Local Authorities and solicitors would inform the employer of the accident, then employers would have been made aware 80% of accidents. Ten percent of those who reported having an accident at work said that they had not reported it to anybody.

Table 23: Self-reports of which agency respondents who had an accident at work reported their accident to

	NUMBER RESPONDENTS	PERCENTAGE RESPONDENTS	95% CI
EMPLOYER DIRECTLY	530	60%	56% - 63%
SAFETY OFFICER AT THE WORKPLACE	230	26%	23% - 29%
ANY DOCTOR OR HOSPITAL	412	46%	43% - 50%
TRADE UNION REPRESENTATIVE	82	9%	7% - 11%
SOLICITOR	47	5%	4% - 7%
HSE	34	4%	3% - 5%
POLICE	33	4%	2% - 5%
LOCAL AUTHORITY	11	1%	0% - 2%
NEWSPAPER, RADIO OR TELEVISION	2	0%	0% - 1%
OTHER	13	2%	1% - 3%
NOBODY	89	10%	8% - 12%
<b>BASE:</b>	<b>853</b>		

N.B. Columns may not add up exactly 100% due to the rounding of numbers.

All respondents who had worked in the previous ten years and reported ever experiencing work-related illness (n=656) were asked to which agency or individual they reported this illness. The responses are summarised in Table 24. Compared with accidents at work, respondents who experienced work-related illness or physical problems said that they were less likely to report it to anybody. Only 40% said that they reported the problem directly to their employer. If it is assumed that safety officers, trade union representatives, HSE, Local Authorities and solicitors would always inform the employer; employers would be made aware of only 46% of work-related illnesses. Almost a quarter (24%) said they reported their illness to nobody.

Table 24: Self-reports of which agency respondents who had a work-related illness reported their illness to

	NUMBER RESPONDENTS	PERCENTAGE RESPONDENTS	95% CI
ANY DOCTOR OR HOSPITAL	359	55%	51% - 59%
EMPLOYER DIRECTLY	263	40%	36% - 44%
SAFETY OFFICER AT THE WORKPLACE	80	12%	9% - 15%
TRADE UNION REPRESENTATIVE	28	4%	3% - 6%
SOLICITOR	16	2%	1% - 4%
HSE	8	1%	0% - 2%
LOCAL AUTHORITY	7	1%	0% - 2%
POLICE	5	1%	0% - 2%
OTHER	9	1%	0% - 2%
NOBODY	158	24%	21% - 27%
<b>BASE</b>	<b>625</b>		

N.B. Columns may not add up to exactly 100% due to rounding of numbers

## **5. Discussion**

This report presents analysis of the first Health and Safety at work module to be included in the annual British Social Attitudes Survey. Analysis of the module provided a useful overview of attitudes to health and safety at work in Britain in 2001 and demonstrated some interesting differences between various subgroups. Future data collection building on this current work may help assess changes in attitude to health and safety over time in Britain.

It is worth noting some of the possible limitations of these data. The sample size used enabled analysis by large subgroups such as age group, sex and working in an HSE or Local Authority enforced industry, but was not large enough to include analysis by more specific industry groups. The sample also did not include the Scottish Highlands. However, the population of the Scottish Highlands aged 18 or above was estimated to be only 168,000 in mid 2001, a small percentage of the total adult population of over 46 million in Great Britain<sup>10</sup>. Comparison with the UK population profile indicated that the sample was fairly representative, by age and sex, of the British population, although there may have been some slight response bias in favour of older groups. Despite these limitations, the results are likely to provide a reasonably reliable picture of awareness, attitudes and behaviours for the analyses presented.

One theme from the analyses was the differences in attitudes and experience between respondents working within industries where health and safety enforcement came under HSE or Local Authority enforcement. Workplaces under HSE enforcement tended to be larger and were more likely to have a recognised union. Those working in HSE enforced industries were more likely to have experienced or know about injuries at work and to have to wear protective clothing or follow special health and safety rules, suggesting that the work could be more hazardous. They were also more likely to have a safety officer, to have seen a health and safety poster or leaflet at work, to have undergone health and safety training, to have been consulted on health and safety, to say that the risks associated with their job could be reduced, that the workplace was not safe and healthy and that they were likely to have an accident in the next twelve months; although they tended to say that there was more they could do to protect themselves from work-related injury and that their employer took health and safety more seriously.

There were differences in perceptions of actions being taken by others to prevent health and safety problems by whether respondents did or did not have experience of work-related injury or illness. Those who knew of an incident of injury or health damage in the workplace in the last twelve months were more likely than others to say that not enough attention was paid to protecting workers at risk of injury or damage to health. Those with personal experience of injury or illness caused by their current or last job were less likely than others to say that their employer took health and safety very seriously, that the workplace was safe and healthy and that their employer would sort out any health and safety problems.

Occupational class correlated significantly with some attitudes. Members of lower occupational classes were more likely than those of higher class groupings to report experience of work-related illness or injury. They rated the risks of work and the likelihood that they would have an accident or damage their health in the next twelve months as higher, and were less likely to say that their workplace was safe and healthy than those in higher social classes. Those in lower social class groupings also appeared to attach a higher priority to health and safety: they tended to rate little risk to health and safety as a higher job priority and were more likely to report always

following health and safety rules or advice strictly and to say that there was not enough attention paid in this country to protecting workers at risk. They were less likely to report being consulted on health and safety and more likely to say that they should be consulted more. These findings correspond with those of previous research undertaken in a hospital setting, where those at the top of the hierarchy expressed the least concern about the health risks and flouted health and safety rules most often, while those low in the hierarchy expressed more concern over safety and frequently doubted the assurances of experts that the activities they undertook were safe<sup>13</sup>.

There were also significant differences between males and females. Males were more likely than females to report experience of an accident within the last twelve months and the requirement to wear protective clothing or follow safety rules and advice. This is probably because males tend to be in more hazardous employment. However, compared to females, they were less likely to say that not enough attention was paid in this country to protecting workers at risk of injury or health damage, that little risk to health and safety was very important in a job or that they always wore their protective clothing when they were supposed to. They were also less likely to say that they would report a health and safety problem to their employer and more likely to say that they would intervene personally.

There were only a few slight differences between age groups. Younger groups were more likely than older groups to give the correct reply to some questions on health and safety legislation, less likely to say that they would report a health and safety problem to a union representative, correspondingly more likely to say that they would report it to the employers' health and safety officer, and less likely to say that they always strictly followed health and safety rules and advice.

The self-employed were less likely than those who worked for an employer to say that they always wore protective clothing when they should and, although they were as likely as the employed to report always strictly following health and safety rules or advice when they should, they were less likely to report that there were rules that they should follow. A sub-group of the self-employed, small employers and own account workers, were more likely than other groups to say that there was too much attention paid to protecting workers in this country.

Respondents' perceptions of their employers' attitudes to health and safety tended to relate closely to their perceptions of the quality of management generally and relations between management and other employees. For example, there was a significant trend for those who reported better relations between management and other employees to report that their employers took health and safety more seriously. This may, in part, reflect respondents' general level of satisfaction with their work and employers, and indicate that good health and safety management is just an extension of good practice in management in general. Indeed, previous research has indicated that a company's approach to industrial relations and to health and safety are likely to be related<sup>14</sup>.

Respondents' perceptions of the safety of their workplace and the amount that they could do to protect themselves from work-related injury and health damage were related to their perceptions of their employers' attitude to health and safety: those who considered that their employer took health and safety seriously, would sort out a health and safety problem and would not view them as a troublemaker if they reported a health and safety problem tended to report that the workplace was safe and healthy and that there was a great deal they could do to protect themselves from work-related injury or health damage. This is consistent with the idea that employers

can take the lead in producing a climate where everybody takes responsibility for health and safety, but also with the concept of negative affectivity<sup>15</sup>, whereby some people tend to be innately more pessimistic and view their environment in a more negative light than others.

Respondents who said that there was a great deal they could do to protect themselves from injury or health damage at work tended to rate their likelihood of having an accident as lower than those who said that there was less they could do. It is known that people who feel (rightly or wrongly) that they are unable to influence a risk generally take less action to reduce that risk<sup>16</sup>. It is also known that the environment can change people's 'locus of control' or perception that they can control events, and that people can be affected by 'learned helplessness', whereby failure to influence events brings on a kind of apathy<sup>16</sup>.

Around two-thirds of respondents who reported knowing of an accident at their workplace said that human error or carelessness was one of the most common causes, mirroring the findings of a similar survey in 1981<sup>11</sup>. This may partly reflect what is termed 'fundamental attribution error', where people blame the person involved for any harm that befalls them, whilst blaming any harm to themselves on external circumstances<sup>16</sup>. This individualisation of blame does not reflect the current broader human factors thinking on accident causation and prevention. This focuses on designing out and managing human error and so shifts the blame for accidents from the individual to the organisation<sup>17</sup>.

Awareness that employers are legally responsible for the health and safety of their employees at work and should keep a record of all accidents occurring at work was extremely high (97% and 98% respectively). This knowledge is important as it enables employees and others to question and intervene where there are unsafe working practices. However, considerably fewer respondents were aware that workers who 'blew the whistle' on dangerous working conditions are protected by law from being penalised afterwards (56%) or that employers are required to consult with their employees on health and safety issues even when the issue isn't life-threatening (71%).

Employees' perceptions of management attitudes towards health and safety are an important aspect of health and safety culture<sup>6</sup>. In this respect, the results of the survey were encouraging. The majority of respondents who had worked in the previous ten years and whose most recent job was for an employer reported positive perceptions of their employer's attitude to health and safety: 84% agreed that if there was a health and safety problem their employer would sort it out; 79% disagreed that if they reported a health and safety problem they would be seen as a troublemaker and 86% said that their employer took health and safety very or fairly seriously. The majority, even of those of who had experience of work-related accidents or ill health, also said that their workplace was safe and healthy.

Around two-thirds of those who had experienced a work-related health problem, and a fifth of those who had experienced an accident at work, said that they did not report it to their employer or to another agency that would probably report it to their employer. This non-reporting is a matter of concern, particularly for illnesses, as it could have adverse affects both on monitoring and on the potential for action by employers to reduce the occurrence of work-related illness at their workplace.

The majority of respondents working in HSE enforced industries (65%) were aware that HSE was mainly responsible for ensuring that their employers met their legal health and safety responsibilities. However, the majority of those working in Local

Authority enforced (67%) industries also thought that HSE was responsible, with only 11% correctly stating that the Local Authority was responsible. This could have implications for the reporting of health and safety concerns by employees.

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