



# **The impact of trade union education and training in health and safety on the workplace activity of health and safety representatives**

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# **The impact of trade union education and training in health and safety on the workplace activity of health and safety representatives**

**David Walters, Peter Kirby  
and Faiçal Daly**  
Centre for Industrial and Environmental  
Safety and Health  
School of Applied Science  
South Bank University  
Borough Road  
London SE1 0AA  
United Kingdom

This research demonstrates the significance of trade union training in stimulating and supporting the workplace activities of trade union health and safety representatives. Such representatives engage in increased health and safety activity as a result of attendance on training courses and they perceive the training they receive to be a substantial support for their health and safety achievements as well as a significant aid in overcoming barriers to their workplace actions.

The research indicates a connection between the stimulating and supporting role of trade union training and its content and methodology. In particular it identifies the experience based, student centred, collective ethos of the pedagogy of labour education as fundamental in developing and reinforcing a worker-centred approach to health and safety. It suggests that it is this approach that provides trade union representatives with the confidence and skills to enable them to engage effectively in participatory health and safety management. The research also describes some of the challenges of availability, coverage and access to training that need to be taken into account when considering its importance. Finally, it outlines the implications of its findings for the future development of policy on competence and the role of training in representative worker participation in occupational health and safety in the United Kingdom.

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## **Executive Summary**

### **The impact of trade union education and training in health and safety on the workplace activity of health and safety representatives**

#### **1 Context and aims of the research**

This research project sets out to examine the significance of trade union education and training in stimulating and supporting the workplace activities of health and safety representatives. It examines the link between the representatives' perceptions of support they receive from training and the content and methodology of the major form of training provision within the UK. The study also examines the barriers to the availability of training, which need to be taken into account when assessing its importance. It considers these issues in relation to the extent to which they may inform the future development of policy on competence in representative worker participation in health and safety.

Research in the UK and in other countries clearly demonstrates that worker health and safety representatives make an important contribution to improving workplace health and safety performance. They do so through participating in occupational health and safety management in a variety of different ways. Whatever, the means of participation however, there are a number of supports that research studies have indicated are likely to be significant in promoting their effectiveness. One such support is training.

The majority of health and safety representatives in the UK are appointed by trade unions under the provisions of the Health and Safety at Work etc. Act 1974 (HSW Act) and the detailed requirements of the Safety Representatives and Safety Committees Regulations 1977 (SRSC Regulations). The most important source of training for these representatives is that provided by or on behalf of trade unions. Within this provision, the courses organised by the TUC Regional Education Programme are quantitatively by far the most significant element. They not only account for the largest number of days of training, they also provide for a coherent development of range of provision from basic to advanced courses.

There were several elements to the overall aim of the research project in relation to this training, including:

- gaining an understanding of which elements of the content and delivery of training were thought by recipients to be most helpful in supporting their activities at the workplace
- identification of perceived constraints on workplace activity prior and subsequent to training
- examination of the supports perceived to be necessary to enable representatives to make best use of training provision
- evaluation of the contribution of continuing/further training made to supporting the continuing activities of health and safety representatives.

Fundamental to our evaluation of the role of trade union education is the understanding that its pedagogy describes a particular educational framework. In this framework, the experience of adult learners is integrated with the acquisition of skills, knowledge and concurrent attitude change. This in turn results in application of actions at recipients' workplaces both during and following the completion of training. In this context it is the trainees' perception of their experience of both knowledge/skills gained and their impact as measured by their ability to undertake actions and influence change at the workplace which are important. Secondly, labour

education is concerned with collective rather than individual values and with the representation of such values in the workplace context.

The consequence of both these elements is that knowledge and skills are imparted and applied within a set of normative values. These are predominantly worker-centred and concerned both with this particular perception of occupational health and safety and also with the role of representation. It follows that they should be evaluated from within such a theoretical framework.

## **2 The research methods**

The research was able to build upon a previous survey of European practice in training for workers' representatives (Raulier and Walters 1995). Following an extensive review of the literature on worker representation in health and safety at work and the development of trade union training in the UK, the research sought to investigate its impact through several fieldwork approaches. In essence they consisted of:

- A postal questionnaire survey of a sample of 5,800 health and safety representatives selected from TUC records from the 1998 TUC Safety Representatives Survey.
- Telephone interviews with 48 respondents to the questionnaire who had all undertaken a Stage 1 Health and Safety Course offered by the TUC Regional Education Programme.
- A questionnaire survey, face-to-face interviews and group activities with a group of 85 health and safety representatives currently undertaking a Stage 2 Health and Safety Course offered by the TUC Regional Education Programme.

## **3 Findings**

### **3.1 Respondents**

The response to the main postal questionnaire was 24% with nearly 1,400 completed questionnaires returned. The respondents were predominantly male (only 27 per cent were women). The majority of respondents worked in the public sector and for employers with more than 1000 employees. However, one third worked in small workplaces with less than 100 workers. The main type of employment was professional/technical and the main trade unions represented were:

- UNISON (25 per cent)
- PCS (11 per cent)
- TGWU (10 per cent)

Overall, the respondents were broadly comparable with those from the original 1998 TUC survey although the sample contained slightly more men and a greater proportion of more experienced representatives working for large organisations.

### **3.5 Training undertaken**

As anticipated, training provided by or on behalf of trade unions constituted the major experience of training undertaken by the respondents, with the TUC Stage 1 Course being the most frequently attended course, followed by union induction courses and the TUC Stage 2 course. The results of the postal questionnaire were analysed in relation to the experience of the respondents as a whole. In addition, they were analysed for two groups from within the respondents as a

whole, one of whom had attended TUC Stage 1 courses only and the other of whom had attended TUC Stage 1 and Stage 2 courses.

### **3.3 Impact**

The results of the present research demonstrate the impact of trade union health and safety training in several ways.

79 per cent of the sample, indicated that they found training supportive of their workplace activity. Even larger proportions found TUC training to be supportive (86 per cent and 91 per cent respectively). The results suggest that not only do health and safety representatives regard training as amongst the most important supports for their activities and achievements, but that in the majority of cases such activities and achievements increase as a result of training. Again, this is especially evident in relation to the TUC Stage 1 and Stage 2 Health and Safety courses. Cases where the impact of training on workplace activity is explicitly stated include for example:

- 65 per cent of representatives who had completed a Stage 1 course and were the subjects of telephone interviews said their health and safety at work activity had remained at the same level or increased following training
- 89 per cent of representatives attending Stage 2 courses said they had undertaken health and safety activities at their workplace as a result of their training
- Representatives attending Stage 2 courses reported that the training had restored their confidence and enthusiasm and developed their skills to tackle problems at the workplace
- The projects outlined in the study that are undertaken as part of the Stage 2 course provide further compelling evidence of the extent of representative activities that are the direct result of advanced training.

### **3.4 Content and delivery of trade union health and safety education**

The findings provide powerful evidence of the extent to which trade union training supports workplace activities and achievements of health and safety representatives. However, it is likely that training does not simply support the continued existence of such achievement, but acts as a stimulus for their initiation and their development. The research postulates a number of reasons why might be so, including courses:

- enabling representatives to share ideas and benefit from experiences of others
- providing opportunities and support for flow of information between local, national and even international trade union sources and the course participants
- encouraging participants to raise their awareness and take up new issues
- developing an holistic definition of workers' health which includes physical, psychosocial and organisational factors
- providing a vehicle for representatives to learn the skills of effective health and safety action and initiate the actions themselves
- strengthening the autonomy of health and safety representatives in participative health and safety management.

Based on its results and a detailed review of the relevant literature the research argues that the content, context and means of delivery of trade union education are the keys to understanding the high value placed on it by its recipients. Respondents make it clear that the methods employed in tuition such as student centred learning and skills development play a major role in this respect. However, what is significant for the present study is the relationship of these methods to the

workplace impact of training. There is no form of training for worker representatives other than trade union training in which this fundamentally worker centred set of normative arguments on health and safety are so comprehensively adopted. Such approaches to achieving an active and worker centred participation in occupational health and safety management are basic to both the character, quality and success of training. Furthermore they are a crucial reason why such training is so highly valued by representatives as both a stimulus and support to their workplace actions. The results of the study confirm previous findings that show that most trained representatives value the present TUC system of accreditation of learning.

### **3.5 Access to training and perceived barriers**

While trade union training may provide high quality support with a substantial impact on the workplace activities of its recipients, its success or otherwise can also be measured in terms of the extent to which it is available and accessible to its potential beneficiaries. There are several aspects of availability that are relevant. They include, access to training and the effectiveness of arrangements for paid release to undertake training as well as the extent to which training covers all potential beneficiaries. In the survey, some representatives reported experience of difficulties with gaining access to courses. The reasons given for these experiences concerned difficulties of obtaining and feeling able to take paid release. Thus, as well as employer/management unwillingness to approve time-off with pay to attend training, individual reluctance to take time out of work for training because of large workloads or a sense of burdening colleagues was also important. Difficulties with release from normal work tasks to undertake training can also be seen. This is an aspect of the general concern with lack of time, resources and facilities to do the job of a safety representative that nearly two thirds of the sample reported as the main barrier to their activities.

## **4. Implications for future policy**

Although the research was concerned with the impact of training in the workplace activities of trade union health and safety representatives, they do not exist in all workplaces nor are they any longer the only kind of worker representative for health and safety. Discussion of the availability of training therefore needs to take this into account. The development of future national policy on worker participation in health and safety is likely to focus on the need to increase the spread and effectiveness of arrangements for consultation with representatives in non-union firms as well as with the means to engage smaller firms. In the light of the main finding of the present study - that trade union training is a powerful support for the workplace effectiveness of health and safety representatives - it is important that consideration is given to the means to provide and sustain training in all such circumstances. However, the relationship between training, trade unions and non-union representation and small firms is unlikely to be a simple one. As the research findings strongly indicate, training is only one form of support for trade union health and safety representatives. The research has shown that training works well when it reinforces a meaningful construction of the nature of the task of its recipients. With the subjects of the present study, this is shown to be best achieved within the context of their role as trade union representatives and the additional supports available for this role from workers' organisation, both within workplaces and outside them. It is far from clear how training of non-trade union representatives could come anywhere near replicating such conditions.



# **Chapter 1**

## **1.1. Introduction**

The training of health and safety representatives is thought to be one of the most significant factors promoting their effectiveness. By far the greatest proportion of training experienced by health and safety representatives in the UK is developed and delivered by or on behalf of trade unions. Indeed, training is arguably one of the most important supports that trade union organisations outside workplaces provide for health and safety representatives at the workplace level.

Yet much of the evidence to support the significance of training is circumstantial and indirect. The relationship between its content and delivery and its effect, in terms of the support it provides for the actions of health and safety representatives at their workplaces is largely unresearched. Of course, trainers and educators undertake a form of evaluation from participants on courses when they encourage feedback on course content and workplace actions. The methods used in most trade union training courses for health and safety are intentionally student centred and experience based. While this implies a form of assay that to some extent links the workplace experience of participants to the training undertaken in present and previous courses, it is not undertaken specifically to measure the workplace impact of training. Such assessment that is carried out as part of the educational methods employed in the delivery of training is often a useful aid to the development of courses but rarely extends beyond the needs of trainers and course participants. It does not feature significantly in the wider appraisal of the role of training as a support for workplace activity in health and safety. The research project presented in this report was undertaken to locate the evaluation of the impact of training in this wider context.

The focus for the present research is an exploration of the link between training and workplace representative activity. It concentrates on trade union training because both in quantity and quality it is clearly the most significant form of training available to the most numerous and significant kind of health and safety representatives in the UK - trade union health and safety representatives. Although there are a variety of forms of trade union education and training on health and safety, such as induction courses, general courses for health and safety representatives and short courses on particular topics, the research is mainly focused on the impact of the most developed and quantitatively significant programme available, the Trades Union Congress (TUC) Stage 1 and Stage 2 10 day Health and Safety training courses.

It is important to identify the means by which training achieves the support it provides. It is equally essential to understand what the barriers are to effective representation in health and safety and the role that training may play in overcoming them. Additionally, since training is an expensive commodity that is largely provided through public institutions, it is necessary to know if such resources are being utilised to their best effect. It is also important to know how their use might be developed further to maximise impact on health and safety outcomes at the workplace.

The aim of the present research was to explore the support that training offers representatives through examining their perceptions about its value and the help it provides for their workplace activity. There were several elements to this aim:

- gaining an understanding of which elements of the content and delivery of training were thought by recipients to be most helpful in supporting their activities at the workplace
- identification of perceived constraints on workplace activity prior and subsequent to training

- examination of the supports perceived to be necessary to enable representatives to make best use of training provision
- evaluation of the contribution of continuing/further training made to supporting the continuing activities of health and safety representatives.

Clearly there are limitations to this approach in terms of the extent to which it is able to generate objective data on health and safety performance and relate this to training impact. The absence of objective data is a serious problem in much of the research on health and safety management and particularly research on the role of social relations in health and safety (Nichols 1997). Difficulties of research design, resource implications and time constraints implicit in strategies aimed at overcoming this weakness are the usual reasons cited for the limitation and this project is no exception. As a result, in common with many other projects of a similar design, its fieldwork is only able to present a partial picture. We believe it to be of some value nevertheless, and we hope that in combining the information it generates with existing sources in its analysis, it will offer a useful addition to discourse and understanding in this field.

It could be argued that a second limitation of the approach is the extent to which it relies on the perceptions of the health and safety representatives who are the recipients of training rather than canvassing a wider group that might for example include managers and workers. However, we think this is less of an issue, since the focus of the research is on the impact of training on its recipients and their abilities to contribute to workplace change as a result. The theoretical perspectives that have informed our approach here are drawn from two related sources. Firstly, writing on the pedagogy of labour education describes a particular educational framework in which the experience of adult learners is integrated with the acquisition of skills, knowledge and concurrent attitude change. This in turn results in application of actions at recipients' workplaces both during and following the completion of training. In this context it is the trainees' perception of their experience of both knowledge/skills gained and their impact as measured by their ability to undertake actions and influence change at the workplace which are important. Secondly, labour education is concerned with collective rather than individual values and with the representation of such values in the workplace context.

The consequence of both these elements is that knowledge and skills are imparted and applied within a set of normative values. These are predominantly worker-centred and concerned both with this particular perception of occupational health and safety and also with the role of representation. It follows that they should be evaluated from within such a theoretical framework. There is every reason to suppose that given sufficient time and other research resources the collection of objective data on health and safety performance would add considerable value to the research. However, there is much less to be gained by seeking further subjective opinion data from, managers, inspectors, workers or other affected by the activities of safety representatives. Within the resource constraints imposed on the project we feel it is justifiable to ignore these sources of additional information in the development of its research design.

A further qualification of the present study that perhaps needs to be made clear is that it is not concerned with the question of what constitutes education and what constitutes training. Although, as we suggest in Chapter 2, this has been an important aspect of debate in trade union education in the UK in the past, we will not seek to make such a distinction in our research. We are aware that there are aspects of the debate on definition which are relevant to the theoretical position we take in relation to supports for representative participation in occupational health and safety management. However, since our aim is to explore the stimulating and sustaining effects of trade union education and training on workplace action, we do not feel that it is the primary purpose of this research to enter into this debate. We therefore share the view, elaborated by

previous writers, that trade union education and training strategies are inextricably linked and that to distinguish them is to risk simplification and distortion of their overall aims and purpose (Grant 1992).

In Chapter 2, we examine recent analysis of the role of worker representation in health and safety, its contribution to improving health and safety outcomes and the challenges confronting it. Implications for training presented by the current context of worker representation are identified and discussed. To develop the context for the present research, the review undertaken in Chapter 2 also considers the nature and development of mainstream training provision for worker health and safety representatives in the UK and the issues and influences shaping this development in the recent past.

As mentioned above, the research is concentrated on the impact of the main form of training available to the majority of health and safety representatives in the UK. This means that the discussion in Chapter 2 mainly addresses the issues and influences on the range of courses offered through public education institutions as part of the Regional Education Programme of the TUC. There are three main levels of health and safety training within the Regional Education Programme - the Stage 1 and Stage 2 ten-day Health and Safety courses and the TUC Certificate in Occupational Health and Safety. Taken together they represent the most extensive education and training programme available for trade union health and safety representatives in the UK and in terms of days of training provided, they are also quantitatively the most significant provision. The discussion of this provision in Chapter 2 further attempts to place the courses, their content and its delivery in the wider context of worker representative training and health and safety both in the UK and the European Union.

There were three phases to the fieldwork undertaken for the research project. They are described in Chapter 3 which details of the rationale behind the study design and methodology for each of the three phases of the research are presented. In outline, they consisted of an initial questionnaire-based postal survey of health and safety representatives whose names and addresses were obtained from the TUC's data base of nearly 6,000 respondents to the 1998 TUC Safety Reps Survey (Kirby 1998). The primary purpose of undertaking the questionnaire based survey was to gain an impression of what respondents regarded as:

- their main achievements as health and safety representatives at work
- how much training had helped them in these achievements
- the extent to which it had enabled them to overcome obstacles they may have faced in their tasks.

The second phase of the research was a follow-up survey through telephone interviews with a group of 48 of the respondents to the questionnaire who had all undertaken a Stage 1 Health and Safety Course offered by the Regional Education Programme, but had undertaken no further training following its completion. In undertaking this follow-up it was intended to discuss in more depth the impact the training had on the workplace activities of the representatives in this group and to explore the reasons behind the respondents not undertaking further training.

The third phase consisted of a series of detailed analyses of the experiences and perceptions of a group of health and safety representatives who had all previously completed a Stage 1 course and who were currently undertaking a Stage 2 course. Research design involved discussions with tutors, group activities with the researchers and the collection of material from individuals concerning their workplace experiences prior to and during the Stage 2 courses.

Chapter 3 also describes the broad character and training experience of the main sample of health and safety representatives in the study. The detailed research findings are presented and discussed in Chapters 4 to 7. Chapter 8 presents a more reflective analysis of the main aspects of these findings and links it to some of the background issues that were outlined in Chapter 2. Chapter 8 is particularly concerned with the impact of training on the workplace activities of health and safety representatives in the broader context of supports and constraints on representative participation in occupational health and safety management. Reasons for the success of the contribution made by trade union training to promoting and sustaining workplace level action in health and safety are identified and evaluated. This is undertaken within a frame of reference which also considers:

- national policies on worker representation,
- trade union strategies for coping with change in employment and employment relations
- current discourse concerning standards and competency in health and safety management.

It is intended that these observations will be helpful in informing future strategies for training support for effective health and safety representation and consultation at the workplace.

## **Chapter 2**

### **Contribution of Training to Effective Representation on Health and Safety at Work**

#### **2.1 Introduction**

It is widely recognised that the participation of workers in the organisation of workplace health and safety improves occupational health and safety management (OHSM). Support for this notion is evident in a variety of studies from a range of industrial countries (Walters and Frick 2000). There are many meanings to the term ‘participation’ and both direct and indirect (representative) participation of workers may be implied. However, in British approaches to worker participation in health and safety, its predominant usage is with reference to workers’ representation. Within the political and industrial relations contexts of its development this usually means representation by trade union health and safety representatives. It is with the training of these representatives and the role of training in support of workplace activity that the present research is concerned. This chapter presents the background to the study and explains its rationale.

It begins by outlining the legislative and policy background to worker representation in health and safety. It goes on to explore the premise that such representation makes a positive contribution to health and safety performance in enterprises. It discusses research findings on what is thought to make health and safety representatives most effective in terms of their actions at the workplace. As indicated in Chapter 1, it is commonly held that training is one of the most important supports for the effectiveness of health and safety representatives. This chapter reviews the evidence for this view before examining the provision of training to health and safety representatives in the UK. It shows that the major form of training in the UK is trade union training and its major provider is the TUC Regional Education Programme. Since the TUC provision is so central to training support for health and safety representatives, its characteristics are explored and the features which apparently make it appropriate to the needs of active safety representatives are discussed. To place these features in context the chapter discusses the nature and aims of health and safety training for worker representatives, locating it within labour education and drawing on experiences reported from other countries as well as the UK. Issues which have featured significantly in the recent development of TUC education and training are discussed and contextualised within the framework of labour education and current debates on partnership and workplace learning.

One of the aims of the chapter is to identify what is particularly significant about the TUC provision in determining the effectiveness of training on the actions of its recipients at their workplaces. It will become clear that although a considerable amount of research has been undertaken on what makes health and safety representatives effective, a significant body of literature exists on the content and methods of trade union health and safety training and there has been much recent discussion of the questions of accreditation and qualifications in health and safety training, there is, nevertheless, a dearth of material that links these issues to their possible influence and impact on health and safety representative action at the workplace. The chapter argues that it is the absence of any substantial information concerning such links and their impact that has necessitated the present research.

## 2.2 Legislative and policy background

Health and safety representatives in the UK are a product of legislative measures introduced under the Health and Safety at Work etc. Act 1974 (HSW Act 1974). These provisions, and the Safety Representatives and Safety Committees Regulations 1977 (SRSC Regs 1977) made under them, gave recognised trade unions the right to appoint health and safety representatives and provided them with a variety of functions and rights, including the right to time-off with pay to receive training. Although trade union representatives were certainly involved in representational activities concerning health and safety prior to the introduction of these measures (Grayson and Goddard 1975), there is little doubt that the impact of the legislation has been considerable and certainly one of the most significant and sustained effects of the HSW Act 1974. This is evident both in terms of the effect of the measures on trade union involvement in health and safety and in their contribution to effecting change in the wider societal consciousness of health and safety at work (Walters 1999).

The SRSC Regulations enable trade unions to appoint safety representatives from among the employees of an employer by whom it is recognised (there are special provisions for the British Actors Equity Association and the Musicians Union where the requirement to appoint representatives “from amongst the employees” does not apply). Health and safety representatives have a number of functions under the Regulations. They encompass:

- representing employees in consultations with employers under section 2(6) of the HSW Act
- investigating potential hazards and dangerous occurrences
- examining the causes of accidents
- investigating complaints
- making representations to employers
- carrying out workplace inspections
- representing employees in consultations with inspectors
- receiving information from inspectors in accordance with section 28(8) of the HSW Act
- attending joint safety committee meetings.

Employers must establish a joint safety committee if requested to do so by two or more health and safety representatives. They are required, subject to certain qualifications, to make available to representatives information which is necessary to enable them to fulfil their functions. They are also obliged to provide representatives with paid time off to perform their functions and to undergo such training as may be reasonable in the circumstances. The significance of these latter provisions is given extra weight by Article 12 of the EU Framework Directive which established the right to ‘appropriate’ training for workers’ representatives with a specific role in protecting safety and health. Such training must be connected with the rights of workers and/or their representatives to consultation and participation on health and safety as defined by Article 11 of the Directive. The SRSC requirements on training are further supported by an Approved Code of Practice on the subject. Although subsequently shown to have only persuasive authority in law (*White v Pressed Steel Fisher* 1980), the ACoP stipulates that as soon as possible following their selection, workers’ representatives should be given the opportunity to follow basic training approved by the TUC or by an independent trade union. Continuing training is also subject to the same approval criteria. Representatives should have the opportunity to follow further training to enable them to assume particular functions or where such training is judged necessary having regard to changes in circumstances or in legislation. In practical terms of course, the number of hours available for continuing training are likely to vary with the terms of individual collective agreements and with the relative willingness of employers to honour the representatives’ legal

rights. Several writers have pointed out that it is not always easy for representatives to assert their rights to training leave (see for example, Dalton 1992).

In view of the trade union role in education and training of health and safety representatives it is perhaps important to acknowledge from the outset that the legislative provisions that contain the rights and functions of trade union safety representatives were the result of a long-term campaign by trade unions. Unlike most of the other innovative measures contained in the HSW Act 1974, its measures on worker representation were not enactments of recommendations of the Committee of Inquiry on Safety and Health at Work (the Robens Committee). They were introduced as part of the package of measures on employment rights that featured in the 1974 Labour Government's political strategy known as "the social contract" which was intended to achieve the co-operation of the trade unions on wage restraint during its term of office in the mid-1970s (Walters 1996 a). This background is important because it emphasises the political nature of policy on worker representation in health and safety and explains why the legislative measures inevitably provided incomplete coverage.

This political character is further borne out in the approaches of subsequent governments, far less sympathetic to trade unions, towards the introduction of additional measures on the subject. For example, the Offshore Installations (Safety Representatives and Safety Committees) Regulations 1989 were introduced to provide for worker involvement in health and safety in offshore oil installations. They followed serious criticisms contained in the Cullen Report concerning arrangements for consultation and communication with workers in the offshore oil industry, in the wake of the Piper Alpha disaster (James and Walters 1999). Because of the hostile attitude of employers to trade unions in the industry, it was not possible simply to extend the on-shore regulations. New measures were introduced representing a compromise position in which non-union representatives could be elected by the workforce. The regulations make provision for safety representatives to be elected on a constituency basis and accord them with rights broadly comparable with those in the 1977 Regulations. However, since its introduction the off-shore system has been compared unfavourably in several respects with that applying onshore, including the adequacy of training for the employee safety representatives (Woolfson et al 1996). For example, in a survey undertaken shortly after the introduction of the regulations, researchers found representatives expressing concern about the quantity and quality of their training and the virtual exclusion of trade unions from its provision (Spaven and Wright 1993).

Following the Safety Representatives and Safety Committee (SRSC) Regulations, 1977, the most significant post-HSW Act legislative development on employee consultation, was the introduction of the Health and Safety (Consultation with Employees ) Regulations 1996. They were introduced to achieve compliance with European Union requirements, especially those of the EU Framework Directive 89/391. The British Government had initially taken the view that the Directive's measures on informing and consulting workers and their representatives could be met by minor amendments to the SRSC Regulations, and by the reforms to employment protection rights to be introduced under the Employment Rights Act 1996. However, two European Court decisions concerning the UK's failure to implement fully the EC's acquired rights and collective redundancy directives (James and Walters 1997), made the British position in which employers were only required to consult in situations where trade unions were recognised no longer tenable and forced the introduction of the HSCE Regulations.

The HSCE regulations require employers to consult with employees not covered by representatives appointed in accordance with the SRSC Regulations. The duty of consultation encompasses the same issues as those specified in the latter regulations but employers have discretion as to whether they consult directly with employees or via their elected representatives

(Representatives of Employee Safety). If such representatives exist, employers are required to provide them with training as is reasonable in the circumstances as well as paid time off to perform their functions and undergo training. The functions of the representatives however, do not include carrying out workplace inspections, inspection of statutory health and safety documents or the investigation of notifiable accidents, diseases and dangerous occurrences. Nor do the regulations provide representatives with the right to request the establishment of a joint safety committee or detail the arrangements employers should make for the election of representatives of employee safety.

The HSCE Regulations are, in short, a minimalist and cosmetic approach to bringing domestic law in line with the EU Framework Directive. Unlike the SRSC Regulations they are not accompanied by ACoPs but by only by Guidance for Employers. With regard to training, the guidance suggests three possibilities:

- trade union training
- courses offered by trade associations, specialist personnel organisations, the TUC, local chambers of commerce, TEC colleges and other similar institutions
- distance learning materials.

Discussions have taken place between the TUC and employers organisations and a shortened version of the TUC training is available for such representatives of employee safety. However, uptake of such training is thought to be minimal.

### **2.3 Representation of workers and the improvement of health and safety performance**

Research on the operation of representation stresses the importance of workers' organisations in supporting the effectiveness of this form of participation. Such 'workers' organisation' describes workers' organisation within the workplace, which is autonomous from management. It also describes the support for workers' organisation inside enterprises by institutions of organised labour, which operate from outside enterprises. In this case we are normally referring to trade union sectoral, regional and national infrastructures and their role in training provision is particularly significant.

While the findings of research on the effectiveness of the role of organised workers in promoting health and safety are conclusive, the causality behind them is complicated. A plausible relationship could be presumed to be:

- trade union supporting structures outside of the workplace make for a more independent, competent and active local workers' participation on occupational health and safety (OHS) matters through a variety of means including the development and delivery of training.
- local workers' activity, shaped by local workers' organisation (whether trade union or otherwise) and supported by external training, influences how hazards are detected and abated, i.e. it influences occupational health and safety management (OHSM).
- OHSM in turn determines the OHS conditions, including which hazards are prevented and which are not.

Any such a causal chain is impossible to establish with certainty in real life. However, there are several different sources of research which, when taken cumulatively present a powerful support for the arguments in its favour. For example, in their analysis of the 1990 Workplace Industrial

Relations Survey data on injuries and on worker representation, Reilly et al found evidence of significantly better health and safety performance when health and safety was managed jointly than when it was organised by management alone. Their study further showed that the best performance was recorded when the joint arrangements included trade unions (Reilly et al 1995). In an in-depth comparative study of organisational factors behind industrial accidents in Ontario, Shannon et al (1992) found that lost time frequency rates were significantly lower in workplaces with unions and shop stewards, with union support for labour members in joint OHS committees and with general worker participation in decision making.

Several partial links in this structure have also been repeatedly demonstrated in studies from a broad range of countries. They all indicate that workers activity, and union support behind it, are major factors in reducing injuries and diseases at work. In some industry comparisons, statistics show that better standards of health and safety are achieved in unionised workplaces than in similar non-unionised ones (Grunberg 1983). Case studies and other analytical research have further demonstrated the mechanisms through which this positive trade union influence operates, (Dedobbeleer et al 1990; Biggins et al 1991; Tucker 1992; Warren-Langford et al 1993; Frick and Walters 1998). These effects are consistent, even under non-participatory legislation, as in the US (Quinlan 1993; Ochsner and Greenberg 1998).

Most of these studies concern representative forms of workers' participation, through elected safety representatives, joint committees, and the OHS activity of broader works councils. Features of such organisation include, for example:

- opportunities to investigate issues and to communicate with other workers;
- channels for a dialogue with management, as in regular meetings and answers to questions, on both existing problems and on the OHS consequences of planned changes
- adequate training and information.

The more such criteria are met, the more workers' participation is a major influence to help detect and abate work hazards. In theory, such conditions might exist in non-unionised forms of participation, but they are more usually dependent on trade union support, both within workplaces and from the outside (Walters and Gourlay 1990). Key findings from British studies on the activities of safety representatives in the context of employment relations, indicate that their effectiveness on improving OHS is strongly supported by:

- a regulatory framework for employee representation in health and safety that is actively promoted by the regulatory agencies/labour inspectorate
- management commitment to both health and safety and employee participation and the centrality of the provision for preventive health and safety in management strategies for ensuring the quality and efficiency of production
- strong workplace organisation among the workers, the prioritisation of health and safety issues and the integration of employee representation in health and safety into the workplace organisation for representation on other aspects of industrial relations
- consultation between health and safety representatives and the constituencies they represent
- information and training for health and safety representatives (Walters 1996a).

Comparative studies indicate that the determinants of effective representation and support for dialogue as well as support for representatives in conflictual situations in other countries are similar to those identified in Britain (Walters et al 1993). The need for active union support for effective participation is documented in a wide array of studies. For example, the work of

Beaumont et al (1982) on joint safety committees, much in the same vein as a previous American study (Kochan et al 1977), found that the more effective committees were ones where both employee representatives and management were well trained and representation operated through established trade union channels. Other determinants identified, such as regular meetings, regular attendance by representatives, good communication with other employees are all most likely to be met within unionised firms. The reality of the situation in all countries appears to be that participation is unlikely to occur in either an effective or sustainable way without support. Trade unions and their arrangements for training, large, stable enterprises and a tradition of negotiated co-operative arrangements feature significantly amongst the manifestations of such support. Some authors have argued that health and safety performance is lowered by the reduction of trade union influence. According to Tombs, objective measures of health and safety outcomes in the UK suggest links between rising levels of accidents and the declining influence of trade unions (Tombs, 1990).

In addition there is evidence to suggest that local union presence can enhance the activities of other players in the organisation of preventive health and safety, such as the regulatory authorities (Weil, 1991 and 1999) and the preventive services (Frick, 1994 chapter 7). In this context it is also important to note that trade unions also negotiate directly on OHS issues, which sometimes secures minimum OHS standards (Bacow 1980). General union activity is important in influencing the climate for health and safety and in setting the framework for worker participation, where, for example, union negotiated contracts and political pressure for regulation are main factors in safeguarding workers' OHS from the arbitrariness of employers. The regulation, by law or agreements, of working hours, of right to tenure, of minimum wages and other general conditions improves the labour market position of individual workers. This position is in turn a major factor in enabling workers to speak up against work hazards and therefore a base for effective participation. Likewise union support helps workers to report suspected work related injuries and diseases. Such reporting is crucial in the monitoring of work hazards, which in non-unionised workplaces are less well recognised. At the same time, negotiated working conditions are important aspects of the wider OHS concept. Workers who are fatigued by overwork, who are temporary and poorly trained, as well as new to the job and those who are working too long to secure a basic income all face higher risks to their health and safety (Bohle and Quinlan 2000: 438-435).

## **2. 4 Role of training**

Researchers analysing the supports and constraints to the effectiveness of representative participation in health and safety frequently suggest that the quality and quantity of trade union training are powerful determinants. There have been very few studies that focused specifically on training but those that have do support this suggestion. This is borne out, for example, by a European survey of trade union training provision in health and safety undertaken in 1995, where such training was identified as crucial to both the development and integration of representation in health and safety at the workplace level (Raulier and Walters 1995). The survey showed considerable complexity and variation in the range of trade union education in health and safety in Europe. It demonstrated that the scale of trade union health and safety training was extensive and that it was unmatched by any other source of provision. It suggested the existence of a trade union pedagogy of health and safety that was in widespread use, especially in northern Europe. It traced the origins of this pedagogy to the development of trade union awareness of preventive health and safety issues and in particular to notions of worker representation and a worker-centred perspective of health and safety originating in the 1970s. The report of the survey and subsequent articles based on its results argued that it was these features which distinguished trade union education from other types of training provision for workplace health and safety representatives

and they linked some of the characteristics of the “trade union pedagogy” to the effectiveness of health and safety representatives at the workplace (Walters 1996 b, Walters 1997). Similar suggestions have been made in respect of ‘worker-centred’ approaches to health and safety training in North America (see for example Bennett 1987, Kaminski et. al 1995, Merrill 1995, Parker-Brown 1995 and Slatin 1995).

At the same time both the survey report and subsequent articles point out that there is very little evaluative research that specifically considers the relationship between training and effectiveness. Indeed, the only detailed studies of this kind identified when the European survey was undertaken were some Swedish surveys tracing the activities of health and safety representatives at their workplaces following training (Raulier and Walters 1995). While these studies concluded that training had been positively received by the representatives and had improved their ability to do something about health and safety issues at work they also noted that this effect had not necessarily led to tangible OHS action at the workplace. One study, which was particularly concerned with the way in which course content was received and knowledge and skills acquired and subsequently used, found that representatives experienced considerable difficulty in transferring the knowledge and attitude changes acquired during courses into actions at the workplace. It noted that the optimism developed as a result of attitude changes and knowledge gained during the course gradually waned over time following completion of the course and the return to the workplace (Erasmie and Bonnevier 1988). A similar observation was made in another study which showed that although course participants generally valued the courses they attended there were diverse opinions about how much they had achieved in their workplace activities following completion of the courses (Holmstrand et al 1993). Thus, there is need for considerably more work to understand the strengths and weaknesses of the relationship between training and its impact at the workplace level.

## **2.5 Training of health and safety representatives in the UK**

The main form of training of health and safety representatives in the UK is provided through the TUC and its affiliated trade unions. Other training that may also be available includes:

- employer based in-house training
- commercially operated training courses
- courses delivered through safety organisations such as Royal Society for the Prevention of Accidents (RoSPA) and the British Safety Council (BSC).
- courses leading to professionally recognised certification, either privately organised or delivered through publicly funded educational institutes.

Although there is no detailed analysis of the extent of provision of these other forms of training, their quantitative contribution to the overall training opportunities available to trade union safety representatives is thought to be insignificant compared to trade union provision. The position is less clear with regard to the training received by non-trade union representatives of employee safety. It is likely that such alternative courses may represent a more significant element of their training. However, it is also probable that these representatives will have access to far less training opportunities overall than their trade union counterparts.

The basic pattern of trade union training is through a programme of courses organised by the TUC through its Regional Education Programme and delivered mainly through public education institutes such as Colleges of Further Education. Other institutions such as the Workers Education Association and some University Departments may also make a contribution to delivery. The role

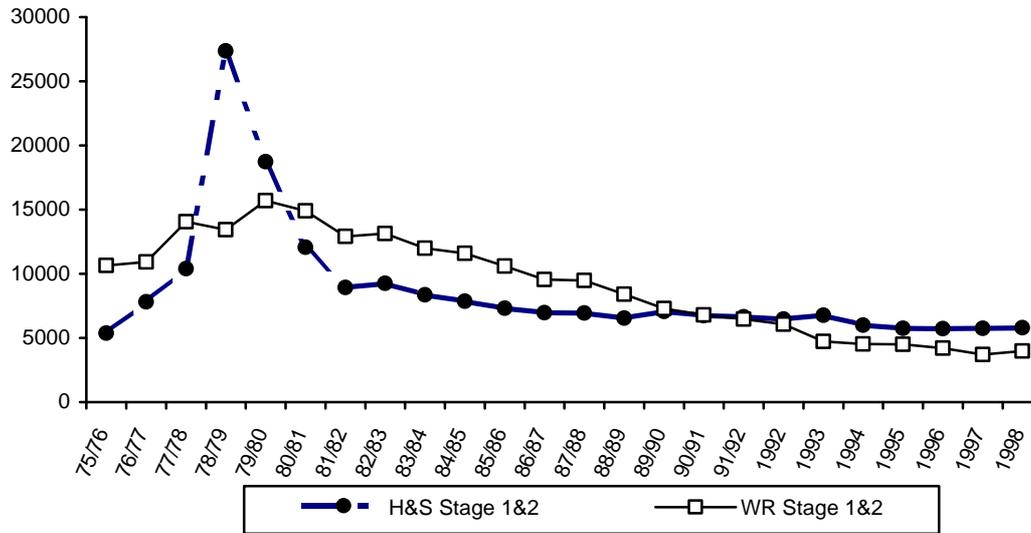
of the latter is less significant than in the past because of changes to the administration of the funding of the provision. In addition to the TUC programme of courses, affiliated trade unions organise their own training provision. This takes a variety of forms. In many cases it includes courses that are complementary to those organised by the TUC but in other cases may be completely independent of the TUC provision. The latter cases include courses that together constitute complete programmes of basic to advanced training for union health and safety representatives that are run independently by particular trade unions. They may also include some courses that are run jointly between trade unions and employers and between trade unions and other organisations such as professional bodies and health and safety organisations.

Training provision generally tends to be of two kinds: a single course or series of courses that deal with the role of the safety representative in general; or short courses that deal with specific issues. Within the TUC provision, short courses are generally run on topical issues in health and safety such as important new legislative provisions or specific hazards. They constitute a significant proportion of the overall provision (as they do in individual trade unions which also run them either collaboratively or independently from the TUC). However, the basic units of the Regional Education Programme are its core courses that provide general training on the role of the health and safety representative. They consist of two levels of training, both of ten days duration, known as the Stage 1 and Stage 2 Health and Safety Courses which, along with the Stage 1 and Stage 2 courses for Workplace Representatives form quantitatively the largest provision of courses run under the TUC Regional Education Programme. The courses are normally offered on a day-release basis for one day a week over a ten week period that fits into the normal term dates of their main providers.

In addition to the Stage 1 and Stage 2 Courses there is also a recently introduced advanced course called the TUC Certificate in Occupational Health and Safety. This course, which is primarily a day release course run one day a week over a period of one year is also offered flexibly and is available in a variety of modes, for example as a half day and evening course over one and one half years or as a two year evening course. It runs as a series of units but offers further flexibility in that participants need not complete the units sequentially. Delivery of this course by distance learning is currently being piloted in Scotland.

The pattern of TUC training for health and safety in terms of numbers of courses offered and representatives trained since their origins in the 1970s is shown in Figure 1.

Fig. 1 Number of trade union representatives attending TUC Core Courses 1975-1998



1. Statistical data for 1992 onwards relates to calendar years. Previously it related to fiscal years
2. Before 1982/83 Health and Safety courses refer to Stage 1 only
3. WR Stage 1&2 refers to the core courses for general workplace representatives.

**Source: TUC Annual Reports 1980-1999**

Following a period in the late 1970s and early 1980s when the numbers of courses and students were particularly high as a result of the introduction of the SRSC Regulations, course provision and numbers of students has slowly declined. On average, between 5000 to 7000 health and safety representatives have received training on Stage 1 and Stage 2 Health and Safety Courses each year during the 1990s. However it needs to be borne in mind that the number of trade union representatives who have received some form of health and safety training during the 1990s will increase substantially if those that have attended short courses on health and safety are included (not shown in the Table). Currently, more than 10,000 students are enrolled annually on such courses, a significant proportion of which concern health and safety.

The overall number of health and safety representatives is estimated by the TUC to be around 200, 000 (TUC 1999). Their turn-over varies according to employment sector. Leopold and Beaumont (1984) found an annual turn over of between 12 to 26 per cent in 1984. In their report of a national survey conducted towards the end of the 1980s, Walters and Gourlay (1990) calculated that most health and safety representatives held office for between 2 to 4 years. While these figures do not necessarily reflect today’s patterns they nevertheless suggest that turnover is likely to be significant. Consequently, a substantial number of representatives are not receiving mainstream Stage 1 and 2 training in health and safety. Nevertheless, considering the reduction in trade union membership and resources over the period covered by Figure 1 and the generally unfavourable political climate trade unions faced over most of this period, the relatively small decline in the annual number of health and safety representatives receiving training is remarkable. This is especially the case when it is compared with the pattern of attendance of representatives

following the other mainstream TUC training provision also shown in Table 1 - the Stage 1 and 2 courses for Workplace Union Representatives - where the decline has been more significant.

## **2. 6 Character of TUC health and safety training**

The two ten-day courses that are the backbone of the TUC provision are essentially two linked parts of an overall provision. The courses have developed over nearly twenty years. This development is formally undertaken centrally by the National Training and Education Department of the TUC. In practice, course tutors from colleges and the WEA have contributed extensively to the modification and evolution of the courses through their production of written materials and ideas and their participation in workshops and tutor briefings. Material covered includes:

- the trade union approach to health and safety
- the role of the health and safety representative
- building trade union health and safety organisation
- the legal framework for health and safety, health and safety standards and their uses
- management organisation for health and safety
- dealing with information on health and safety and keeping up to date
- preventing work-related accidents and ill-health, including risk assessment, workplace inspection, accident investigation
- taking up health and safety problems and negotiating health and safety improvements at the workplace
- key skills for trade union health and safety representatives.

From an educational perspective, indication of the content of the courses is less important than understanding its aims and the context of its development and delivery. Health and safety training in the TUC programme is anchored in basic principles and approaches that are common to all labour education. Labour education in the UK and indeed in most industrial countries, has a long association with political aims of the left and with the policies and organisation of trade unions. At the same time it has roots in liberal adult education. In recent decades it has also come to include elements that overlap significantly with forms of vocational training (Smith 1984). This context is reflected in a variety of ways in the development and delivery of the health and safety courses. For although they are potentially different from other general courses for workplace representatives in the extent of their technical and legal content, the means by which this content is treated ensures their continued location in mainstream labour/trade union education. For example:

- the training aims to increase representatives' skills and knowledge and also to increase their self-confidence and motivation to undertake their representative tasks
- courses emphasise achieving changes at the workplace through learning how to operate effectively as trade union representatives as well as by gaining some understanding of the technical or legal content of issues in question
- the issues themselves are addressed from a worker-centred perspective which allows the development of a different social construction of their meaning than that which may be advocated by employers or even by professionals. The legitimacy of such meanings are fundamental to the collective ethos underpinning the course
- the educational methods often reflect the milieu of the workplace organisational environment
- course tutors use course committees, course meetings, participative and experience-based learning techniques to encourage representatives to listen and communicate with colleagues

and to build collective support for their proposals, rather than to behave as individual technical specialists.

The recent accreditation of the courses under the National Open College Network (NOCN), means that representatives are eligible to register for credits. To receive an award under the scheme, representatives who complete the scheduled activities and have developed a portfolio of evidence may receive credits. The Stage 1 Course leads to the TUC Health and Safety Intermediate Award which is based on 5 NOCN credits at levels 1 and 2. It comprises of the following units:

- role and functions of the trade union health and safety representative (1 credit)
- preventing accidents and ill-health (1 credit)
- skills for the trade union health and safety representative (1 credit)
- organising for health and safety (2 credits)

The approach of the Stage 2 Course is the same as that on the Stage 1. There are 5 Units, with the option of registering for a further 5 credits at level 2 or 3. This leads to TUC Health and Safety Advanced Award. The units are:

- building a safety and healthy workplace
- building health and safety organisation
- keeping up to date on health and safety
- effecting change in health and safety
- Stage 2 skills for health and safety.

As in the Stage 1 Course, the representatives' work-based experiences remain a central focal point for the Stage 2 Course. However, while the Stage 1 Course is mainly concerned with the basic skills and knowledge thought to be needed to become an active health and safety representative, the Stage 2 Course concentrates on their further development. Representatives will examine critically both management and trade union organisation for health and safety in relation to their own workplaces. There is an emphasis on encouraging representatives to set their own agenda on risk assessment, to make it worker-centred and to be critical of management perceptions and assumptions about the nature of risks and their control. Indeed, tutors and course developers have been involved in several European Union-supported partnerships with trade union educators in other EU countries working towards a common trade union conception of risk assessment that could be usefully applied in trade union training. Acknowledgement of the multifactoral nature of risk in modern workplaces underpins this approach and it is a feature of the approach developed during the Stage 2 Course. It attempts to embrace not only the traditional technical, medical and engineering approaches to health and safety but to take account also of the organisation and pace of work. It is sensitive to gender differences in work experience and accounts for different experiences of core and peripheral workers and of disadvantaged groups in terms of access to representation and voice on health and safety. It recognises the importance of wider processes of employment relations in both risk communication and risk management.

The course also involves the production of a work-based project undertaken by the representatives during the course. In this they are encouraged to choose an issue in which they believe they could achieve improvement in health and safety at their workplace and develop a structured approach to achieving such change. There is also a strong emphasis on the relationship between the representatives and their constituents (or potential constituents). Representatives are encouraged to listen to workers and their concerns over their health and safety and to be

particularly aware of the impact of changes in work organisation on the membership of trade unions and access to representation. In this respect, gender sensitivity and sensitivity to the needs of disadvantaged individuals and groups are topical issues that representatives address in relation to their own experience at their workplaces.

Credits are available at different levels reflecting the complexity of learning. On the Stage 1 health and safety course they may be at level 1 or 2, while at Stage 2 they may be at level 2 or 3. NOCN Level 1 credits are regarded as equivalent to pre-GCSE or NVQ1; Level 2 are seen as equivalent to GCSE or NVQ2 and Level 3 is equivalent to A level or NVQ 3. An important aspect of the accreditation process is the opportunities it allows for progression.

Thus, by gaining credits at appropriate levels on the Stage 1 and 2 Health and safety courses the representatives are eligible to progress to the TUC Certificate Course in Occupational Health. When achieved at level 3, credits from this course, as well as satisfying the academic requirements for entry to the Technical Safety practitioner grade of membership of the Institution of Occupational Safety and Health (IOSH), are also recognised as an Access to Higher Education award. Despite the possibility of greater individualisation of learning that might result from this process, the TUC and the NOCN have been at pains to promote a continuation of the collective and supportive ethos that underpins the delivery of all accredited courses for workplace representatives, including those for health and safety representatives (Capizzi 1999).

The development of the present system and especially the move towards accreditation has involved significant change in the TUC approach to education and training for workplace representatives. Reasons behind the changes are found in needs perceived within the TUC and its affiliated trade unions to respond to changes in the funding mechanism for the courses, in the national political economy, the structure of the labour market and the organisation of work as well as the need to respond to changing societal perceptions about trade unions and their role. The challenges of these developments, the TUC response and its consequences for labour education in general have been important subjects of debate within trade union education during the 1980s and 1990s. They have also been part of the wider debate within the trade unions concerning their identity and role within the political economy and in society as a whole. While the scope of these debates is obviously considerably wider than health and safety training, the aims and context of such training cannot be appreciated fully without some reference to its location within this wider discourse. This is discussed in the following section.

## **2.7 Development of the present system for the TUC training of health and safety representatives**

Historically, trade union educational provision in the UK has been associated with organisations and institutions providing non-vocational education for adults. From the 1920s until the 1960s its providers included the WEA and the National Council of Labour Colleges (NCLC). Some trade unions began to organise their own educational programmes in the 1950s, in conjunction with universities and local authority colleges. In 1965, the TUC took over the NCLC and WEA schemes, but course provision really began to grow significantly in the 1970s when, as part of its Social Contract with the trade unions, the Labour Government made public funds available for trade union education; legal rights to paid educational leave were established, and public education institutions became centrally involved in delivery (Smith 1984). The availability of financial support and rights to paid time-off resulted in a huge expansion of the TUC Regional Education Programme. Following these developments came the introduction of courses for health and safety representatives occasioned by the SRSC Regulations, which added significantly to the further expansion of provision.

The decision to accept state funding and to use public institutions to deliver trade union education was controversial and subject to some dissent amongst trade union educators and officials, largely over concerns about the ability of trade unions to maintain an independent political approach to the content of its educational provision (McIlroy 1983 and 1985).

Public expenditure on trade union education increased abreast of the TUC programme during the 1980s but it started to decline during the early 1990s as is shown in Table 1.

**Table 1 Government grant for TUC education service at 1992 prices**

Year	Grant (£ millions)
1982/83	2.72
1983/84	2.43
1984/85	2.64
1985/86	2.49
1986/87	2.42
1987/88	2.38
1988/89	2.17
1989/90	2.07
1990/91	1.92
1991/92	1.80
1992/93	1.69

**Source: adapted from Walters (1997)**

In December 1992, the Employment Secretary announced plans to phase out state funding for trade union education, claiming that:

*“ . . . since fewer than 50 per cent of employees have their pay determined, directly or indirectly by negotiations between employers and trade unions . . . there is now no justification for continuing to support this training from public funds.”*

(Employment Secretary, Gillian Shephard, December 1992 quoted in Walters 1997).

Following her announcement, funding from this source was rapidly reduced over the next few years and had entirely ceased by 1996. At the same time, the Further and Higher Education Act 1992 set up provisions for colleges to become independent of local authority control and, in the case of further education, funded through the Further Education Funding Council (FEFC). Although it had been anticipated that trade union education would continue to be regarded as non-vocational adult education and subject to full-cost fees, in fact it was included under Schedule 2 of the Act and qualified for financial support from the FEFC. In effect this has meant that tutorial and associated costs are met from the public funding of Further Education. Course fees are paid by the TUC. This costs the TUC approximately £500,000 per year (TUC 2000).

While inclusion of the courses under Schedule 2 was of some relief to the TUC, it helped to lead to a further concentration of the Regional Education Programme in a smaller number of providing centres in the further education sector and the decline of its provision in higher education and adult education providers. Altogether there are now 82 such centres compared with the 150 that

existed in 1987 (Raulier and Walters 1995). It also meant that the trade union education offered in the Regional Education Programme was now subject to meeting quality standards set by the funding councils in order to qualify for support, rather than only its internal quality standards and those of Her Majesty's Inspectors of Education.

With these changes in the administration of the system the nature of the debate on content and quality in trade union education altered. Previously, critics had argued that since the acceptance of state funding the TUC had compromised the tradition of political labour education in the UK, and substituted training for education by focusing on the skills needed to maintain stable industrial relations. This was claimed to have been at the expense of the content necessary to raise participants' awareness of the broader political economy in which industrial relations are located (Brown et al 1983 and Campbell et al 1986). In defence of the TUC's position it was argued that such a distinction between education and training was simplistic (Grant 1992). The enormous increase in access of representatives to training was pointed out as well as survey evidence of the apparent satisfaction of such representatives with both the orientation and quality of the courses (TUC 1987). Following the changes in the administration and funding of the provision concerns about the nature of education and training it offers also changed somewhat. They now revolve around the degree of compromise necessary to satisfy externally imposed quality criteria and the extent to which the need to seek accreditation for courses undermines the basic ethos of their pedagogy.

It is important to place these developments and debates in their wider context. The option of withdrawal from the state system to encourage a return to "political labour education", while a radical solution to all the concerns surrounding the issue of state funding for trade union education would, as Grant (1992) suggests, itself have been extremely problematic, had it been followed. It would undoubtedly have led to much decreased provision, while simultaneously probably requiring increased levies from trade union membership to pay for it. At a time when membership was in dramatic decline and the reduced resources available to trade unions and the TUC were causing them to reduce and restructure their services, it is unlikely that such an approach would have been judged to be feasible. Approaches to the development of trade union education reflect the wider strategies of trade unions. To be effective therefore the option of withdrawal would have also required a commitment from the TUC and its affiliates to a political and industrial relations strategy that was far removed from the one they were following at the time.

During the period in question trade unions in most industrialised countries were facing a crisis of representation that was brought about by the changing nature and organisation of work in such countries and arguably deepened by changes in social attitudes and the increased individualisation of society (Beck 1992 and Giddens 1990). The rise of new managerial strategies to structure and organise work and the emphasis on individual 'empowerment' particularly evident in new approaches to human resource management all posed major challenges to traditional forms of collective organisation. In the UK the challenge was particularly extreme because these changes were taking place within a political and legislative context that was extremely hostile to trade unions. Following a series of crushing defeats of organised trade union industrial action and the increased difficulty of organising further action of this kind, rather than pursue further confrontational actions (such as implied in the notion of "political labour education") one of the main ways in which the trade unions responded to their rapidly changing positions in employment relations was by embracing the new human resource management strategies and attempting to modify their approaches to representation to ensure a continued trade union role.

Another response was to encourage the development of links with bodies outside the trade unions which could be supportive to the maintenance and further development of the traditional social aspirations of trade unions. In health and safety this involved closer links with professional bodies and sympathetic academics and researchers. In the case of education it meant closer links with providing institutions, links with funding bodies and their inspectorates and links with Training and Enterprise Councils (TECs). From the mid-nineties onwards the Annual Reports of the TUC refer to these links as 'partnerships' thus reflecting its wider political and organisational strategies.

At the same time as these reorientations were influencing policy in trade union education, the situation of the provision of adult and community education was increasingly affected by constraints imposed by reorganisation of further education in the 1990s. In this respect the closure of courses in the TUC Regional Education Programme failing to recruit minimum numbers and the further reductions in the number of collaborating centres, were developments that were symptomatic of the vulnerability of adult and community education provision to increasing demands from further education providers for higher enrolments. Changes in further and higher education funding mechanisms and in the role of local education authorities had "placed the issue of accreditation on urgent and pragmatic financial footings". This resulted in the need to accredit previously unaccredited programmes in adult and community education being generally perceived as a means of securing their survival (Capizzi 1999).

For the TUC and its affiliated trade unions, experience of participation in the system of national vocational qualifications introduced in the 1980s helped to pave the way for the introduction of accreditation for the courses of the Regional Education Programme (TUC 1998). The TUC and its affiliates had already been involved in development of NVQs for full-time officers. Although such qualifications were deemed inappropriate for voluntary workplace representatives, the thinking about such standards and their accreditation had important consequences for the debates that were to follow about quality, its achievement and its measurement in the emerging policies on accreditation in trade union education for workplace representatives.

That there was disquiet amongst some trade union officials and trade union educators about the notion of accreditation there was no doubt. There were concerns about issues such as:

- the threat posed by accreditation to the informality of the tutor-student relationship and the student centred/negotiated curriculum
- the barrier to participation that accreditation might represent for those whose overwhelming legacy from formal educational participation has been one of failure
- the more extensive and intrusive social control of learning resulting from its accreditation
- the potential of accreditation to distort the primary purpose of the learning experience by introducing a level of individualism in the pursuit of 'qualifications', undermining the group ethos of collective learning.

Paradoxically, there was also increasing evidence of a demand from trade union representatives who had received training for some form of recognition of their successful completion of courses. They felt such formal recognition would acknowledge their learning and improve their credibility with managers and amongst their fellow workers (TUC 1998 and TUC 1999).

While these issues were particularly relevant to trade union education, the dilemmas they posed were common to many other aspects of adult, community and personal education that faced the same challenges to their continued resourcing. Thus, on the one hand, trade union critics of

accreditation were echoing concerns in the same vein as earlier worries about the loss of independent labour education through the TUC's acceptance of state funding. On the other hand the debate within trade union education was now part of the wider debate on values in adult and community education in which it had become located as a consequence of this very acceptance. Within this wider debate, its critics regard accreditation as a contribution to 'credentialism' inappropriate to these forms of education, which will eventually rebound on both learners and society (Capizzi 1999).

It was at least in part a response to this problem, which was perceived to affect a wide range of educational provision, that the Open College Networks had developed their credit systems during the 1980s, resulting in the accelerated expansion of the National Open College Network (NOCN) during the 1990s. The TUC's rationale for choosing NOCN accreditation for its Stage 1 and Stage 2 courses was to achieve the means of continuing to resource adequate provision and to ensure the quality of its delivery "without sacrificing sensitivity, flexibility and control by the TUC" (TUC 1998 page 107). According to Capizzi, (1999) the NOCN framework was thought to provide the most appropriate form of accreditation to achieve this because it offered:

- *"experience with and educational commitment to adult education and specifically to the education and training of adults who had previously been excluded from participation and success within the existing qualifications regime*
- *experience with a wide range of methods of course delivery and assessment — including an orientation towards "fit for purpose" forms of assessment*
- *an emphasis on providers' design and control — subject to peer quality assurance procedures — of a curriculum appropriate to specific learners*
- *the flexibility of credit-based learning for the recognition of discrete units of learning and achievement which could be accumulated towards and transferred to a variety of learning programmes and qualifications at a pace suited to learners and encouraging to previous non-participants."*

By using the experience gained from the NVQ for full-time officers the TUC was able to set up project development groups to oversee the development of standards for workplace representatives and for health and safety representatives. They were produced under the auspices of the Employment Occupational Standards Council (now the Employment National Training Organisation).

In addition, they were able to develop learning outcome and assessment criteria for NOCN units. These gave the NOCN the basis for emphasising "provider's design and control" and enabled the adoption of its accreditation system by the mid 1990s. Following the piloting of accreditation in 1996, subsequent years have seen its extension to all TUC courses. In 1998 the TUC commissioned a research project amongst other things, to evaluate the impact of accreditation on the delivery of the curriculum and its working culture and to identify whether it was either perceived as, or it operated as, a barrier to participation. The results of the research generally pointed to the strong positive impact of accreditation. They showed high rates of participation compared with other types of qualifications and positive attitudes towards accreditation amongst both representatives and their tutors. In particular the results showed:

- *"accreditation has been achieved without a distortion of the purpose and ethos of the programme — representatives' primary purpose and most valued outcomes still centre upon the knowledge and skills central to their role as representatives and members of the trade union movement"*

and

- “*tutors and representatives reported the maintenance — if not enhancement — of collective learning practices, flexibility in responding to diverse group and individual needs and workplace situations*”. (Capizzi 1999)

Thus, accreditation of TUC courses, including its programme of health and safety training has become an established feature of the TUC’s education and training policy. Arguably it can be seen as one aspect of its various initiatives to embrace partnership in employment and social relations. The initiative for the developments described in relation to accreditation was taken in a climate of strong governmental hostility towards trade unions. During the term of office of the present Government, subsequent developments have been pursued in a considerably less hostile environment. Nevertheless, the present Government is strongly committed to the concept of social partnership in its employment and social policies. The TUC campaign for increased state funding for training has been renewed within this political context. As recent strategy statements on the present Government’s health and safety policy indicate, it is likely that state funding of trade union education will be restored:

*“The Government will ask the Learning and Skills Council, in consultation with the Health and Safety Commission, to undertake an early review of the funding and provision of training for safety representatives.”*

Action Point 17 from The HSC/DETR Strategy Statement: Revitalising Health and Safety (HSC/DETR 2000).

This however, will occur within Governmental health and safety strategies which themselves strongly emphasise partnership concepts. Furthermore, whatever the future may hold for resourcing trade union education it seems that as a result of its own pursuit of social partnership, the TUC courses are now a part of wider provision of accredited learning within the Further Education sector and, at least for the foreseeable future, are likely to remain so.

## **2.8 Research issues**

The evidence for the effectiveness of health and safety representatives was reviewed earlier in this chapter where it was demonstrated that there is a substantial case for arguing that health and safety can be managed more effectively when workers’ representatives are involved than when managers operate unilaterally and without consultation. In this context it was suggested that the training of workers’ representatives is an effective support for their activity. However, detailed evidence of the impact of training on workplace activity is scarce and there is little research available on what health and safety representatives think training has enabled them to achieve at their workplaces. If training is to stimulate and support the health and safety actions of worker representatives, it is important to know what type of training is best suited to this task. There is a well-defined pedagogy of trade union education that is employed in the approach to health and safety representative training adopted by the TUC. This approach comprehensively adopts a worker-centred set of normative arguments on health and safety.

While funding agency inspectors and external assessors of accredited learning in the TUC Programme appear to be in agreement about the high standards achieved on its health and safety courses, there is nevertheless a need to evaluate its impact on the perceptions and practices of health and safety representatives in action at the workplace level. As we have suggested, the reasoning behind the approaches to its content and delivery have a direct link to the employment

relations context in which the actions of health and safety representatives are conducted. It is important to ascertain if the evidence of the impact of training the health and safety activities of representatives at their workplaces bears out this theoretical construction in terms of its underpinning of their effectiveness and the operational tools it provides.

There are also several important issues in the relationship between access to training, and the support it provides for workplace activity which require exploration. Although not concerned with the quality of training itself the issue of access to training is particularly important. Several surveys, as well as TUC policy documents report difficulties experienced by health and safety representatives in getting time-off to attend training courses and in some cases, finding training courses that are being run within the area in which they live or work (James and Walters 1999, TUC 2000). Clearly, no matter how good training is, if representatives are unable to gain access to it, it is unable to function as a useful support for their workplace activities. This issue was therefore also considered in the research.

As we have described in this chapter, the recent development of trade union education has been dominated by issues of accreditation and standards which are part of the approach to administering and assessing the quality of provision in further education generally in the UK. It is important to consider what effect this has on the workplace impact of training of health and safety representatives. It is also important to place these developments within the context of the parallel evolution of national strategies concerning competency in the management of health and safety.

Exploration of all these issues is particularly timely in the light of current consultation on the future of worker representation in the UK (HSC 2000). Although the research is focused on trade union training, its subject matter is inseparable from the wider employment and employment relations issues that influence participative management of occupational health and safety. It is therefore this frame of reference which informs our analysis of the workplace impact of the trade union training of health and safety representatives.

## **Chapter 3**

### **Research design and methodology and the characteristics of the sample**

#### **3.1 Introduction**

In this chapter we outline the research design and methodology employed in the project and describe the main characteristics of the sample of trade union health and safety representatives who were the subjects of field work, including the main types of training provision they experienced.

The primary aim of the project was to examine the impact of trade union training on the activities of its recipients at their workplaces. The principal methods used to achieve this aim focused upon understanding the perceptions of representatives concerning:

- the extent to which training was supportive to their role as health and safety representatives at the workplace
- which elements of the content and delivery of training were most helpful in supporting their subsequent activities at the workplace
- identification of constraints on workplace activity before and after training
- the supports necessary to enable representatives to make best use of training provision
- the contribution of continuing/further training to supporting continuing activities of health and safety representatives.

The main weakness in this approach, namely the absence of objective data on health and safety performance and reliance on the perceptions of representatives was identified in the Introduction to the Report. It was also pointed out that the strength of our approach lies in its relevance to the stated aims of trade union training. These indicate concern with influencing the attitudes of its recipients and equipping them with the necessary skills and confidence derived from collective and experience based learning which in turn supports their action at the workplace. In this respect, analysis of the representatives' various levels of experience of training and their views on the extent to which it is enabling and supporting their workplace activities is thought to be justified.

#### **3.2 Research methods**

The research involved combining three different approaches to the fieldwork with a detailed analysis of primary and secondary documentary sources.

##### **3.2.1 Questionnaire**

The first phase of the fieldwork involved the administration of a questionnaire-based survey. A sample of 5,800 health and safety representatives was selected using TUC records from the 1998 TUC Safety Representatives survey (Kirby 1998). It is recognised that the sample was from a group of health and safety representatives who had already filled in a previous TUC survey. This may mean that they are amongst the more active trades unionists who are not as representative as a completely random sample. However, using this approach meant that the researchers had access to the names and addresses of a much larger sample of health and safety representatives than could otherwise have been arranged. The names and addresses of the safety representatives were obtained from a TUC data base and they were mailed directly with copies of the questionnaire with a foreword that explained its purpose (see Appendix 1).

The questionnaire was designed to gather basic information concerning such things as the age, sex, trade union and sector of employment of the representatives. It sought information on the representatives' experience of work and the health and safety issues they dealt with as well as their perceptions of supports and constraints to their activities as safety representatives. It asked about the extent of representatives' experience of training and it examined their perceptions of its role as a support to their activities in their workplaces. Respondents were asked to scale their responses to these questions. The questionnaire was posted to the 5,800 safety representatives, in mid-November 1999 with a return date of 8 December 1999. No further reminders were sent. A total of 1,397 safety representatives completed and returned the questionnaire before the return date and were therefore included in the analysis. This represents a response rate of approximately 24 per cent.

The responses to the questionnaire were coded and the data inputted into an SPSS package for analysis. Apart from the questions seeking basic information concerning the representatives themselves, answers to the questions concerning their experience of training required response to one of several specific options, however space was also provided on the questionnaire to allow respondents to add further comments to these questions.

The main focus of the research project was on the impact of the core TUC Health and Safety Courses that form a part of its Regional Education Programme and are probably the largest single provision of training available to worker representatives in health and safety. For this reason, the questionnaire was followed-up with more detailed interviews that focussed only on representatives who had completed one or both of the TUC Stage 1 and Stage 2 Health and Safety Courses.

### **3. 2. 2 Telephone interviews**

The second phase of the research consisted of telephone interviews with a group of 48 of the respondents to the questionnaire who had all undertaken a Stage 1 Health and Safety Course offered by the Regional Education Programme, but had undertaken no further training following its completion. This group was selected using the following criteria:

- identifying those that had made comments on the original questionnaire
- ensuring a similar percentage of men and women to the overall numbers who had completed Stage 1 only
- identifying approximately the same number of representatives from each of the six TUC Education Regions
- using approximately the same number of evening and daytime contacts.

In undertaking this follow-up it was intended to discuss in more depth the impact training had on the workplace activities of the representatives in this group and to explore the reasons behind the respondents not undertaking further training. Thus the telephone interviews, concentrated upon their experiences since they had finished their initial course. These included:

- their health and safety activities
- whether their activities had tended to increase, remain constant or decrease following training
- the supports and obstacles that they faced in their role as health and safety representatives
- what they had derived from the TUC Health and Safety Stage 1 training
- what they wanted from future training.

The interview schedule used as a prompt for the researcher covered these areas and is reproduced in the Appendix.

### **3. 2. 3 Interviews and group activities with representatives undertaking TUC Stage 2 training**

The third phase of the fieldwork consisted of a series activities that were undertaken to facilitate more detailed analyses of the experiences and perceptions of a group of 85 health and safety representatives who had all previously completed a Stage 1 course and who were currently in the final stages of TUC Stage 2 Health and Safety courses. These representatives were not part of the sample included in the questionnaire survey, but were accessed through eight tutors in trade union education centres who were running Stage 2 courses in five of the six TUC Education Regions. The participating centres were:

- South Birmingham College
- South Nottingham College
- Lewisham College
- South Thames College
- Bradford College
- Newcastle College
- Bridgend College
- Manchester College of Arts and Technology.

Research involved administration of a further questionnaire, face to face discussions with the representatives, group work in which the researchers participated with the representatives and the examination of some of the written materials concerning their work experiences that they had produced as part of the Stage 2 Course. During March 2000, representatives were issued with a questionnaire at the end of Week 7 or 8 of their course. Then, by working with the eight tutors concerned, the researchers ran group-work sessions in weeks 8, 9 or 10, where representatives shared their experiences and fed back their views. In addition, some individual interviews took place along with analysis of a selection of 37 improvement projects that had been undertaken as an integral part of the courses. Some presentations were made on improvement projects.

The researchers focused on:

- the representatives' health and safety activities since Stage 1
- why they were attending a Stage 2 course
- difficulties obtaining release
- activities at work they attributed to a direct result of the Stage 2 training, including project work
- what had been helpful in the Stage 2 training in terms of activities in the workplace
- the supports and obstacles expected as health and safety representatives after their Stage 2 training
- what training representatives required in the future to help them to sustain their contributions in the workplace.

As these courses rely heavily on experience-based participatory methods for their delivery, by working with the tutors and representatives the researchers were able to obtain a detailed analysis of the workplace experiences of the representatives and their perceptions of the supports and constraints upon their activities. Supports and constraints in relation to the role of training in

promoting and sustaining workplace level action in health and safety were thus identified and the contribution of further training to supporting health and safety representatives evaluated.

### **3.3 Main characteristics of the questionnaire survey sample**

As the sample was mailed using a TUC database that was developed from the response to the 1998 TUC Safety Representatives Survey, it comes as no surprise that the safety representatives were predominantly experienced:

- 55 per cent had been safety representatives for over five years
- 51 per cent were between the ages of 46 and 60
- Just under half (44 per cent) represented less than 50 members/workers
- 93 per cent were male
- 96 per cent were white
- 93 per cent were in full time employment,
- the main type of employment was professional/technical (44 per cent).
- Manual workers accounted for 24 per cent of the respondents.
- The three main unions that the health and safety representatives came from were:
  - UNISON (25 per cent)
  - PCS (11 per cent)
  - TGWU (10 per cent)

A complete analysis of the trade union membership of the respondents is given in Figure 1 A in the Appendix.

Most of the safety representatives worked for employers who had over 1000 employees (78 per cent) in the UK, but one third of these worked in small workplaces with less than 100 workers (35 per cent). The majority of the respondents (69 per cent) worked in the public sector, with 16 per cent in the Health Service, 15 per cent in Local Government and 14 per cent from the Education sector.

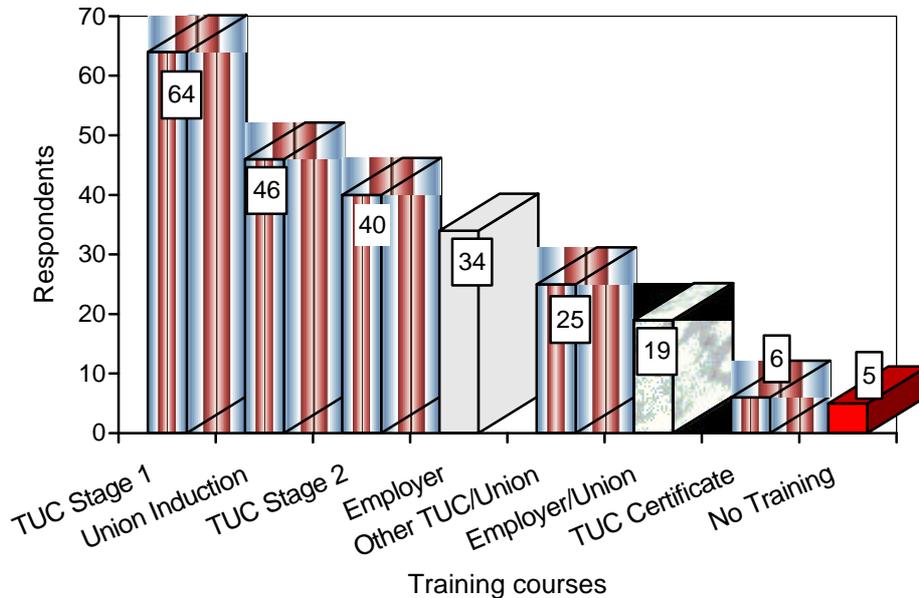
In the 1998 TUC Survey from which the sample is drawn, just under one third of the respondents were female (31 per cent). 6 per cent were black and from other ethnic minorities. Just under one quarter of the respondents were under the age of 35 (22 per cent). The great majority of the respondents were in full time employment (91 per cent), undertaking a wide variety of work. 42 per cent of the respondents were doing work of a professional/technical nature. Over three-quarters (78 per cent) had been a safety representative for over one year, with one third (33 per cent) having been safety representatives for over 5 years. There was a greater representation of public sector (68 per cent) than private sector employment. The majority (64 per cent) worked for large organisations with more than one thousand employees although 45 per cent worked in establishments (individual workplaces) with less than one hundred workers.

Thus, the respondents to the present survey were a group which although broadly similar to the sample, contained slightly more men, fewer black and ethnic minority representatives and a greater proportion of more experienced representatives working for larger organisations.

### 3. 4 Experience of training received as a safety representative

Figure 2 below indicates the training that respondents had received as health and safety representatives. The total number of respondents for which each of the percentages has been calculated was 1397.

Fig. 2 Percentage of H&S Reps who attended H&S courses (N=1397)



The TUC Health and Safety Stage 1 was the most frequently attended course, with the Union Health and Safety Induction, and the TUC Health and Safety Stage 2 also popular. It is interesting to note that the relationship between numbers who have attended both Stage 1 and Stage 2 and those who have only attended Stage 1 suggests a progression rate considerably greater than the 35 to 50 per cent estimated by the TUC (the most recent estimate from the TUC Education Service suggests a current national progression rate of around 40 per cent). This is to be expected however, as our sample is likely to be biased favourably towards the inclusion of active health and safety representatives.

The small proportion of representatives who reported attending the TUC Certificate in Occupational Health and Safety is partially explained by the fact that it was not added to the TUC's portfolio of core Health and Safety Courses until 1998. However, this small number may also be influenced by other reasons such as difficulties with access and time-off for training.

A surprisingly high figure of 34 per cent had received employer training. However, caution is advised in interpreting this figure since it is likely that it includes training that some respondents may have received as workers rather than as health and safety representatives. It was apparent from the additional details included in the responses of some respondents that in a small number of cases such training included attendance at courses run by other agencies leading to recognised qualifications such as those offered by the National Examining Board for Occupational Safety and Health (NEBOSH), the Royal Society for the Prevention of Accidents (RoSPA) and the BSC.

While only a small minority of the representatives indicated that they had attended such courses on their questionnaires it is further suggestive that ‘employer training’ in fact included a wide range of training experience. Generally, it was not possible to determine the length or level of this experience.

Only 5 per cent of respondents had received no training at all.

### 3.5 Characteristics of the sample selected because they had attended Stage 1 only or Stage 1 and 2 only.

There were 144 respondents in the sample who had attended the TUC Health and Safety Stage 1 course and no other course and 123 respondents who had attended both TUC Health and Safety Stages 1 and 2 courses and no other course.

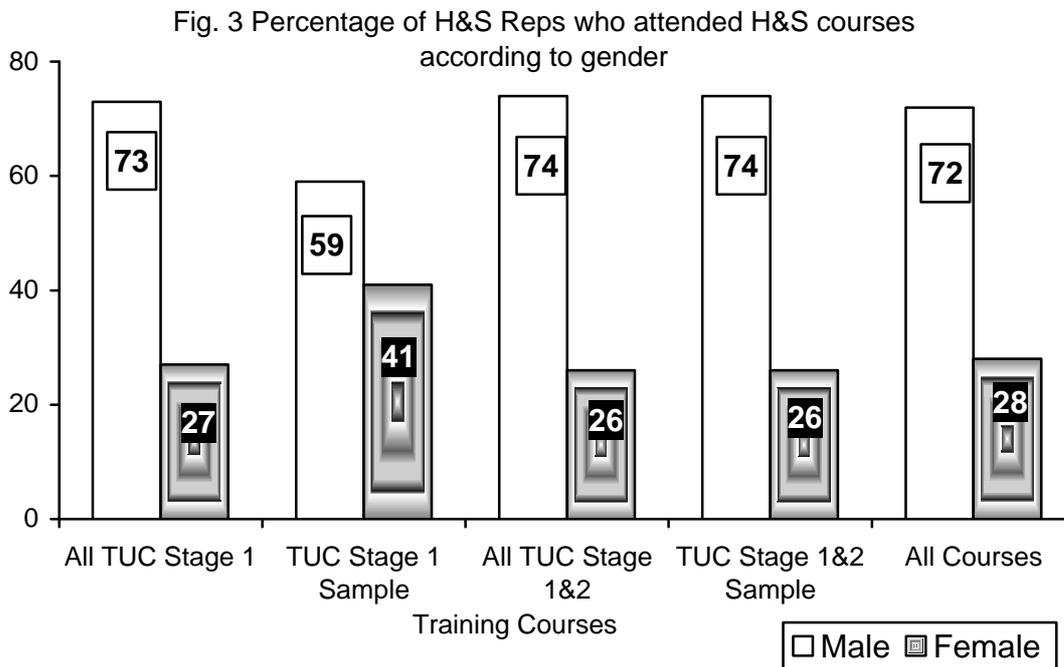
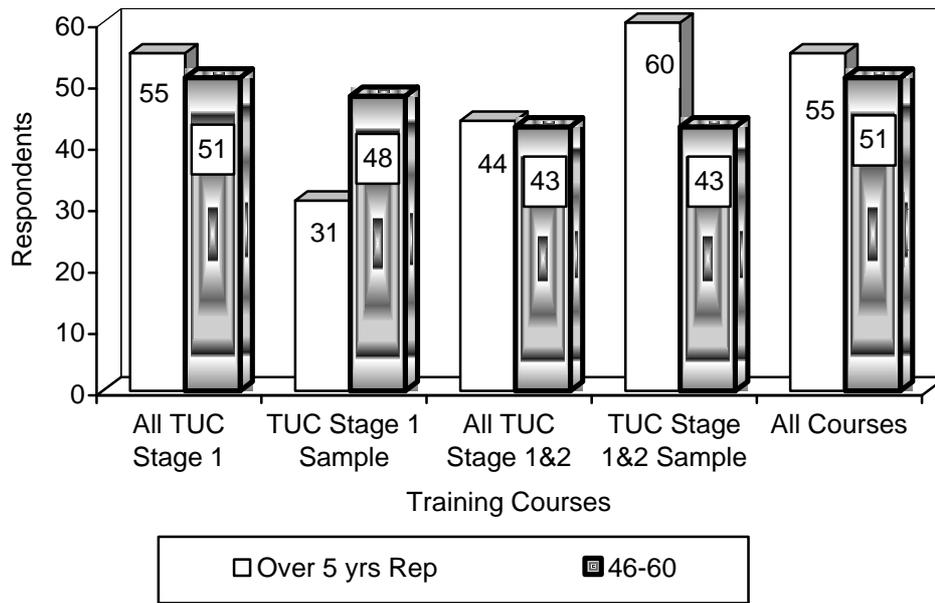


Figure 3 above shows the gender composition of these representatives compared with that for all representatives who had attended Stage 1 and Stage 2 courses and with the sample as a whole. It is clear that there were a greater proportion of women amongst the group selected who had attended Stage 1 only.

Figure 4 shows a high percentage of health and safety representatives on the TUC Stage 1 and Stage 2 courses have been in position for over 5 years. The most common age for representatives attending both courses is in the 46-60 age group.

Fig. 4 Main features of the H& S Reps who attended TUC Stage 1 & 2 and all courses



The trade union membership composition of the groups selected who had attended Stage 1 and Stage 1 and 2 only was broadly comparable to that for those who had received training in the sample as a whole. This is shown in Figure 5.

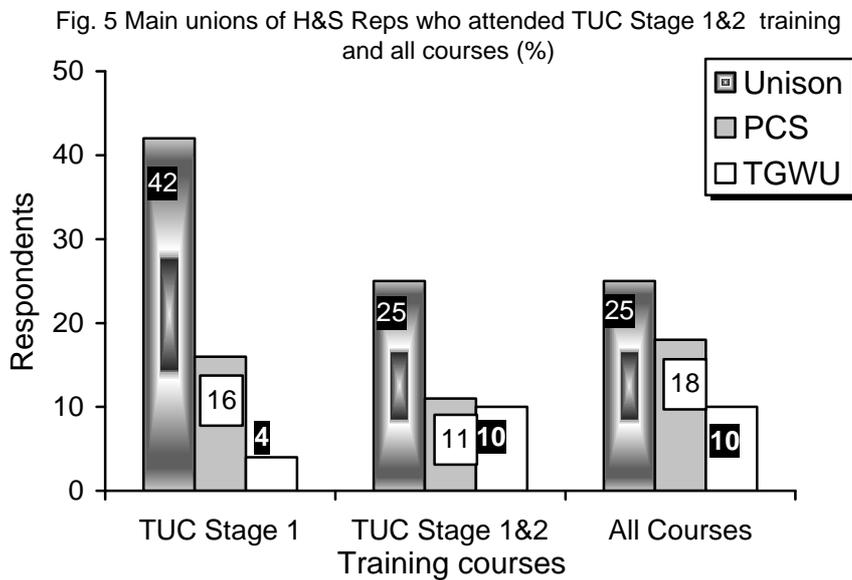


Table 2 shows that there were fewer manual workers in the group who had attended Stage 1 only as well as more representatives from the public sector. It also shows that the proportions in full-time employment, and larger firms was fairly consistent across all groups, with employment in larger firms being the most common workplace location for all representatives.

**Table 2 Main employment characteristics of the health & safety representatives who attended TUC Health & Safety courses Stage 1&2 (%)**

<b>Characteristics</b>	TUC Stage 1 Sample	All TUC Stage 1	TUC Stage 1&2 Sample	All TUC Stage 1&2	All courses
Public Sector	84	68	68	65	69
Private Sector	15	30	31	34	30
Full Time	92	92	95	94	93
Manual	13	28	34	32	24
Prof/Technical	43	36	44	33	32
Large Firms	72	79	80	80	78

The sample of respondents who attended TUC Stage 1 only is N=144, and TUC Stage 1&2 only is N=123.

## **Chapter 4**

### **Support for the workplace activities of health and safety representatives**

#### **4.1 Introduction**

There are many factors which are known to affect the activities of health and safety representatives and their perceptions concerning their effectiveness (see Chapter 2. 3). They include:

- the existence of a legislative framework which supports participation and provides representatives with specific rights
- the willingness and capacity of managers to support representative participation in health and safety
- the presence of trade unions or institutions of employee representation inside the workplace
- the integration of the health and safety function within trade union organisation/institutions of worker representation inside the workplace
- trade union support from outside the workplace
- information and training
- their relationship with regulatory agencies/inspectors.

In this chapter the perceptions of health and safety representatives concerning the extent of support for their workplace activities are examined. Three approaches have been adopted:

- First, responses to the questions about support in the questionnaire are presented.
- Second these are analysed for the sample as a whole and then for the two groups of representatives who had attended:
  - (a) the Stage 1 Course only
  - (b) the Stages 1 and 2 Courses only.
- Third, material from the telephone interviews of selected representatives from the sample who have undertaken Stage 1 are analysed in together with material drawn from face to face interviews with representatives who were attending a Stage 2 course at the time of the study.

#### **4.2 Perceptions of support (1)**

##### **(a) Evidence from the analysis of responses to the questionnaire for the whole sample**

Representatives were asked to grade the extent they felt they were supported by the categories described in Table 3 below. They had the opportunity to grade their responses under the following headings “extremely supportive”, supported a lot”, “some support”, a little support”, “no support”, “not sought”.

**Table 3 Level of support for workplace health and safety representative (%)**

<b>Categories</b>	<b>“extremely supportive” “supported a lot”, “some support”</b>	<b>“a little or “no support”</b>	<b>“not sought”</b>
Access to H&S information	83	13	4
Union in the workplace	82	10	8
TUC/Union Training	79	7	14
Members/workers	77	17	6
Employer/management	67	29	4
Union outside the workplace	58	16	26
HSE or LA Inspector	31	24	45
Other OH&S professionals	39	23	39

The results are in keeping with what might be anticipated from previous research findings. The key supports for workplace activities appear to be:

- access to health and safety information
- the union in the workplace
- TUC/Union Training
- members/workers.

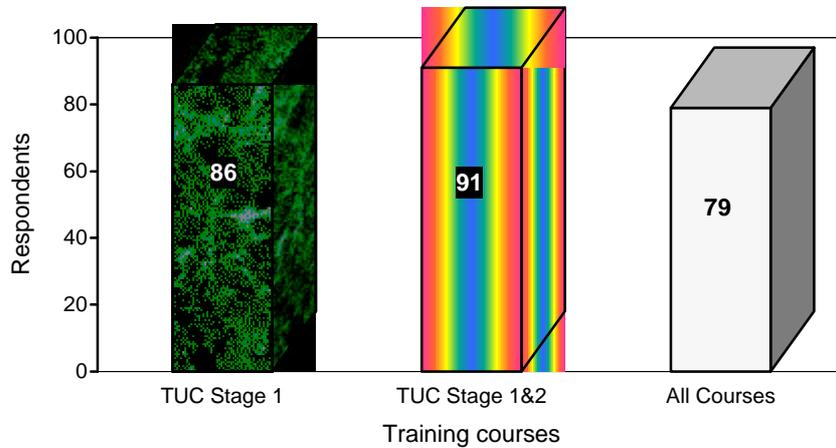
The highest percentage that showed little or no support was employer/management co-operation (29 per cent), whilst support had not been sought from:

- unions outside the workplace by 26.1 per cent
- other OH & S professionals by 38.7 per cent
- HSE or Local Authority Inspectors by 44.9 per cent.

**(b) Evidence from the analysis of responses to the questionnaire by representatives who had completed Stage 1 and Stage 1 and 2 only**

In general the responses of health and safety representatives who had attended TUC Health and Safety Stage 1 only or Stages 1 and 2 only correspond with the overall figures identified in Table 3 above. However, the figures for the support offered by TUC /Union Training is markedly higher than the overall results, as shown in Figure 6 below. This presents a very positive picture about the perceptions of support given to health and safety representatives by the TUC Health and Safety Stages 1 and 2 courses.

Fig. 6 Support for H&S reps: TUC Stage 1&2 training compared to all courses



Differences between Stage 1 only and Stages 1 and 2 only are explored in Table 4 below. When examining the response “extremely supportive”, some substantial differences were apparent in three categories. They demonstrate the considerable added value of attending the TUC Stage 2 Health and Safety course from the perception of health and safety representatives.

**Table 4 Support from TUC Health & Safety Stage 1 & 2 courses:  
Added value from Stage 2**

From Support for Health & Safety representatives' activities	% increase of 'extremely supportive' after TUC Stage 2
From members/workers	11
External union support	12
TUC Training	16

The sample of respondents who attended TUC Stage 1&2 only is N=123.

At first sight the results of the analysis of the responses to the questionnaire, while broadly similar to those of previous studies of supports for workplace effectiveness, also suggest some anomalies. For example, it is perhaps surprising that representatives perceived somewhat limited support from trade unions outside the workplace. However, since trade unions have been shown in previous studies to be the main suppliers of information and training (an observation that is confirmed in the present study in relation to training), it is most likely that the representatives' perception of relatively limited external trade union support refers to support other than the provision of information or training. If these are regarded as additional forms of trade union support then support from trade unions external and internal to the workplace becomes the overwhelmingly largest source of support experienced by the representatives in the sample. These findings will be confirmed by evidence from interviews with representatives presented in 4. 3 below.

However a further explanation may relate to the effect of training in increasing the self-sufficiency of the representatives. The percentage of representatives completing Stage 1 and 2 who had not sought support from trade unions outside the workplace is not shown in either Figure 6 or

Table 4. However there were 37 per cent of these representatives that fell into this category. Such a relatively large proportion might reflect a decreased need for such support, as the experience of training enables representatives to be more skilled at achieving solutions without external support. In the same way it is noteworthy that those who have attended Stage 1 and Stages 1 and 2, were less likely to seek the support of enforcing inspectors, or other health and safety professionals than the sample as a whole. This may be partially explained as a result of the focus of both the Stages 1 and 2 courses on resolving problems through obtaining membership support and using internal mechanisms.

The lowest category of support was from HSE or local authority inspectors. Unfortunately the questionnaire instrument was not sensitive enough to determine whether this perception of limited support followed contact with the regulatory agency inspectors; whether it resulted from failure of the inspector to make contact with representatives, or whether it was simply a consequence of lack of contact because of employment in workplaces that had not been inspected during the time the representatives had held office. The same may be true for support from 'other occupational health and safety professionals', which was also relatively limited but could reflect lack of contact for similar reasons.

Little or no support from employer/management co-operation was evident from a substantial number of the responses from the sample as a whole as well as from Stage 1 and 2 trained representatives. Such lack of support was a recurrent theme in the sample analysis as will become apparent from other results presented later sections.

Some of the differences between the responses of the representatives who had completed the Stage 1 courses and those from the Stage 2 courses may be explained by both the increased training experience and by differences in the nature of the content of the training. Thus, the figures showing increased support from members may be because of the extensive work that is done on the Stage 2 course in building membership support for health and safety. Whilst similar work is done on the Stage 1 course, there are greater opportunities for its development during the Stage 2 course. Similarly, there is more opportunity on the Stage 2 course to examine and evaluate external union structures for health and safety, which may have contributed to a greater appreciation of their role.

### **4.3 Perceptions of Support (2): Evidence from the interviews**

Further detailed information concerning perceptions of support was obtained from the telephone and face to face interviews. Health and safety representatives were asked in the telephone survey whether their activities had increased, remained constant, or decreased since their TUC Health and Safety Stage 1 training. As described elsewhere in this report, studies in Sweden (Erasmie and Bonnevier 1988 and Holmstrand et al 1993) suggested that safety representatives' activities tend to decrease with time following their training. Of the 48 health and safety representatives interviewed by telephone 65 per cent said that their activities had remained constant or increased since their training. Given previous findings, this is perhaps a surprisingly large proportion and the opportunity was therefore taken to explore further what these representatives believed supported their workplace activities. It became apparent during the interviews that they had a number of other supports in place that are known to increase the effectiveness of health and safety representatives. The representatives were asked to discuss the nature of these supports during the interviews. This was asked as an open question, and they were not constrained to headings that may have appeared artificial to them. However, for the purposes of analysis, the basic headings from the supports section of the questionnaire are used, with the representatives' descriptions of their reasons allocated accordingly.

As the interviews progressed it became clear that the representatives from the sample whose activities had not decreased, had a consistent level of support following their training. In general, the most frequently mentioned supports were those provided by members, trade unions and employers/management. In addition, the representatives referred to the extent that training had helped them with their activities and achievements. This aspect of support is discussed in detail in Chapters 5 and 6. In the present chapter our discussion of support focuses on workplace supports other than training, but clearly the respondents who provided the information on which it is based were all trained. A consequence of this may be that it made them better able to appreciate the value of the other forms of workplace support they identified.

#### **4.3.1 Support from trade union members/workers**

It is perceived by health and safety representatives that the more support they receive from their members, the more likely that they are able to tackle health and safety problems effectively. Frequently, during the telephone interviews the representatives referred to the level of support that they received from their members. Examples included:

- members responding to surveys
- members being kept informed by representatives and supportive as a result
- members regularly contacting representatives as they are well informed
- strong safety culture with all concerned.

*What did the safety representatives say?*

- “I work on my own as a safety representative, but my members are really aware and support me”
- “My members are 100 per cent supportive and regularly raise problems”
- “My members support me. For example, I recently had an 80 per cent response to a stress survey”

#### **4.3.2 Support from trade unions inside and outside the workplace**

Representatives frequently referred to the internal support and external support provided by their trade unions. One consistent feature was the importance of meeting other safety representatives from their workplace on a regular basis. The frequency of meetings varied from weekly to every three months, and the numbers meeting varied between four and all fifteen representatives in one workplace. Another key feature was the support provided by branch health and safety officers in some unions. This support varied from providing regular information, to convening regular meetings of health and safety representatives, to giving practical support in dealing with workplace problems. Examples of union support included:

- working closely with other union representatives in the workplace
- joint union co-operation
- high density of union members
- meeting other representatives at branch meetings
- the Branch Executive discussing health and safety items, with the Branch Health and Safety Officer in attendance
- good support from the union branch

- back up from full time officers
- bulletins, information and web site from national union.

*What did the safety representatives say?*

- “There is an increased stimulus due to working with another representative, rather than being on my own and isolated”
- “Another safety representative works closely with me. Two heads are better than one. He is more thoughtful and constructive than me”
- “I spent quite a while working on my own. Now another safety representative has been appointed, I am no longer a voice in the wilderness. We cover meetings for each other, and often bounce ideas around together”
- “The branch health and safety officer frequently communicates with all health and safety representatives”
- “I get regular information from my national union, and I find the health and safety information on the union’s web site really helpful
- “I meet regularly with 5 other safety representatives, who all support you with their experience”
- “We have a good network of safety representatives. There are nine plus their deputies who meet every quarter”
- “There are two unions working side by side on health and safety. This has kept up the momentum”

#### **4.3.3 Employer/management**

Throughout all phases of this research, many health and safety representatives have been critical of the role of their employers and managers. The majority of representatives who perceived that their activities had not decreased since training, were of the view that their management were supportive. Clearly this will have a positive effect upon the activities and achievements of safety representatives in the workplace. The exception to this positive reaction normally related to time for health and safety representative duties. Examples of management support included:

- proactive management
- 100 per cent support from top management
- a health and safety conscious management
- management taking notice of safety representatives views
- positive health and safety advisers
- good consultative procedures
- active safety committees
- provision of facilities for safety representatives.

*What did the safety representatives say?*

- “100 per cent support from line management up to Director level”
- “Higher management is keen, but the local manager takes things personally and gives little feedback”
- “Management listen and take advice”
- “Management are supportive and any problems outstanding are dealt with by the safety committee”
- “Management are helpful and open in the consultative process”
- “I have a very supportive management. If you use the correct procedure they deal with the problems”
- “There is a changing culture from management with more health and safety professionals involved”
- “Management are not too bad. If the problem is easy to deal with they will, but if it costs money there can be problems”

Even with this positive picture however, numerous representatives referred to a lack of time to do their health and safety work to their full potential.

#### **4.4 Summary**

This chapter provides evidence that the key supports for workplace activities for health safety representatives are in keeping with previous research findings.

Trade union training is one of the most prominent forms of support. The support perceived to be offered by training was higher in the cases of TUC Stages 1 and 2 Health and Safety courses. In addition, there appears to be considerable added value for health and safety representatives from attending the TUC Stage 2 Health and Safety course.

Two out of three health and safety representatives perceived that their activities had remained constant or increased since they attended a TUC Stage 1 Health and Safety course. This appears to be explained by the other supports that were in place when the representative returned to work after training. The most frequently mentioned supports were union members, trade unions, and employers/management. But despite these supports, many representatives perceive that there is inadequate time for them to fulfil their functions.

The next chapter examines in detail why trade union training is perceived by the representatives to be so prominent a support for their health and safety activities.



## **Chapter 5**

### **Support of TUC/Union Health and Safety Training for the workplace activities of health and safety representatives**

#### **5.1 Introduction**

The analysis of the questionnaire on supports for workplace activities presented in Chapter 4. 2 shows clearly that health and safety representatives perceive training, and in particular trade union training, as one of the most prominent forms of support for their workplace activities and achievements. The following sections explore the extent of this support by considering the perceptions of representatives concerning:

- support they have received from training to enable them to undertake particular categories of workplace activities
- the achievements they feel they have gained in health and safety as a result.

The categories selected are based on the functions of health and safety representatives identified in legislation and the aims of the TUC core health and safety courses.

#### **5.2 Training as a support for workplace activity**

Respondents in the sample who had undertaken any form of trade union/TUC training in health and safety were asked to what extent it had helped them in their activities as health and safety representatives. They had the opportunity to grade each of their responses under “extremely helpful”; “helped a lot”; “of some help”; “of little help”; “of no help” against a set of key functions derived from the SRSC Regulations 1977. In Table 5 the three responses that identified training as helpful have been compressed. In addition, the second column contains the percentages of the sample who found their training to be “extremely helpful and “helped a lot” only. It is clear from the overwhelming response summarised in the Table, that the training is perceived by representatives to be of considerable benefit in supporting all of their key functions.

Respondents indicated that training was particularly helpful with:

- representing members’ interests
- investigating complaints
- investigating hazards
- finding and using health and safety information
- inspecting
- making representations to employers.

**Table 5 TUC/Union training support for activity as a health & safety representative (%)**

<b>Activity</b>	All “extremely helpful”, “helped a lot” or “of some help”.	All “extremely helpful” & “helped a lot” only	“of little help” or “no help”
Representing the H&S interests of members/workers	98	85	2
Investigating H&S complaints from members/workers	95	75	5
Investigating hazards in the workplace	95	74	5
Finding and using H&S information	94	73	6
Inspecting the workplace on a routine basis	93	70	8
Making representations to management/employer.	91	66	9
Investigating accidents, ill-health incidents, dangerous occurrences	90	59	10
Participating in the H&S committees	89	68	11
Persuading mgt/employer to find solutions/resolve H&S problems	88	59	12
Receiving information/being consulted by mgt/employer	82	48	18
Participating in the risk assessment process	81	52	19
Represent workers in consultation with H&S inspectors & experts	73	41	27

When the figures showing to what extent training was “extremely helpful” are examined, representing members’ interests was still the highest (43 per cent), followed by:

- finding and using health and safety information (36 per cent), and
- participating in health and safety committees (35 per cent).
- 

The main activities where training appeared to be less helpful were:

- representing members in consultation with health and safety inspectors and experts
- participating in the risk assessment process
- receiving information from, and being consulted by management/employer
- persuading management/employer to find solutions/resolve health and safety problems.

These activities rely to a greater extent upon the actions of other persons. It is possible that some respondents perceived such actions to be less susceptible to personal influence and therefore their own training of less value here. For example, an inspector may not have visited the workplace, or may have visited and left before a safety representative had the opportunity to see her/him. Equally, it is the responsibility of management/employer to consult with and make available information to safety representatives. If they choose not to, then health and safety representatives often have a most difficult task to change the situation. Similarly whether employers choose to be

persuaded to find solutions to health and safety problems is a decision which ultimately rests with them and not with health and safety representatives. Some representatives may have failed to perceive value in the effect of their own training under such circumstances. However, it is obviously a function of training to address these difficult areas and perhaps these results indicate the need for further thought on the development of training to improve its relevance to such situations.

### 5. 2. 1 Extent to which TUC Stage 1 and Stage 2 Health and Safety Training helped health and safety representatives in their activities

In Table 6 the results on the extent to which training is perceived to support workplace activities embraced by the functions of safety representatives found in the SRSC Regulations are presented for the two groups from the sample who only received TUC training. Again, combined totals for “Extremely helpful”, “helped a lot”, or “of some help” show the very high regard that health and safety representatives have for both the TUC Stages 1 and 2 courses. A comparison of the extent of support that TUC Health and Safety Stages 1 and 2 are each perceived to give to workplace activities by those representatives who have attended them can be seen in the two columns of “extremely helpful” responses from the two groups.

**Table 6 Support for health & safety representatives’ activities from TUC Stage 1 & 2 courses (%)**

Activity (based on functions covered in SRSC Regulations)	“extremely helpful”		“extremely helpful” “helped a lot” or “of some help”	
	TUC Stage 1 Sample	TUC Stage 1&2 Sample	TUC Stage 1 Sample	TUC Stage 1&2 Sample
Representing the H&S interests of members/workers	32	46	99	100
Investigating H&S complaints from members/workers	21	33	96	95
Investigating hazards in the workplace	20	33	95	96
Finding and using H&S information	30	46	94	97
Inspecting the workplace on a routine basis	23	37	92	97
Make representations to mgt/ employer of members/workers	21	40	86	98
Investigating accidents, ill-health incidents, dangerous occurrences	14	25	87	93
Participating in the H&S committees	22	30	85	93
Persuading mgt/employer to find solutions/resolve H&S problems	12	30	82	89
Receive information from, & being consulted by mgt/employer	12	22	79	84
Participating in the risk assessment process	12	18	74	86
Represent members in consultation with H&S inspectors and experts	12	21	70	80

The sample of respondents who attended TUC Stage 1 only is N=144, and TUC Stage 1&2 only is =123.

The figures emphasise how important representatives believe follow-on training to be in promoting and sustaining their workplace activities. The ratings for the combined “extremely helpful, “helpful” and “of some help”, show only marginal differences between the two groups, demonstrating the overall quality of both courses from the participants’ perceptions. But the ratings for “extremely helpful” show marked differences between the representatives who had only attended the Stage 1 course and those who had in addition attended Stage 2, as demonstrated in Tables 7 and 8 below in which the extent of the differences are presented. The “added value” in the second column represents the difference between representatives who had attended Stage 1 and those who had attended Stage 2 in terms of the percentage in each group who had found their experience of training “extremely helpful” in supporting the various categories of activities listed. While the numerical base on which these percentages are calculated for each group are slightly different (144 in the case of Stage 1 and 123 in the case of stage 2) the proportional gain in each case is nevertheless substantial. Without exception, they suggest that representatives perceive the TUC Health and Safety Stage 2 course to have added considerable value (over and above that resulting from Stage 1) to support for all the activities of health and safety representatives’ listed.

**Table 7 Impact of the TUC Stage 2 Health and Safety course on the health and safety representatives’ day to day activities.**

H &S Representatives “day to day” activities	% increase “extremely helpful” after TUC Stage 2
Finding and using health and safety information	16
Inspecting the workplace on a routine basis	14
Representing the health and safety interests of members	14
Investigating hazards in the workplace	13
Investigating health and safety complaints of members	12
Investigating accidents, dangerous occurrences, ill health	11
Representing members with inspectors/experts	9
Participating in health and safety committees	8
Participating in the risk assessment process	6

The sample of respondents who attended TUC 1&2 only is N=123.

Equally, we can see a substantial effect of attending the TUC Stage 2 Health and Safety course in the direct relationships with management. Throughout all phases of this research, many health and safety representatives have referred to the difficulties that they face with their management. Table 8 below demonstrates how the Stage 2 course adds value in addressing some of these frequently mentioned difficulties.

**Table 8 Impact of the TUC Stage 2 Health & Safety course on the health & safety representatives' activities that involve dealing with management**

H&S Representatives' activities and relationships with management	% increased "extremely useful" after TUC Stage 2
Making representations to management/employer on behalf of members/workers	19
Persuading management/employer to find solutions/resolve health and safety problems	18
Receiving information from, and being consulted by management/employer	10

The sample of respondents who attended TUC 1&2 only is N=123.

### 5.3 Main achievements as a health and safety representative

The questionnaire allowed respondents to identify their main achievements as health and safety representatives. In order to relate achievement to training the questionnaire listed five achievements that the researchers derived from the main aims of TUC training. Representatives had an opportunity to choose one or more of these achievements and comment on them if they felt it appropriate. A sixth option was to identify and explain other achievements. The results are identified in Figure 7 below.

Fig. 7 Main achievements of H&S Reps who attended H&S training (%)

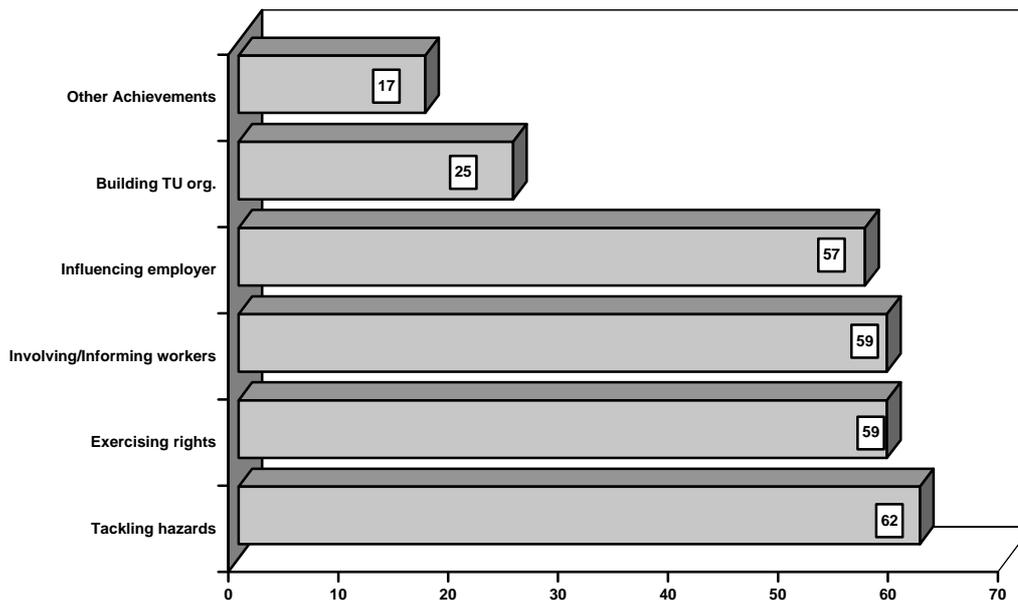


Figure 7 shows that for four of the categories of achievement the percentage of representatives identifying them as main achievements was around 60 per cent of the sample while only 25 per cent identified building trade union organisation for health and safety as a main achievement.

Figure 8 shows the experience of the health and safety representatives who had attended only the Stage 1 or Stage 1 and 2 TUC Health and Safety courses for the same categories of achievement. The results are broadly similar to the sample as a whole. The percentages reporting achievements are somewhat lower in several cases. For example;

In Stage 1:

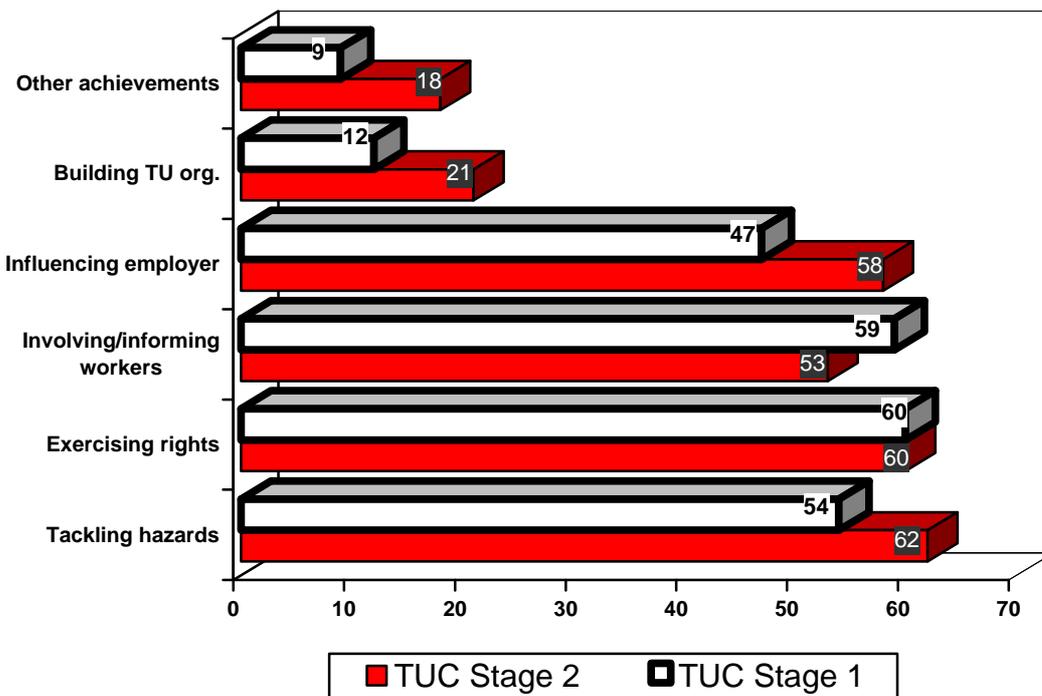
- “building trade union organisation for health and safety”
- “influencing the way that employers manage health and safety”

In Stage 2:

- “building trade union organisation for health and safety”
- “involving and informing members”.

It is difficult to explain these lower percentages, indeed, based on results in the previous section higher percentages might have been anticipated, but perhaps they simply reflect a more realistic or modest self-assessment of effectiveness than that of the sample as a whole.

Fig. 8 Main achievements of H&S Reps who attended TUC Stage 1 and Stage 2 training (%)



The area in which all groups had the lowest percentage reporting achievement was for building trade union organisation for health and safety. One explanation for this result may simply be that the question was unclear and as a result representatives failed to appreciate that it referred to “building trade union organisation *for health and safety*” as opposed to achieving trade union organisation more generally.

Another explanation could be found in the predominant employment background of most of the respondents in large organisations. Such organisations are likely to have a well-established and developed trade union organisation already in place. Representatives from such backgrounds either may not have perceived building such an organisation *for health and safety* as one of their achievements because in their view it already existed. Alternatively, they may have failed to appreciate the intention of the question to emphasise building such an organisation *for health and safety* purposes. Of course, another explanation may be that the result was the reflection of a perception that building trade union organisation either generally or specifically for health and safety was not a job for health and safety representatives. If the latter were the case then it would imply that one of the central themes of the TUC training had achieved little impact on the attitudes of the health and safety representatives who had experienced such training. This observation was amongst those we were able to follow-up in interviews with representatives (see Chapter 6).

#### 5.4 Extent to which training helped health and safety representatives to gain their perceived achievements

The earlier positive responses to the way training has helped safety representatives in their activities, were repeated when they were asked, “to what extent training had helped them to gain the achievements” listed in Figures 7 and 8. Table 9 below shows the results for all courses, those who had attended TUC Health and Safety Stage 1 only, and those who had attended TUC Health and Safety Stages 1 and 2 only.

**Table 9 Extent to which training helped health & safety representatives to gain achievements (%)**

Level help	TUC Health and Safety courses		All courses
	Stage 1	Stage 1 & 2	
Extremely helpful; helped a lot; of some help	96	98	96
Of little or no help	4	2	4
Extremely helpful	32	54	44

The sample of respondents who attended TUC Stage 1 only is N=144, and TUC Stage 1&2 only is N=123.

The very high level of satisfaction with TUC /Union training resulted in similar percentages for all courses. It is noticeable that a greater percentage of those who had attended the TUC Health and Safety Stages 1 and 2 courses felt that training was extremely helpful.

#### 5.5 Extent to which TUC Stage 1 and Stage 2 Health and Safety Training helped health and safety representatives in their activities and their achievements: further evidence from the interviews

As described in the research design and methods (see Chapter 3), following the analysis of the questionnaire, it was possible to explore findings in greater depth through telephone interviews, face to face interviews and group discussions with representatives. Using material from these sources support from TUC Stage 1 and Stage 2 training for representatives’ activities and achievements can be explored further. The representatives who were interviewed by telephone and those who were the subject of face to face interviews were asked open questions about their

achievements and activities so they were not constrained by what they may have considered to be artificial headings. However, for the purposes of analysis, the basic headings from the questionnaire are used, with the representatives' descriptions of their activities and achievements allocated accordingly. It was clear they had been involved in a considerable amount of activity since their Stage 1 training

**(a) Exercising rights as a health and safety representative**

All health and safety representatives in the sample reported that, to a greater or lesser extent, they had been exercising their rights. Examples of rights exercised that were reported during the telephone and face to face interviews included:

- varying types of inspections being undertaken, at a variety of intervals ranging from weekly to annually
- trying to set up a timetable for inspections
- health and safety checks at the start of each shift
- development of inspection checklists
- investigation of hazards
- investigating and following up complaints from members
- involvement in day to day matters on the members' behalf
- taking up problems
- taking part in accident investigations and reviewing accident reports
- having a say in daily decisions about health and safety
- reporting and raising issues in writing with management
- issuing a safety audit sheet which is completed each month
- involvement in audits
- discussing health and safety with line management
- continually raising issues with management
- requesting and setting up safety committees, or reinstating lapsed ones
- attending safety committees
- obtaining facilities for doing the job
- contacting the HSE for help to tackle a problem.

*What did the safety representatives say?*

- “Tomorrow I am chairing the inaugural meeting of the Departmental Health and Safety Committee. It was set up at my instigation, as there had never been one before”
- “I joined the health and safety committee, took part in regular inspections and spoke up”
- “I became a member of the safety committee, investigated accidents and dangerous occurrences, and made members more aware of rights”

**(b) Tackling hazards at work**

In the telephone and face to face interviews representatives reported examples of the work they had been doing on hazards, which included:

- reporting unsafe kitchen areas
- devising an action form for hazards
- stopping the use of a very dangerous substance
- completion of a stress survey
- introducing improved manual handling procedures on patients
- dealing with overweight files and lighting problems
- reporting dangerous machinery
- requesting external support for risk assessments for problems with VDU's and manual handling
- taking up fire safety issues and achieving tangible improvements such as proper fire doors and more fire extinguishers
- requiring and achieving repair and upgrading of a ventilation system
- achieving provision of drinking water
- improving workstation design for VDU's
- insisting members get adequate breaks
- convincing management to spend money on lifting equipment
- improvement in access and egress within 3 days
- putting an end to working alone at night
- obtaining fire and bomb assault procedures
- removal of fumes
- tackling RSI from VDU's
- implementation of procedures for manual handling
- improved extractors for machines
- armoured cable over the floor
- improved toilet facilities
- new ventilation systems
- roads repaired within the works boundary
- relieved congestion
- dealing successfully with an asbestos problem
- a survey on PPE.

*What did the safety representatives say?*

- “The departmental van had an MOT but it was still defective. The members were behind me so I pursued it. An AA inspection was arranged, which found many things wrong. As a result the whole fleet was taken off the road to correct defects”
- “There was a hole in the roof with rain coming in. I called in the HSE. They took photos and went to meet the Director of Education. Money was provided for the repair”
- “I got a new ramp up to the cabins; extension of cramped filing rooms; and provision of chilled water dispensing appliances”
- “I used what I had learned to handle a move of premises. The Stage 1 course gave me excellent assistance. I then went straight on to Stage 2”
- “We improved security at work against violent incidents, had defective doors fixed, and had all electrical items tested”
- “The introduction of fast-action shutter doors to cut down on drafts”
- “UV and ozone test by contractors and a UV agreement”
- “Acquired an £8,000 ramp so that the men could unload lorries by forklifts”
- “Got the fire section and Home Office involved to create more space in the working environment”
- “Successfully prevented staff working in an unsafe environment”

**(c) Building trade union organisation for health and safety**

The results of the questionnaire showed representatives identified achievement in building trade union organisation for health and safety far less than other categories of achievement. It was suggested that this in part might reflect a misunderstanding of the meaning of “building trade union organisation for health and safety.” This is borne out in the follow-up interviews when, many representatives spoke of activities that could be construed as building trade union health and safety organisation, when they were asked about supports to their activities rather than organisation building activities. Examples from the interviews included:

- ensuring that all health and safety representatives attend a minimum of the TUC Health and Safety Stage 1 course
- staff side secretary attending NHS Trust safety committee to keep a watching brief for the branch
- recruiting more safety representatives
- “filling in” for other representatives when they need cover
- arranging a meeting once per month of all the safety representatives
- covering members on other sites
- becoming a full time health and safety representative

*What did the safety representatives say?*

- “I got management to supply proper office space, a computer and filing cabinets for the health and safety representatives. I then introduced proper filing systems and a database”
- “Formed a health and safety shop-floor committee, with union pre-meetings”
- “I became active on my union’s regional and national committee”
- “I became proactive rather than reactive. I was part of a well-organised trade union health and safety structure. Management knew what was required of them and usually did it without too much prompting”
- “I became proactive on health and safety. I sit on health and safety committees, and attend union health and safety meetings. Members are informed of their rights and I acquired notice boards to show health and safety information. I got 2 more health and safety representatives elected, and introduced health and safety issues to team meetings and supervision”

**(d) Involving and informing members/workers**

Examples of the activities that health and safety representatives had undertaken to involve and inform other workers that were identified in the telephone and face to face interviews included:

- advising members after accidents/ill health
- finding out about stress through a stress survey
- running health and safety open days for staff
- using health and safety notice boards
- giving information to staff in other libraries
- organising health and safety training for members each year during national health and safety week
- pushing for support staff to obtain health and safety training
- health and safety training for staff organised on staff development days
- prompted management for refresher training for workers
- making members more aware of management’s responsibilities for health and safety
- informing members of rights
- supporting a member with stress and involving the trade union
- using notice boards to pass on health and safety bulletins to members
- getting management to supply information to members
- keeping members informed by word of mouth
- using knowledge to the benefit of members.

*What did the safety representatives say?*

- “I represent 15 people and I work very closely with them”
- “Keeping colleagues informed, as nurses feel that they have to put up with poor working conditions. I try to persuade them that we should not accept poor conditions”

**(e) Influencing the way that the employer manages health and safety**

In the telephone and face to face interviews health and safety representatives from the sample group described numerous activities that attempted to influence the management of health and safety. These included:

- pressing for risk assessments
- getting involved in risk assessments
- unfortunately having to threaten management to get things done
- ensuring that management placed health and safety higher up the agenda
- meeting with management, ranging from weekly to three monthly
- meetings with the manager to monitor progression on outstanding issues
- keeping management aware of their responsibilities
- helping to produce a health and safety manual for staff in libraries
- influencing the employer to get management properly trained
- getting management to act more quickly and positively
- negotiating and showing management their legal obligations
- involvement in COSHH and other risk assessments
- informed approach to risk assessment process
- implemented procedures
- monitoring management's health and safety policy
- agreed safe systems of work.

*What did the safety representatives say?*

- “Management involve me in risk assessments, and welcome me taking part and my comments”
- “I insisted on a risk assessment in the file store. Manual handling was the main problem. After the risk assessment, they have now introduced level benches, steps, an ergonomically designed bucket/trolley system”
- “At first after my training, management tried to use me in a dual role. I pressed them to appoint a competent person. They did. Now I clearly represent the union”
- “Management wanted me to do the risk assessments. I told them I want to work alongside them, not do the job for them”
- “I am fully participating in risk assessments with a team approach, and things are getting done as a result”
- “My tenacity at safety committees keeps management on their toes”
- “I have a positive relationship with management, verbalising concerns, and gaining support, without having to resort to formal measures”
- “I often end up advising managers on what they should be doing, because they are not well trained”
- “I have recently had to take a much firmer stance with management which seems to be getting results”
- “I was actively encouraged by management. I became very active on the safety committee, where I influenced the agenda, and they were more receptive to me as a safety representative”
- “Organised regular staff meetings with the Health and Safety Section to air issues. I was invited by management to form a union/management consultation group. We have tackled issues and some have been resolved”
- “Challenge management on things that were previously never challenged”
- “We implemented a schedule for carrying out risk assessments on VDU workstations”
- “Got proper training for competent persons. Changed it from half an hour. It has had national implications”
- “I became even more interested in the subject after the Stage 1. I got listened to by the company more, and I joined the risk assessment group”

## **5. 6 Summary: The role of training in promoting activities and achievements**

This chapter demonstrates that many of health and safety representatives in the sample were engaged in a rich and varied range of workplace health and safety activities. This was particularly well illustrated in the material derived from interviews with those who had attended TUC training courses. It is clear from the results of the questionnaire survey that training is perceived by representatives to be of considerable benefit in supporting all of their key functions at the workplace. Perceptions of achievements also indicate a substantial range and show a high level of satisfaction with TUC /Union training in health and safety. In addition, for those who have undertaken it, the TUC Health and Safety Stage 2 course is perceived to have added considerable value to such support. This was also true for areas in which the representatives reported somewhat less success, such as consulting/negotiating with management.

If trade union training is the significant aid to workplace activity and achievement in health and safety that the results presented in this chapter seem to indicate, it is important to investigate why this is so and especially to consider what particular features of such training are responsible for providing such support. This will be taken up in Chapter 7. Before this however, we examine some of the challenges to health and safety representative activity at the workplace that were identified in the survey.

## **Chapter 6**

### **Challenges to the workplace activity of health and safety representatives**

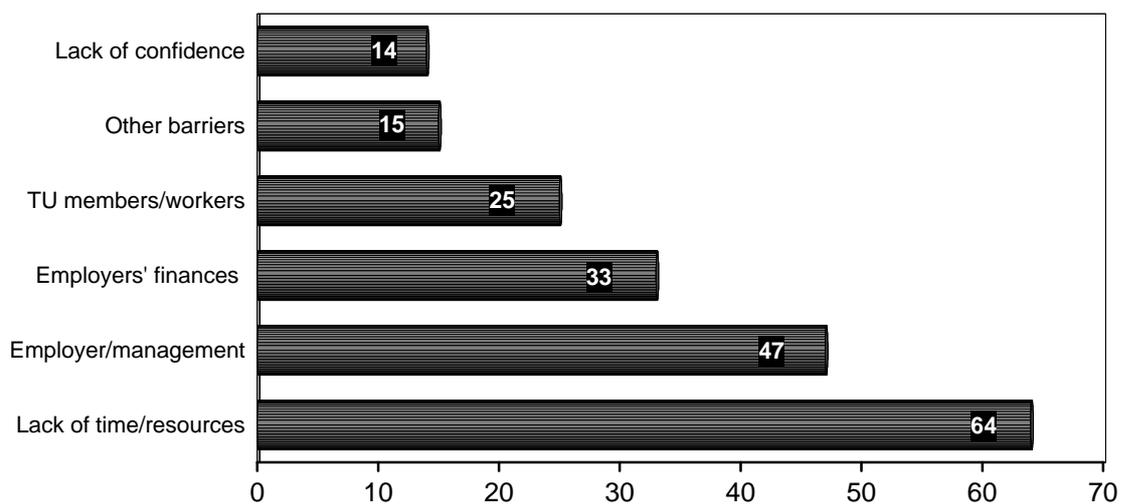
#### **6.1 Introduction**

The findings in Chapter 5 demonstrate the support of training for positive workplace health and safety activities and achievements. However, as is shown in Chapter 4, training is only one of several supports for workplace activities. In some workplaces other forms of support may be underdeveloped or absent. It is important to know how worker representatives regard the challenges to their attempts to engage in health and safety activities in the workplace. The following sections presents findings on the representatives' experience of obstacles and barriers to their health and safety activities. It begins by identifying these challenges for the sample as a whole and for those who have received TUC Stage 1 and Stage 1 and 2 training, based on analysis of responses to the questionnaire. It goes on to examine the perceptions of representatives who participated in telephone and face to face interviews, concerning the barriers and obstacles to their activities and seeks the reasons why some 35 per cent of interviewees from the group of representatives who had completed TUC Stage 1 training regarded their activities at the workplace as having decreased since that training had ended. Finally the chapter presents some of the barriers and obstacles to training itself that were identified in the research.

#### **6.2 Main barriers/obstacles to activity as a health and a health and safety representative (all courses)**

Respondents were asked what they thought were the main barriers/obstacles that they faced as a health and safety representative They had an opportunity to choose one or more of five barriers/obstacles and add comments if these barriers/obstacles were applicable. A sixth option was to identify and explain other barriers/obstacles.

Fig. 9 Main barriers & obstacles faced by H&S Reps (%)



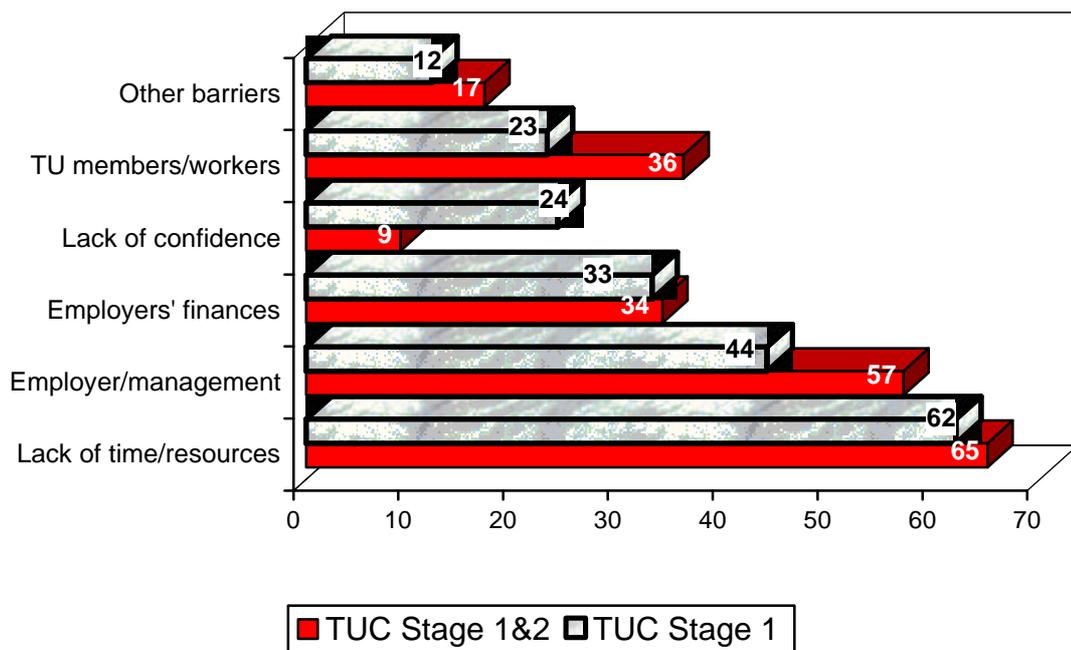
The results are identified in Figure 9 above. The largest problem affecting health and safety representatives appears to be lack of time/resources/facilities to do their job, which was identified by 64 per cent of respondents. In most cases, time, resources and facilities are under the control of the employer. The employer/management were identified specifically as the main barrier/obstacle by 47 per cent of respondents. Again throughout all the phases of this research many health and safety representatives complained about the difficulties that they faced with their management.

The low number (14 per cent) citing lack of confidence/experience as the main barrier/obstacle, was to be expected as over half the respondents to the questionnaire had been safety representatives for over five years.

### 6.3 Main barriers/obstacles as a health and safety representative (Analysis of the Questionnaire for respondents completing TUC Stage 1 and TUC Stage 1 and 2 only)

Figure 10 below compares the perceptions of respondents who had completed TUC Health and Safety Stage 1 only, and those that had completed both Health and Safety Stages 1 and 2.

**Fig. 10 Main barriers & obstacles faced by H&S Reps who attended TUC Stage 1 only & TUC Stage 1& 2 only training (%)**



It is to be expected that health and safety representatives who have attended Stages 1 and 2 will be more confident. It was seen earlier that they have been in the position longer, and one would expect their confidence to grow accordingly. In addition, many representatives interviewed in later phases of the research referred to the way that their confidence had increased by attending the Stage 2 course. The financial situation of the employer appears constant for the different respondents. However, with all other responses, it appears that a greater percentage of

respondents who have done the Stage 1 and 2 courses are identifying barriers. This could be interpreted in one of two ways:

Either

- The Stage 2 training is having little impact upon dealing with the perceived obstacles of lack of time/resources/facilities; management/employer; and trade union/union members/workers; and other barriers.

Or

- The Stage 2 course learning outcomes require the representative to adopt a more critical and evaluative role, and that will obviously influence their perceptions. Additionally, a representative who has attended Stage 2 will have had the opportunity to widen their understanding of the health and safety representative's job. They may have greater expectations as a result.

These possible interpretations were explored further in interviews undertaken with the representatives who had received TUC Stage 1 training and those who were attending TUC Stage 2 courses.

#### **6. 4 Main barriers/obstacles as a health and safety representative: results of the interviews with respondents who had completed TUC Stage 1 only**

The interviews with respondents who had attended the TUC Stage 1 course provided further information on the nature of the challenges faced at the workplace. The researchers sought to discover why the activities of 35 per cent of the sample had decreased with time since their training (see Chapter 4, Section 4. 3) As a consequence the health and safety representatives who felt that their activities had decreased with time following training were asked the reasons why. This was asked as an open question, and they were not constrained to headings that may have appeared artificial to them. However, for the purposes of analysis, the basic headings from the barriers/obstacles section of the questionnaire were used, with the representatives' descriptions of their reasons allocated accordingly.

##### **(a) Lack of time/resources/facilities to do the job as safety representative**

When interviewed the health and safety representatives consistently said that they lacked the time and facilities to do their job as a health and safety representative. This was also a recurrent theme throughout the research, and indeed even with some of the health and safety representatives whose activities had actually increased with time following their training.

*What did the safety representatives say?*

- “There is no time to do the safety representative’s job. We are short staffed, the pupil’s needs come first, and it is very difficult to leave the work area”
- “Continuing pressure of work gives insufficient time”
- “The biggest problem that I have is getting the time to do the job. If I am working and I go off to do the representative’s job, management would not replace me, and it would let my colleagues down. Management want me to do the safety representative’s job after my colleagues have finished work”
- “I am not getting the time to do the job. If I did more, I would not get cover for my work. My work would be left, then I would have to catch up when I returned”
- “Management give me time, but it results in pressure on my colleagues, who are working with adults with learning disabilities”

**(b) Lack of confidence/experience to do the work**

This was less of a barrier for most representatives interviewed, as very few mentioned this. Training obviously plays its part in developing confidence and this was referred to by many representatives.

*What did the safety representatives say?*

- “My confidence has fallen because my activities have not been kept up”
- “I don’t feel particularly knowledgeable or experienced”
- “I don’t feel I have the knowledge or skills any more”

**(c) Barriers/obstacles with the employer/management**

Many health and safety representatives throughout all phases of this research have perceived difficulties with management. Typical problems identified include:

- lack of knowledge and training of all levels of management
- failure to consult
- taking a long time to rectify health and safety problems or not rectifying them at all
- taking things personally when safety representatives raise problems
- failure to comply with legal provisions such as risk assessments
- particular problems with lower and middle management
- obstructive behaviour towards health and safety representatives
- failure to allow time for health and safety representatives to carry out their duties or attend further training.

*What did the safety representatives say?*

- “Every time I approach management I seem to be hitting a brick wall”
- “If management chose to involve us, we could increase health and safety tenfold”
- “Working in a small school next door to the head-teacher, you can make yourself very unpopular. Management can be edgy and sarcastic, making me feel awkward”
- “Management does not involve the union in health and safety. They consider that I am interfering. I wanted a risk assessment covering stress but they frustrated me”
- “Although management are safety conscious, they do not understand some points of ground-level safety”
- “Management do not always consult. For example, they arranged for painting to be done. There was a very strong smell. It made other staff and me ill. I had to tell them that they should have consulted me when they were planning the work”
- “Management are supportive up to a point, but they drag their feet and are hard to shift. If there is a large problem they pass it on to the company who the premises are leased from”

**(d) Trade union/union members/workers**

Health and safety representatives need the support of their members and their union. Several difficulties which they felt had affected their activities were mentioned by representatives during the interviews. Some of the concerns expressed were:

- isolation from other safety representatives
- a shortage of safety representatives
- having too many union duties
- lack of support from other union representatives
- inability to find out who the other representatives were and get a list of members
- an apathetic workforce who are reluctant to support the safety representative when there is a conflict
- low union density.

*What did the safety representatives say?*

- “I am the only union representative for over 100 workers. If there were more of us we could really raise the health and safety profile”
- “My members grumbled about MDF dust. Now the dust has been cleared up, they don’t seem to see the importance of health and safety. Nobody else will stand up and be counted”
- “I feel isolated. I do not know other safety representatives nearby. I only see other safety representatives at six-monthly safety committee meetings”
- “The previous representative used to spur me on. But he has gone now, and I haven’t got the time to do everything that is needed. He was very proactive”

**6.5 Main barriers/obstacles as a health and safety representative: results of the interviews with representatives attending TUC Stage 2**

Health and safety representatives already attending a Stage 2 course were asked about barriers to their workplace activities they felt they had faced after their Stage 1 training. Interestingly 27 per

cent said that they had not face any barriers or obstacles after the course. The majority of the sample however described a range of barriers, many of which were similar to those mentioned above. However, the two main categories most frequently perceived were:

- a lack of time to do the job of a health and safety representative
- the approach of management

Some of the responses of the representatives in relation to these areas are outlined below.

**(a) Lack of time to do the job of a health and safety representative**

There was a clear sense of frustration from many of the health and safety representatives that following their Stage 1 course, they could have contributed a lot more to health and safety in the workplace, if they were accorded an appropriate amount of time to do so. In all of the collective feedback sessions, time to do the job was a dominant issue. The quotes below encapsulate some of the difficulties that many representatives seemed to face after their Stage 1.

*What did the safety representatives say?*

- “Available time is a problem. My workload is high and does not go away when I am dealing with issues”
- “You have your own job to do and the health and the safety representative’s job. It can be difficult”
- “Most safety representatives are doing the job in their own time, because they cannot find the time to do it in the workplace”
- “When you go on a health and safety course your colleagues have to do your work for you. Management say you can go if you want to”
- “There were objections from my employer because I was having time off to attend the course. My workload was left to mount up in my absence”
- “Time to do the job is a problem. I get no cover, and the work is still there when I get back. Health and safety work is given a non-productive code”

**(b) Barriers and obstacles of presented by employers and management**

Difficulties with management after the Stage 1 Health and Safety course permeated face to face discussions with the representatives. Obviously, not all the representatives experienced them, as 27 per cent claimed that they did not face any barriers at all. But many spoke of the problems they perceived to lie with their managers. The quotes below give an impression of some of these problems. Often the representatives were critical of lower and middle management.

*What did the safety representatives say?*

- “There was the beginning of suspicion and resentment of local managers;”
- “Lower management don’t take you seriously”
- “Management were reluctant to release me from duty and allow sufficient time to inspect”
- “Managers were interested at first but this soon dissipated. There was a lack of correspondence from managers and they would not grant automatic release for inspections”
- “When you were on the Stage 1, management would listen to you. When I finished they were less likely to”
- “My immediate manager made unpleasant remarks about the time I was spending on non-productive work. But higher management is appreciative”
- “Senior management say the right things but it is not cascaded to junior and middle management”
- “Middle management are not trained in health and safety, and do not take part in risk assessments”
- “Get fed up with management. It was an anti-climax after the Stage 1 course. While I was on the course, management were more likely to consult with me”

## **6.6 Barriers to future training**

Representatives who were interviewed by telephone were asked about their plans for future training and what they wanted from it. Around two thirds said that they planned to progress on to the TUC Stage 2 Health and Safety course. However, they also gave a range of reasons for why they had not already progressed to the Stage 2 course which included a mixture of problems associated with availability and access to training, and problems with paid release. For example they included:

- doing or having done other courses
- a local course not being available
- difficulties obtaining time or release for the course
- a large workload
- cancellation of courses due to small numbers
- family circumstances.

*What did the safety representatives say?*

- “I want to go on the Stage 2, but each time I am held back by having to negotiate with the manager. I work 24 hours per week, and if I was on the course I would only be at work for 16 hours. I have spoken to the Chief Executive about this problem, and I know that my union will back me”
- “I would have liked to have gone on it, but it is difficult to take the time off. Nursing courses take priority. I currently work for 3 days on 14-hour shifts. I would do it in the evenings”
- “I keep pressing management to let me go on it, but they are not keen. I have raised it at the last two safety meetings”
- “Work doesn’t get done while you are away, so there may be a problem to leave the job”

Around one-third of those interviewed did not intend to progress on to the TUC Stage 2 Health and Safety course. Some of the reasons given by this group included:

- one day a week for ten weeks is not flexible enough
- workload
- other union duties
- changes at work
- imminent retirement.

*What did the safety representatives say?*

- “It’s management that need the training not me. Until they are trained the safety representative’s job will be really difficult. I know what needs doing but management doesn’t. I don’t think it would be looked on favourably if I asked for a Stage 2 course. More flexible training would help”
- “I spend a lot of time on union duties, and a ten week course is not a priority at present. I would consider something that did not involve one day a week for ten weeks”
- “I have not thought about future training. I don’t think I would get release, and I would be juggling too much”

Here again there is a mixture of problems associated with availability and access to training, and problems with paid release as well as a sense that perhaps provision is not flexible enough to accommodate the various activities in which representatives are involved at work and as trade union representatives.

Representatives interviewed who were currently on a Stage 2 course were also asked why they had gone on to take this course, and whether they had any difficulties obtaining release. 13 per cent of this group said they had experienced such difficulties.

## **6.7 Summary**

The main barriers perceived by health and safety representatives are a lack of time, resources and facilities, and the employer/management. A similar percentage that have attended Stage 1 and Stage 2 training identify time, resources and facilities. A greater percentage of those attending Stage 2 training rather than Stage 1, identify the employer/management. Yet as shown in Chapter 5, those attending Stage 2 have found the course particularly helpful for those activities that involve dealing with management. The most likely interpretation of this suggests that health and safety representatives adopt a more critical and evaluative role as a result of their Stage 2 training.

Health and safety representatives whose activities had decreased since their Stage 1 health and safety training attributed this decrease to a wide range of barriers ranging from a lack of time, to difficulties with management, to a range of organisational problems. Chapter 7 will explore, in part, the extent to which training has helped to overcome these barriers.

## **Chapter 7**

### **Why training helps**

#### **7.1 Introduction**

The findings of the questionnaire survey previously described in Chapters 4 and 5 indicate that respondents felt that training (and especially TUC Stage 1 and Stage 2 Courses) was a positive support for their workplace health and safety activities and achievements. In this section we consider why this might be so. We also consider the extent to which the results of the research suggest that training helps to counter the challenges faced by health and safety representatives that are described in Chapter 6.

#### **7.2 The most helpful elements of content and delivery of the TUC Stage 1 Health and Safety Course**

Our approach begins by examining responses of the representatives who had completed the Stage 1 course and who were the subject of telephone interviews. Of these representatives 98 per cent said that training had helped them gain the achievements outlined in Chapter 5:

- 38 per cent said that training was extremely helpful
- 38 per cent said that training helped a lot
- 22 per cent said that training was of some help

They were asked to recall what elements of content and delivery of their Stage 1 training were most helpful in supporting their subsequent activities at the workplace and what they felt they had gained from their course in this respect. As in previous cases, this was asked as an open question. Their predominant responses are reflected in under the following sub-headings.

##### **(a) Sharing experiences and learning from others**

This element of TUC Health and Safety training featured prominently in the replies of the sample. Examples of the methods that were most appreciated were:

- meeting and working with others
- joint learning
- sharing experiences
- feedback from other representatives
- a broad based spectrum of people
- supportive environment created.

*What did the safety representatives say?*

- “I felt easier on the course because I had the support of other course members with their ideas”
- “I really found it useful with representatives from different working environments, seeing how problems could arise and how they were dealt with, and comparing their procedures with ours”
- “What really helped me on the Stage 1 was getting the opinions of 10 other people, on the best ways of dealing with a health and safety problem. This has been a great help to me ”
- “The Health and Safety Stage 1 really opened my eyes. Representatives from different work environments who I learned a lot from, and it really heightened my awareness of health and safety issues”
- “One of the biggest benefits is working with others. There are a variety of people describing their situations. For example, I learned a lot from a paramedic who was trying to set up risk assessments for unpredictable and variable situations”

**(b) Student centred learning methods and skills development**

Many representatives in the sample referred to positive features of TUC learning methods and skills development. Examples included:

- development of new skills and practising the use of skills
- learning how to approach management in the right way
- the course was shaped to meet students’ needs
- the supportive value of group exercises.

*What did the safety representatives say?*

- “TUC methods are the way to learn. The scenarios for the role play helped me with my job for the future”
- “Role playing the job of the safety representative prepared you for anything that came back at you”
- “It was a really practical course where each week you were asked to do something in the workplace. This meant that you saw things that you had never seen before. I was encouraged to talk to individual workers, whereas before I felt that I knew more than the people around me. It changed me as a result”
- “I am now required to chair meetings. I got these skills from the Health and Safety Stage 1”
- “Every week, there was a course meeting where a chair and secretary would be elected. I found this beneficial for addressing groups”

**(c) Doing the job of a health and safety representative, knowledge of rights and legal standards**

Many representatives talked about the course preparing them for the job and giving them the tools to be effective. References to helpful elements included:

- finding, using and understanding the law
- using Regulations

- getting to know legal rights
- equipping representatives for their job
- understanding management's responsibilities.

*What did the safety representatives say?*

“Before I was trained on my TUC Health and Safety Stage 1, I was a representative in name only. I didn't really know what I was doing. After I did the course, I knew exactly what was expected of me”

**(d) Finding and using information**

Representatives from the telephone sample who had completed Stage 1 only, felt that the Stage 1 course was very helpful in developing the skills of finding and using information.

*What did the safety representatives say?*

“I know how to find information and use it. The Stage 1 gave me the tools for the job”

**(e) Tackling problems**

Reference was made to the way that the course helped to take up health and safety issues at work. The ability to spot hazards and use the appropriate channels for getting things done was described as a feature of the course.

**(e) Course materials and tutor support**

The final element of the course that was described as most helpful was the standard of the course materials and their usefulness as a reference tool following the completion of the course. The dedication and professionalism of the TUC course tutors was also singled out as a significant factor in the representatives' positive experiences of the training.

**7.3 What had been gained from the TUC Stage 1 Health and Safety Course**

The main qualities that the representatives perceived themselves to have gained from the Stage 1 Health and Safety Course were:

- confidence
- enthusiasm
- experience
- the ability to get things done
- authority
- being up to date.

*What did the safety representatives say?*

- “It was very helpful in tackling the barriers of management. I had the confidence to take it up with personnel”
- “Standing up and talking in front of people is an ordeal, but now I am more confident after the Health and Safety Stage 1”

#### **7.4 Extent to which training helped safety representative to overcome barriers/obstacles**

There are considerable problems health and safety representatives need to overcome if they are to make the contribution in the workplace that they have the potential of achieving. This is confirmed by the analysis of results on challenges to their health and safety activities presented in Chapter 6. TUC training aims to enable representatives to be more effective at dealing with managers and “getting things done”. This should include dealing with at least some of the challenges presented by the experiences outlined in Chapter 6. Therefore, as well as being asked about the support of training for their activities and achievements (Chapters 4. and 5) in the questionnaire survey, representatives were asked to what extent training had helped them to overcome the barriers/obstacles listed in Fig. 9 in Chapter 6. These included:

- Lack of time/resources/facilities to do your job as a safety representative
- Employer/management
- Financial situation of employer
- Lack of confidence/experience to do your job as a safety representative
- Trade union/union members/workers
- Other barriers/obstacles

Table 10 below shows the results for all courses, those who had attended TUC Health and Safety Stage 1 only, and those who had attended TUC Health and Safety Stages 1 and 2 only. It indicates a high level of satisfaction with TUC /Union training in helping to overcome barriers. But there are increased percentages where representatives felt that training was of little or no help.

**Table 10 The extent to which training helped health & safety representatives overcome barriers & obstacles (%)**

<b>Level of help</b>	<b>TUC Health and Safety courses</b>		<b>All courses</b>
	<b>Stage 1</b>	<b>Stage 1 &amp; 2</b>	
Extremely helpful; helped a lot; of some help	78	88	81
Of little or no help	22	12	19
Extremely helpful	13	23	20

The sample of respondents who attended TUC Stage 1 only is N=144, and TUC Stage 1&2 only is N=123.

It is striking that the perception of a substantially greater number of respondents appears to be that Stage 2 training helps to overcome the identified barriers to health and safety activity. Perhaps this adds some weight to the previous suggestion that one reason why more respondents

who had done Stages 1 and 2 identified barriers and obstacles in the first place, is not that they experience such challenges with greater frequency than other representatives. It is rather, that they perceive them to a greater extent because the training equips them to adopt a more critical approach to occupational health and safety management. It may be hypothesised that it therefore enables them to deal more effectively with the challenges of OHSM. Evidence that supports this in relation to the activities in which representatives engage during, and as a result of, the Stage 2 training is explored next.

## **7.5 Workplace actions and the support provided through trade union training progression**

Within the TUC provision of training there is a notion of progression, from Stage 1 on to Stage 2 and from there to the TUC Certificate. The TUC has estimated that around one-third to one-half of those representatives completing Stage 1 will subsequently undertake Stage 2. It is too soon to predict how many of these will progress to the Certificate, but early indicators suggest it will be a popular choice. The concept behind such progression is that each course builds upon the previous one in developing relevant skills and knowledge but they remain experience-based and maintain efforts to integrate training with workplace experiences. Thus, the concept of progression implied is not only about increased educational attainment but also concerned with enhanced and improved workplace activities. It thus emphasises the notion of increased effectiveness in representation at the workplace. We should expect to find some evidence of this process in our results since we have focused extensively on the relationship between Stage 1, Stage 2 and the workplace activities of health and safety representatives. Indeed, this is the case and we have reported in several places in previous chapters. For example, in Chapter 4 we noted how Stage 2 was seen by representatives to enhance their abilities to carry out their functions and to deal with management. In Chapter 5 we noted the extent to which representatives felt that Stage 2 improved their capacity to gain achievements in health and safety at their workplaces. And in the present chapter we have noted how representatives perceive training and especially Stage 2 training as helpful in overcoming barriers to health and safety activities.

In this section we present further material which demonstrates ‘added value’ by the Stage 2 Course in terms of the links it enables representatives to achieve between their training and their workplace practices. We show this in two ways. First by presenting some of the responses that representatives currently participating in the Stage 2 course gave to questions they were asked during interviews and group discussions concerning their activities at work since they had started the stage 2 course that they thought had resulted from the course. Secondly we will present outlines of a number of “improvement projects” undertaken by representatives currently in Stage 2 training which were collected during the interviews and group discussions. The projects demonstrate, in some detail, examples of the range of specific workplace actions in health and safety that have been undertaken as a direct result of the Stage 2 training and are detailed testimony to the success of the educational methods and delivery of these courses.

## **7.6 Action at work as a result of the Stage 2**

Representatives were asked what they had done at work since the start of the Stage 2 course that they thought resulted from the course. In addition, they were asked what had been achieved as a result of the improvement project that each participant undertakes on a Stage 2 course. The added value from pursuing Stage 2 training, that has already been apparent in the results of the analysis of the questionnaire and in the interviews with representatives who were attending Stage 2 courses was forcefully borne out. 89 per cent of representatives said that as a direct result of training they had initiated new health and safety activities in their workplaces. Section 2. 6 in

Chapter 2 outlined how the educational methods employed on TUC Health and Safety Stage 2 training are designed to draw upon, and at the same time enhance, activities and action in the workplace. Participants have action planning worksheets in their course materials. These are used to keep a record of what needs to be done in terms of their health and safety actions at their workplace, and the progress that is made during the course. Regular reports back are given to other participants, to obtain feedback on progress and the next steps. In addition they undertake a workplace based 'improvement project', the aim of which is to facilitate a combination of educational achievement with practical workplace improvements.

In their questionnaires, face to face discussions and collective feedback, the health and safety representatives described a range of things that they had done at the workplace as a result of the course. Action in the workplace was not confined to the improvement project and showed a rich variety of activities and achievements. The most frequently mentioned activities and achievements related to:

- tackling hazards at work
- involving and informing members/workers
- influencing the way that the employer manages health and safety.

Many similar types of activities and achievements to those that representatives perceived to have resulted for Stage 2 training have already been detailed in Chapter 5..2-5.5.. It is not necessary to repeat similar work here. However, it was apparent to the researchers that there had been considerable achievements in workplaces in a period of two months whilst the representatives were attending the Stage 2 training.

*What did the safety representatives say?*

- "There was no competent person, and problems with disability were not being addressed. Lots of risk assessments were outstanding. I have raised this with management, and somebody is now being trained"
- "I have set up a health and safety folder for all staff to access, including risk assessments, regulations etc. The accident book is now accessible to all, and I have been inspecting at other sites"
- "I negotiated with management to get better conditions in two offices. There is now a new counter in one of the offices"
- "I have recruited more representatives, and arranged for regular meetings. I have also taken on the duties of the branch health and safety officer"
- "I have highlighted an issue with violent incident report forms, which are not currently reported to the joint management and staff health and safety group. The issue is now being addressed"

## **7.7 What had been helpful in the Stage 2 training for activities in the workplace?**

The representatives from the sample were asked an open question about what had been helpful in the Stage 2 training in terms of their activities in the workplace. In responding, some spoke about the demanding nature of Stage 2 training when considered alongside their other responsibilities as a worker, a health and safety representative, family member and so on. Almost all the representatives spoke very highly about the training that they had received, and felt it had benefited them greatly in the workplace and union.

As one would expect, there was a vast range of responses about particular things that had helped, the most consistent individual and collective views included:

- restoring enthusiasm and confidence to tackle problems
- skill development through the practical nature of the course, particularly the skills needed for surveying members and getting their views on hazards that are important to them
- discussing problems with other representatives and getting their views and support
- project work
- developing a methodical approach to tackling problems
- increasing knowledge on law, hazards and procedures
- finding information and using it
- practice in developing a plan and using negotiating skills to implement it
- support from the tutor.

*What did the safety representatives say?*

- “It has given me complete confidence to carry out my duties”
- “I couldn’t speak confidently before. Now I can speak to top management”
- “On the TUC Health and Safety Stage 1 you learn the basics. On the Stage 2 you are using it”
- “Because you are getting professionally trained, management have now lost the attitude of ‘amateurs interfering’. I now have some professional respect”
- “The best thing about the course is the survey. You find out members problems that you would otherwise have missed”
- “Setting the agenda on Stage 2 is critical, because it means that you address the matters that are important to you and your members”
- “It has made me do something in the workplace. Union members have faith in what I do”
- “One course member came into the course very stressed because of a problem with violence at work. The tutor and the course members agreed to work on the problem, and come up with a suggested plan. The course member contacted the branch secretary, and now management are looking at developing a violence at work policy”
- “It is useful to get the support of other representatives. It gets things clear in your own mind. This has made me think about the need for safety representatives to meet at work”
- “I have been able to re-think my strategies, and I do not have a defeatist attitude any more”
- “It has helped me with constructive analysis of problems, making it much easier for me to work in the future”

## **7.8 Improvement projects**

An improvement project gives participants an opportunity to study a topic in depth, with a view to improving the health and safety conditions in the workplace. It is meant to allow participants the chance to build their skills, and tackle a topic that is of use to the members, union and workplace. Projects normally involve:

- identifying a key issue in consultation with members
- planning the work with clear and manageable tasks
- using skills to investigate
- linking with the workplace, union and members

- planning and implementing solutions as a result of investigations
- reviewing and evaluating progress
- presenting a report towards the end of the course.

The researchers had an opportunity to speak to representatives about their projects both individually and collectively. Some improvement project presentations were also listened to. In addition, copies of 37 improvement projects that had been undertaken as an integral part of the courses were examined in more detail.

A significant feature of many of the projects was the way that the representatives had used surveys and questionnaires to investigate their members' perceptions of problems and solutions. Where surveys were used there was invariably very good participation from members. Another feature of the projects was the range of hazards that were addressed. The use of student-centred learning methods results in issues being tackled that are important to union representatives and their members. Stress at work, gender sensitive health and safety, violence, the impact of stringent sickness monitoring procedures, lone working, manual handling, headsets in call centres etc. show what is important to workers when they are asked.

Health and safety procedural projects were also frequently undertaken, where the representatives sought to influence the way that health and safety was being managed, and the way that the union was organised for health and safety. Finally, it was observed that the improvement projects were reinforcing and developing a whole range of skills. The skills associated with planning, communication, systematic investigation, negotiating, written and verbal presentation all featured frequently. The progress that many of the representatives had made in the workplace in such a short space of time was most impressive.

The considerable diversity of the range of subject matter chosen for projects is shown for convenience under three broad headings below.

**a) Tackling health, safety and welfare issues**

- Tackling violence at work with recommendations to management
- Violence at work surveys and questionnaires
- Improving security to reduce violence
- Improving standards for VDU operators after a survey
- Tackling diesel fumes in a fire authority
- Air quality survey relating to humidity
- Numerous stress surveys with very high return rates, subsequent analysis & attempts to reduce stress
- Manual handling in nurse's uniforms
- Surveying women workers and tackling the health and safety problems identified
- Manual handling in a confined space
- Improving standards for use of lap tops
- Obtaining new headsets in a call centre after a survey of members
- Tackling lone working on an estate and the introduction of short and long term solutions
- Elimination of substances causing dermatitis
- Repetitive strain injuries caused by fettling
- Ventilation
- Obtaining an extraction unit on a conveyor

- Obtained a much larger cabin with much improved heating and ventilation
- Test of extraction equipment in a chemical plant
- Surveying re ventilation, portable air conditioning units, and pursuit of longer term solution
- Handrails fitted after concerns expressed by workers with a disability
- Trying to reduce members working excessive hours
- Seating arrangements for VDU users
- Improvement of lighting
- Tackling cold temperatures in a dispatch area
- Trying to replace chemical toilets with flush ones. Short term to get the chemical toilets serviced and maintained
- Obtaining hot water for women's toilets
- Solvents substituted by water based paints.

#### **b) Improving policies and procedures**

- Trying to improve manual handling through risk assessment
- Obtaining a risk assessment for electoral duties on polling day
- Devising a risk assessment form
- Helping members with sickness absence and return to work procedures
- Establishment of a safety committee
- New manual handling programme after discussion at safety committee
- Production of a gender sensitivity report for a safety committee
- Production of a health and safety induction document for both permanent and contract staff
- Ensured that part time staff get a health and safety induction and a copy of the safety policy
- Training for manual handling
- Absence of training procedures and members views
- Tackling problems at source with new plant & processes
- Getting more input for safety representatives
- Improving the way that safety representatives are organised
- Improving lines of communication between management, unions and safety representatives
- Producing a workplace inspection checklist that is now an official company document
- Producing a policy and guidelines for contagious diseases
- Review of sickness and monitoring procedures to identify bullying and harassment
- Clarifying monitoring of attendance procedures
- Improved accident reporting procedures
- Improving policies for needlestick injuries.

#### **c) Other projects**

- Exclusion of transport from the Working Time Regs
- Inspection of the workplace
- Reducing theft, trespass and vandalism on the railway
- Running a health and safety awareness day.

It is impossible to convey either the richness or breadth of improvement projects without giving some examples. The following fifteen case studies are felt by the researchers to be good examples of the range of projects examined during the time spent with participants who were approaching the end of their Stage 2 courses. Limitations of space mean that they have been summarised here

and reduced to their essential features. It should be borne in mind that they have been undertaken by a range of representatives from widely different workplace backgrounds in which there will be considerable variation in the level of support available for health and safety representatives. There are two key aspects to each project.

First is the way and extent to which they demonstrate learning acquired in categories outlined in the previous sub-section, such as:

- use of survey techniques
- investigative skills
- methods of evaluation.

Second - but perhaps more significantly for purposes of the present research - is the way that the projects clearly relate to achieving workplace change in the form of improvement in health and safety management.

### **Case study 1: a gender sensitive approach to health and safety**

After work on the Stage 2 course on gender sensitivity, a male safety representative decided to survey women members about health and safety problems that they faced. He constructed a questionnaire and distributed it to a cross section of women members. Many problems were identified in their replies including:

- ergonomic problems
- flour dust
- poor male attitudes displayed by males and a feeling from women that they are discriminated against and ignored
- stress caused by low staffing levels, long hours, shift work and verbal abuse
- poor welfare facilities with a lack of seats and privacy in the changing rooms.

As a result, the representative:

- sent a report to the personnel manager with the findings and this was then passed on to the general manager. A positive response was given, and a meeting arranged to address the issues;
- located a female member who was recommended by the other women, who is willing to stand for the position of health and safety representative at the next branch meeting;
- feels that awareness of women's health and safety needs has been raised, and steps will now be taken to address the problems.

### **Case study 2: workstations and DSE**

A questionnaire was devised to ask members about their working conditions on display screen equipment. All nineteen members replied. As a result of the findings:

- mouse mats and gel supports have been introduced
- monitor stands will now account for different sizes of operator
- blinds are to be changed because of glare
- self assessment forms are being filled in by members.

### **Case study 3: violence at work**

A questionnaire was devised on violence at work for district nursing night services and chiropodists. 46 workers responded which was almost all the concerned workers.

70 per cent had been verbally or physically abused at some point in their work. It had some kind of effect upon 85 per cent, and only 54 per cent had reported the incident.

A report was produced for management which included the following recommendations:

- risk assessments for each of the services
- clear workable guidelines to be discussed at induction
- access to mobile phones and alarms
- compulsory training
- a compulsory system of logging with a central point each visit(s) before leaving. Staff's movements then monitored to ensure their safe return
- regular local review.

### **Case study 4: ventilation in an office environment**

A critical examination of ventilation was made in an office environment. Poor ventilation was the main concern of staff and had been the longest outstanding issue on the safety committee and the union/employer negotiating committee. From the perspective of the staff, the temperature was too hot in the winter and became unbearable in the summer. A previous survey of workers showed numerous problems being experienced by workers ranging from dry eyes, throat and skin, to increased asthma and breathing difficulties.

The representative researched previous union and management activities, and the legal and guidance requirements laid down by the HSE and the Chartered Institute of Building Services Engineers. A comprehensive report was produced with recommendations for the trade union, management and the estates' managers and contractors.

### **Case study 5: Manual handling in a print factory**

A survey of workers showed that many of them had to drag heavy pallets of magazines across the factory for approximately 250 yards without the aid of a trolley, and others thought that there were too many obstacles in their working space. Another member complained that pallets were stacked too high to lift down. Two people had to take painkillers to keep working. Some worked all through the shift without a break. The main concern that the representative addressed was the lifting of bundles of paper on to a binding machine.

The representative, using the Manual Handling Regulations undertook a thorough risk assessment. Using the hierarchy from the Regulations, numerous conclusions and recommendations were produced in a comprehensive report presented to the employer. These included:

- a pulley device to bring bundles to certain heights before lifting
- a trolley to pull the bundles into the factory
- making the bundles lighter and easier to grasp
- increasing staff numbers so that rest breaks can be taken
- special training in manual handling.

### **Case study 6: reducing vibration**

The health and safety representative was concerned about vibration levels for fettling and preparing metal fabrications. The majority of the tools being used were straight grinders of different sizes fitted with a variety of toolpieces. After a thorough investigation which included an analysis of the problem, relevant legal standards etc; the representative submitted a report to the employer identifying that hand held belt grinders:

- could typically achieve a fourfold reduction in vibration exposure
- are easier to control and are less prone to wander and kick
- allow quick changeover of belts
- ensure that the operator will need to apply less force
- would improve access to awkward areas.

### **Case study 7: neck problems in a call centre**

Staff in a call centre identified that they were suffering from neck problems. In discussions with the health and safety representative, staff felt that using telephone hand sets to answer calls and typing at the same time, caused the neck problems. The staff and the representative thought that the provision of headsets would alleviate the problem. The health and safety representative approached her manager to discuss the problem and put forward the proposed solution.

The manager agreed with the union case, and placed an order for 200 new headsets for all the staff.

### **Case study 8: tackling stress in the workplace**

Two health and safety representatives conducted a thorough stress survey of the two workplaces (a school and a swimming pool) where they worked. They conducted the survey over a five-week period and had a 100 per cent response rate from one workplace and a 98 per cent response rate from the other.

A variety of symptoms of stress were identified including:

- headaches (90 per cent of employees at the pool)
- feelings of guilt/fear/panic (70 per cent at the school)
- recurrent backache (75 per cent at the school)
- muscle tension (70 per cent at the pool).

Numerous causes of stress were identified using the headings of working environment; job design; contractual problems; and working relationships.

The main causes of stress identified under these headings were:

#### **Pool**

- poor ventilation and high temperatures (100 per cent)
- poor maintenance (90 per cent)
- poor canteen/rest facilities (70 per cent)
- repetitive work (70 per cent)

- staff shortages (100 per cent)
- insufficient meal breaks (70 per cent)
- lack of communication by management (70 per cent).

#### School

- playground duty (58 per cent)
- lack of decision making (58 per cent)
- low rates of pay (75 per cent)
- lack of communication by management (58 per cent).

Interestingly, harassment and discrimination was identified by around 20 per cent of the staff in both workplaces.

Discussion then took place between members and safety representatives. Recommendations were then submitted to management which required:

- a risk assessment to reduce occupational stress levels
- training in interpersonal skills
- an increase in the variety of tasks
- the introduction of clear business objectives, good communication and close employee involvement, particularly during periods of change
- the provision of support for skills development
- opportunities for staff to contribute ideas to the planning and organising of jobs.

Management were reminded of their legal duties, and a business and health case was made for the union's requests.

#### **Case study 9: lighting in the warehouse**

Lighting had deteriorated over a period of two years in a warehouse. Workers were suffering from headaches and tired eyes, which seemed to be made worse when driving fork-lift trucks from well lit areas of the warehouse.

The health and safety representative raised the matter in October 1999, but nothing had been done subsequently. She chose the issue for her improvement project. She took a variety of steps, which included contact in writing (by e-mail), with her team leader, manager, health and safety officer, and full time union convenor. She also researched lighting using the internet during her college course. She had to persevere as the course progressed but as a result:

- a meeting was arranged to assess the problem and agree what needed to be done
- the contracts manager assessed the problem with a contract company and agreed that action needed to be taken
- quotations for the work necessary were obtained from a specialist lighting company.

The health and safety representative was awaiting the results of the quotations and specifications as the course concluded, but was 100 per cent confident that the work would be done.

### **Case study 10: improving the activities of the safety representative**

The health and safety representative faced a situation where decisions were made and new arrangements put into place without her being consulted. As a result of raising this with members, union and management, before the end of the course she had:

- contacted all staff explaining that she needed to be informed of any changes, and had obtained an immediate response
- taken on a health and safety role on the Branch Executive Committee; and
- obtained a written assurance from her manager that in future she would be consulted about changes and involved in risk assessments.

### **Case study 11: solvents in a print room**

The health and safety representative established that members were unhappy with the substances to which they were exposed. She contacted line managers in writing, and got the support of other union representatives. As a result atmospheric sampling was undertaken. Local exhaust ventilation was installed as a result of the poor environment. The representative monitored the situation as it was being installed, and followed up members afterwards with a questionnaire to ensure that they were satisfied with the outcomes. An example of a reply from one member, in response to a question about whether the ventilation is adequate, says “ Yes it’s great we don’t have to wear the masks when we print.”

### **Case study 12: display screen equipment and seating arrangements**

The health and safety representative wished to improve the seating arrangements. The safety officer said that better seating was not essential as staff were not “users” as defined in the Regulations. As a result the representative:

- placed his complaint in writing with both the Director of Support Services and the Safety Officer
- undertook a survey of a cross section of 25 workers, obtaining an 80 per cent response
- produced a very detailed, graphical report on the results of the survey, which amongst other things showed 97 per cent were using the DSE and seats for over 2 hours a day, and 28 per cent for over 4 hours a day
- spoke to other safety representatives
- took photographs of the seating arrangements
- tabled an item on the agenda of the next safety committee meeting.

As a result of this activity, the Director of Support Services ordered a supply of 20 new chairs that were suitable for DSE work.

### **Case study 13: health and safety and part time teaching staff**

After verbal consultation with staff, a number of health and safety issues were identified. The representative chose the lack of health and safety arrangements for part-time workers as the priority. With a great deal of difficulty because of erratic working hours, the representative managed to speak to 14 part-time teachers. Since incorporation in the FE sector, the representative was aware that full time staff endured extra stress from increased teaching hours, reduction in holidays, and increased administration. The part-time staff interviewed indicated all

these problems plus a variety of others. These included, low self esteem, unsociable hours and split shifts, no guarantee of continuous employment, no paid holidays, difficulties obtaining mortgages, and missing induction procedures or issuing of health and safety policies to some part-timers. The safety representative took the following action:

- launched a union recruitment drive with the branch committee. In a week of shift working, 11 new members were signed up with 4 more thinking about it
- contacted the Human Resources Department in writing over inductions and health and safety policies. As a result inductions were held for all those part-timers who had 'slipped through the net', and they were all issued with health and safety policies.

#### **Case study 14: temperature in the dispatch depot**

After raising a problem of low temperature with the manager, steps were taken that did not fully resolve the problem. When the door was closed, the building was comfortable. But because lorry drivers wanted the doors left open when collecting the products, the building was often cold. The safety representative researched the legal and guidance standards. He developed a case to put before management for the installation of an extra roller door forming a tunnel to prevent the wind blowing through dispatch. His case made the point that the reduced heating bills would offset the £8,500 investment. He was still pursuing the case when the course ended

#### **Case study 15: developing an effective union organisation for health and safety**

The health and safety representative felt that union organisation was in disarray. Management did not take health and safety seriously, and there were insufficient union representatives for health and safety. She met with other union representatives and began to work on a union action plan to improve the situation. The action plan consisted of objectives, action to be taken, by whom, and when. The objectives were to:

- recruit and maintain sufficient health and safety representatives, who will be trained and meet together monthly
- make the joint health and safety committee more effective
- establish an effective system for the notification of incidents to the safety representatives
- ensure that sufficient inspections are carried out
- monitor risk assessments.

The action plan was placed on the agenda of a safety representatives meeting during week 9 of the course. The plan was endorsed and action points were allocated to a number of safety representatives to begin the implementation.

### **7.9 Progression and continuing training**

The detailed workplace activities that are a direct result of the Stage 2 training which are reported in the previous sub-section are amongst the strongest indicators that demonstrate the effectiveness of trade union training. For the reasons identified in Chapter 6. 6, the Stage 2 training that has produced this kind of work is currently not accessible to all health and safety representatives. Indeed, it is not taken up by a majority of representatives. Nevertheless the results of the research presented throughout this chapter and elsewhere point clearly towards the advantages of continued training. This was further borne out by responses concerning future training needs of representatives who had completed Stage 1 training and those currently on Stage 2 training.

Representatives who had completed Stage 1 training only, were asked what they wanted from future training. Some of the most frequently mentioned requirements from their perspective were:

- revision, updating on laws and information
- a refresher to build up enthusiasm
- further development of skills, particularly negotiating
- using the course to tackle specific problems at work
- procedures for getting management to act
- a chance to work with others.

The most common reasons given by participants for attending the Stage 2 course were:

- to carry on learning and gain further knowledge
- develop and improve skills
- to build upon the Stage 1 course
- to help members
- update on new laws and information
- develop further confidence.

*What did the safety representatives say?*

“I came on the TUC health and Safety Stage 2 to gain confidence, improve my knowledge and skills, build on Stage 1, and to gain from the knowledge and experience of other representatives on the course.”

Amongst representatives currently attending Stage 2 courses there was an overwhelming majority who felt that future training was essential to help them sustain their activities in the workplace. In addition, a clear pattern emerged as to what that training should comprise. For example, annual refresher training of 2-3 days duration was mentioned consistently, and particularly when the representatives discussed their needs collectively. They felt that the courses should be offered to safety representatives who have completed their Stage 2 training. The courses should offer NOCN credits, and give the opportunity to:

- meet with others
- help isolated representatives
- revise and update
- share experiences, successes and failures
- tackle problems
- further develop knowledge and skills
- help to continue health and safety activities in the workplace.

Some even suggested that it was so important, that this refresher should be mandatory upon safety representatives and employers (for release). They likened it to the requirement for taking first aid refreshers if one wants to retain recognition as a first-aider.

In addition to the general refresher course many representatives felt that there should be range of short course of 2-3 days duration dealing with new laws and other important health and safety topics. Examples given were:

- COSHH
- manual handling
- occupational stress
- Disability Discrimination Act
- women's health and safety
- assertiveness training and negotiating skills
- new rights for safety representatives
- using the internet for health and safety.

Finally, as well as the courses frequently referred to above, over half the sample of representatives attending the Stage 2 course intended to go forward on to the TUC Certificate course. Some mentioned the courses' links with IOSH and a professional qualification, whilst others saw it as the natural follow on to Stage 2 training.

## **7. 10 Summary**

The findings presented in this chapter constitute powerful evidence of the significance of training as a key support for the workplace activities of health and safety representatives. They demonstrate that in the view of the representatives themselves, training and particularly trade union training, underpins their effectiveness in all the main areas of their workplace activities and achievements in health and safety.

The research has examined some of the reasons why this is so and has demonstrated a strong link between the pedagogy of trade union education - particularly its methods of delivery, its emphasis on experience based learning and on achieving workplace improvements - and the support it provides to representatives by equipping them with appropriate and relevant skills to meet the considerable challenges of their role at the workplace. The emphasis of the research has been on examining the experience of representatives involved in the TUC core training provisions, the Stage 1 and 2 Health and Safety Courses. The reasons for this have been explored previously but essentially they are twofold. Firstly, these courses constitute the major provision of trade union training in health and safety in the UK. Secondly, their content and methods are well-established and reasonably consistently practised, enabling confidence in making associations between them and their reported impact on general workplace activity.

The results presented in this Chapter point out the effectiveness of this approach. They show what representatives feel they have gained from training and how this form of training equips them to deal with the challenges and barriers to action on health and safety that are encountered at the workplace. The results in this Chapter emphasise how representatives build confidence and skills through continued training which are fed back into achieving change and preventive influences on health and safety management in their workplaces. This is particularly well illustrated with reference to 'improvement projects' undertaken as a central activity on the TUC Stage 2 courses.



## **Chapter 8**

### **The impact of trade union training on the activity of health and safety representatives at the workplace: a discussion of the findings**

#### **8.1 Introduction**

This Chapter places the findings of the research project within the context of what is already known about training as a support for the workplace effectiveness of health and safety representatives. It also explores some of the implications of the findings for policy development on worker representation on health and safety. It is essentially concerned with three related areas.

First is the relationship between training and its impact in terms of promoting the role of health and safety representatives as agents of change within workplaces. In discussing this issue we consider the extent to which our research adds to current understanding of the reasons why trade union training is a particularly appropriate form of support for the effectiveness of worker representatives. Consideration is given to the research findings on representatives' views concerning training content and quality, its method of delivery and the value they are perceived to add to the ability of worker representatives to achieve changes at their workplaces. Findings of the survey, especially those derived from the detailed interviews, group work and written contributions of representatives to Stage 2 courses are used to discuss the extent to which trade union training has developed a particular construction of health and safety that is regarded by representatives as helpful in supporting their actions. To achieve this we examine our fieldwork findings in the light of the discussion of the social construction of health and safety, normative power and the existence, meaning and usefulness of worker centred approaches to health and safety.

The second area for discussion is the availability, resourcing and coverage of training for health and safety representatives. The issues here include the adequacy of the scale of provision overall, questions of access, the effectiveness of arrangements for paid release to undertake training, the appropriateness of conventional provision, options for its resourcing and the character of its recipients. Courses provided by TUC Regional Education Programme constitute the main provision for trade union health and safety training in the UK and they have been the central focus of this research. Consequently it is appropriate that discussion of issues of access and availability are explored with reference to our research findings dealing with the recipients of such training. However exploration of these issues also requires reference to their wider contexts both with regard to the factors that support or constrain representation and the policy framework surrounding it. No matter how effective training might be in promoting the health and safety activities of its recipients, its value will also be determined by the extent to which it is available for all its potential beneficiaries. Thus, if access is in practice limited to a minority, its value in terms of its impact on workplace action is also clearly limited.

Part of the function of the present research has been to consider what trade union education on health and safety is intended to achieve. To help to address this, the third theme of our discussion revisits the debate on standards and accreditation in the light of findings from the fieldwork of the present research. It also recognises the relevance of trade union training strategies to current discourse on competence in occupational health and safety management.

It should be apparent that all these issues are related. In the conclusion to this chapter we explore these relationships and some of their possible consequences for the support of the role of worker

representatives in preventive health and safety management. Currently worker representation is one of several key items that are the subject of public debate on future national policy on health and safety. Our discussion of health and safety training for worker representatives requires contextualising within this debate since its outcomes will undoubtedly influence future development, impact and sustainability of training.

Finally the discussion explores some issues for further research. The present study has provided some useful evidence about the relationship between the TUC core health and safety training and perceptions of its recipients of its impact on their workplace actions. However, it would be naive to imagine that it has adequately addressed all of the relevant issues. There is a particular need, for example, to explore the relationship between training and its impact in terms of objective indicators of health and safety performance at the workplace. Many of the strategies in health and safety, training and industrial relations that are touched upon here were originally framed in relation to very different work organisation and labour market characteristics than those of today and the near future. These new scenarios and the new directions of policies to deal with them require continual monitoring and reassessment of their relevance in the light of continued change. There is much to be understood concerning the support and usefulness of the role of trade union training for improving future health and safety outcomes in such contexts. Consequently in our conclusion we point to areas which, in the light of our present findings, we consider to be fruitful for future research.

## **8.2 Workplace impact of trade union training and its effectiveness**

### **8.2.1 Impact**

The results of the present research demonstrate the impact of trade union health and safety training in several ways.

Quantitatively, it is by far the most significant form of training experienced by worker health and safety representatives in the UK. Although the sample was heavily biased towards individuals who, as trade union activists, probably favoured such training over that from other sources, the finding is in keeping with previously reported evidence on the training of worker representatives in the UK and other European countries (Raulier and Walters 1995). Consequently, it can be reliably assumed that most of the 79% of the sample, who indicated that they found training supportive of their workplace activity were referring to support from trade union training. Of the various forms of trade union training in health and safety that are available, the core Stage 1 and Stage 2 courses of TUC Regional Education Programme were attended by the greatest number of representatives in the sample. Even larger proportions of these representatives found training to be supportive of their workplace activities (86 per cent and 91 per cent respectively). These findings also confirm earlier studies in which information and training supplied by trade unions consistently feature as significant supports for the effectiveness of health and safety representatives (see Chapter 2 .3).

The present study further shows that in terms of the representatives' perceptions of support for specific activities and achievements, training, and particularly trade union training, is highly valued. Chapters 4 and 5 describe in some detail how it features substantially as a support for many activities and achievements within what are widely regarded as appropriate functions of health and safety representatives. Again, representatives' perceptions of this support increases with the extent to which they have experienced the TUC core courses.

The results in Chapters 4 to 7 suggest that not only do health and safety representatives regard training as amongst the most important supports for their activities and achievements, but that in the majority of cases such activities and achievements increase as a result of training. Analysis of the questionnaire survey and interviews with representatives repeatedly demonstrate this effect both directly and indirectly. Again, this is especially evident in relation to the TUC Stage 1 and Stage 2 health and safety courses. Cases where the impact of training on workplace activity is explicitly stated include for example:

- 65 per cent of representatives who had completed a Stage 1 course and were the subjects of telephone interviews said their health and safety at work activity had remained at the same level or increased following training
- 89 per cent of representatives attending Stage 2 courses said they had undertaken health and safety activities at their workplace as a result of their training
- Representatives attending Stage 2 courses reported that the training had restored their confidence and enthusiasm and developed their skills to tackle problems at the workplace
- The improvement projects outlined in Chapter 7 provide compelling evidence of the extent of representative activities that are the direct result of advanced training. Since it is amongst the aims of these projects to integrate educational and workplace achievements they provide both stimulus and structure for workplace activities.

However, the relationship between stimulating and supporting activities may be greater than suggested by a literal reading of the results. Findings presented in detail in Chapter 5 provide powerful evidence of the extent to which trade union training supports workplace activities and achievements of health and safety representatives. They do so for a range of categories that broadly encompass both their legislatively defined functions and the workplace achievements that could be anticipated as a result of the successful application of the aims of the TUC training courses. Listed in the Chapter are many examples of achievements as a result of training that health and safety representatives spoke of during interviews. Training does not simply support the continued existence of such achievement. It is more likely that it acts as a stimulus for their initiation and their development, resulting in health and safety representatives regarding their outcomes as achievements. This is a reasonable interpretation of what is meant by representatives when they refer to training supporting activities - each of which requires initiating by representatives.- such as:

- raising health and safety issues with management
- requesting the establishment of a joint safety committee
- undertaking health surveys
- recruiting more health and safety representatives
- organising training days

The stimulating role of training becomes further apparent if the many examples of activities and achievements listed in Chapters 4 and 5 are considered alongside reasons representatives give for why they think training provides them with support. For example, representatives report that training helps them:

- heighten their awareness of health and safety
- develop and use new skills
- spot hazards and use appropriate channels for getting things done
- listen to workers
- approach management in the right way.

These skills are frequently learned while representatives are engaged in initiating actions at their workplace. This is something that the teaching methods employed in trade union training actively encourage representatives to do. Since the training at both Stage 1 and Stage 2 levels is experience based and workplace orientated representatives bring their workplace experiences to the courses, share them, and develop collectively the appropriate strategies to pursue them. They go back to their workplaces to test these strategies and then return to the course to report on their progress. Through the iterative process set in train by such a cycle they simultaneously learn skills of effective health and safety action and initiate the actions themselves. Thus the achievements that the representatives report training being instrumental in accomplishing, are not only measures of its influence upon outcomes, they are also measures of increased health and safety activity undertaken by representatives as a result of training.

A further reason why training is not only likely to support and sustain existing action but also initiate new actions and account for an overall increase in health and safety activity is found in the way in which courses act as forums for the exchange of ideas. Such exchange occurs between the representatives themselves and between the representatives and the tutor. Indeed, it can be argued that during the course health and safety representatives are able to benchmark standards and management organisation for health and safety in their collective pursuit of best practice models.

The evidence in Chapter 7 indicates how strongly representatives value the opportunities courses give them to share in the experiences of others that are discussed during the course. This alone may facilitate the transfer of initiatives and good practices between representatives' workplaces and stimulate action in recipient workplaces as a result. As significant however, are the opportunities and support the course allows for flow of information between national and even international trade union sources and the course participants. As well as a gatekeeper to formal sources of information on health and safety, tutors (and some of the more experienced representatives) may also act as conduits for information at this level. This is evident, for example, in the collaborative work between trade union tutors from different European countries and researchers and trainers from European-wide trade union institutions discussed in Chapter 2. But there are many other instances of its occurrence. For instance, it occurs through tutor's briefings; involvement in trade union health and safety groups; as well as through the involvement of some course participants in other trade union health and safety structures at various levels. Representatives also take part in the piloting of new approaches derived from European level training development projects. Through these routes, they may have access to trade union discourse and strategy at national and international level. The recent development of on-line facilities for information communication also help foster interaction at these levels. The opportunity that courses allow representatives from different workplaces to discuss material from such sources, rather than deal with it as individuals in isolation provides a powerful reinforcement to both its legitimacy and place in constructing a trade union/worker centred approach to health and safety. That this is an important stimulus for taking up "new issues" in health and safety is evident in some of the examples given by trained representatives of their activities in chapters 5 and 7. They include for example:

- pursuing gender sensitive strategies in health and safety
- designing surveys on stress
- representing workers at other worksites
- becoming involved in participatory risk assessment
- dealing with health and safety issues of work organisation
- dealing with muscular-skeletal disorders (MSD)

- ensuring equal health and safety treatment for part-time workers.

It was argued in Chapter 2 that this approach helps to strengthen the autonomy of health and safety representatives in participative health and safety management. It allows them to bring a degree of their own normative power to contested areas of health and safety and gives their role its particular significance in promoting a workers' agenda for health and safety. It also means that new strategies and interpretations from such sources can be quickly absorbed and transposed to the workplace practices of trained safety representatives. Thus, not only does training allow access to, and application of, relevant material drawn from the corpus of regulatory standards and official guidance on health and safety, it also (and perhaps more importantly) promotes the application of trade union perspectives and priorities concerning particular issues.

### **8. 2. 2 Why trade union training is effective**

The content, context and means of delivery of trade union education are the keys to understanding the high value placed on it by its recipients. The responses of representatives to questions about why they felt trade union training was effective, outlined in Chapter 7 make it clear that the methods employed in tuition such as student centred learning and skills development play a major role in this respect. This is a finding that has been reported in studies of the role of labour education in health and safety training in other countries (see Chapter 2). However, what is significant for the present study is the relationship of these methods to the workplace impact of training. To appreciate the links between trade union educational methods and their impact on the actions of health and safety representatives at their workplaces requires a short theoretical digression and a return to the question of what makes worker participation effective discussed in Chapter 2.

The evidence for the effectiveness of health and safety representatives demonstrates a substantial case for arguing that health and safety can be managed more effectively when workers' representatives are involved than when managers operate unilaterally and without consultation. But the dialogue of participation is not isolated from the power resources with which the parties enter it or the social construction of what we believe reality to be (Berger and Luckmann 1967). The influence of both the location and nature of such power and the construction of the issues that are its subject are therefore of central relevance to participation in health and safety.

While one of the principal reasons for the development of workers' collective organisations was to counter the economic power wielded by employers, this economic power is interrelated with normative power. The nature of the relationship is particularly relevant in health and safety. Normative power may be used openly by one party to convince another they are right. But it can also be used to influence the other party's perception of the situation, of its causes, of their interests and of possible options. Such perceptions are socially constructed and they require support and reinforcement. Thus trade unions theoretically play two powerful roles in the support of worker representation in health and safety. First, they enable workers to realise the economic power of collective actions and enhance the otherwise limited labour market influence of the individual. Second, they support and enhance workers' abilities to define agendas for interaction with employers. The student centred experience-based collective approaches to education that are characteristic of the pedagogy of trade union/labour studies programmes, including those on health and safety, have evolved precisely to achieve this second form of support and its reinforcement amongst participants.

The forms and the power resources of the parties are their tools to achieve their objectives in a participative interaction. Workers can be presumed to try to improve their working conditions,

they are generally rational, in the sense that they try to avoid hazards at work (Bohle and Quinlan, 2000). The intentions of management are less clear; managers may believe that it is good for business to listen to their workers, as some researchers have concluded (Levine and Tyson, 1990). However, if they see little profit in a genuine dialogue, managers may try to use participation as a normative power instrument, to increase their control of the workplace. By spreading the organisational culture and increasing commitment to the company, such participation can also reduce the workers' collective identity, and be used to undermine the trade union (Grenier 1988; Fröhlich and Prekruhl, 1996). If participation is not to be manipulation, workers and their representatives need to enter it with at least some resources to formulate alternatives to the views of management (for example as in Gustavsen's (1992) prerequisites for a so-called democratic dialogue). One such resource is provided through trade union training, in which particular worker and trade union centred normative arguments can be explored and strengthened, giving representatives greater confidence in the legitimacy of their perceptions and constructions of reality.

Notions of health are themselves 'essentially contested concepts' (Galle 1964). Issues of normative power are abundant in participation in occupational health and safety. "Occupational health and safety" itself is a complex scientific and social concept. There are wide opportunities for disputes and to question the social constructions of what is occupational health and safety "reality". For example, Nelkin (1985) describes how the combination of scientific uncertainties of risks at work and a very adversarial industrial relations climate result in fundamental disagreements on the whole issue of occupational health and safety, suggesting that:

*"Conflict prevails over:*

- the significance of risks,*
- the adequacy of evidence,*
- the methodologies for evaluating and measuring risk,*
- the severity of health effects,*
- the appropriate standards to regulate industrial practice, and even*
- the communication of risk information".*

Within the management of occupational health and safety different kinds of normative issues dominate, each of which may be contested between managers and workers (representatives) in the participation in occupational health and safety management. They include:

- the purpose of managing health and safety
- the nature of the hazards being managed
- the means that are chosen to prevent harm to workers.

For example, while workers' health is usually the stated purpose of managing health and safety, occupational health and safety policies at both national and company levels are often evaluated against simple indices, such as lost time injuries, workers compensation cases or sickness absence (Dotson, 1996;). Unless these approaches are compensated by influence of the workers, what is labelled occupational health and safety management may aim more to minimise the number and costs of claims than to improve the underlying conditions (Jolley 1994). Trade unions may support their representatives to ensure an appropriate agenda is achieved for their participation in health and safety.

For instance, training of health and safety representatives developed within the TUC Regional Education Programme is based on an holistic definition of workers' health which includes

physical, and psychosocial factors within its scope and which is entirely preventive in its orientation.

Even if the participation in occupational health and safety management is about improving health and safety, the types of hazards to combat are often unclear. The concept of occupational health and safety has gradually been widened but each extension has been controversial. Sometimes a deliberate normative manipulation has been used to keep exposed workers uninformed about health hazards known to management. The most flagrant example of this is seen in the history of the use of asbestos and asbestos products (Brodeur 1974), but there are a host of similar cases. As a result, most legislations require employers' to give adequate hazard communication or risk information (e.g. article 10 of the EU Framework Directive). However, this duty seems to be frequently violated (Ochsner and Greenberg 1998). Trade union training programmes lay great emphasis not only on information requirements of the law but how to obtain information from employers, workers and other sources and how to understand and *use* it in communication with managers.

Another major normative aspect of the occupational health and safety concept is the practice of disjoining it from industrial relations (Quinlan 1993). Here again trade union training strives to prevent this and to maintain the industrial relations context of workers' health and safety through its emphasis on the role of the *trade union representative* in health and safety.

The means chosen to prevent injuries depends on their perceived causes. In understanding these, we can distinguish between three types of injury and disease explanations (Johnstone and Quinlan 1993 - adapted). The simplest explanation emphasises mainly errors of human behaviour. A somewhat wider, technical explanation also includes the physical work environment, such as dangerous machinery, toxic materials and ergonomically poor work equipment. The widest explanation considers the whole production system and takes account the interaction between technology and organisational factors. It is with this wider explanation that trade union training is concerned. It is important that this is so because although individual injury explanations, "blaming the victim" and psychological 'theories' of accident proneness have been repeatedly refuted (Bohle and Quinlan 2000), the belief in individual carelessness is tenacious. Its recipes of behaviour control "solutions" are often much cheaper than technical-organisation prevention. Individual behaviour, at the end of the causal chain, is also much easier for all parties (including workers and their representatives) to recognise, than the preceding organisational and technical causes (Reason, 1990). Trade union training attempts to offset these 'easy explanations' by applying traditions of labour education in which a deeper understanding of the distal causes of injury and ill-health can be found through listening to workers experiences and constructing situational explanations accordingly.

While the technical view has more use for workers own experiences in understanding workplace hazards and the design of workable protection, it ignores their experience of the interaction between organisation and technology as a further cause of such hazards. Only within the organisational perspective does participation become fundamental. Here occupational health and safety conditions can be related to wider industrial relations and production settings. For example, they can take into account the influence of working time on health problems and accident rates; of production pressure and employment type on risk behaviour; of the segregation of work according to gender or of pace and organisation of work on musculoskeletal problems. Furthermore, if it is accepted that risk is socially constructed and defined, it follows that expert and quantitative risk assessment (the approach conventionally adopted by managers) can only present one limited perspective. The content of risk assessment needs to be contextualised in terms of uncertainties not only of the risk itself but also of the science and technical knowledge

that is applied to its assessment and the social positions of the experts/managers responsible for them. The centrality of workers' participation – both in risk assessment itself and in the translation of its results into the practicalities of risk management and hazard abatement – then becomes inevitable. Once again trade union training programmes encourage maximum active participation of workers' representatives through the use of autonomous trade union criteria to define risk and its assessment (Raulier and Walters, 1995).

In this respect, the role of the courses as conduits of access to international trade union discourse is particularly relevant. For example, European trade union writers such as Boix and Vogel (1999) have published detailed proposals on the incorporation of the views of workers into the enterprise plans for prevention through a three-fold process in which:

- the field of health and safety is extended to encompass all situations affecting the welfare of persons and new working conditions
- the viewpoints of the persons who suffer the direct consequences of risk are emphasised in the prevention plans
- workers are involved in order to ensure their active support in the negotiation of preventive actions.

These views evolved from European trade union collaboration on health and safety training through European training initiatives under the aegis of the ETUC training organisation AFETT. They were promulgated and developed through the participation of trade union tutors and officials. They draw heavily on the work-based experiences of representatives who had participated in previous courses. Once formulated they feed back directly to the discussions and group activities undertaken on current courses. In combination with the traditional roles of worker representatives – that is, an external monitoring of and influence on management's risk assessment – they offer better prospects for worker representatives to apply the normative power of a worker centred perspective on occupational health and safety management. As a result, they have potential to achieve a real influence on working conditions (Sandberg et al 1992).

At the same time, developers of the TUC courses for health and safety representatives in the UK have recognised the need for a “workers’ agenda for risk”. As a result the most recent version of Stage 2 training deals extensively with the organisational setting of risk assessment. It is particularly concerned with identifying and exploiting opportunities for health and safety representatives to intervene in the process of risk assessment as well as helping them to review their workplace health and safety organisation. In addition it emphasises a multifactorial approach to risk in which the interaction between work organisation and technological risks are explored in the development of a worker centred construction of the meaning of occupational risk.

There is no form of training for worker representatives other than trade union training in which this fundamentally worker-centred set of normative arguments on health and safety are so comprehensively adopted. Such approaches to achieving an active and worker centred participation in occupational health and safety management are basic to both the character, quality and success of training. Furthermore they are a crucial reason why such training is so highly valued by representatives as both a stimulus and support to their workplace actions.

### **8.3 The availability of training for health and safety representatives.**

While trade union training may provide high quality support with a substantial impact on the workplace activities of its recipients, its success or otherwise can also be measured in terms of the extent to which it is available and accessible to its potential beneficiaries. There are several

aspects of availability that are relevant. They include, access to training and the effectiveness of arrangements for paid release to undertake training as well as the extent to which training covers all potential beneficiaries.

### **8.3.1 Access to training**

In Chapter 6, representatives reported experience of difficulties with gaining access to courses. The reasons they gave for these experiences are widely acknowledged and therefore not surprising. They revolve around two related issues. One of these concerned difficulties obtaining paid release. As well as employer/management unwillingness to approve time-off with pay to attend training, these difficulties also involve individuals' reluctance to take the necessary time out of work for training because of large workloads or a sense of burdening colleagues with extra work.

The extent of the problem reported in the study was substantial. There is a considerable fall-off between Stage 1 and Stage 2, with about one third of representatives who had completed Stage 1 indicating they would be unlikely to undertake Stage 2. National figures suggest that the proportion of representatives who progress to Stage 2 is even less, with a progression rate of about 40 per cent for 1999 (source: TUC Education Service). Even amongst the representatives who were attending the Stage 2 course in the study, 13 per cent reported difficulties in obtaining release.

Difficulties with release from normal work tasks to undertake training can also be seen an aspect of the general concern with of lack of time, resources and facilities to do the job of a safety representative that nearly two thirds of the sample reported as the main barrier to their activities. Since the sample was drawn from a data-base of health and safety representatives in which activists were likely to be over-represented it is probable that these findings underestimate the true extent of this issue. Nevertheless, even in the study group they were substantial enough to add some support to the widely held view that, in practice, the legislative arrangements for time off with pay do not work as well as might be anticipated.

This has also been pointed out in recent discussion concerning the need for reforms in the legislative support for worker representation in health and safety (James and Walters 1999). One relevant point in such discussion is the possible need to consider the terminology to describe the provision of facilities to enable access to training. Use of the term "time-off" in this respect is likely to cause employers, the potential recipients of training and their work colleagues to under-value the activity in comparison with other work tasks. Thus encouraging the view frequently reported by representatives in the study, that the barrier to undertaking training was not necessarily because "time-off" would be denied outright by the employer, but because the representatives' paid work would not get done in their absence or because it would become an extra burden to colleagues.

In the same vein, the TUC has argued that the issue of paid release is significant enough to warrant changes in legislation and official guidance to clarify the importance and value of training and to enable inspectors to enforce the rights of health and safety representatives to paid release for training (TUC 2000). While the study is unable to present a full picture of the way in which the present measures are working, it suggests that there are sufficient causes for concern to warrant serious consideration of these proposals.

The second aspect of access to training raised in the study concerns the question of its availability and the flexibility of its mode of delivery. Among the reasons representatives gave for not

progressing to Stage 2 courses included such courses not being available locally and the cancellation of courses as a result of the enrolment of insufficient students. Another reason given for not progressing to the stage 2 course was the unsuitability of the mode of attendance required. This is one day a week for ten consecutive weeks in the case of both Stage 1 and Stage 2 courses. Although the study did not make a quantitative assessment of the significance of these issues as deterrents to course attendance, they were frequently mentioned as barriers to further training by the representatives interviewed. In addition they may go some way to explain gender difference in patterns of attendance, in which women attend less training than men.

There is already some awareness of these issues and the TUC is beginning to experiment with means of addressing them, such as by offering selected courses through evening provision, part-time day provision and on-line learning. The results of the present study suggest that such experiments are indeed a necessary strategy if courses provision is to be accessible to all.

At the same time however, caution needs to be exercised to prevent alternative forms of access being misinterpreted by employers as reasons for denying health and safety representatives their legal rights to paid release for training. There is clearly a danger that this could be the case with particularly flexible modes of delivery such as on-line provision. In this respect it is important that representatives are allowed facility time to study, regardless of the means by which tuition is delivered.

While more flexible delivery of courses will help increase the possibility of attendance for some representatives, comments concerning availability of suitable courses within the locality and the cancellation of courses because of poor recruitment, also suggests a need for a more strategic assessment of the distribution of provision to match need. In Chapter 2 trends in the rationalisation of the TUC provision during the last ten years were discussed. It was observed that the major force behind such trends was a pragmatic and urgent requirement to find a means to sustain the resourcing of trade union education in the face of the cessation of central government funding. This resulted in the enhancement and consolidation of a number of centres for trade union education in the Further Education sector, but it also led to the virtual demise of provision in institutions of higher education. During the same period the Worker's Education Association (WEA), a major provider of trade union training in the 1970s and 1980s also underwent considerable reduction in its role as a provider. The result is that the core courses of the TUC Regional Education Programme have become concentrated in a relatively small number of centres. The majority of these, of necessity, subscribe to the rules of course resourcing that apply in the further education sector, in which focus has been increasingly on staff-student ratios and unit costs. Such provision may not provide geographical coverage that maximises sensitivity to local need despite extensive outreach provisions operated by the larger trade union studies centres. As well as exploring more flexibility in provision and a re-examination of the distribution of courses utilising traditional modes of delivery, it may also be advisable to take cognisance of the views of representatives expressed in the present study. If, as seems likely, the present government is to re-introduce some means of specifically resourcing trade union education, such a re-examination of the sensitivity of its geographical coverage would clearly need to take place within the development of the wider strategy concerning future resourcing. Furthermore, since the TUC Regional Education Programme is not the only provider of health and safety training for worker representatives, some consideration needs to be given in this respect to other forms of trade union education in health and safety which also play a role in the overall support for representative participation in occupational health and safety management.

### 8.3.2 Coverage of training

This research project has been concerned with the impact of training in the workplace activities of trade union health and safety representatives. However, trade union health and safety representatives do not exist in all workplaces nor are they any longer the only kind of worker representative for health and safety. Discussion of the availability of training therefore needs to take this into account.

Trade union representatives exist in per cent of workplaces in which unions are recognised (28 per cent of all workplaces) (Cully et al 1999) There are estimated to be some 220,000 trade union workplace representatives, of which around 200, 000 have a health and safety function They therefore probably occur slightly less frequently since not all trade union workplace representatives cover health and safety. It was pointed out in Chapter 2 that with an average of 5,000 to 7,000 representatives receiving health and safety training per year from the TUC core provision, a substantial number of trade union representatives remain either untrained or receive training from other sources. Since the TUC programme is by far the largest provider, it is unlikely that training from other sources provides training for more than a small proportion of trade union representatives who have not taken part in TUC training.

Under the HSC Regulations 1996 employers are obliged to consult employees on health and safety regardless of whether they recognise trade unions. The Workplace Employee Relations Survey (WERS) (Cully at al 1999) showed that in workplaces without any trade union members. 31 per cent operated a joint health and safety committee and 27 per cent consulted with health and safety representatives. It is not known to what extent these worker representatives and worker members of health and safety committees have received training.

The measures advocated by the TUC to increase access to trade union training are focused on existing trade union health and safety representatives. They would have very little impact on non-union representation in health and safety unless attendance on trade union training courses was extended to non-union representatives such as is the case for example, with trade union provisions for training works council representatives in Germany (Raulier and Walters 1995). There has been some experimentation with these approaches by individual trade unions and it has been amongst the suggestions to help stimulate trade union renewal put forward by the TUC (TUC 1999). In addition, the TUC plans to pilot on-line health and safety awareness training for workers during 2000/2001. However, even if trade unions were to take a more active role as training providers as the German experience shows, its effect would be likely to be marginal, since such non-union representatives do not have the infrastructural supports to enable more than a small minority to attend a very limited number of trade union courses. It is such support that has been shown in the present study to be particularly critical in sustaining health and safety activities.

The development of future national policy on worker participation in health and safety is likely to focus on the need to increase the spread and effectiveness of arrangements for consultation with representatives in non-union firms as well as with the means to engage smaller firms. In the light of the main finding of the present study that training is a powerful support for the workplace effectiveness of health and safety representatives, it is clearly important that consideration is given to the means to provide and sustain training in all such circumstances. It is beyond the brief of the present research to speculate on the nature of policy development in these areas. However, the relationship between training, trade unions and non-union representation and small firms is unlikely to be a simple one. As the research findings strongly indicate, training is only one form of support for health and safety representatives. In the case of trade union representatives, the

research has shown that training works well when it reinforces a meaningful construction of the nature of their task. It does this best within the context of their role as trade union representatives and the additional supports available for this role from workers' organisation, both within workplaces and outside them. It is far from clear how training of non-trade union representatives could come anywhere near replicating such conditions. At the same time there may be some scope for considering the means by which trade unions could extend their support and influence over participative arrangements in both small firms and non-union enterprises. A new and potentially useful role for training could well emerge within such strategies, for example as has been shown by previous studies in relation to regional/territorial health and safety representatives (Frick and Walters 1997).

### **8.3.3 Training after Stage 2**

If the role of training is as important in stimulating and sustaining workplace health and safety action as the study suggests, it is clearly important to consider provision for its continuation beyond the Stage 2 course. There was an overwhelming majority of health and safety representatives who had completed Stage 2 who felt they needed further training support. As Chapter 7. 9 shows, many of these intended to undertake the TUC Certificate in Occupational Health and Safety. However, they also made clear that it was not only (or necessarily) a more advanced course that was required. Although the idea of progression was valued, it was also strongly indicated that some form of short refresh course on a regular basis was needed to ensure that representatives could continue to benefit from the collective support gained on Stage 1 and 2 courses. As well as the need to update themselves on new developments, the opportunities that courses gave to meet other representatives, share experiences and tackle problems emerged powerfully as a major reason for continued training.

## **8. 4 Training and competence**

Much of the discussion of the TUC provision of trade union training in health and safety during the last ten years has revolved around issues of standards, accreditation and progression. It was pointed out in Chapter 2 that the development of focus on these issues was strongly linked to the reorganisation of resourcing of trade union education, particularly the portion delivered through institutions for public education, following the withdrawal of direct state funding. However, the discussion has also been influenced by parallel developments of national training standards for employment and increasingly by debate about the meaning of competency within the management of occupational health and safety. The relocation of the TUC courses to the FEFC funded further education sector embeds this main provision of British trade union education alongside other forms of adult and community education within the quality assurance culture and mechanisms of the sector. As a consequence, recent discussion of its form and content has tended to increasingly draw its reference points from this context (see for example, Capizzi 1999).

The results of the present study are primarily concerned with the impact of trade union training on the workplace activities of health and safety representatives. Its findings are nevertheless relevant to the national debates on competence, and training standards.

Discussion of the extent to which trade union training underpins the competence of health and safety representatives and how it meets quality standards, requires some understanding of the context of participation in health and safety management and what is meant by effective activity and achievement within such a context. Representative participation has its roots in the representation of workers by organised labour both within the workplace and outside it. It has an

historical development, which is at once both linked to the development of collective labour rights and to the development of the institutions of social democratic welfare societies.

One reason for these collective rights on representation in health and safety is not that representatives may participate in its management but rather that they may help workers to achieve a degree of protection from risks to their health and safety that are a consequence of their exploitation by employers. On the other hand, representative participation has another set of influences on its development. These are the liberal/technical/corporatist roots which underpin the idea that workers might appoint representatives to participate in a co-operative dialogue with managers. This approach is based on unitarist assumptions of both shared interest and management control, often also notions that health and safety is a consensus issue and as such different from the other, conflictual aspects of employment relations.

Though theoretically conflicting, these approaches may co-exist within worker participation in the same enterprise. Thus, in practice, representatives have two sets of tools to influence health and safety outcomes. One set is drawn from a pluralist framework of conflicting interests. In this, negotiated compromise is the accepted solution and the possibility of enforcement and legal sanction represent the ultimate external support for worker protection through participative collective action. The other is drawn from a unitarist framework, where representatives work from within management to improve health and safety through their competence and practical experience. Even here, being backed by legislative standards and external inspection is important, as it adds legitimacy to the status and influence of consensus oriented representatives. Clearly training can support the development of both approaches. However the skills and competencies required in dealing with the same material from such contrasting perspectives will be different.

Furthermore, the role of external regulation, inspection and control in the employment relations of health and safety is generally weak. As a result, in balancing their participative actions along a conflict-consensus continuum, workers and their representatives act largely in relation to the actions (or inaction) of management (Walters and Gourlay 1990, see also Quinlan 1993). The position of representatives on the continuum – and thereby, the level and style of participation, the nature of its support as well as its outcomes – are as a result largely determined by management attitude towards participation. Thus workers' balance of consensus and conflict is strongly affected by how much employers permit them to deploy arguments and persuasion within occupational health and safety management. This in turn may be influenced by the extent to which workers' representatives are trained in the deployment of such arguments, or, alternatively, in exercising what legal or collective rights and powers they may have in occupational health and safety conflicts (Warren-Langford et al 1993). As a consequence, training needs of health and safety representatives are set in relation to their experience of the managers and employers with whom they deal at their workplaces. Thus the value of the experience base of trade union training techniques and their student centred orientation becomes apparent. This was amply confirmed by the responses of representatives in the study to questions concerning the most helpful elements of content and delivery of the TUC core courses that are reported in Chapter 7. 2.

Core skills and learning outcomes that help to define the competency of worker representatives in relation to health and safety management need therefore to take account of the operational context of representation. This includes their accountability to their fellow workers for their actions. In this sense, the point made previously concerning the primary importance of the function of training in helping effect workplace health and safety improvement actions is of central importance. Gaining credits for attending courses, establishing their equivalence in educational qualifications and developing progression routes must be secondary issues in this respect. At the

same time, the results of the study confirmed previous findings that show that most trained representatives value the present system of accreditation of learning mainly because it helps to afford them greater credibility in their dealings with managers and health and safety professionals (Capizzi 1999). It is this background that should set the parameters for the meaning of competence in relation to health and safety representatives.

## **8.5 Conclusion**

### **8.5.1 The significance of trade union training in health and safety**

The findings of the study demonstrate the impact of trade union training on the workplace actions of health and safety representatives. The research focused on the core provision of the TUC Regional Education Programme and on recipients of training drawn from a sample of respondents to a previous TUC survey of health and safety representatives. It has been recognised that this is an incomplete view of total training provision and that the choice of sample probably introduces a bias towards the inclusion of active health and safety representatives in the study. However, conclusions concerning the strong support that trade union training provides for the workplace activities and achievements of health and safety representatives, are pertinent to the character of trade union training provided by the core TUC courses and are not affected by the possible sample bias. They suggest that the form of trade union education that is the basis of the teaching methods employed on the TUC courses is particularly relevant to successful outcomes in terms of workplace activities. This is especially because it is able to integrate a sharing of the representatives' work-based experiences into the delivery of teaching and to use course content as the means to stimulate continued workplace activities during and after the course. The ethos of collective support that characterises the educational methods of this form of trade union education does not appear to have been significantly affected by the developments of accreditation and training standards that have taken place in the recent past. The courses act as powerful reinforcers of a worker-centred social construction of the various contested meanings of risk and health and safety. As a result they are able to promulgate a broad definition of the content of health and safety to include technical and organisational issues. At the same time they are able to impart skills that worker representatives needs in both unitarist and pluralist scenarios of participative health and safety management. Collectively, these remain significant reasons for their successful impact on workplace achievements of their recipients.

This is not to suggest that this form of training is a panacea for all the problematic issues in participative health and safety management. It has been stressed in the study that previous research suggests that training is one of several forms of support for the workplace activities of health and safety representatives. Our study confirms this. When some or all of them are in place there is an increased likelihood that representative participation in health and safety management will be effective. Trade union training of health and safety representatives is able to affect the ways in which health and safety representatives relate to their fellow workers, their managers and their employers. But as the representatives in the study forcefully point out, such training does not have an impact directly upon employers and managers. Representatives act in relation to management. Successful representative participation in health and safety is possible only to the extent that employers and their managers will allow it to be. For the various reasons described in the study, trade union training can help representatives to deal with uncooperative management and to a limited extent it can even act as an indirect influence on management attitudes. However, it can never be a substitute for the recognition by employers and managers of their central responsibilities for the management of the health, safety and welfare of their employees.

The research has also shown that some representatives experience significant barriers to gaining access to training. Given the nature of the sample studied it is recognised that such barriers are likely to be more substantial for health and safety representatives generally. These are among the issues currently the subject of discussion concerning policy changes within the overall approaches to worker representation in health and safety in the UK. In the following sections we return to them in this wider context, but first we consider some issues requiring further research.

### **8. 5. 2 Issues for further research**

It would be unusual if a research project did not raise more questions than it provides answers and indeed ours is no exception. While research has produced a robust analysis of the perceptions of health and safety representatives concerning their experience of the workplace impact of trade union training, this is clearly only part of the picture of the role of training in stimulating and supporting workplace health and safety actions.

It is important to have more objective measures of the impact of training on workplace health and safety performance outcomes and the role of health and safety representatives in helping to secure their achievement. At the same time, more direct measures of increased health and safety activities at the workplace which can be linked to the impact of training would be useful in evaluating its effectiveness.

It has been pointed out that training is only one element of support for the activities of health and safety, further objective measurement of the interaction of support systems for worker participation would be useful. There is some limited information on the relationship between direct and representative forms of participation in health and safety. It would be helpful to know if training, and particularly the role of trade union training of representatives is significant as a stimulus to enhance this relationship and increase participation as a consequence. Information in this area would be particularly useful in the development of future strategies to deal with the non-union workplaces and the small firms referred to in the following sub-section. This should be of interest not only to health and safety regulatory bodies but also to trade unions concerned with their own strategies for trade union renewal. Such strategies have caused them to seek new approaches to organising and to their provision of services in the future. Their contribution to the training of health and safety representatives in the changing organisation of work is clearly of considerable strategic significance. The relevance of training to different contexts of work and representation will no doubt vary, but it is important to understand its significant parameters and how they might be useful in different and emerging scenarios of employment and employment relations.

The future role of training standards and progression in relation to the development of health and safety competencies is another area which could be explored in greater depth. This will have significant implications for the strategies of many stakeholders, including not only the trade unions, but also the regulatory and inspection bodies and the professional organisations, as well as employers.

Finally, this research project has concentrated on the impact of training for health and safety representatives provided by the core courses of the TUC Regional Education Programme. While this focus is entirely justifiable within the aims of the present research, this does not mean that there is no need to look at other types of training provision, or to evaluate their effectiveness. In particular, there is a wide range of provision offered by trade unions independent of the TUC provision. Some trade unions offer courses jointly with employers and employers themselves provide some training. In addition, the TUC Programme offers health and safety training in the

form of short courses. It cannot be assumed that our findings will apply with equal validity to all this varied provision. Again, in the light of the changing organisation of employment and employment relations it will be increasingly important to evaluate the contribution that these other providers are able to make towards meeting the increasingly varied training needs of worker representation in health and safety.

### **8. 5. 3 Training and the wider context**

Finding the answers to many of the questions raised in the previous sub-section will be particularly timely in the present climate of change, in both the work organisation and regulatory contexts. Since the election of the Labour Government in 1997, worker representation in health and safety management has received considerably more attention than had been the case under the previous Conservative Governments. This has led to increasing recognition of the significance of its role in preventive occupational health and safety management and also to it forming one of the main focuses for proposals for the reform of the system for regulation health and safety in the UK (James and Walters 1999 and Walters 1999 a and b). At the time of writing this continues to be the case, with the HSE/HSC currently analysing responses to its Discussion Document on employee consultation and involvement in health and safety. However, the outline of the general direction of future reforms has been laid with the publication of a strategy statement on “revitalising health and safety”, following the public consultation exercise of the same name, mounted jointly between the Department of Environment, Transport and the Regions (DETR) and the HSC in 1999. The strategy statement is positive about the role of health and safety representatives and is particularly relevant to the present research because, among its specific proposals, is the consideration of the restoration of Government funding for training health and safety representatives.

Despite these generally positive developments, there are nevertheless a number of difficult strategic issues that remain to be tackled if there is to be a coherent and effective regulatory framework for the practice of representative participation in health and safety. For example, there are questions concerning how best to:

- stimulate and extend participation to workplaces where it does not occur already
- ensure that systems for participation can function in changing work contexts, such as those represented by increased sub-contracting, agency work, temporary work, and outworkers
- achieve some form of harmonisation between measures for union and non-union representation
- reach small firms.

While it was not the purpose of this research to explore these issues, it has been pointed out several times in the report that there are implications for training and particularly for trade union training, in all of them.

An additional frame of reference for the discussion of the role of trade union education is found in strategies dealing with trade union renewal and especially with “partnership” as a means of effecting such renewal. In each case there are roles defined for trade union training in both health and safety and in the wider industrial relations context. For example, in the TUC’s strategy for trade union renewal launched in 1999, training features as a major instrument of renewal, to achieve “more and better workplace representatives”. It also indicates that a review of union education and training is required and suggests there is scope to “. . . *develop new work which builds on the partnership approach.*” (TUC 1999 a). Opinion surveys suggest that health and

safety is currently one of the key areas that people at work regard as legitimate for trade union action. It is a subject on which trade union representatives spend more time than any other and it is one which they regard as next in importance to the treatment of employees by managers and employment security (Cully et al 1999). The TUC claims that its version of partnership in health and safety leads to improved health and safety performance. These are important observations for trade unions that are contemplating renewed organising strategies. The results of the study demonstrate the significance of training in promoting health and safety action. Therefore there would seem to be many opportunities for trade unions to explore further the links between trade union training in health and safety and approaches to trade union renewal.

There is a significant potential for a nationally accredited system for health and safety representative training, to be useful in supporting whatever strategic actions are taken in relation the future of worker participation in health and safety. To be successful however, such a system should take account of the strengths of trade union training identified by the present research, particularly with regard to its support for workplace activities of health and safety representatives.



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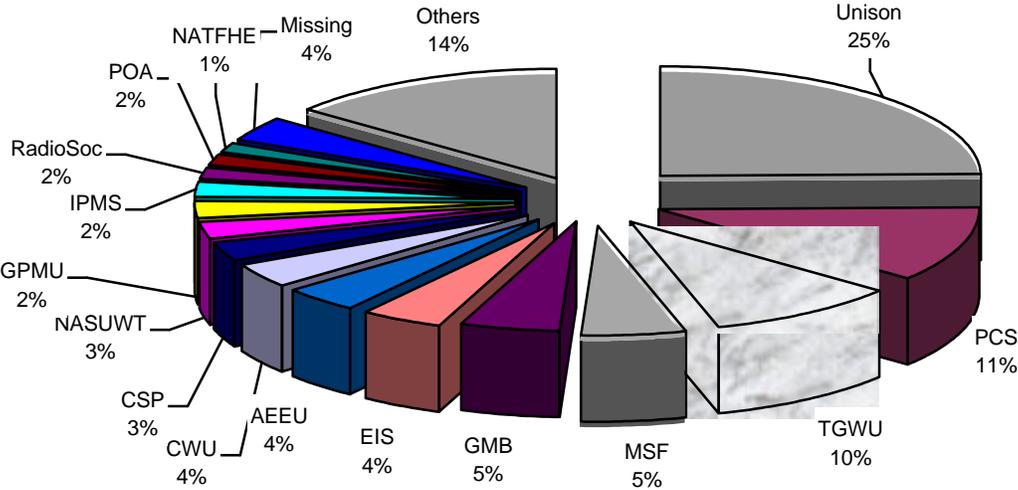
## **Appendix 1**

### **Survey tools and sample features**

This appendix contains:

- (a) Fig A 1 Respondents to postal questionnaire according to trade union affiliation
- (b) Telephone interview schedule
- (c) The Stage 2 questionnaire
- (d) Group activity schedule
- (e) The postal questionnaire

Fig A1 Health and Safety Representatives according to union affiliation (%)





# **TRAINING SURVEY OF TRADE UNION HEALTH AND SAFETY REPRESENTATIVES**

## **PHASE 2 RESEARCH**

**Schedule of discussion areas for telephone  
interviews with 50 respondents who  
completed the questionnaire  
13 – 20 March 2000**

**Telephone Interviews to be conducted by:  
Peter Kirby  
Trade Union Health and Safety Consultant  
Centre for Industrial and Environmental Health  
School of Applied Science  
South Bank University  
Borough Road  
London SE1 0AA**

**Discussion areas (Prompts for interviewer only. Interviewer will have the completed questionnaire of the respondent in front of him).**

1. Explanation of who I am and that we are following up the questionnaire that you filled in November/December 1999.
2. Thank you for filling in the form and is it convenient for us to chat for 15 – 20 minutes? (If not, when would it be convenient?).
3. Explanation about what we have learned so far from the 1,397 returned questionnaires, and the positive response about TUC/Union training.
4. We would like to focus upon some of your responses to questions 9 – 14.
5. When did you do your TUC Stage 1 Course?
6. Select one or two activities under Question 9. Are they still doing them? Has there been any tail off since the Stage 1?
7. You thought that TUC/Union Training was supportive (mention grading that they gave) in your activities as a safety representative. Any reason(s) for not doing a TUC Stage 2?
8. Select one or two achievements under Question 11. You achieved the following as a safety representative and you thought that training was helpful in gaining those achievements (mention grade of helpfulness). Were the achievements just after the Stage 1, and are you still achieving things?
9. You mentioned the following barriers/obstacles under Question 13 and you thought that training was helpful in overcoming those barriers (mention grade of helpfulness). Do you think that TUC Stage 2 training would help you to overcome those barriers? If yes how? If no, why not?
10. Thank you for all your help. We will post a summary of the results of the research to you in June 2000.

**PDK 10/03/00**



# TRAINING SURVEY OF TRADE UNION HEALTH AND SAFETY REPRESENTATIVES

## March 2000

### **Introduction**

This survey is being supported by the Health and Safety Executive, and carried out by the Centre for Industrial and Environmental Health, South Bank University, on behalf of the TUC Education Service.

The survey is designed to provide information about the impact of training on the activities of trade union health and safety representatives. We need this information so that the TUC and unions can ensure that the training for trade union health and safety representatives is meeting their needs and is of the highest quality. We will publish the results, and use them to influence the design and delivery of TUC and union health and safety training courses in the future.

Your response is crucial in ensuring that this survey provides the information we seek. Please answer as many questions as you can. **It should take you no longer than 20-30 minutes to complete.**

**The tutor for your TUC Health and Safety Stage 2 will collect the survey from you before the end of your course. You will have the chance to discuss your responses with other course participants.**

## About you, your union and your employer

1. Which union do you belong to? \_\_\_\_\_
2. How long have you been a safety representative?
  - Under 1 year
  - 1 year to 5 years
  - Over 5 years
3. How many workers do you represent as a safety representative? \_\_\_\_\_
4. Where you work how many people are employed?
  - Under 50
  - 50-100
  - Over 100
  - Over 200
  - Over 1000
5. How many people does your employer employ overall in the UK?
  - Under 50
  - 50-100
  - Over 100
  - Over 200
  - Over 1000
6. Is the organisation you work for:
  - in the public sector?
  - in the private sector?
  - in the not for profit (voluntary) sector?
  - primarily engaged in sub-contracting?
7. What sector of the economy is your employer in?
  - Agriculture and Fishing
  - Health Services
  - Distribution, Hotels and Restaurants
  - Banking, Finance and Insurance
  - Voluntary Sector
  - Education
  - Manufacturing
  - Energy and Water
  - Leisure Services
  - Construction
  - Local Government
  - Central Government
  - Transport and Communications
  - Other services

## About you and safety representative training

8. What training have you received as a safety rep? (Tick more than one box if appropriate)
  - TUC/Union Health and Safety Stage 1
  - TUC/Union Health and Safety Stage 2
  - Your own union's Health and Safety Induction/Introductory Course
  - The TUC Certificate in Occupational Health and Safety
  - Other TUC/Union Health and Safety Courses
  - Joint union/employer Course
  - Employer training

No training

9. When did you do your TUC Stage 1 Health and Safety Course? \_\_\_\_\_

10. Why did you do a TUC Stage 1 Health and Safety Course?  
\_\_\_\_\_  
\_\_\_\_\_

11. What did you do as a safety representative at work as a result of your TUC Stage 1 Health and Safety Course?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What barriers and obstacles did you face as a safety representative after you finished your TUC Stage 1 Health and Safety Course?

13. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Why did you decide to go on a TUC Health and Safety Stage 2 Course?  
\_\_\_\_\_  
\_\_\_\_\_

15. Did you have any difficulties in obtaining release for the Course? \_\_\_\_\_

16. What have you done at work as a safety representative since you started the Stage 2 Course, that you think results from the Stage 2 Training?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. In what way has the Stage 2 helped you with the barriers and obstacles that you face as a safety representative?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What project (Effecting Change Unit) have you undertaken on the Stage 2 Course? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. What have you achieved as a result of your project, or what do you hope to achieve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Would you be happy to let us use your project as a case study? \_\_\_\_\_

20. What are the main barriers/obstacles/challenges that you think you will face as a safety representative when you finish this Stage 2 Course? \_\_\_\_\_

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21. What TUC/Union training do you require in the future to help you with your activities as a safety representative and the challenges that you face? How do you think it will help you? \_\_\_\_\_

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**About you (Please note that no individuals will be named in the final report).**

You can return this form anonymously, but the details which follow will help us to identify how representative our sample is.

- If you don't want to answer Qs 22-25, it is vital that you answer Qs 26-30
- If you do answer Qs 22-24 we will send you a copy of the survey results
- If you do answer question 25, it is possible that we may contact you by telephone to obtain a little more information.

22. Name \_\_\_\_\_

23. Address \_\_\_\_\_

24. Postcode \_\_\_\_\_ 25. Telephone number \_\_\_\_\_

26. Are you?

- Male  
 Female

27. How would you describe yourself?

- Black and ethnic minority  
 Afro Caribbean  
 White  
 African  
 Asian  
 Other

28. What age are you?

- 16-25  
 26-35  
 36-45  
 46-60  
 60+

29. Do you work

- Part-time  
 Full-time

- Job-share
- On temporary contracts
- 30.** What sort of work do you do?
- Manual
- Clerical
- Services
- Managerial
- Professional/technical
- Other

**Thank you for your participation.**  
**Dr. David Walters and Peter Kirby**  
**Centre for Industrial and Environmental Health**  
**School of Applied Science**  
**South Bank University**  
**Borough Road**  
**London SE1 0AA**



## ACTIVITY Training survey

**Aims** To help us to:

- contribute to a TUC Research Study;
- share experiences about the impact of TUC health and safety training;
- identify future training needs.

## Task

In your small group discuss your responses to the questionnaire that you were asked to fill in last week. In particular try to cover the following:

1. Examples of what you did at work and any barriers/obstacles that you faced as a safety representative following your Stage 1 Health and Safety Course.
2. Examples of what you have done at work as a safety representative (including your project), as a result of the training you have received on your Stage 2 Health and Safety Course.
3. What you have gained from your Stage 2 Health and Safety Course that you think will help you in your activities as a safety representative in the future.
4. TUC Training you require in the future, to help you with your activities as a safety representative and to meet the challenges you think you will be facing.

## Report back

**Put the key points of your discussion on to a flipchart. Elect a spokesperson to report back.**

## Timing

45 minutes group work  
45 minutes for group reporting and discussion

# Training survey of trade union health and safety representatives - November 1999

This survey is being supported by the Health and Safety Executive, and carried out by the Centre for Industrial and Environmental Health, South Bank University, on behalf of the TUC Education Service.

The survey is designed to provide information about the impact of training on the activities of trade union health and safety representatives. We need this information so that the TUC and unions can ensure that the training for trade union health and safety representatives is meeting their needs and is of the highest quality. We will publish the results, and use them to influence the design and delivery of TUC and union health and safety training courses in the future.

Your response is crucial in ensuring that this survey provides the information we seek. Please answer as many questions as you can. It should take approximately 15-20 minutes to complete.

Please return this form by 8 December 1999 (address on back page). Thank you for your participation.

Please circle the relevant code number (where applicable) for the following questions.

## About you, your union and your employer

Q1 Which union do you belong to?

\_\_\_\_\_

Q2 How long have you been a safety rep?  
 Under 1 year ..... 1  
 1 year to 5 years ..... 2  
 Over 5 years ..... 3

Q3 How many workers do you represent as a safety rep?

\_\_\_\_\_

Q4 Where you work how many people are employed?  
 Under 50 ..... 1  
 50-100 ..... 2  
 Over 100 ..... 3  
 Over 200 ..... 4  
 Over 1000 ..... 5

Q5 How many people does your employer employ overall in the UK?  
 Under 50 ..... 1  
 50-100 ..... 2  
 Over 100 ..... 3  
 Over 200 ..... 4  
 Over 1000 ..... 5

Q6 Is the organisation you work for:  
 in the public sector? ..... 1  
 in the private sector? ..... 2  
 in the not for profit (voluntary) sector? ..... 3  
 primarily engaged in subcontracting? ..... 4

Q7 What sector of the economy is your employer in?

Agriculture and Fishing ..... 01  
 Health Services ..... 02  
 Distribution, Hotels and Restaurants . 03  
 Banking, Finance and Insurance ..... 04  
 Voluntary Sector ..... 05  
 Education ..... 06  
 Manufacturing ..... 07  
 Energy and Water ..... 08  
 Leisure Services ..... 09  
 Construction ..... 10  
 Local Government ..... 11  
 Central Government ..... 12  
 Transport and Communications ..... 13  
 Other services ..... 14

## About you and safety rep training

Q8 What training have you received as a safety rep? (circle more than one if appropriate)

TUC/Union Health and Safety Stage 1 ..... 1  
 TUC/Union Health and Safety Stage 2 ..... 2  
 Your own union's Health and Safety Induction/Introductory Course ..... 3  
 The TUC Certificate in Occupational Health and Safety ..... 4  
 Other TUC/Union Health and Safety Courses ..... 5  
 Joint union/employer Course ..... 6  
 Employer training ..... 7  
 No training ..... 8

Q9 To what extent has TUC/Union health and safety training helped you in the following activities as a safety rep? Please circle the appropriate number for each of the following statements.

		Extremely helpful	Helped a lot	Of some help	Of little help	Of no help
Q9.1	Representing the health and safety interests of members/workers.....	1	2	3	4	5
Q9.2	Investigating health and safety complaints from members/workers .....	1	2	3	4	5
Q9.3	Investigating hazards in the workplace .....	1	2	3	4	5
Q9.4	Inspecting the workplace on a routine basis .....	1	2	3	4	5
Q9.5	Investigating accidents, dangerous occurrences, ill health incidents.....	1	2	3	4	5
Q9.6	Finding and using health and safety information .....	1	2	3	4	5
Q9.7	Receiving information from, and being consulted by management/employer .	1	2	3	4	5
Q9.8	Making representations to management/employer on behalf of members/workers .....	1	2	3	4	5
Q9.9	Persuading management/employer to find solutions/resolve health and safety problems .....	1	2	3	4	5
Q9.10	Participating in the risk assessment process.....	1	2	3	4	5
Q9.11	Participating in health and safety committees.....	1	2	3	4	5
Q9.12	Representing members in consultation with health and safety inspectors and "experts" .....	1	2	3	4	5

### Support in your activities as a safety rep

Q10 To what extent has each of the following supported you in your activities as a safety rep? (If you have not had the need to seek support from these sources, please circle "6 not sought")

		Extremely supportive	Supported a lot	Some support	A little support	No support	Not sought
Q10.1	Your members/workers .....	1	2	3	4	5	6
Q10.2	Your union in the workplace .....	1	2	3	4	5	6
Q10.3	Your union outside the workplace .....	1	2	3	4	5	6
Q10.4	TUC/Union training .....	1	2	3	4	5	6
Q10.5	Employer/management co-operation.....	1	2	3	4	5	6
Q10.6	Access to health and safety information .....	1	2	3	4	5	6
Q10.7	HSE or Local Authority inspector .....	1	2	3	4	5	6
Q10.8	Other occupational health and safety professionals....	1	2	3	4	5	6

**Your main achievements as a safety rep**

Q11 What do you think have been your main achievements as a safety rep? Circle one or more of the appropriate numbers below. If possible give brief details of the achievement in the spaces provided.

- 1 Exercising your rights as a safety rep  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2 Tackling hazards at work  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3 Building trade union organisation for health and safety  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4 Involving and informing members/workers  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 5 Influencing the way that your employer manages health and safety  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6 Other achievements  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Q12 To what extent did training help you to gain these achievements?

Extremely helpful .....	1
Helped a lot.....	2
Of some help .....	3
Of little help .....	4
Of no help .....	5

**Barriers/obstacles to you as a safety rep**

Q13 What do you think are the main barriers/obstacles to you in your activities as a safety rep? Circle one or more of the appropriate numbers below. If possible give brief details of the barrier/obstacle in the spaces provided.

- 1 Lack of time/resources/facilities to do your job as a safety rep  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2 Lack of confidence/experience to do your job as a safety rep  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3 Employer/management  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4 Financial situation of your employer  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 5 Trade union/union members/workers  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6 Other barriers/obstacles  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Q14 To what extent has training helped you to overcome these barriers/obstacles?

Extremely helpful .....	1
Helped a lot.....	2
Of some help .....	3
Of little help .....	4
Of no help .....	5

## More about you

You can send us this form anonymously, but the details will help us to identify how representative our sample is.

If you don't want to answer Qs15-18, it is vital that you answer Qs19-23;

If you do answer Qs 15-17 we will send you a copy of the survey results;

If you do answer Q18, it is possible that we may contact you by telephone to obtain a little more information.

**Please note that no individuals will be named in the final report.**

Q15 Name

\_\_\_\_\_

Q16 Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q17 Postcode

\_\_\_\_\_

Q18 Telephone number

\_\_\_\_\_

Q19 Are you?

Male ..... 1  
Female ..... 2

Q20 How would you describe yourself?

Black and Ethnic Minority ..... 1  
Afro Caribbean ..... 2  
White ..... 3  
African ..... 4  
Asian ..... 5  
Other ..... 6

Q21 What age are you?

16-25 ..... 1  
26-35 ..... 2  
36-45 ..... 3  
46-60 ..... 4  
60+ ..... 5

Q22 Do you work

Part-time ..... 1  
Full-time ..... 2  
Job-share ..... 3  
On temporary contracts ..... 4

Q23 What sort of work do you do?

Manual ..... 1  
Clerical ..... 2  
Services ..... 3  
Managerial ..... 4  
Professional/technical ..... 5  
Other ..... 6

**Please return by 8 December 1999 to:  
Dr David Walters and Pete Kirby  
Centre for Industrial and Environmental Health  
School of Applied Science  
South Bank University  
Borough Road  
London SE1 OAA**

**Many thanks for completing this questionnaire.**





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