INTRODUCTION

About the project

The project was set up in January 2004 as a result of discussions at an SCS event, to find quick ways to improve how HSE targets hard to reach groups. This resultant report is based on responses to a questionnaire by HSE staff; discussions with workplace contact teams; scrutiny of a wide range of HSE research and internal reports; and a trawl of documents available on the Internet. It contains information and recommendations about identifying hard to reach groups, and the ingredients of successful interventions. Recommendations are wide ranging and include suggestions for improving HSE activities and expertise, and ideas for further exploration.

Main issues

- HSE needs to be clear about which groups it targets and what it wants to achieve through these new approaches Staff look to the centre for a steer on these issues. There is a case for focussing most activity away from the hard to reach groups themselves to focus on intermediaries, to take forward the HSC/E strategy. For example even the impressive achievement of getting 8,500 people to attend awareness events in 2003/4 is a drop in the ocean in reaching the 3.8 million small businesses that exist.

- Successful interventions respond to the needs, characteristics, and local circumstances of the hard to reach group,. The project has developed a tool that helps to analyse characteristics, and so transfer successful approaches to disparate groups.

- HSE has insufficient information about the effectiveness of the new interventions, except awareness events where there is enough to confirm their value and impact. A more systematic testing and evaluation of other approaches needs to be done, and the results shared. However there is a large amount of seemingly under-utilised research into particular hard to reach groups. This needs to be assimilated, so a pause in any further research is recommended.

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SUMMARY

Project aims and outputs

1 The main aim of the project is to improve the efficiency and effectiveness of interventions aimed at the hard to reach groups that are most at risk, optimising synergy, and avoiding duplication. The main output is a report with recommendations, which makes a significant contribution to the new 'new levers' programme.

2 The full project plan and associated questionnaire is included at annex a.

Methodology

3 A semi-structured questionnaire and the project plan were circulated, prompting meetings and written responses from groups and individuals. The project is grateful to HSE staff who were without exception generous providers of information and views. As well as responding directly to the questionnaire, staff sent articles, reports etc and provided helpful signposting to other documents, which were used in this report. The questionnaire was in itself seen by some respondents as a useful aid to planning.

4 The project also reviewed the available research; intranet and internet searches were also used.

Outputs

Characteristics of the hard to reach. (paras 16-29)

5 The project set out to elicit views of staff about which groups they find hard to reach, rather than impose a pre selected list. This has been achieved, and a summary table is provided in the report (table 2). Very few respondents identified those “hardest to reach and most at risk”, except for very specific sub groups, eg. Self employed elderly farmers. Staff tend to look to central guidance eg sectors or policy units to identify their target audiences.

6 The report discusses the benefits of identifying the characteristics of hard to reach groups. Research identified a number of possible approaches. A major product of the project has been the development of a holistic model that encompasses demographic, cultural, behavioural, attitudinal and administrative characteristics.

7 At the suggestion of FOD SIU the model is being developed as a tool (tables 3-5) to help to identify the group or groups that HSE may wish to target, and prompt new ideas for strategies for particular groups. It has been tested with workplace contact teams who found it useful.

Summary of interventions (paras 30—69)

8 The project plan outlined the interventions that were likely to be in scope, and the project was able to identify some information relating to most of them. Case studies are provided, highlighting significant success factors and learning points.

9 Between them, many field staff and policy staff have a great deal of experience of a wide range of interventions. More people in all parts of HSE are becoming involved in all types of innovative interventions. We need to use these experiences to help manage and gain full benefit from them. Different attempts have been made by evaluators to measure impact, costs and benefits. The different approaches could usefully be bought together to provide a coherent and consistent model.

10 Awareness events were the most common interventions identified. HSE has confirmation through evaluation that they are effective in stimulating activity by participants. The report highlights significant success factors including trust, targeting, and interactive content. A multi pronged approach seems essential. Such events are more than awareness raising – a lot of practical advice and activities take place, and it is hard to draw a dividing line between awareness, training and education. Most events were a mixture of approaches and some of these are described in the report. HSE could use these events to test ideas and to consult groups.

11 At the start of the current project it was expected that there was some work being duplicated that could be bought together or stopped. Nothing was identified from responses from HSE staff, and no research was found recommending that any particular activities or interventions should stop. However there is scope to bring together the development of some assessment tools, and to improve learning between projects of a similar nature. WS Atkins[11] commented that it was noticeable that 'ideas generated by project activity are not always fed back into HSE.'

12 Staff are excited by new opportunities, and keen to try new approaches, but it is often only by chance that they get to hear about others' experience. The need to concentrate more on what works, and share information better, became a recurring theme in the responses from HSE staff. Many would welcome a more structured approach to testing interventions, and more opportunities to discover and share experience. The report makes recommendations in these areas.

Résumé of related HSE research (paras 70-72)

13 A pause in commissioning any further research on hard to reach groups is recommended until current studies have been disseminated. There is evidence that some research has been commissioned inadvertently because of a lack of knowledge about previous work.

14 WS Atkins produced an assessment of research against HSE's strategy on small businesses. As part of this, they reviewed and summarised 127 research reports

and other documents. The project has reviewed these summaries and selected those most relevant to this subject (Annex B). An index to the summaries has been developed, which highlights reports that deal with particular interventions or groups, to help facilitate access to the research. A bibliography of other source material such as internal evaluations is also provided.

SUMMARY OF RECOMMENDATIONS

15 The recommendations cover three areas: improving HSE activities, improving HSE expertise, and suggestions for further exploration.

Improving HSE activities:

1. *Characteristics of the hard to reach*: The tool developed as part of this project should be further tested, finalised and disseminated. (para 21)

2. *Asking for help*: HSE should be more upfront about the types of group it finds hard to reach, and actively look for help from them, eg on Sector websites. (para 27)

3. *Target audience*: Consider focussing most of the awareness events on intermediaries to take forward the HSE strategy. (para 30)

4. *A methodical review*: There should be a more systematic testing of interventions (other than SADs) through trying different approaches and variations, to identify the ingredients of successful interventions. (para 31)

5. *Target audience:* Partners involved in HSE led events should be encouraged to provide positive incentives to take part in them. (para 34)

6. *Responsiveness:* There should be quick access to a fund to take advantage of unexpected opportunities that arise during the year. (para 43)

7. *"Awareness":* HSE should stop referring to awareness events, which undersells them: instead, find more descriptive and informative titles should be used for individual events. Continue their experiential nature. (para 48)

8. *Listening*: Use awareness events in particular to listen to the opinions of our hard to reach groups about proposed new tools, guidance, etc or to test them. This could enhance our reputation as well as being of practical use (para 49)

9. *Business Links*: Concentrate effort on some basic awareness raising with individual BLOs, providing signposting info to local events, websites, HSE direct etc, rather than providing training in health and safety. (para 55)

10. *Refine evaluation techniques*: The reports of recent evaluations should be used to develop a standard approach to assessing and benchmarking the medium to longer-term impact of particular initiatives, including costs, benefits and how to optimise success. (para 69)

Improving HSE expertise:

11. *Capitalise on experience:* by formally identifying "intervention mentors" or an internal beacon scheme, as well as a skills and knowledge analysis of the needs of staff, based on the types of interventions and groups they will be targeting. (para 29)

12. *Develop existing material*: The *Rough Guide to working with Intermediaries* [1] should be reviewed, updated and provide some of the basis for training modules for field and policy staff involved in interventions**.** (para 32)

13. *Facilitate sharing*: Find additional ways to help project managers avoid duplication and learn from others at the development stage. For example, could more use be made of the ROAMEF stage to put people in touch (para70)

For further exploration:

14. *Outreach*: Explore the use of community minded people to help raise awareness. (para 61)

15. *Develop duty holder expertise*: If not already developed, eg by a LA, develop a simple checklist/ framework of questions and tips for businesses purchasing health and safety services so that they can be intelligent customers. (para 67)

16. *Make better use of resources*: A pause in commissioning any further research on hard to reach groups is recommended until the large amount we have has been disseminated and digested. (para 70)

HARD TO REACH GROUPS

Who are they?

16 This report defines Hard to Reach as "inaccessible to most traditional and conventional methods for any reason." Put "hard to reach" in any search engine, and you soon realise that we are not alone in finding it difficult to reach some sections of the community. Many diverse organisations have reflected on the best ways to reach these groups[2-7]. Table 1 summarises the views of some of these.

17 The project set out to elicit views of staff about which groups they find hard to reach, rather than impose a pre selected list. Staff usually look to central guidance for their target audiences, underlining the importance of a strong evidence base for targeting. Very few respondents identified those "hardest to reach and most at risk", and those that did mentioned very specific sub groups, eg. Self employed elderly farmers. Table 2 shows the specific groups identified by HSE staff.

Table 1: Working with hard to reach groups: lessons from others' experiences.

- Be aware of national trends and priorities;
- Identify sources of good quality reliable information about the group;
- Decide whether to extend an existing initiative, someone else's initiative, or devise a new one Involve members of the hard to reach group in carrying out a needs assessment and planning the intervention;
- Think imaginatively about the options, eg using theatre or outreach buses;
- Consider using a member of the target group to deliver the intervention;
- Consider how you can persuade those respected in the community to be an advocate;
- Build networks by asking contacts for details of others in the target group, or asking the contact to pass the information on.

Table 2: Specific groups identified by HSE staff.

Group	Comment
Young males	16-24yr old males have a 40% higher risk than older male workers after allowing for occupations and other job characteristics.
Children and young people	Young people have the lowest awareness of HSE, especially the unskilled and unemployed.
Small businesses	There are 3.8 million SMEs 1,500 HSE and 1,300 LA inspectors.
-Businesses not belonging to a trade association in Motor Vehicle repair, non-trad textile, and construction.	Businesses belonging to a trade association were seen as having higher standards of health and safety. The section on interventions describes how HSE worked with a trade association and a college to drive up standards.
-Self-employed/sole traders. -Self employed farmers.	About 2.7 million businesses have no employees. Especially the elderly
-Scrap yard workers. -Quarry, landfill and reclamation, -Maintenance fitters. -Printers and woodworkers who do not report accidents	Issues around literacy and macho culture. Especially in remote locations and small sites.
Contractors working in other industries	HSE's evaluation [8] focuses on managing cross HSE inspections.
Workers who are -Peripatetic, Itinerant eg Security, window cleaners, agency workers Double glazing industry. -Part timers -Home workers -Volunteers -Temp, casual, seasonal workers -Illegal workers -Not Trade Union Members -Not registered with HSE/LA	Two successful interventions with peripatetic workers reported by respondents. Some staff have used others' databases to identify target audiences.
Workers/employers with disabilities Workers/employers with reading difficulties	Use of actors has been demonstrated to employers, and poster photos showing good practice.
Ethnic minorities Gas safety: tenants, landlords and letting agents in ethnic minorities The Chinese community	

From "groups" to "characteristics"

18 Research on behalf of the Home Office[2] highlighted some of the problems with the notion of 'hard to reach groups'. It recommends that "Rather than drawing on a pre defined list of hard to reach groups, the police should consider the characteristics of the population sub groups that contribute to problematic relationships with the police"

19 For HSE, too, there are good reasons to take the same approach.

- We can avoid generalisations, which are potentially stigmatising and misleading.
- Groups vary depending on the context, eg they may be the Chinese community in London, farmers in Devon or young people in catering.
- We can use a more objective approach, working from the needs of the hard to reach group, to identify a range of interventions.
- They are not static; they change as we engage them.
- Where we can identify similar characteristics of otherwise disparate groups, we can more easily exchange information about what works.

Identifying characteristics: a model

20 However, there are a wide variety of approaches to identifying the characteristics of hard to reach groups. Further research identified a range of descriptors and other analytical tools[2-7]**.** No single approach seemed particularly appropriate on its own. Building on these, the project developed a holistic model that encompasses demographic, cultural, behavioural, attitudinal and administrative characteristics.

21 At the suggestion of FOD SIU the model was developed as a tool to help identify target audiences and generate ideas to reach them. It was tested with workplace contact teams who found it useful. It can be used to identify the group or groups that HSE may wish to target or prompt ideas for strategies for particular groups. The tool is shown in table 3.

Recommendation The tool should be further tested, finalised and disseminated.

Table 3: Tool to identify characteristics of the hard to reach

Characteristic	Definition	Attributes	Examples: some sub groups of…	Prompts: What do we know? What do others do?
Demographic	The quantity and characteristics of the group.	• Widely dispersed population, • Large numbers,	• Farmers • Small businesses • Young males	• Where are these groups found? • How many are in the group? • What do members of the group have in common? • (Where) do they get together? • Who else contacts them and how?
Cultural	The way of life of a group of people.	• Lack of established information networks, • Unable to access services easily,	• Non-readers • Home workers • Minority ethnic groups	• Which organisations could we work with to develop an information network? • Are there individuals we could work through? How? • What are the alternatives to written guidance?
Behavioural	The manner in which the group function or operate.	• Distrust of Government Agencies, • Distrust of HSE. • More pressing issues than Health **and** safety	• Illegal workers • Unstable failing companies • Small businesses	• Who do they trust? • What or who can influence them? • What about the timing of the intervention?
Attitudinal	What they think about H&S	• Group defined by the degree of willingness and awareness to tackle H&S.	• Responsible employers • At risk Employees	• Where are this group? • Where (realistically) do we want them to be? • What do the need to get them there?
Administrative	Our arrangements hinder access.	• The 24/7 economy • HSE ignorance of established information networks, • Responsibility for enforcement is split.	• contractors • night workers • LA /HSE responsibilities	• What changes can we make to reach the group? • How can we improve our information?

Developing contact with hard to reach groups

22 Respondents to the questionnaire often mentioned the difficulties of reaching specific groups. Research identified two methods of using the groups themselves to increase contact.

23 The first is using the HSE website to develop a dialogue with particular hard to reach groups, eg to describe the difficulties HSE has in reaching them, why we feel they need our help, tell them what we do already, and to ask those groups to give us advice and help to reach them.. This style is implicit in two of the Websites reviewed during research, and they are worth a look for both the content and approach.

24 www.vlgaconsultation.org.au[7] provides guidance to local government in Victoria, Australia, about consulting and engaging hard to reach groups. The guidance has been developed with the help of these groups, which are identified, with an acknowledgement that there are others.

25 www.Crimereduction.org.uk//toolkits/index.htm [2] contains clear guidance and tools about relationships with hard to reach groups. It is aimed primarily at the police service. These publicly available documents help convey an open and transparent approach.

26 The second method can be described as a variation on pyramid selling, known by researchers as “snowballing”. www.laria.gov.uk/content/features[9] describes this approach. Snowballing is where a contact provides the name of another, who provides the name of another, and so on. In some examples, the contacts are trained to take the message into the targeted community.

27 This approach could be built into the daily contacts by HSE staff, perhaps setting targets for leads.

Recommendation HSE should be more upfront about the types of group it finds hard to reach, and actively look for help from them, eg on HSE web pages and in daily contact.

Learning from one another

28 Another theme from respondents was the need to value the experience of HSE staff as much as research reports are valued and respected. One respondent was ‘‘concerned that your project doesn't lead to another "Small firms report" that doesn't address some of the vast amount of work done in FOD simply because it isn't "research " and hasn't been fully written up.’

29 Staff in all parts of HSE are increasing being expected to use new kinds of interventions and this can only increase with the new Strategy. Experience from managing the Small Business Programme Fund (S.BPF) showed, not surprisingly,

that staff accustomed to managing particular interventions were able to respond more flexibly and quickly than others to the opportunities that can arise at short notice. HSE needs to build on this to provide confidence to those new to these activities and to find effective ways to share knowledge, experience and good practice.

Recommendation: Undertake a skills and knowledge analysis of the needs of staff, based on the types of interventions and groups they will be targeting. Consider formally identifying “intervention mentors” or an internal beacon scheme.

SUCCESSFUL INTERVENTIONS

Current state of play

30 The 2002-3 Divisional report on work with intermediaries[10] indicates an organisation experimenting and gaining confidence with new audiences, incentives and techniques. In June 2003, Justin McCracken was able to report to the Commission that 8,500 people had attended events during the year. In agriculture 20,000 people have attended Safety Awareness days since they began 6 years ago. Even this impressive achievement is a drop in the ocean in reaching the 3.8 million small businesses that exist.

Recommendation: Consider focussing most of the awareness events on intermediaries to take forward the HSE strategy.

31 A review of research by Atkins[11]covering 127 documents found no research recommending that any particular type of intervention should stop, and although this project had expected to find that some work on interventions was being duplicated, nothing obvious came from responses to the semi-structured questionnaire. However there is scope to amalgamate some effort on the evaluation of interventions, the development of assessment tools, and to improve the transfer of learning between projects of a similar nature. Atkins comment that 'ideas generated by project activity are not always fed back into the organisation.' Staff are excited by the opportunities opening up, and keen to try new approaches. However, it is usually only by chance that they get to hear about others' experience. Many would welcome a more structured approach to testing interventions.

Recommendation: There should be a more systematic testing of interventions (other than SADs) through trying different approaches and variations, to identify the ingredients of successful interventions.

32 Some experience is available in the form of the *Rough Guide to working with others*[1]; a guide FOD produced two years ago and available on the intranet. It contains a wealth of useful information and tips, from initiation to evaluation, that would benefit both operational and policy staff. It should be updated using recent experience and developments, and used as source material to help train staff new to handling interventions. It may be also worth exploring converting the material into supported e-learning modules. An update could usefully look at the purpose of interventions – Is it general or specific awareness? General or specific advice? Marketing of access or products?

Recommendation: The *Rough Guide to working with Intermediaries* should be reviewed, updated and provide some of the basis for training modules for field and policy staff involved in interventions**.**

Maximising impact

33 In HSE, success came from multi pronged approaches. Incentives to take part in events included visits by an inspector if they didn't attend, an announcement in the local media of local "blitzes" in conjunction with LAs, and money off HSE books (no reported uptake). Research with some of the hardest to reach employers indicates that fear is the principle driver for improving standards: fear of prosecution, litigation and loss of customers[12]. The Manufacturing sector provides an illustration of this. SIM 4/2003/07 announced an initiative to encourage SMEs to use a web based auditing package by providing mentoring support. In spite of widespread publicity through a diverse range of channels, there was almost no interest and the scheme did not proceed. The sector has concluded that these SMEs didn't want HSE near them, and you need "the implied threat" of inspection to make them interested.

34 In reality there are very few positive incentives that HSE can offer. It may be that we should look to partners more to provide these. For example, members of organisations may see access to h&s advice as being a perk of membership. The case study provided by the glass federation to *Express* in May 03 is a good example.

Recommendation: Partners involved in HSE led events should be encouraged to provide positive incentives to take part.

Type and range of interventions

35 While it may not be typical of all field activity, an analysis of HSE's 2003/4 intervention plan for London provides an indication of the rich range of activities taking place.

36 The plan included some 40 interventions. London planned to pump prime a safety group, support outreach workers and attend conferences and business forum. The plan also included nine Safety/Health Awareness events, six surgeries and seven stands.

37 Most interventions were aimed at small businesses, mostly specific sectors, ranging through woodworkers, garages, window cleaners, haulage firms, food industry, film production companies and private landlords. Seven of these were aimed at specific ethnic minority groups. Three other interventions involved participation in specific ethnic communities' events.

38 Content was either industry specific: food, woodworking, transport, MVR , or hazard focussed: E-COSHH, and falls from height. They planned to work with Local Authorities, Trade and minority ethnic community associations, and other government agencies.

TABLE 4

DIAGRAM SHOWING THE CHARACTERISTICS OF THE HARD TO REACH

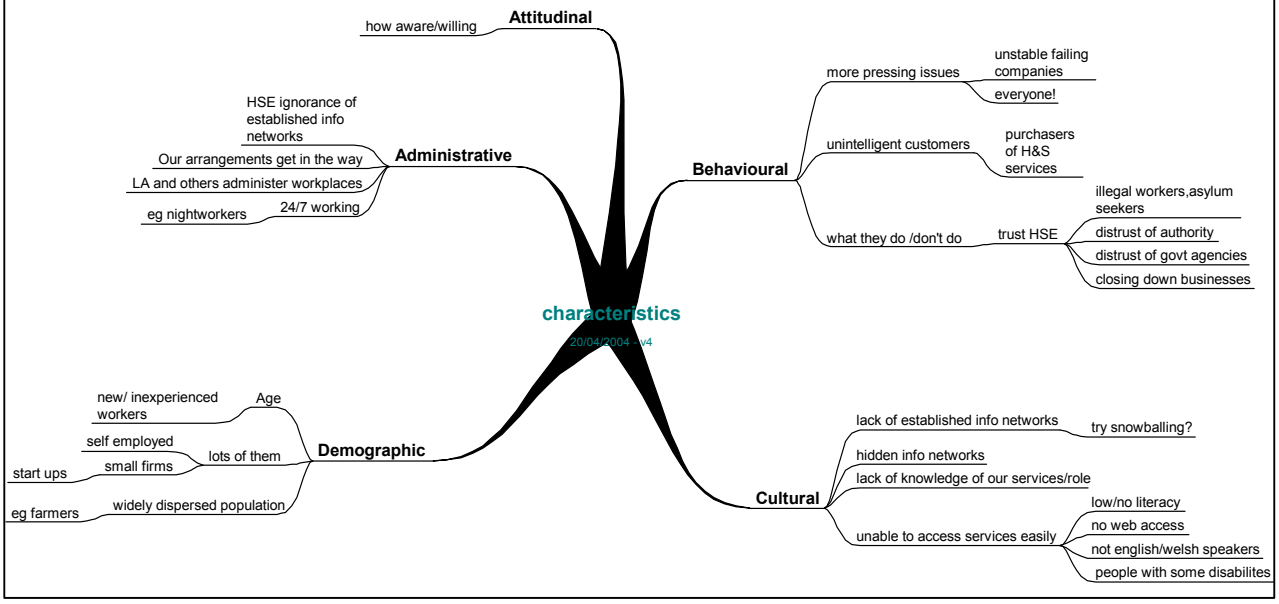
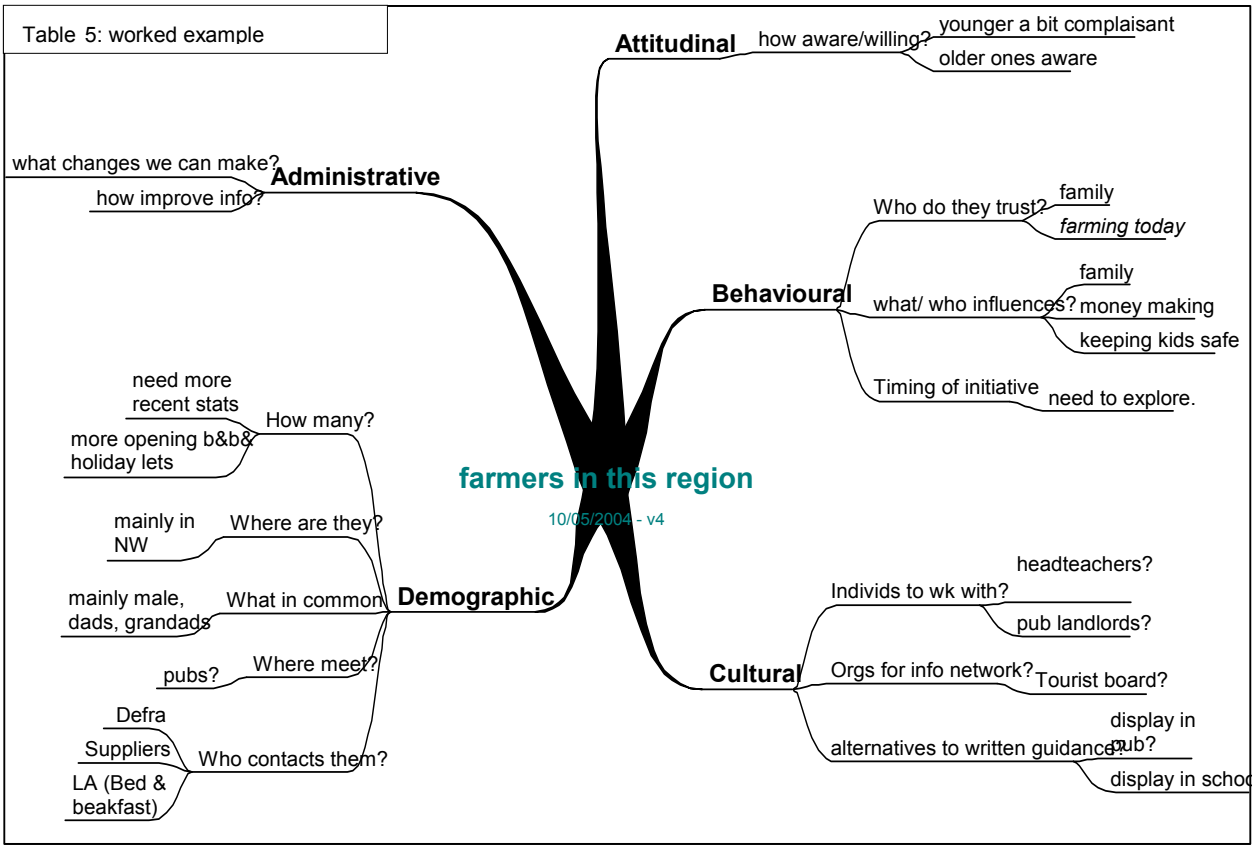


Table 5: worked example



Awareness events

39 In HSE, awareness events are most popular form of new intervention. When staff had access to an opportunity fund last year they comprised 66% of the interventions. Events are becoming increasingly sophisticated as staff build experience. For example, as well as particular sectors and industries, awareness events have been focussed at young people and children.

40 Successful SADs have a short and longer term impact. Evaluations[16-20] show that there is a longer-term effect on participants, who share what they learn with their employees Commitment to change on the day was a prerequisite to actual change.

41 Maximising the impact of awareness events means HSE improving the information flow about the right combination of partner, publicity, format, content, timing, venue and audience. Table 6 describes the significant factors for Agriculture SADs.

Table 6 Agricultural SADs: maximising impact

- Access to the Defra database of farming enterprises to allow us to target the right people.
- Good piloting of the intervention at the beginning with development focussed on delivering the practical measures to control risks.
- Development of a SAD kit to assist FOD Divisions their organisation of SADs.
- Using the threat of a visit (and thus potential enforcement action) should they not attend the SAD.
- Tailoring the means of communication (ie practical demonstration) to the needs of the target audience.
- Selection of the scenarios that are relevant to the attendees.
- Delivery of the scenarios by people independent of HSE and who are viewed as authoritive. and as having a common cultural background with the target audience.
- Not making idle threats – ie visiting those who do not attend.

Specific success factors

42 *Trust*, building relationships with partners and industries. Woodworking SADs and interventions in quarries and landfill are thought to be successful partly because a trusted outside body delivers them. HSE NW report that 'working with the partners who can influence these hard to reach groups reduces the fear factor for the businesses attending such events, and is a significant factor contributing to the success/failure of this intervention'. One WCO reports seeing people relax as she explains that she has no enforcement power.

43 *Planning*: respondents understood the need to plan for the coming year, but commented on the difficulty of obtaining resources to enable them to respond flexibly to opportunities that arise during the year.

Recommendation There should be quick access to a fund to take advantage of unexpected opportunities that arise during the year.

44 *Targeting:* More than one respondent highlighted the lack of knowledge of a particular group or fruitless searches for an effective channel for communications as a barrier to success. When they are located, targeting the key person, and sending them a personal invitation was credited with getting people to Texiac open meetings, which are held in non-HSE premises. These interactive events get "fantastic" feedback.

45 Most events are health and safety centric. One respondent recommended 'piggy backing on other events that the target audience are really interested in, and hitting them with health and safety at the same time'

46 *Content:* The reports and evaluations show that participants don't want to be talked to, they want interactivity. Events that are experiential, with vivid case studies are well received.

47 *Timing* was an issue raised by respondents: many events take place at weekends and out of hours to meet audience requirements, and staff understandably want to limit the effect on their home lives to a reasonable level. This needs to be addressed to avoid burn out.

Case study 1*:* An event was specifically aimed at those not belonging to a trade association. This decision was based on inspectors' observations that members of the association had higher standards than non-members. The association hoped to get new members from being party to the event: HSE hoped to drive up standards.

A successful combination of the Trade Association, the Local Authority, and the local press attracted 39 delegates, half of whom were unknown to HSE. The event was hosted by a college, to encourage training, involved demonstrations, and was held in early evening. It lasted for an hour and a half.

Case study 2: In July 02, Leeds LA developed risk assessment training sessions for SMEs using real life case studies. The training was free. The seven events held generated a demand for a further 10 events and a CD Rom version was produced. Evaluation showed that 6-8 weeks later, 25 of the 31 who returned the forms had begun or implemented a risk assessment.

48 HSE may be underselling its efforts by publicising events as safety/health *awareness* events. It may describe what the events aim to achieve, but as can be seen from the examples quoted, this undersells the rich variety of activities that take place under this banner.

Recommendation: HSE should stop referring to awareness events, which undersells them: and find more descriptive and informative titles for individual events.

Using events for consultation

49 We may be missing a trick by not using awareness events in particular to listen to the opinions of our hard to reach groups about proposed new tools, guidance, etc or to test them. This could enhance our reputation as well as being of practical use.

Recommendation: Use awareness events to listen to the opinions of our hard to reach groups about proposed new tools, guidance, etc or to test them. This could enhance our reputation as well as being of practical use.

Awareness of web based information

50 An interesting initiative to raise awareness of HSE's MVR website was reported. Anecdotal evidence from inspectors indicated that many ' under the arches' repair shops had access to the internet, and enquiries from those using the site seemed to confirm this. Inspectors now encourage companies to make this site one of their favourites, and the HSE web team introduced a user friendly way to bookmark the page.

Partnerships

Business support organisations

51 Respondents commented on the difficulties HSE faces in working with business support organisations. Part of the problem is identifying which organisations to work with for maximum impact. There are for example 400 business support agencies in the East Midlands alone. The Regional Development Agencies are trying to rationalise these[13].

52 FOD's COIN project should go some way to capturing and sharing information about partners helped by a project being led in HSE Midlands and funded from the SBPF. The aim of the project is to develop a set of criteria for assessing the importance/relevance of the intermediaries, so that HSE can take a more structured view on how best to deploy it's resources given the vast range of bodies, and guidelines on how best to track them down.

Local Authorities

53 Work in partnership with Local Authorities is a critical area, and respondents report that many local events take place with Las. One respondent pointed out that

many 'provide (free) advice in the form of leaflets, etc, (including their own) and via websites - some of which are well-developed….are directly involved in Local Business Partnerships and other local 'strategic/development' partnerships, which could be used as a gateway to contact and influence 'hard to reach' groups. Many also provide h&s training directly to businesses.'

Business Links (BLOs)

54 BLOs have an important role in reaching small businesses. The role of BLOs has recently changed to introducing clients to solutions, and bringing in third parties as much as possible. 80% of small businesses are aware of BLOs. In the last two years the number of customers using them has doubled, and is expected to double again in the next three years[13]. These are good reasons for persevering with efforts to work in closer partnership with them, and to find ways to harness their signposting capacity.

55 Many people in HSE have worked with BLOs to varying effect. For example, HSE NW recently offered training for Business Advisors, who have little, or no, knowledge of health & safety. This programme of training was to be funded partly from the SBPF. The Chief Executives accepted this proposal 'somewhat reluctantly'. At least 45 advisors will undertake the 1 Day CIEH Basic Health & Safety Course important in helping them identify health and safety issues in small firms. An independent market research company will evaluate the effect.

Recommendation: At this stage concentrate effort on some basic awareness raising with individual BLOs, providing signposting info to local events, websites, HSE direct etc, rather than providing training in health and safety.

Sector and industry-wide initiatives

56 This is defined as gearing, achieved by stimulating a whole sector or an industry to take part in an initiative to combat key risks, preferably taking ownership of improvement targets.

57 Only one initiative volunteered by respondents although there are no doubt others. The example offered was of a very large multi-sited company which was targeted at one of their sites. The company took the learning at the one location and applied the lessons at their other sites.

Tools *eg benchmarking and self-assessment*

58 There seems to be some overlap in the development of assessment tools, and a lack of awareness of other similar initiatives. As well as duplication of effort HSE is losing valuable experience. An example is the development of self-assessment tools for small businesses. SBS are working with a consortium of LAs

on an e-government national project to help small businesses get an idea of how well they are doing on compliance. This will be rolled out to all LAs. HSE is developing a risk profile index, and has developed a benchmarking index for business advisers. Other assessment tools developed in HSE include engineering, agriculture, chemicals, and workplace driving, all developed in 2002. An H&S performance index was being developed in Feb 2004.

Case study 3: E-CoSHH is the electronic version of 70 guidance sheets covering a very diverse range of sectors. In the last two years, 107,000 on line risk assessments have been completed. The impact is in the process of being reviewed.

Outreach:

Types

59 In HSE finding ways to centre messages in the target community seems to be focused mainly on attending community events such as those described in the London plan, and making presentations. One respondent said that they would like to develop work in colleges to reach young trainees and apprentices.

Volunteers

60 Many public bodies actively involve volunteers in their work: why not HSE? For example, a respondent commented on a note by DWP on diversity in public appointments which mentions a 'body of nationwide, community based, older volunteers called 'The Experience Corps' who are 'keen to do meaningful volunteering that is not offered by traditional organisations...want to be more proactive in contributing to the social wealth of the country.' There are 150,000 on the database including 40,000 from BME communities.

61 A Local Authority initiative involved training and developing members of the target community to become advocates presenting views for and to the community[9].

Recommendation: Explore the use of community minded people to help raise awareness.

62 Case study 4 highlights how partnership working can lead to interesting interventions initiated by the partner. Priority Programme staff underlined the need for flexibility in financial and staffing terms to be able to respond quickly to such opportunities: 'It has taken about six months from initial contact by HSS with their idea to its completion. I think HSS expected a response in half that time.'

Case study 4: The Falls from Height (FfH) Priority Programme is undertaking a programme to distribute 4000 copies of a modified version of the Height Safe Action Pack used by the Construction Division. The pack will be distributed to a carefully targeted group of SMEs using HSS database of over 20 000 SMEs. Safety videos will be shown in HSS shops and articles about falls fron height have appeared in their magazine. HSS approached HSE with the idea and a plan. If the plan is successful it can be offered to other hire companies and similar organisations. The project was coordinated internally by an ad hoc group of staff from the Construction and FfH Priority Programmes, and DIAS. It is currently being evaluated

63 This year the FfH pp will also be evaluating the impact of making Infoline available through the Hotphone in Jobcentre plus offices.

Pump priming:

64 Neither respondents nor research identified initiatives involving money or effort being used to support the setting up of groups. It may be worth exploring critical success factors for these initiatives.

Best practice:

65 Defined as encouraging the development of best practice examples with those organisations which are committed to leading edge performance, and then using these examples to show to others the practicality and value of improving their own standards.

66 No responses were received about this type of intervention. One research report [15] comments that the concept is not understood by business, and that examples may in any case be more effectively developed by others.

Developing intelligent customers

67 Research by the Small Business Service shows that it is difficult for small businesses to know which questions to ask when purchasing services. Small businesses complain about the cost of implementing Health and safety, and Inspectors report being shown off the shelf risk assessments etc with little specific relevance to the business.

***Recommendation**:* If not already developed, eg by a LA, develop a simple checklist/ framework of questions and tips for businesses purchasing health and safety services so that they can be intelligent customers

Evaluating interventions

68 Research identified nine formal evaluations and other reports of interventions[8, 10,16-22] which had taken place over the past three years, and this report includes findings from these. DIAS is evaluating a selection of the awareness events funded by the SPBF. Most evaluations are of awareness events, and there seems to be enough information available to consolidate learning into future events and this already happens to some extent. Other types of interventions may have been evaluated, but this research did not find any reports.

69 HSE has to measure outputs and explain the business case for the approach: respondents would welcome a steer on impact evaluation beyond happiness sheets. Some work has already been done: Various evaluation reports make recommendations about effective follow up techniques, the percentage of businesses making a change in their practices and assessment of cost in terms of staff time.

Recommendation: The reports of recent evaluations should be used to develop a standard approach to assessing and benchmarking the medium to longer-term impact of particular initiatives, including costs, benefits and how to optimise success.

RESUME OF RELATED HSE RESEARCH.

Use of research

70 Except for the internal reports and research identified in the bibliography, respondents identified no other research reports etc. There is evidence that some research has been almost duplicated because of a lack of knowledge about what has been commissioned by others. It is doubtful whether many people either know about many of them, or have used them. This need to concentrate more on what works, and share information better, became a theme in the responses from HSE staff.

Recommendation: A pause in commissioning any further research on hard to reach groups until the large amount we have has been disseminated and digested.

Recommendation: Find additional ways to help project managers avoid duplication and learn from others at the development stage. For example, could more use be made of the ROAMEF stage to put people in touch?

WS Atkins: summaries of research

71 In September 2003, WS Atkins produced an assessment of HSE research on small businesses, a long established hard to reach group, to help HSE decide how to tackle them. This assessment included a summary of the research reports. From the 127 reports and other documents they summarised, the project has identified those most relevant to this project (annex B). Even this list contains over 50 research reports and other documents: an index to these follows, which highlights the main contribution they make to particular interventions and groups. It should help facilitate access to these reports.

72 A bibliography that includes other HSE research and internal reports is also provided.

INDEX TO SELECTED RESEARCH REPORTS REVIEWED BY ATKINS

TITLE	TOPIC, INTERVENTION, AND/OR SUB GROUP COVERED	DATE	ATKINS REF.
A Report on a Research Project which Investigated Health and Safety Competence in SME's in the UK	H&S competence in small businesses.	?/97	D-010
An Evaluation of the Good Neighbour Forums	Assesses the impact of Good Neighbour Schemes.	02/01	D-011
An evaluation of the Safety Information Centre approach in providing health and safety advice to small firms	Impact of RoSPA affiliated centres.	?/00	D-012
An NHS-Led Occupational Health & Safety Service for Small & Medium Sized Enterprises (SMEs)	How small businesses can access occ health more effectively.	04/01	D-013
Cultural Influences on Health and Safety Attitudes and Behaviour in Small Firms	Identifies internal/ external influences and channels of influence and support.	03/03	D-015
Expanding HSE's Ability to Communicate with Small Firms - A Targeted Approach	Which interventions work best in five particular sectors.	12/01	D-016
Factors Motivating Proactive Health Risk Management in SMEs	Includes loss of credibility and moral responsibility.	03/98	D-017
Targeting Occupational Health within SMEs	Describes best intervention strategies and levers.	?/03	D-018
Health and Safety Key Standards	Using work based competencies to improve standards.	10/99	D-020
Literature Review of Health and Safety Findings Relevant to Small Firms	Covers attitude to ICT: supply chain: seminars v leaflets etc: using business support orgs.	03/00	D-021
Management of Health Risks Research	Views of small businesses about HSC, levels of awareness of h&s issues.	04/00	D-022

SUCCESSFUL INTERVENTIONS WITH HARD TO REACH GROUPS

TITLE	TOPIC, INTERVENTION, AND/OR SUB GROUP COVERED	DATE	ATKINS REF.
Occupational Health Software (England, Scotland & Wales)	Use of IT in SMEs.	06/00	D-023
Health and Safety - the effect on and attitude of small/ micro businesses	Experience of Norwich Enterprise Agency Trust in working with HSE.	04/00	D-024
Work with Intermediaries - Towards 2003/04	FOD thinking on intermediaries.	?/03	D-027
Proprietary auditing systems	Attitude to ICT: reports few are appropriate to SMEs and little in general management packages re H&S.	N/k	D-029
The Design of a Grant Scheme for Small Firms	Rationale for pilot grant scheme.	10/01	D-030
Current use of self-audit questionnaires	Reviews use in HSE and LA enforced sector.	?/02	D-035
Scoping Exercise for Research into the Health and Safety of Homeworkers	Identifies key issues from research into Home workers.	?/02	D-041
Absolutely Essential Health and Safety Toolkit for the smaller construction contractor	Leaflets describing Toolkits for construction industry.	08/02	D-044
Ways for SMEs to assess and control risks from hazardous substances	Concludes the need for a simple tool and an electronic tool.	?/02	D-045
Evaluating impact of contact techniques	Looks at effect of mailshots and seminars.	?/99	D-050
Characteristics of People Working with Chemical Products in Small Firms	How small businesses handling chemicals are segmented and the associated risks.	?/00	D-052
'3 Rs' report: End Stage Review : Stages 1-3	Reports on survey of use of chemical data sheets, identifying difficulties and making recommendations.	Oct-00	D-058
Good Practice in SMEs in assessing workplace risks	Recommends measures to promote good practice.	07/00	D-059

SUCCESSFUL INTERVENTIONS WITH HARD TO REACH GROUPS

TITLE	TOPIC, INTERVENTION, AND/OR SUB GROUP COVERED	DATE	ATKINS REF.
Strategy for meeting the occupational safety and health needs of small and medium size enterprises	RoSPA discussion doc re dealing with SMEs including the basis for HSE's selection of partners/intermediaries.	007/02	D-060
Mapping Exercise on Workplace Health Provision in Small & Medium Sized Enterprises in England	DoH doc looking at workplace health initiatives, including networks, which provide support for SMEs.	03/99	D-063
"Common Good" Desk Research Ethnic Minority Communities	CoI doc exploring the communications needs of Ethnic Minorities,	03/03	D-064
Communicating with SMEs - 'Common Good ' Desk Research	CoI doc exploring the communications needs of small businesses.	03/03	D-065
The Age of Business, it's Potential to Learn and the Need for Support	SBS report on stages of learning in SMEs.	02/02	D-067
Advertising Strategy Research Summary	Comments on the need to expand advisory role and HSE's image.	02/02	D-070
Identification of Industry sectors in which employers perceive their business operates	Comments on how to reach out to businesses.	?/02	D-071
Use of Information and communication technology and government internet services in SMEs	Specific sectors' attitude to ICT : comments on attitudes and barriers.	02/02	D-076
2001 Small Firms Project	Northern Ireland review of barriers and attitudes to h&s.	05/02	D-079
Costs of Compliance with Health and Safety Regulations	Stats re costs and recording of h&s requirements.	02/03	D-082
Evaluation of the 'good health is good business' campaign	Looks at employer attitudes.	?/00	D-093
HELA Award for Innovation 2001 and 2002 - Synopsis of Entries	Awards: examples of good practice	2001/2	D-102/3

SUCCESSFUL INTERVENTIONS WITH HARD TO REACH GROUPS

TITLE	TOPIC, INTERVENTION, AND/OR SUB GROUP COVERED	DATE	ATKINS REF.
Assessment of the effectiveness of the pilot COSHH Essentials website in helping small businesses	Considers needs of sbs and how they function.	?	D-107
Express magazine article	Describes charter approach by partner.	05/03	D-110
Review of Race Equality Scheme	Describes scheme and action plan.	05/02	D-111
COSHH Essentials and its success	Summaries of use of E Coshh .	04/02	D-112
W.C.O. Pilot Scheme Evaluation	Reactions of firms to WCO visits.	10/01	D-114
Work-Related Violence Case Studies: Managing the risk in smaller businesses	Sectors covered: retail, health, security, leisure.	06/02	D-123
Violence at Work: New findings from the 2000 British Crime Survey.	Sectors covered: retail, health, security, leisure.	07/01	D-124
Levels and Trends in Workplace Injury	Statistics re rates of injury within small and large manufacturing workplaces.	2001	D-125
Small and Medium-sized Enterprise (SME) Statistics for the UK, 2000	Stats from SBS.	06/01	D-126

BIBLIOGRAPHY

TITLE	AUTHOR	DATE	REF
Rough Guide to working with others to improve health and safety	HSE internal (FOD)	04/02	1
Crime Reduction Tool Kit and briefing note Defining Hard to Reach Groups and Widening Access - Improving Police Relations with Hard to Reach Groups	Home Office PRS Paper 138	01/01	2
Addressing Inequalities - Reaching the Hard to Reach Groups - A Practical Aid to Implementation in Primary Care	Department of Health	08/ 02	3
Bringing Services to Hard to Reach Populations: electronic resource centre report	International Health Management	N/k	4
Accessing Hard to Reach Groups - Lessons Learnt About the Communications for Polio Eradication	UNICEF report	?/02	5
Accessing Hidden and Hard to Reach Populations - Social Research Update Issue 133	Pub. University of Surrey	?/01	6
Consultation and Engagement Resource	Victoria Authority Australia	N/k	7
Cross directorate working with contractors	HSL	12/03	8
Consulting Hard to Reach Groups LARIA report.	L A Research Intelligence Assoc'n	11/01	9
Some developments and new approaches in FOD	HSC paper	07/03	10
Health and Safety Management in Small Businesses - Review of Progress and Proposed Activity	W S Atkins	09/03	11
Literature Review of Interventions	Greenstreet Bergman	? /03	12
Transcript of Evidence given by Martin Wyn Griffith to the House of Commons Trade & Industry Committee	Parliamentary publication	01/04	13
Health and Safety Management in Small businesses - How HSE Might Select and Publish	W S Atkins	09/03	14
Piloting New Approaches to Consulting Small Businesses about Health and Safety Legislation	AEA Technology	01/03	15
Evaluation of construction safety awareness days	HSE Internal (construction sector)	11/ 02	16
An evaluation of the slips and trips roadshow for the retail industry	Kings College London	?/03	17
Project report for MVR event	HSE Internal (FOD)	06/ 03	18
FOD Divisional reports on work with intermediaries 02/3	HSE Internal (FOD)	?/03	19
Report on project working in FOD London	HSE Internal (FOD)	11/ 03	20

Work with Intermediaries: towards 2003/4	HSE internal (FOD)	?/03	21
Risk Assessment Training Forum	Project report	03/03	22

ANNEX A

INTERVENTIONS WITH HARD TO REACH GROUPS: WHAT ARE WE DOING AND WHAT WORKS? PLAN

Aim

To improve the efficiency and effectiveness of interventions aimed at hard to reach groups that are most at risk, optimising synergy, and avoiding duplication.

Outputs

- A report that makes a significant contribution to the new 'new levers' programme, containing
    - A résumé of related HSE research,
    - A summary of interventions to date, the people and projects etc involved, and their perceptions about interventions that appear to have worked, or have not been effective/efficient.
    - Characteristics of the hard to reach.
    - Recommendations about work that should change, stop or continue.
- A model for HSE Divisional and Sector Directors to use based on the review methodology.
- A draft note from Jane Willis to Directors to consider and act upon the report.

Justification

The project was set up to find quick ways to improve how HSE targets hard to reach groups, following concerns at the SCS Away day. Anecdotal evidence suggests that some activities are taking place in isolation, leading to an inefficient duplication of effort, or staff being unaware of experience or information they could call on. The project will help make current interventions with hard to reach groups more efficient and effective. Its findings will set the scene for the wider longer-term evaluation of all small business and 'hard to reach group' interventions.

Scope

The main constraints are time and staff resource, so the review will focus on interventions aimed directly at hard to reach groups themselves rather than initiatives aimed at influencing intermediaries themselves. Characteristics of the hard to reach will be explored.

Hard to reach is defined as “hard to engage with on a positive level” (definition taken from Home Office Research). The review will

- Target direct single and multi-faceted interventions by HSE staff,
- Include those carried out jointly with partners/intermediaries,
- Embrace central interventions, eg tools, and local interventions, eg Awareness days.

The review will exclude

- Initiatives aimed at influencing intermediaries/partners,
- Interventions solely delivered by intermediaries/partners,
- Guidance and leaflets, where these are the primary intervention,
- The HSE Website,
- The messages delivered through interventions, which will be dealt with through the communications strategy,
- Policy consultations.

Annex 1 provides more details about which groups and interventions are likely to be in and out of scope.

ANNEX A

INTERVENTIONS WITH HARD TO REACH GROUPS: WHAT ARE WE DOING AND WHAT WORKS? PLAN

Success criteria

- The review is delivered to plan,
- HSE effort focussed on the hard to reach groups is better targeted,
- Staff are better informed about successful interventions,
- Senior managers feed back that the findings have impacted on the new levers programme.

Schedule

Jan	Feb	Mar	
■			Agree project scope etc with line management
■	■	■	Identify initial links and contacts and refine methodology See annex 2 for starter list)
		■	Provide line management with oral reports on progress
	■	■	Identify research reports, and gather other written information.
		■	Explore links and gather information from contacts. See starter list of issues attached at annex 3
		■	Scope, draft and clear report. Draft note for Jane Willis

Key risks and managing them

There are conflicting views about what works.
The report will highlight where there is consensus about key issues and identify any gaps in knowledge, or contradictory experience.

Research and other evidence is conflicting or inconclusive.
It may be that recommendations for further research will emerge.

Significant key players are not identified.
Details will be circulated widely and contacts asked to identify other useful contacts.

Approval

This project plan will be approved by Donald Goodhew and Peter Brown, who will also approve the final outputs. Informal updates have been written into the schedule.

SANDRA WHITNELL

ANNEX A

INTERVENTIONS WITH HARD TO REACH GROUPS: WHAT ARE WE DOING AND WHAT WORKS? PLAN

Annex 1

DETAILS OF SCOPE

Hard to reach groups

Contacts will be encouraged to identify their own elusive groups who are most at risk. These may include

- Some small businesses
- The self & apparently self employedAgency workers
- Migrant and peripatetic workers
- Groups with cultural, racial, linguistic issues/barriers
- Illegal workers

Interventions

Provided that the interventions are aimed at the hard to reach groups, the following interventions are likely to be **in scope**.

- **Partnerships:** Strategic relationships between organisations or groups who are convinced that improving health and safety will help them achieve their own objectives. This may involve duty holders or trade unions, regulators, other Government departments, trade bodies, investors, or educational or media organisations.
- **Sector and industry-wide initiatives:** "Gearing" achieved by stimulating a whole sector or an industry to take part in an initiative to combat key risks, preferably taking ownership of improvement targets
- **Education and Awareness:** Seeking further ways of getting messages and advice across early to key target groups, particularly those who are difficult to reach, with small business groups, chambers of commerce, etc. Promoting risk education as a curriculum item at all levels of the education system.
- **Best practice:** Encouraging the development of best practice examples with those organisations which are committed to leading edge performance, and then using these examples to show to others the practicality and value of improving their own standards.
- **Tools:** eg benchmarking and self-assessment.
- **Awareness events.**
- **Outreach**: Finding ways to centre messages in the target community
- **Pump priming**: Money or effort is used to support the setting up of a group or activity.

Interventions **unlikely to be in scope** except in support of other interventions include

- Supply Chain. Encouraging those at the top of the supply chain to use their influence to raise standards further down the chain, e.g. by inclusion of suitable conditions in purchasing contracts.
- Intermediaries. The work done with people and organisations that can influence duty holders.
- Working with those who represent people put at risk by work activities, to support them in their roles.
- Inspection and Enforcement.
- Incident and ill health investigation.
- Motivating senior managers.
- Dealing with issues of concern that are raised, and complaints.

ANNEX A

INTERVENTIONS WITH HARD TO REACH GROUPS: WHAT ARE WE DOING AND WHAT WORKS? PLAN

Annex 2

Starter list of links and contacts

- SID's Focus groups
- Comms strategy – Shelagh Malloy
- COSAS activities (Richard Clifton)
- Section heads in Policy group for centrally developed tools etc
- Justin's work on interventions strategy - Richard Daniels' work : same or different?
- Charles Horsefield - London pilot, WCT plans and 'rough guide to working with intermediaries'
- Occupational health support scheme in Scotland
- BWED activities (insurance, banks, law centers, WSAs)
- CEPS4 work on illegal workers, migrants, gangmasters etc)

- Findings of all six Atkins projects and recent projects on social inclusion issues
- Small Business Programme Fund projects
- Claire McNicholas, FOD evaluation manager
- DIAS re evaluation of the SBPF etc
- Priority programmes/sectors

ANNEX A

INTERVENTIONS WITH HARD TO REACH GROUPS: WHAT ARE WE DOING AND WHAT WORKS? PLAN

Annex 3

Starter list of areas to be explored

Success

- What are the criteria for success?
- What has proved most efficient and effective?
- What are the necessary conditions for success?
- What evidence do we have?
- Whose perspective do we have on success? (Elusive group?, HSE staff? etc)

Hard to reach

- Who are the elusive groups? Which are the hardest to reach? Most at risk?
- Why are they targeted?
- What do we know about them and how to reach them? Do we have research reports? Evaluations?
- Any sub groups?

Interventions

- What interventions have taken place?
- What are the benefits/ drawbacks to the approach?
- What would you like to do more of/stop doing/explore further?
- What do we know about the result of the interventions? Do we have research reports? Evaluations?

General

- Who internally is involved in this work? (Individuals, networks, groups etc)
- What expertise/ experience can they offer?

ANNEX A

INTERVENTIONS WITH HARD TO REACH GROUPS: WHAT ARE WE DOING AND WHAT WORKS? PLAN

Questionnaire

Identity

a. Who do you find hard to reach (list including any sub groups)
b. Of these, who are the hardest to reach? Most at risk?

Looking at these lists, what characteristics do they have?
(eg small and or relatively dispersed population, poorly organised, language barriers.)

Activity

a. Which of these groups have you targeted? What was the driver?
b. Are there groups you would like to target, or stop targeting. Why?
c. Which have you had most success in reaching? Heroic failures?
d. What were the significant factors/ conditions contributing to the success/ failure?

Learning

a. What do we know about these groups
b. Is there any HSE and other research? Please provide details.
c. Name of any recommended publications, websites, books etc.
d. Name of any external organisations, networks that can help.
e. Any training courses (or other development opportunity) recommended, to improve knowledge, skills etc about any of these groups.
f. What skills etc are needed to reach these groups?

Networking

a. Any formal/ informal groups in HSE you know of? Members?
b. Name of individuals with knowledge/skills/experience in HTR groups.

Any other points you wish to make?

ANNEX A

INTERVENTIONS WITH HARD TO REACH GROUPS: WHAT ARE WE DOING AND WHAT WORKS? PLAN

INTERVENTIONS

Activities

a. Which interventions have you tried? With which groups listed earlier?
b. What were the benefits and drawbacks of each approach?
c. What do the target groups think about the approach? Has it made a difference to their H&S?

Volume

a. Which have you done least often? Which have you done most often? Why?
b. Which interventions would you like to do more, do less, drop, and why?

Learning

a. What do we know about these interventions:
b. Is there any HSE and other research?
c. Name of any recommended publications, websites, books etc.
d. Name of any external organisations, networks that can help.
e. What skills etc are needed to use these interventions?
f. Any training courses (or other development opportunity) recommended, to improve knowledge, skills etc about any of these interventions.

Networking

a. Any formal/ informal groups in HSE you know of? Members?
b. Name of individuals with knowledge/skills/experience in HTR groups

Any other points you wish to make?

Summary of relevant research reports: Extract from WS Atkins report Dec 03

D-010

Title:	**A report on a research project which investigated health and safety competence in SMEs in the UK.**
Author:	Prepared by Safety Solutions UK LTD on behalf of the European Commission (DGV)
Date	Published 1997
Summary:	Reports finding from study analysing health and safety competence within SME's in UK, as part of a broader study looking at required levels of H&S competence in the workplace in order to comply British legislation. • SF's felt most important H&S issue facing them was lack of information on H&S, followed by accident rates. • 2% of SF's have full time post dealing with H&S, 50% of organisations spent less than 1 hr on H&S per week. • 3 most popular H&S techniques – QRA, safety encounters and safety inspections. • Most popular mean of communicating messages of H&S internally – verbally, posters • 94% of SF's did not know the full definition of RIDDOR. Summary of findings • Confirms that H&S competence within SME's in UK does not uniformly meet the required standards. • Main cause of shortfall is lack if knowledge/understanding of H&S procedures. • Small companies are adversely affected by the fact they do not have comparable provisions to spend on H&S management.

D-011

Title:	**An Evaluation of the Good Neighbour Forums**
Author:	produced by HSL
Date	February 2001
Summary:	Assesses the impact of good neighbour forums as modes to improve H&S practises in small firms. The Good Neighbour Forum (GNF), launched in 1997, invites organisations to share H&S expertise with contactors, suppliers, and neighbouring businesses. • GNF have little direct impact on H&S practises of SF who attended the focus group • There is confusion over the aims of the GHF and who is meant to take it forward • There is liking to partnerships between SF • There is need to modify format of GNF Actions: Have dedicated internal GNF driver within HSE, increase focus on small contractors and make presentations more applicable. Consider smaller sector specific forums. Allow greater time for dialogue between small contractors and large firms.

D-012

Title:	**An evaluation of the Safety Information Centre approach in providing health and safety advice to small firms.**
Author:	Prepared by Centre for Hazard and Risk management, Loughborough University for the HSE
Date	Published in 2000. (evaluation was performed between Feb-June 2000)
Summary:	Reports on the effectiveness of two RoSPA affiliated Safety Information Centres (SIC) designed to help small firms to set up and operate a simple H&S management system. Investigation is based on follow up visits to 24 businesses which have received help from SIC. • Majority of small firms had adequate H&S arrangement in place, but needed help with formulating policy statements and carrying out risk assessment. • Minimalist approach – explaining how H&S management system can be set up, taking policy statement and risk assessment as basis. • Intervention lead to practical improvements and more coherent understanding of H&S management. • Success based on – providing knowledge, building confidence and presenting H&S management as integral part general management. Actions – principle of approach could be use to help standardise advice given to other SIC's and also H&S consultants.

D-013

Title:	**An NHS led Occupational Health and safety Service for Small & Medium sized enterprises. A research and feasibility study to develop a regional service delivery model.**
Author:	Prepared for DoH by the Focus Group Business Consultants
Date	April 2001
Summary:	A study looking at how SME can access occupational health advice and services more easily. Emerged from discussions from (Department of Health) DoH, NHS and HSE. <u>Main Aims</u> • Examine the occupational health (OH) market and draw conclusions from this examination about the potential for increasing the effectiveness of OH services and good practise amongst SME's. • Investigate how access to OH services for SME employers and employees might be enhanced through development of regional and multi-disciplinary service. • Issues which might influence OH services to SME's. <u>Findings</u> • Large degree of ignorance in SME sector in relation to benefits of OH services • Perception among employers that work related illness is not a problem. • Where there is a compliance requirement this seems to have been dealt with. • Most of respondents would welcome multi-disciplinary OH service. • SBS role in relation to OH lacks definition and sense of priority. This is a major channel and should be doing more. • There is price resistance amongst SF. • Compliance, whilst regarded as burden for SF's, is largely being delivered. • SME's will always need external help due to lack of resources. • Keepings things simple provides best chance of successful service, light touch legislation could bring more SME onboard. • Create joint OH program between DoH and HSE • Possibly considering tax breaks to encourage take up of OH

D-015

Title:	**Cultural Influences of Health and Safety Attitudes and Behaviour in Small Firms 4283/R62.091 – Draft final report to the HSE**
Author:	Dr Ian Vickers, Centre for Enterprise and Economic Development Research, Middlesex University Business School
Date	March 2003
Summary:	Report is concerned with understanding the role cultural influences on H&S attitudes and behaviour in small and micro enterprises. Main aims being: • Cultural influences that make employers and workers receptive/unreceptive to H&S messages. • Authoritative and credible channels of communication by which H&S messages can be more widely disseminated to SF, and black/ethnic minority businesses. • Impact of culture influences on employer and worker expectation of HSE. *Main Findings* • Main external influences: nature of particular market, competitive pressures, regulatory pressures, • Main internal influences: management approach, employee involvement in H&S planning, • Organisational culture which typifies SF – informal approach to management, employer preference for autonomy, close working relationship with employees, resource constraints. • Black and minority ethnic business (BMEB) perform less well than white businesses but greatest differences exist between different ethnic groups. *Channels of influence and support* • Safety inspection visits have strong impact – likely to result in H&S improvements and resulting in view that H&S is financially beneficial. • Sector based organisations appear to have greater influence on SF and targeting should also take account of business size range. • BMEB intermediaries have potentially a valuable role to play. Awareness of H&S legislation • Low level of H&S L shown, even by high risk sectors. • Most frequently identified legislation was HS at work Act. • Lack of H&S L awareness does not always mean poor H&S practises. Established small firms develop practical awareness. • Food businesses intermediaries have tendency to devalue importance of H&S with respect to food hygiene leg. *Compliance issues wrt H&S legislation* • Low No. of firms reported having difficulties in complying with H&S L, this is largely due to lack of awareness. Where difficulties did arise, BMEB much more likely to refer to lack of clarity. *Attitudes expressed wrt the current level of H&S regulation* • Majority of respondents view current level of H&S regulation to be too high-but this was taken to be out of context slightly as view was based on overall business regulations. Male owners more than Female owners. • BMEB less likely to complain about burden of legislation than white. • Perception of over regulation is more common among firms that are more conservatively managed. *H&S M within small firms* • Over half firms claimed to have made some improvements to H&S in last 5 years. Most common improvements – inspection of equipment, system improvements, risk assessments, H&S training. • Majority of respondents agreed that investment in H&S will have financial benefits. Smaller firms less likely. • It has been suggested inspection has positive impact on SF. • Construction businesses indicated that H&S was integral part of activities. • Most structured and evolved approaches to H&S management tend to be found in firms of 25 or more employees.

	• Small business poor at risk assessment. *Influences on attitudes and behaviour* • Motivations – view of good H&S as being in the best interest of the business, primarily through staff retention, staff training and development key part of business success, familial/paternalistic concern of staff. • Managers experience difficulties is persuading employees to observe safe practise. • Cost was a major issue – competitive market conditions. *Preferred sources of info and advice* • 1 in 3 firms had made some use of external sources of info and advice. Highest in construction and hospitality sectors. • HSE and LA are by far the most common sources of communication. • ½ managers preferred inspectors or LA as sources of info/advice. Others mentioned suppliers, trade associations, customers. • View of consultants was mixed – some SF where taken advantage of and given too much burden. • Preferences for inspectors that are patient, helpful and willing to discuss. Other suggestions made by SF – sector specific guidance, better/consistent enforcement, more regular inspection, re-balancing of 'duty of care' away from employers and towards employees. *Experience and views of support provider, inspectors and trade union representatives*. • Language barrier, sometimes with BMEB • External pressure as key influence on levels of H&S awareness, stability of business, Further points are in report

D-016

Title:	**Expanding HSE's ability to Communicate with Small Firms – A targeted Approach.**
Author:	by Fiona Davies and Paul MCKinney, AEA Technology plc for HSE FOD
Date	produced in December 2001
Summary:	Identifies key events in the life of small firms that may be indicative of their need for advice or information (or at least receptive to advice) on H&S and to identify appropriate communications channels, tools and techniques that will enable HSE to make use of those events. • Focuses on plastics, catering motoring vehicle repair, body shop and construction. • Main output to study is series of Sector Key Events Approaches (SKEAs) – describes attitudes towards H&S, key events (when best to approach SF's on H&S – when most receptive) and most effective communication channels for reaching SF in each sector. Findings: • SF's give H&S a low priority • Catering only sectors of those considered not to perceive any major H&S risks. • All sectors appear to give little attention to day to day risks. • All sectors felt there was too much H&S regulation and difficult to know which rules apply to them. • Negative attitude towards HSE inspectors. • Only few of the SF's were aware of the HSE Infoline – fear of using it. • Common key events: business start up and business growth. • Lack of common events suggests a sector based approach will be more effective. • Other critical key events – preparation of financial accounts, contact with banks and payment of taxes. Recommendation • Pilot the implementation of SKEA's findings for one/two sectors and measure success by market research.

D-017

Title:	**Factors Motivating proactive health risk management in SMEs.**
Author:	produced by ENTEC for HSE
Date	Published in March 1998.
Summary:	Reviews empirical research regarding what motivates SME's managers to manage H&S proactively. • Two main motivating factors – fear of loss of credibility and belief it is necessary and morally correct to comply with H&S regulations. • Propensity to act in response to these concerns is mediated by a number of secondary factors, including knowledge of risk, perception of risk and availability and cost of measures. • Little evidence that SF's are motivated to improve H&S performance for financial reasons. Common perception is that H&S improvements are costs rather than investments – this serves as a de-motivating factor. • Promotion of H&S – no single regulatory strategy is ideally suited to all sectors or sizes of organisations.

D-018

Title:	**Focused Intervention Strategies: targeting Occupational health within SMEs.**
Author:	Prepared by Amey VECTRA Limited for the HSE
Date	2003
Summary:	Study looks at means by which HSE can more effectively target occupational health issues within SME's, thus improving probability of success of future campaigns. Objectives • Identify key social and psychological pressures determining behaviour in relation to Occupational Health (OH) • Does size of firm have effect on the key social pressures. • Develop practical model of behaviour • Identify practical intervention strategies. • Develop guidance of producing focussed intervention strategies. Findings • Need for separate interventions for employers and employees • Staged approach to intervention should be adopted. • Early intervention, prior to starting work is advantageous. • As a start to interventions to employers, targeting occupational diseases with short lead ties would be useful. • Shortcuts to interventions should be avoided – long term strategy should be adopted.

D-020

Title:	**Health and Safety Key Standards- SME's and Government Funded Education, Training and Work Programmes**
Author:	A Consultation Document produced by Tyneside TEC October 1999.
Date	October 1999
Summary:	Paper proposes a system to tackle several related H&S matters – main issues being SME's, co-ordination of organisers of work experience, work based learning and other programmes and initiatives where persons are placed with employers, support and competency. • The need for co-ordinating the large number of organisations which arrange for persons to be placed in SME for learning and training purposes. • Proposal for a system whereby SME who are involved in training can choose to commit and achieve a standard of health and safety, referred to as "Health and Safety Key Standards" (HASKS). This would replace the planned inspection routine, and there for HSE/LA's can focus on SMEs not involved in training. Issues effecting SME's in relation to H&S • Lack of understanding/knowledge, poorer training and competence of employee, difficulty in getting H&S messages/advice through, tailoring information specifically for SME's. SME's particular needs as identified by the HSE • Easy simple and clear legislation • Single source of advice and support, support which is cost friendly. Other issues • Too many different organisation involved in H&S assessment – leading to confusion and inconsistency. • Enforcing Authorities can no longer inspect all SME's • Number of other issues have been mentioned

D-021

Title:	**Literature Review of health and Safety Findings Relevant to Small Firms.**
Author:	Consultation draft. Produced by HSL.
Date	Issued in March 2000
Summary:	Aims – • Not to report of HSE SF initiatives throughout HSE • Reviews published research relevant to regulation of SF • Emerging themes against HSC/E priorities for Small firms, • Make recommendations based on review how to most effectively pursue HSC/E small firms strategy. Background Information • Presents 1997 DTI data on the proportion of small firms and the number employed by each sector. Findings • HSE is a well regarded provider of quality H&S information. The publication entitled 'An introduction to Health and Safety' (Atkins Doc number 5019674-D-042) has received a favourable response and should be used as a model for future SF information initiatives. Although SF still require more sector specific info, in clear, practical, what-to-do format. Reaching high risk sectors (i.e. agriculture and construction) should be a priority. • Information communication technology (ICT): is predicted to become increasingly important in meeting SF needs. Small firms though find assimilation and adoption of ICT difficult, therefore provision of electronics info should be handled carefully – should be clear and easy. HSE should not neglect traditional methods. Also suggested that Small firms, especially construction, prefer a more face-to-face form of consultation. May suit some sectors more than others. ICT could be tailored to meet immediate needs, thus keeping it simple. • Competence: SF's less likely to engage in any formal training compared to large firms – main reasons – lack of perceived need and cost. High number of accidents occurring in SF's suggests they are not competent in H&S issues. SF's tend to perform more on the job training. There is a degree of 'ignorance' in the SF sector and best way to overcome it is through better education and improved training provision - i.e. better quality/sector specific courses, better delivery, • Contractual relationships in improve H&S standards: Supply chain relationship – SF's not willing to meet large firms H&S criteria can be squeezed out the line. Success of 'passport scheme' in construction sector is positive model. Insurance companies in Germany have reduced injury disablement benefit awards through provision of financial performance incentives. • Delivery mechanisms, role of intermediaries, mailshots/seminars: Seminar more effective contact technique at simulating change than the mailshot – consistent with the idea SF's prefer personal communication over written communication. Greater chance of causing change through sector specific info. Fund providing organisations are particularly well placed to influence SF's, especially at startup. Other business support organisations found to be influential – TEC's (training and enterprise council), Chambers of Commerce, Business Links & Training providers. HSE's needs are better served by using a range of intermediaries rather than few in isolation.

D-022

Title:	**Management of Health Risks Research 5th Wave.**
Author:	Research Study by MORI commissioned by HSE's Health Directorate as part of the evaluation of the "Good Health Is Good Business" campaign.
Date	Mar-Apr 2000
Summary:	A survey performed by MORI which forms part of the evaluation of the "Good Health is Good Business" campaign – 1.4 of SF's Strategy. Survey was limited to SME's (3-200 people) can conducted by telephone interviews. Aims: • Trends in H&S behaviour of SME's • Awareness and attitudes toward H&S in workplace. Risk perception. • How firms approach H&S – what actions they take. • SF's impression of HSE and effectiveness of advertising campaigns. Questions focused on: • Training and level of understanding • Importance attached to H&S • Risk awareness and assessment • Techniques used to apply H&S • Financial implications of H&S Findings • Across the last 3 wave studies, there has been an increase in the awareness of general accidents and injuries relating to OH. • Learning form experience remains most common form of training. • Providing information/training to staff is most common form of risk control.

50119674-D-023

Title:	**Occupational Health Software (England Scotland Wales)**
Author:	prepared for HSE by Business and Market Research Ltd
Date	Published June 2000.
Summary:	Research commissioned by HSE to test the likely uptake of an interactive IT package to aid SF's, in prevention and control of occupational health and safety. Consisted of 303 telephone interviews with managers of SF's (2-10 people) around UK. Aim: survey microfirms in order to determine the demand for an interactive IT system that is capable of providing occupational health support advice. Findings • A ¼ of SF's do not have access to PC – will not immediately change • Larger companies more IT literate, levels change around country. • There has been minimal exposure to HSE website • SF's view on OH and OH software is provided. The report has good summary and conclusions sections.

D-024

Title:	**Pilot Project for HSE – Health and Safety – the effect on and attitude of small and micro businesses**
Author:	by the Norwich Enterprise Agency Trust
Date	Published in April 2000
Summary:	The project is designed to raise awareness, understanding and compliance to H&S legislation and its application within the workplaces of small and emerging businesses. Achieved by integration of H&S issues into existing work performed by NEAT with start up clients and existing clients. NEAT provides business advice and counselling to 1193 clients. Aims: • NEAT would provide innovative H&S training for SF's by integrating it into existing work conducted by NEAT. • Business Advisors would be trained and taught the necessary skills and use of information pack. • Ensure H&S issues became part of general business planning for emerging SF's • Encourage good quality H&S training. Findings • SF's have very little idea of H&S issues, H&S was not incorporated into the day to day running of a business. • Majority of SF's visited found the simple, plain English, sector specific booklets useful. • Booklet should be included in the started pack provided to people thinking of starting a business. • SF's consider HSE as enemy organisation (police force/source of red tape), instead of someone providing help and guidance. • Awareness to H&S was increased in a large number of companies. • Incorporating H&S in business planning, training is good. Number of recommendations have been made for developing/taking the work further, making partnerships with other intermediaries, training programs and targeting business start up.

D-027

Title:	**Working with Intermediaries-Towards 2003/4.**
Author:	Prepared by FOD Strategy and Information Unit
Date	2003
Summary:	Report looks at what the FOD SIU thinking on intermediaries is and the proposals made in recent commissioned research into how HSE develops its work with intermediaries and how these can be taken forward. • HSE knows that inspectors and WCT's can only reach few SF's by direct contact, even though this is SF's preferred mechanism. • Reviews report 5019674d016 to deal with topic of raising awareness in small firms – a challenge • Reviews 'Working with local intermediaries: an evaluation of HSE's Field Operations Directorate pilot project, CRR 389/2001' to deal with the topic of creating effective working relationships • Includes section on suggestions and guides to good practice, for which it refers to 'The rough guide to working with others', which sits on the HSE intranet. Concentrates on communication, what the message should have, you should be communicating the message, maintaining relationships. • Lists examples of local partnerships already in place • Lists potential partners • Lists hard to reach groups.

-D-029

Title:	**Proprietary Auditing Systems - Small and Medium Sized Enterprises**
Author:	FOD OC 203/11
Date	
Summary:	Defines proprietary auditing systems and lists the main ones currently known. Also provides info on further systems designed to assist SME's to improve H&S performance. • Systems referred to are either auditing systems or intended to assist SME's in developing health and safety management systems (HSMS). Criteria which they must meet to satisfy SME is explained. Auditing Systems – few have been found to be appropriate to SF's. Lot more inspection or risk assessment tools. High level of H&S knowledge is usefully assumed. General management packages – found not to be very useful and usefully do not question the current HSMS currently in place and how to improve it. • Commission of the European Communities have developed self-audit handbook for SME, however not being actively marketed in UK. • Whilst self regulation may seem attractive to SME's, in practise many prefer prescriptive guidance. Some systems provide more guidance then others, therefore SME's should select system most appropriate. • Lists supplies of auditing systems and general management packages for SME's

-D-030

Title:	**The Design of a Grant Scheme for Small Firms**
Author:	HSC, internal
Date	Sep 2001
Summary:	The RHS consultation exercise revealed consistent requests for financial assistance for SF's, in the form of grants to assist SF's to tackle H&S. HSC have been action to advice ministers on the design of grants scheme to encourage H&S in SF's. Consideration has to be made whether the Environmental Technology and Energy Efficiency Best Practise Programmes can be used by government as a model. • Difficult to specify optimum design of grant system at this stage – HSE has no experience on H&S grants schemes and does not know to what extent lessons learnt from previous grant schemes can be use on a H&S scheme. • Due to reasons above its suggest several pilot schemes are setup in selected regions to test options. • Main features of pilot: 50% part funding towards H&S mentoring/training, administered via Business links, test 3 different scheme designs. • States who HSE have consulted and a full, in depth rational report behind the grant scheme is given (Annex 2)

D-035

Title:	**Current use of self-audit questionnaires by Local Authorities**
Author:	Author: HSL – Health and Safety Laboratory for the HSE Health Management Unit (HMU)
Date	Date: 2002
Summary:	This research project addresses recommendation 8 in the HSC's Occupational Health Advisory Committee (OHAC) report on improving access to OH support – HSE should explore the feasibility of a self assessment approach and commission the development of audit package that would be suitable for SF's. Work was conducted by: • Identify evidence that the use of self assessment questionnaires has enable SME's to improve H&S management. • Assessing benefit/experience of self assessment questionnaires by LA and SME's • Literature review on self assessment • Interviews with LA and SME's on use of self-assessment tools The findings from this research could be useful in setting up the pilot generic self assessment package for employers in SF's. • How best to structure the SA package to best meet needs of SF's • It has been suggested that it is not possible to isolate a generic SA model that is universally applicable. • What makes a successful SA package from previous experience. • Positive business gains for SF' in adopting SA – resulting documentation could be used to win contract with larger firms.

D-041

Title:	**Scoping exercise for research into the health and safety of homeworkers**
Author:	HSL
Date	2002
Summary:	• Aim of project was to conduct scoping study to identify key issues from research in the H&S of homeworkers. • Conducted by literature search, focus group discussions and interviews. Findings • 650,000 homeworkers, 2.3% of workforce. • Majority of homework suppliers are small firms. • Main hazards and health problem related to homeworkers have been identified. Evidence of accidents effecting homeworkers • Accidents/health issues often go unreported. • Risk assessments not being carried out • Levels of H&S awareness low, as was access to H&S info. • Many homeworkers in favour of HSE getting more involved. • Homeworkers in favour of brief leaflets or other pictorial formats List of recommendations was made – A large scale survey on homeworking could be conducted to provide more recent information than previous studies. Overall there is a lack of information/research about this sector. Seems to have been overlooked/neglected in the past. There is also considerable confusion over the employment status of homeworkers which needs to be rectified. Appropriate sector specific guidance for homeworkers needs to be produced.

D-044

Title:	**Absolutely essential Health and Safety Toolkit – for the small construction contractor**
Author:	HSE – free leaflet
Date	Unclear
Summary:	Provides clear info to specific sector: Construction Toolkit provides a ready checklist for H&S problems on small construction sites. It will help manage or avoid them and ensure H&S of everyone involved in the business. Also acts as reference for further info. This sector is definitely one of the more dangerous small sectors, according to some the report reviewed.

D-045

Title:	**Ways for SMEs to assess and control risks from hazardous substances**
Author:	TNO for the HSE
Date	2002
Summary:	Conclusions from workshop: • Small firms need simple tools (based on sound scientific basis) that describe what they need to do in plain language • Electronic tool worth developing using accurate safety data sheets Medium/long term objective: central database to inform research activities to avoid duplication – need agreement over key-words

D-050

Title:	**Evaluating the impact of contact techniques**
Author:	Centre of Environmental Risk, School of Environmental Sciences University of East Anglia for the HSE
Date	1999
Summary:	This report describes a two year evaluation project carried out by the FOD for the HSE to assess the effectiveness of seminars and mailshots as techniques for contacting firms on H&S issues i.e. how well these techniques persuade employers to improve their standard of H&S. • Level of compliance amongst SME is actually higher than commonly believed – how level of compliance varies with business sectors. • Mailshots seem to work comparatively well in agricultural sector. • Seminars seem to work comparatively well in agriculture, construction and MVR. Overall conclusion – Results showed that seminars were effective in simulating change and that mailshots simulated change but to a lesser degree.

D-052

Title:	**CCR 278 Characteristics of People Working with Chemical Products in Small Firms**
Author:	WS Atkins for the HSE
Date	2000
Summary:	Report to assist HSE in developing better targeted communications. Survey of different sectors (hairdressers, dry cleaners, electroplaters, woodyards and garages) highlighted poor knowledge of chemical hazards, H&S issues usually communicated verbally and very low level of reading ability dominates.

D-058

Title:	**End Stage Review: Stages 1 - 3**
Author:	Marion Evans, Shelagh Molloy
Date	October 2000

Summary:	3Rs Programme Review – now at the end of the work planned for its first stage – the aim of this paper is to provide the Project Board with the information and analysis necessary to decide on the future direction of the programme.
	
	Aim - The 3Rs programme seeks to optimise the value of health and safety messages reaching the working place.
	
	In June 1997 HD C undertook a strategic analysis of probable future influences on the health of users handling chemicals in the workplace. This considered evidence that showed that there would be a number of future challenges – it would become increasingly difficult to get information to workers because of changes in patterns of employment and increasing fragmentation in the workplace – further, relying on the traditional route of guidance would not be enough and perhaps the most practicable route of delivering messages to workers would be the supply chain.
	
	HSE commissioned survey into industries perception and use of occupational exposure limits concluded that supplier information was a useful tool – preferred and most frequently used information source.
	
	Because of this it was decided that safety data sheets (SDS) mighty be a useful vehicle for taking safety messages about the hazards and risks of chemicals into the workplace.
	
	Design of first stage:
	• Target traditionally hard to reach companies – 20 employees or less and users of chemicals.
	
	Safety Data Sheets (SDS):
	• 35% of SDS contain inaccuracies.
	• SDS are rarely referred to in the workplace, reason being –
	  o too long and technical
	  o unclear and often with overlapping structure
	  o come in a wide variety of formats,
	  o lack useful information on control measures or personal protective equipment, information supplied often related to bulk supply whereas use of the chemical is in small amounts.
	• HSE cannot completely abandon SDS, they are requirement of regulation and should at least be fit for the original purposes of the Directives. Case for efforts to improve SDS:
	  o Used by some companies and groups of workers.
	  o SDS remain the only piece of information on chemicals used that are received by most workplaces. Good starting point for informing workers.
	  o COSHH Essentials scheme is crucially dependent on the information contained in SDS.
	
	• Trust in simple approaches – Starting point of COSHH essentials is to take the risk-phase number from section 15 of the SDS and use it to assign the chemical being used to a hazard band. Users found it difficult in trusting a number, of which they had no understanding, to produce adequate workplace controls. Also small firms said they were reluctant to ask for HSE guidance for fear of inspection.
	• Knowledge of ill-health effects – Survey of chemical users across 5 sectors revealed only 2/3 understood the short term effects of chemicals that they used and about half did not know any of the long term risks. Workers knew what

	measures to take to control, at least the short term risks. • Designing messages – The 'mental model' approach whereby the users mental model is mapped out and is used to find out exactly what they know about the chemicals and risks associated with them. This is then compared to the expert model so areas of missing information and misconceptions are identified. The risk message is then developed taking into account these finding and means the user will not receive information that they already have. • It was found that small firms were largely oral cultures, with written information being only rarely referred to. The main source of health and safety information being of the 'show and tell' variety. Literacy levels were low in all of the sectors studied with 40% of employees and 23% of managers having reading age of below 11 years. Options for dealing with issues: • Lack of SDS specificity - The 3r's work has already fed in European discussions. A more directive approach has been agreed on information to be given on personal protective equipment (PPE) and first aid. It has also been agreed to recommend an order of information that puts hazard classification on the first page. • Lack of SDS compiler training – Either insisting that all SDS compliers are accredited or attend an accredited training course, or secondly encouraging and supporting non mandatory industry based training. • Effective risk messages may have to be split and designed differently when tackling issues of the effects of long and short term exposures to the same chemicals. This would be expensive therefore only worthwhile considering for high risk chemicals for which there is a lack of knowledge. • Use people who have had direct experience of the dangers of chemicals to raise awareness through conferences and meetings. • If in the wake of an accident a company is most susceptible to advice there is a strong argument to target the company at that time. Currently HSE only investigates small proportion of accidents, it is has been recommended that a study is undertaken to compare the effectiveness over time of HSE intervention immediately following an accident , compared with routine inspector visits. • There is a good argument for a much more professional risk communication capability with HSE. • HSE should consider moving away from such a heavy reliance on written information for all sectors. Explore the best ways of getting oral messages to and within the workplace. Experiments of this kind are already underway in the elctro-plating industry which piloted the sending of suppliers managers into a user company to hold health and safety question and answer sessions with workers.

D-059

Title:	**Good Practice by SMEs in Assessing Workplace Risks: Final Report**
Author:	S Gadd, R O'Hara, N Dickety, A Weyman
Date	July 2000
Summary:	A sample of 'good performing' SMEs in 5 industries was studied to identify and comment on the risk assessment systems they used. From assessing the findings, recommendations are made for measures to promote examples of good practice.

D-060

Title:	**Strategy for meeting the occupational safety and health needs of small and medium size enterprises (SMEs)**
Author:	Royal Society for the Prevention of Accidents (RoSPA)
Date	2002
Summary:	Background info relating to challenged faced by SMEs and HSE's two fold approach to provide better guidance and promote work by intermediaries. *New approaches:* New high level HSC advisory committee , with specific responsibility for small firms Recommendation to develop simple 'Health and Safety Action Plan' 'Business case' approach for health and safety not overwhelming. Not clear how HSE approach the question of selecting various 'intermediaries' or 'partners'; the basis on which such a selection is made; and the assumptions underlying the overall approach. Discussion re: 'The right information, to the right people, in the right way'.

D-063

Title:	**Mapping Exercise on Workplace Health Provision in Small & Medium Sized Enterprises in England**
Author:	Health Education Authority for the Department of Health
Date	March 1999
Summary:	Aim of Project: To identify workplace health initiatives that focus on or can provide support for SME's, how these initiatives are funded, examine the accessibility of these services from SNE perspective, highlight examples of good practice models, to identify any gaps in provision or key areas of research in this area. The research will cover organisations considered to be delivering health services to SME's, NHS Trusts, health and local authorities and SME's themselves. Findings: • Most SME workplace health activity is driven by need for compliance to H&S legislation. • Very few of the respondents have H&S professional or expert within organisation. • Activity tends to be on specific issues such as in response to a topical campaign or following an event such as accident or inspection. • Gap in awareness of the potential benefits of workplace health promotion in SMEs. • SMEs inactive in the process revealed main preoccupation was simply to keep trading. • Type of activities SME involved with: making employees aware of rules and regulations, providing safety equipment and working procedures, involving employees in H&S meetings and inviting suggestions for improvement. • Main source of info. and supported was HSE followed by trade organisations and publications. *Services accessed by SME's* • Type of information sought by SME's dominated by H&S information – particularly that related to the relevant sector. Other information requested for – new legislation and regulation news, checks of H&S practise, training and courses, • HSE named as major source of info. but sense of fear on contacting them, especially with regards to site visits – same was true for LA contacts. • Acknowledging sample size is small, there was indication that SMEs in construction, agriculture and manufacturing relied more heavily on HSE advice in comparison to retail and finance sector. • Mainly received information in written format with personal visits and telephone helplines also highly used – other support included manuals, training courses and seminars and leaflets/newsletters. *Networks* • Existence of local H&S groups (at least 80 nation wide) provide route of sharing information between SMEs. • Main barriers to activity are cost, knowledge and time, and there is need to convince SME of the value and benefit of services before they purchase or use them. The report also looks into national and local activities targeting SMEs.

D-064

Title:	**"Common Good" Desk Research Ethnic Minority Communities**
Author:	Commissioned by COI Communications as part of its Common good research programme
Date	March 2003
Summary:	Research aims to explore the social, cultural and attitudinal factors which impact on the communications needs of ethnic minority communities and provide strategic and creative guidance on communicating with ethnic minority communities. • Marker preference for informal sources of information among ethnic minority. • Limited use of written leaflets, translated leaflets had more useful. • Helplines in mother tongue found more useful. • Specialist media targeted at ethnic minorities plays important role. • Goes into detail about role/influence of media in ethnic minority groups.

D-065

Title:	**Communicating with SMEs - 'Common Good ' Desk Research**
Author:	By COI Communications - commissioned by Cabinet Office
Date	March 2003
Summary:	Report is a review of existing research on communications with SME's. Overall objective of this research is to improve governments knowledge and understanding of the information needs, communication channels and media consumption of SME's. • Government initiatives which impact SME's fall into 3 categories – compliance, Advice, co-operation. • SME's regard compliance with government initiatives as burden. See the government as having little appreciation of the problems faced by SF's. • Training – SF's feel they have little real need for training • Business link – regarded as invaluable resource – sometimes think advisors not qualified to help with their particular sector – don't want to be told how to run business, simply given appropriate advice. • People who own/run SF's – lack of support staff, heavy dependence on accountant on compliance issues, lot on their mind, some evidence of 'ignorance is bliss' working. • Static and struggling businesses are harder to reach – less alert to information seeking. • Key sources of advice – accountants, banks, trade and employer organisations. Government advice – LA, business link, DTI. • Preference for traditional means of communication preferred. • Key alert media for SME's – TV, radio, newspaper, word of mouth. Radio is important for SF's. • Communication Guidelines – clearly targeted, attention grabbing, simple, show understanding of problems faced by SF's, persuasive rather then coercive, indicate the benefits to SME's.

D-067

Title:	**The age of Business, its potential to learn and the need for support**
Author:	By Trends Business Research for SBS
Date	Feb 2002
Summary:	Study examines the stages and progress of learning in businesses. Attempts to gain better understanding on learning needs of small businesses. Highlights a clear distinction between mangers of growing and non-growing businesses. • Looks at education, when the knowledge is used, differences between the two manager types defined above.

D-070

Title:	**Advertising Strategy Research Summary**
Author:	Hall and Partners Europe Limited for HSE
Date	Dec 2002
Summary:	Aims: Need to understand how decision makers in SME's view H&S and to understand how they may be convinced to take action. Findings: • HSE needs to build a more advisory element to its role to gain trust of SME's: At present the image of the HSE and more particularly H&S inspectors serves to distance SME's. This in turn serves to undermine its potential to bring about changes in SME's behaviour. • Once trust has been establish the communications would work harder. Communication should use a combination of positive rational and emotional territories and building a theme on responsibility.

D-071

Title:	**Identification of Industry sectors in which employers perceive their business operates**
Author:	Greenstreet Berman Ltd for HSE
Date	2002
Summary:	Not SF's specific but some useful points nonetheless Findings: • Many organisations have passive stance regarding H&S – therefore HSE need to "go to them" – advertise/promote • Many respondents use HSE website to locate publication • Many firms rely on consultants to provide information • Many businesses belong to networks or trade associations through which they hear of new requirements. • HSE often first port of call. • Respondents need a mixture of general and specific guidance.

D-076

Title:	**Use of Information and communication technology and government internet services in SMEs**
Author:	HSL
Date	Feb 2002
Summary:	Government and HSE see information and communication technology (ICT) playing an important role in delivery of regulatory/support functions and improving interaction with SME's. The main focus of the analysis was on access to the internet and business use of government and HSE internet services. Considered 9 industrial sectors in various geographical locations. • 50% of SME's in all sectors had access to internet, manufacturing and financial sectors most likely to have access. • Micro firms in retail, hotels and restaurants had lowest internet assess. • Perceived irrelevance of ICT, lack of skills/time and cost were mentioned as barriers for ICT. • Less than 30% of businesses use government internet services, exception was financial sector. Reasoning given – lack of access and preference to speaking to someone. Much higher proportion intend to use these services in future. • Less than 2% of respondents had assessed HSE internet services.

D-079

Title:	**2001 Small Firms Project – Final Report May 2002**
Author:	PWC for HSE Northern Ireland and Belfast City Council
Date	May 2002
Summary:	Identified economic and business models which have the potential to overcome barriers which prevent small businesses managing H&S as an integral part of their business. Literature Review results: SF's face significant barriers to managing H&S within their own organisation. Factors increasing H&S awareness: • Increasing awareness of regulatory obligations • Sector specific information • Education and training. • Support from LA and government Findings from The Conference: • Key barriers which prevented SF's improving their competitive position – resource impact, awareness, information/training, profile and culture. • Key motivators in light of barriers above: business incentives, information/training/legislation and profile. • SF's are particularly motivated by financial rewards. • The extent to which H&S is identified as a priority depends on: whether H&S performance is perceived to be crucial in running a successful business, extent to which costs of not addressing H&S are perceived as bring significant, extent to which customers or standard bodies exert pressure on businesses. Workshops: • H&S did have some meaning in majority of SF's but this was mainly because they did not want to leave themselves vulnerable to prosecution or claims. By some H&SA was perceived as burden. • H&S policies which ere in place tended not to be working policies/documents nor were they regularly reviewed. • Training tended to be basic and unstructured, thought to be costly and firms were unsure what training they needed to provide. • Lack of awareness over legislation which was relevant. • H&S legislation regarded as cumbersome, a burden and written in too technical language. • Firms have difficulty knowing what the first steps are in tackling H&S.

D-082

Title:	**Costs of Compliance with Health and Safety Regulations**
Author:	Industry research results for HSE.
Date	
Summary:	HSE wished to establish the costs of compliance with H&S regulations among UK businesses. This report sets-out the results of a postal survey conducted between 1 – 30 Aug 2002. Considers all sizes of business, including SF's. • 79% of SF's (less than 50 employed) recorded accidents, and 48% record ill health. • 71% of SF's have formal H&S management systems – rational for not having one in place – lacked knowledge and considered their company too small for it to matter. • Main prompts common to all sized firms for applying a formal H&S management system – legal obligation, H&S publicity and as part of another system which was being developed within the organisation. • SF's spent just over £4,000/year on H&S. • 22% of SF's considered the benefits of H&S implementation outweighed the cost. • 28% of SF's had a preference for information being supplied via the internet.

D-093

Title:	**Evaluation of the Good Health is Good Business Campaign**
Author:	Entec UK Ltd for HSE
Date	2000
Summary:	Aim is to raise awareness and similar to 091, identify factors which influence employers' attitudes to controlling work related health risks. Employees in small firms less aware of GHGB. Majority of organisations rate benefits of health risk management outweigh the costs. – i.e. change in attitudes identified, particularly amongst those who were aware of GHGB. A number of improvements have been made as a direct result, specifically those methods advocated by GHGB. Moral duties outweigh business concerns as motivating factors, as seen by the opinion that ill health costs are insignificant. Majority of those aware of GHGB attributed improvements and perception of health risks with HSE contact, of which most effective was visits, followed by literature. In conclusion, such campaigns should be on-going and maintain a balance between education and persuasion – specifically targeted at business start-ups. Further research required on how best to target firms unaware of GHGB.

D-095

D-102

Title:	**HELA Award for Innovation 2001 – Synopsis of Entries**
Author:	HELA
Date	2001
Summary:	HELA promoting examples of good practice amongst LA. Describes the schemes commended and the aspects which impressed the panel. Describes various local initiatives, some specific to SMEs.

D-103

Title:	**HELA Award for Innovation 2002 – Synopsis of Entries**
Author:	HELA
Date	2002
Summary:	HELA promoting examples of good practice amongst LA. Describes the schemes commended and the aspects which impressed the panel. Describes various local initiatives, some specific to SMEs.

D-107

Title:	**Assessment of the effectiveness of the pilot COSHH Essentials website in helping small businesses**
Author:	HSE
Date	
Summary:	Review of the pilot COSHH Essentials website (e-COSHH). Considered needs of small businesses and how they function. Tried to match their expectations through further development

D-110

Title:	**Express**
Author:	HSE
Date	May 2003
Summary:	Article on Revitalising SMEs – A new Approach by Glass and Glazing Federation. Previous article (May 2002) by Peatey's Coatings outlining needs of SMEs: limited resources… Describes GLASS (Goal Less Accidents, Safer Sites) Charter. To become a member (free), must produce safety improvement plan / submit details of accident statistics. Members receive best practice guidelines, training, access to information and advice. Initiatives include H&S award scheme, seminars, employee survey tool to check H&S awareness.

D-111

Title:	**Race Equality Scheme**
Author:	HSC & HSE
Date	05/02
Summary:	Sets out the HSE/HSC Race Equality Scheme – a single scheme, due to close working relationship, which commits both organisations to working in partnership to achieve improvement. Contains action plan for the coming three years, split into those effecting public and those effecting staff. Looks at ethnic minority groups, promoting core information in other languages other than English and Welsh. Nothing specifically set out for Small Firms – other sectors have been mentioned.

D-112

Title:	**Various Articles relating to COSHH Essentials**
Author:	HSE
Date	
Summary:	Summaries aims of COSHH Essentials and the targeting of small businesses. Mainly focuses on e-COSHH but also mentions the success of the earlier paper version. • Used World Asthma week to promote e-COSHH • Got figures on how many people have used it. • Research has shown that to small firms, the distinction between health, safety and the environmental and the different pieces of legislation is not so relevant to them. \They want simple, joined up advice to help them comply with the law. Future Guidance sheets due for online release on October 2003 – part of Phase 2 – recognised the existing system may not be catering too well for small businesses that work with chemicals in premises typically enforced by the Environmental Health Officers. Sector specific guidance will be introduced. Ultimate goal is to develop e-COSHH into one-stop-shop – incorporating safety and environmental aspects into one.

D-114

Title:	**W.C.O. Pilot Scheme Evaluation**
Author:	Aspect Market Research for HSE
Date	Oct 2001
Summary:	Review to identify how the role of Workplace Contact Officers (WCO) can be expanded. Gain reactions from firms following visits by WCO and impact on H&S policy.

D-123

Title:	**Work-Related Violence Case Studies – Managing the risk in small businesses**
Author:	HSE
Date	06/02
Summary:	Violence in the workplace is a serious problem and affects many people. Physical attacks are the most serious, but verbal abuse and threats are much more common and can have long term effects. The study, Violence at Work: Findings from the British Crime Survey (D-124), commissioned by the HSE, showed that people working in smaller businesses were more likely to be subjected to violence than people working in larger businesses. The book provides a series of case studies which show a variety of ways to tackle the problem of violence at work. The businesses sectors which have been looked at are retail, health and welfare, security and enforcement and leisure service/providers. Each case study describes a particular business and gives information on the risks of violence facing employees and measures taken to reduce the risk.

D-125

Title:	**Levels and Trends in Workplace Injury: Rates of injury within small and large manufacturing workplaces.**
Author:	HSC
Date	2001
Summary:	Provides the summary results on workplace fatal and non-fatal injury in small and larger manufacturing workplaces, 2000. Main Findings • Rate of fatal and amputation injury in small workplaces (less than 50 employees) is around double those in large workplaces (+200 employees) • The rate of reported non-fatal injury is lowest in small workplaces in the periods considered. • In the periods 1994/1995-1995/96 to 1998/99-1999/2000 the rate of non-fatal injury overall is lowest in small workplaces. • In small workplaces injuries involving contact with machinery are the most common at over 20%, whilst slips and trips are responsible for approximately 17%. • Provides breakdown into the number of small firms in the manufacturing, construction and financial sectors, and the number of employees this represents. HSE has two sources of injury statistics – report made by employers under RIDDOR and the results of accident questions in the Labour Force Survey. This report considers how reliable these sources are.

D-126

Title:	**Small and Medium-sized Enterprise (SME) Statistics for the UK, 2000**
Author:	SBS
Date	21 June 2001
Summary:	Presents the SBS statistics for the year 2000 with regards to SMEs in the UK. The statistics contain a size breakdown of the number of businesses in the UK, from small traders to no employees to those with 500 or more employees. They also show the contribution made to employment made by businesses of different size, for each industrial sector.