



Perceptions of and trust in the Health and Safety Executive as a risk regulator

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PERCEPTIONS OF AND TRUST IN THE HEALTH AND SAFETY EXECUTIVE AS A RISK REGULATOR

OVERVIEW

A number of influential studies of public perceptions of risk and risk communication have highlighted the salience of social trust and credibility of risk management institutions and information sources as an important defining influence on how risks are perceived and reacted to (see Renn and Levine, 1991; Earle and Cvetkovich, 1995).

High levels of social trust are transparently desirable if the Health and Safety Commission and Executive (HSC/E) are to be effective in informing and working with the public over risks to health and safety. Although contemporary research findings have highlighted low levels of trust in 'government', there has been little work on assessing the extent to which individual risk regulatory institutions and agencies such as the Health and Safety Executive (HSE) have a 'trust profile' that is distinct from that of elected Government.

The research programme summarised here sought to establish insight into the trust profile of HSE as a risk regulator, by directly engaging with and eliciting the views of a representative sample of the general public.

In view of the exploratory nature of this work a combined methods approach was adopted. In the first instance open-ended elicitation techniques were applied (30 focus groups, $N = 202$; at six geographical locations). Insights derived from this initial phase formed the basis of a broader quantitative survey (distributed in the three geographical regions of East Anglia, South Yorkshire and South Wales; $N = 304$), designed to validate the qualitative findings on a larger, stratified, sample of respondents. The purpose of the survey was to benchmark a range of salient aspects of HSE's trust profile.

RESEARCH AIMS

- To evaluate the extent and nature of public understanding of and trust in HSE.
- To develop quantifiable performance indicators, with a view to benchmarking current levels of public trust in HSE

MAIN FINDINGS

A NOTE ON METHOD

Methodologically, qualitative and quantitative approaches have their respective strengths and weaknesses. The combined methods approach adopted in the study reported here was designed to capitalise on the strengths of each, by applying them in a complementary manner.

Qualitative data gathering using focus groups provided a rich and detailed insight into the complexities of the public(s) understandings and perceptions of HSE. Drawing upon these qualitative insights quantitative measures of a range of salient aspects of HSE's trust profile were subsequently developed.

The results summarised here are themed and supported by available data derived from both qualitative and quantitative sources.

LEGITIMACY OF STATE REGULATION

Transparently, the extent to which a risk regulator's function is considered necessary and socially legitimate can be predicted to impact upon people's perception of that body with regard to its remit and activity. By intention, in both the focus groups and the survey, questioning of respondents related to aspects of HSE's regulatory function, as well as specific attributes of HSE itself.

Qualitative findings

The existence of a government body with responsibility for the regulation of public health and safety was widely viewed as a 'necessary bulwark', to constrain business motivations: i.e. the view that a natural tension exists between profit motivation and safety provision was widely held. The absence of State regulation of health and safety was viewed as having the effect of increasing risks to both employees and the public.

(all italicised comments are direct quotes from group participants)

Well at the end of the day the Health and Safety Executive has got to be a good thing, because I mean God Almighty knows what we might be faced with working with if they weren't there. (Rotherham CDE)

The desire for regulation appeared to reflect significant mistrust of industry, in particular big businesses.

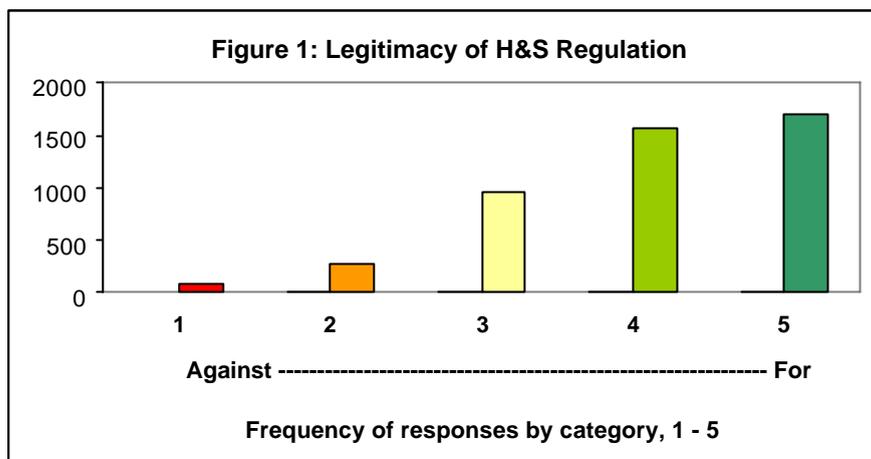
Where would we be if they weren't made to be aware of other people's safety and everything because all they want is to be able to make money. (Norwich ABC)

The perceived legitimacy of and need for state regulation of health and safety appeared to be almost universally held, and independent of political allegiance, gender, ethnicity or social class membership.

Quantitative findings

An attitude scale, designed to quantify public perceptions of the legitimacy of state regulation, was included in the survey. Findings reinforced those from the focus groups, i.e. there was strong support for State regulation of workplace and public health and safety. Figure 1 summarises responses on the 'legitimacy' of health and safety regulation rating scale. Figure 1 shows the frequency of negative (categories 1 and 2), indifferent (category 3) and positive

(categories 4 and 5) responses to items designed to tap beliefs about such State regulation (aggregated across the full sample surveyed and 15 questionnaire items). Responses were overwhelmingly in favour of such regulation (4 or 5).



DESIRABLE ATTRIBUTES OF A RISK REGULATOR

Contemporary research findings highlight a range of attributes said to represent *'desirable qualities'* of risk regulating organisations and risk management institutions.

Identified attributes include a desire for risk regulators to be:

- 'open';
- 'effective';
- 'accountable';
- 'independent';
- 'free from bias';
- 'possess scientific expertise'; and,
- 'act in the public interest'.

Qualitative findings

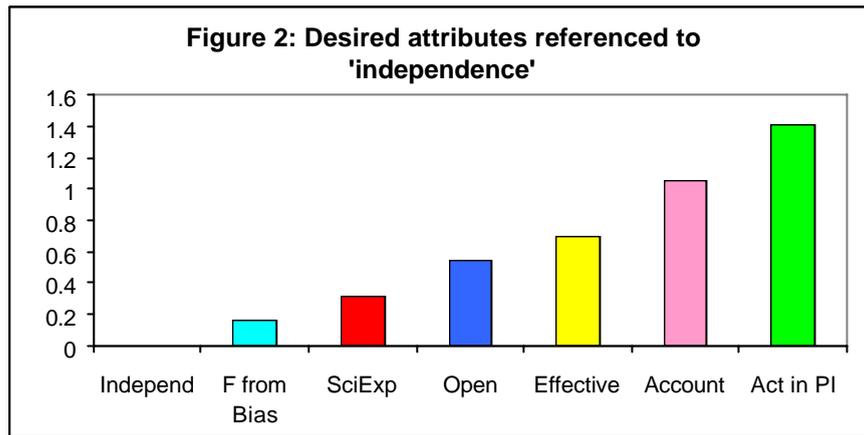
References to a number of these attributes emerged spontaneously as topics of discussion during the focus groups, as we can see below. In particular, the perception of HSE as acting in the public interest was the main source of high levels of stated trust, as we can see below:

Well because they should be, their name suggests that they should be there looking after our interests and should have the public's welfare at heart. (Norwich ABC)

Yes the profits and things like that productions totally are of no interest to them. Their thing is just health and safety isn't it as it implies. And having seen it work like I say in the mining industry studying legislation and that sort of thing. As far as they can, they dot every i and cross every t really. (Chesterfield CDE)

Quantitative findings

While salient attributes identified in previous studies were readily apparent from the focus groups, little was known about their relative primacy. In an attempt to gain further insight into this issue, the survey included a ranking exercise. The ranking method applied (the method of paired comparisons) permitted an analysis which gave an indication of the metric, or relative distance, between entities (see Figure 2).



The ranking exercise revealed that greatest value was ascribed to '*Acting in the public interest*', confirming the findings from the focus groups. The second rank was occupied by the attribute of '*Accountability*'. The apparent primacy of accountability echoes findings reported by Trettin and Musham (2000).

At the other end of the scale were issues of '*Independence*' and '*Freedom from bias*'. This finding contrasts with previous studies of social trust (see, for example, Petts, 1998; Johnson, 1999; Shepherd *et al*, 1999; Trettin and Musham, 2000).

No statistically significant differences in the rankings of desired attributes were apparent with regard to age cohort, region, gender or social class.

It should be noted however, that the ranking above is an ordering of *desirable attributes*. It should not be interpreted as suggesting that lower ranks are unimportant. Rather that for a set of desirable attributes they are of lower salience than higher ranked attributes.

KNOWLEDGE AND AWARENESS OF HSE

Qualitative findings

Most participants in the focus groups were able to demonstrate an awareness of the HSE. However, this awareness was frequently tentative, vague and rather impressionistic.

....my knowledge of them [HSE] is not good, I am aware that they are responsible for rules and regulations in public buildings and places like that.. And at work places, whatever, I have never had any dealing directly or indirectly with the work that they [HSE] do. (Reading ABC)

Few participants reported having had direct experience of, or contact with, HSE or its personnel, although the majority seemed able to demonstrate an awareness derived from secondary sources: i.e. social and / or familial networks and the media. Awareness of HSE activity derived from mass media sources tended to be restricted to its role in accident investigation.

Where detailed knowledge and understandings of HSE were apparent this was typically derived from respondents who were able to draw upon (principally industrial) workplace experiences of HSE's operational activity (inspection, investigation and enforcement).

Well in places where I have worked they have come in and sorted something, or when I have seen them on the news talking to somebody they have just kind of come in because of an accident. (Cardiff CDE)

For many, knowledge of HSE's role and remit was slight, and in most instances limited to a functional understanding: that is, referenced to non-specific understandings that workplaces are inspected by government health and safety officials.

Levels of insight and knowledge of HSE's policy and research functions were very low, and in the majority of cases effectively absent.

Draw the lines, examine what's gone wrong if there is a very serious problem or accident perhaps, you know that's what I'd expect them to do but I wouldn't say I know. (Norwich ABC)

Quantitative findings

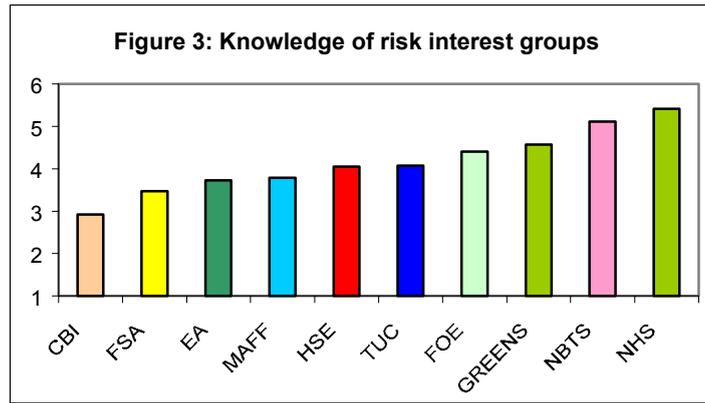
The survey addressed issues of public knowledge and understanding by asking respondents to indicate their '*familiarity*' with the role and remit of a set of ten risk regulatory stakeholder groups and organisations. The degree of familiarity was referenced to a six point rating scale which ranged from 1 have '*I never heard of*' that organisation / group to 6 '*I have a clear understanding of*' what that organisation / group does. The groups included were:

- Food Standards Agency (FSA)
- Ministry of Agriculture Fisheries & Food (MAFF)
- Health & Safety Executive (HSE)
- Environment Agency (EA)
- National Health Service (NHS)
- Confederation of British Industry (CBI)
- Trades Union Congress (TUC)
- Greenpeace
- Friends of the Earth (FOE)
- National Blood (Transfusion) Service (NBTS)

This gave data on knowledge of HSE's role and remit and permitted comparison with knowledge of a range of other groups involved in regulation of and debates about risks to the public.

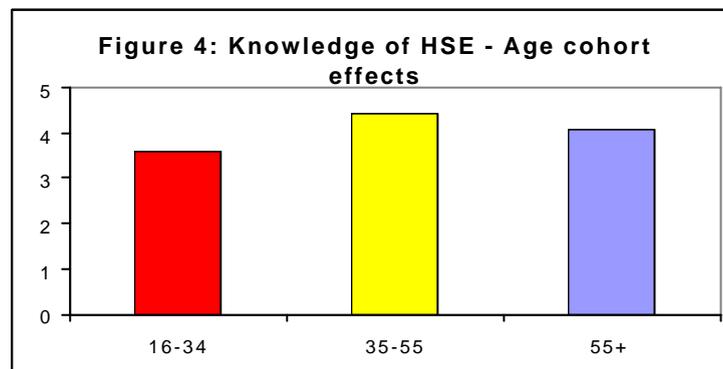
Mean values were calculated for each organisation (see Figure 3). Results indicated that:

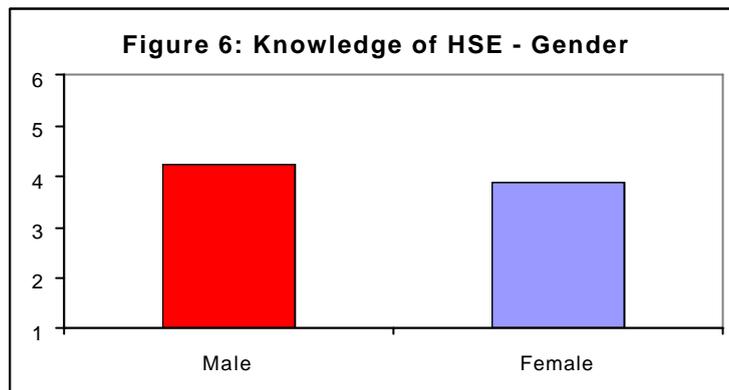
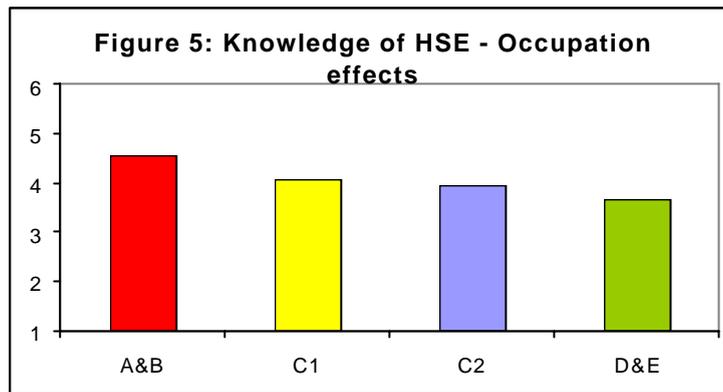
- knowledge of HSE could be typified as '*I have heard of them [HSE] and have 'some' idea of what they do*': i.e. these findings reinforced the qualitative findings that knowledge of HSE was limited.
- knowledge of HSE was broadly comparable to the other government risk regulatory bodies. (MAFF, Environment Agency, Food Standards Agency)



A series of statistical tests were undertaken to establish whether levels of knowledge of HSE varied with respect to: age, gender; region or social class. This revealed:

- No statistically significant differences between the three geographical regions.
- Statistically significant differences with respect to age, gender, and social class:
 - the youngest age group (16 - 34 years) expressed lower overall levels of awareness than members of the other two groups (see Figure 4). This reinforced similar findings from the focus groups.
 - Knowledge of HSE was highest amongst A&B (professional and managerial) and lowest for D&E (unskilled and unemployed) social groups (see Figure 5).
 - Knowledge of HSE was higher amongst men then women (see Figure 6).





VISIBILITY OF HSE

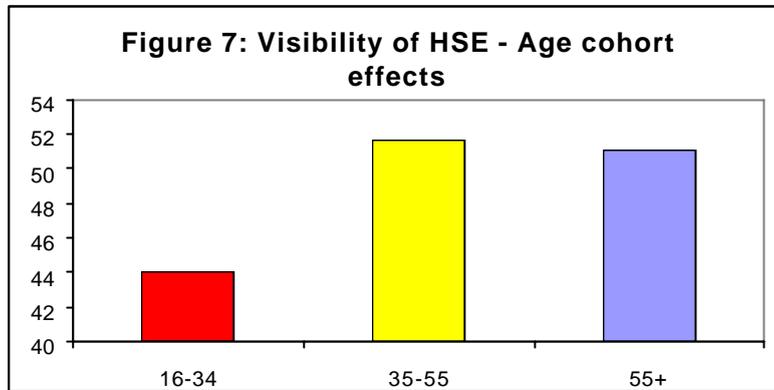
As noted above a core finding from the focus groups related to HSE’s relative ‘invisibility’ for many respondents. In order to explore this issue further, and benchmark current levels of visibility, a rating scale was developed, as part of the quantitative survey. This scale was designed to tap into respondents’ awareness of HSE, and in particular to provide a metric of the profile of HSE in terms of how visible its activity is in the eyes of the public.

The scale comprised 15 statements, to which respondents were asked to indicate their degree of agreement, using five point rating scales in ‘agree’ / ‘disagree’ format. Possible scores on the overall measure calculated from all 15 statements fell within the range 15 to 75. This measure provided a quantifiable benchmark of HSE’s public visibility, thereby providing a point of comparison by which change can be monitored over time, via subsequent distributions of the visibility measure.

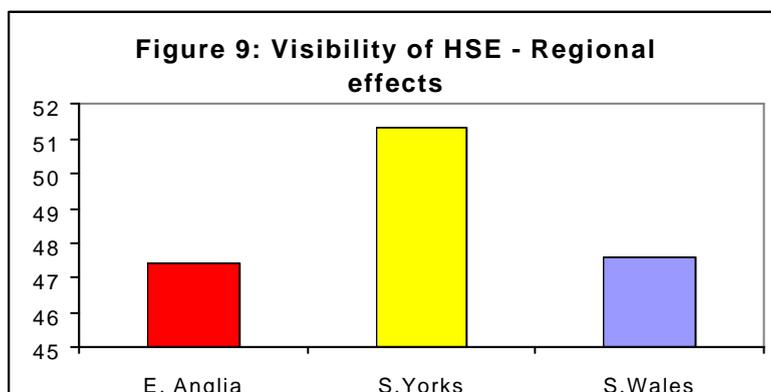
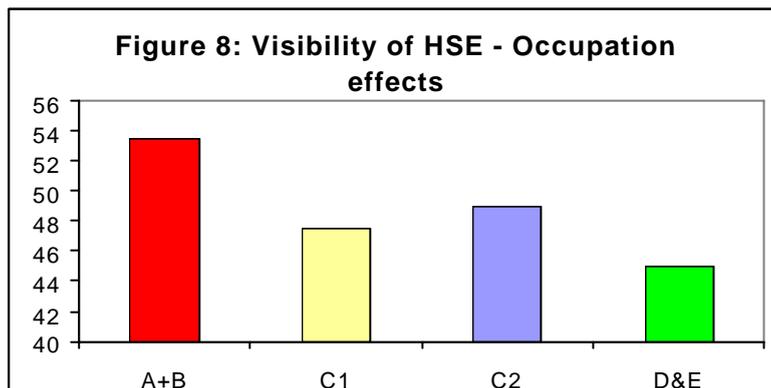
Quantitative findings

Aggregation of scores for all respondents (N = 304) produced a mean score on this scale of 48.72 (SD 12.11). This benchmark figure is of greatest utility as a comparator against which change in public visibility of HSE can be assessed in the future. A series of statistical tests were undertaken to establish whether HSE’s ‘visibility’ varied with respect to: age, gender, region and social class.

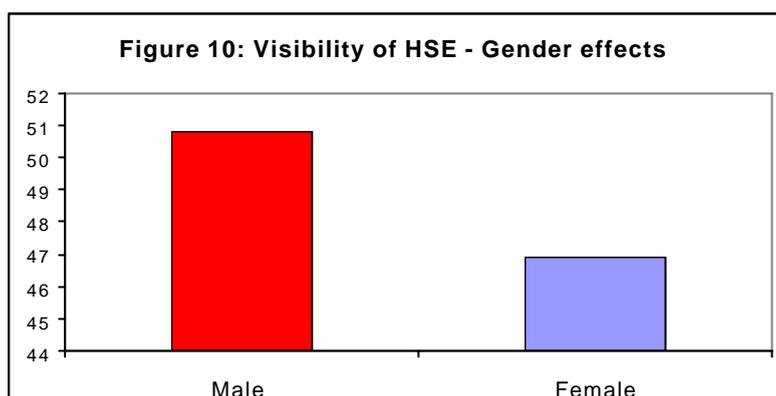
- Statistically significant differences were apparent with respect to age, gender, region and social class:
 - HSE is less visible to the younger respondents (16 - 34 years) than members of the other two groups (see Figure 7).



- HSE is more visible amongst A&B (professional / managerial) and C2 (skilled industrial workers) respondents than members of other social groups (Figure 8).
- HSE was more visible in the South Yorkshire region than the other two (see Figure 9)



- HSE was more visible amongst men than women (see Figure 10)



Based upon insights from the focus groups, these results are interpreted as reflecting differences in workplace experience of HSE: i.e. the workplace constitutes a primary point of reference to HSE activity.

- Regional effects are interpreted as reflecting differences in the industrial heritage of the three regions. The heavy industry that historically typified South Yorkshire, principally coal and steel production, means that there are likely to be areas in which HSE has exhibited a notable workplace profile.
- Differences by age may reflect exposure to experience of HSE workplace activity, i.e. young people have spent less time in the workplace and therefore have less direct experience of HSE. Alternately, differences may reflect changes in the industrial base with the move to small productive units and the increase in white collar / service sector employment, i.e. young persons may be over-represented in such contexts, and / or not benefit from experience in larger more traditional industrial / manufacturing employment.
- Gender differences are also interpreted as reflecting differences in workpatterns adherence and workplace experience of HSE.

HSE's PUBLIC PROFILE: THE COMPONENTS OF SOCIAL TRUST

Qualitative findings

Perceptions of HSE seem fundamentally positive and apparently robust in this respect. Levels of trust in HSE appeared to be relatively high. Relevant influences seem to relate to the perception that:

- HSE is motivated primarily to act 'in the public interest' through activities which demonstrate and provide care and protection for workers and others;
- (as noted above) HSE constrains employers some of whom, if un-regulated, might place workers and the public at risk;
- HSE works to raise awareness about health and safety issues, rather than denying or attempting to explain away hazards;
- HSE is independent from vested interests, and is thus non-partisan and unbiased in its approach to health and safety regulation.

For Example:

Well they are not just looking after themselves, they are looking to protect you. (Norwich ABC)

Well they definitely raise the awareness for everyone. (Chesterfield CDE)

I have always thought that they were independent. (Birmingham ABC)

Almost entirely (()) because if you read up (()) they are the ones that seem to have a lot to say but the ministers can't shut them up. (Cardiff ABC)

Furthermore:

Participants also recognised the role of personal responsibility for one's health and safety at work and that regulations, whilst seen as necessary, are not sufficient conditions:

Again I think it is usually their own responsibility isn't it, (()) because the management may give you the information by a document or something but it is for you to read through and you can't possibly expect the manager to spoon feed you it is your responsibility, and individuals tend to blame other people when there is an issue but it is really your own responsibility. (Cardiff ABC)

In summary HSE is perceived as performing a fundamentally altruistic role in caring for workers and people. In this respect, its public profile appears not dissimilar to that of the NHS. In terms of detailed role, however, a consistent understanding expressed in the focus groups was that HSE, or an equivalent body, inspected workplaces, investigated accidents, and took action against those who broke health and safety law. In the main, expressed knowledge of HSE was limited to *functional* (rather than policy or research) aspects of HSE activity, referenced in particular to the *industrial* safety context. One can characterise the dominant set of beliefs, or 'mental model', as anchored in these three interrelated operational aspects of *inspection*, *investigation* and *enforcement*. We would argue that, in the absence of other firm knowledge, the (industrial) safety model of inspection, investigation and enforcement provides the most readily available cognitive template when people organise and generate other beliefs and judgements (including those related to trust) about HSE.

Quantitative findings

Insights from the focus groups indicated that perceptions of HSE, in particular attitudes associated with its role and remit, were predominantly positive. Similarly, levels of institutional trust in HSE appeared high. What could not be ascertained on the basis of the focus group evidence, however, was an insight into relative *levels* of social trust in HSE compared with other risk management / risk stakeholder organisations and groups.

With a view to gaining further insight into the issue of trust in HSE, the survey included a relative trust ranking exercise. Here the objective was to establish HSE's trust profile relative to a range of other risk regulatory agencies and organisations involved in public health, safety and well-being. A prerequisite, therefore, was the identification of a set of appropriate organisations / interest groups, conforming to the following criteria:

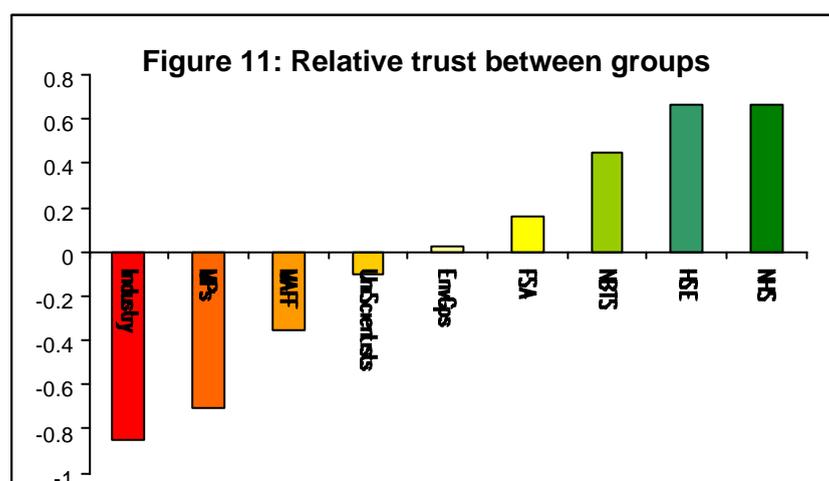
- they were familiar to respondents, to the extent that they had a media and activity profile which could reasonably be assumed to have entered respondents' consciousness;
- they represented a range of stakeholder interests in the regulation of risks to the public.

Organisations selected for the comparative trust assessment task and the relative rankings ascribed to them are presented in Table 1.

Table 1
Trust rankings for stakeholder groups

Organisation / group	Trust ranking	
National Health Service	1	High
Health & Safety Executive	2	
National Blood (Transfusion) Service	3	
Food Standards Agency	4	
Environmental Pressure Groups	5	
University Scientists	6	
Ministry of Agriculture Fisheries & Food	7	
Members of Parliament	8	
Industry	9	Low

The ranking method applied (the method of paired comparisons) permitted an analysis which gave an indication of the metric, or relative distance, between ranked entities, i.e. an indication of the relative degree of difference in trust for the organisations / groups of interest (see Figure 11).



Results of the relative trust ranking exercise reinforced the qualitative finding that HSE's profile closely mirrors that of the NHS, and in relative terms enjoys a high degree of social trust compared with other risk regulatory organisations / stakeholder groups.

EMPLOYMENT EXPERIENCE AND PERCEPTIONS OF HSE

Part of the sampling strategy for the focus groups involved an attempt to explore and capture differences in perceptions of HSE that might be attributable to workplace experience, both through direct and indirect experience. Direct experience relates to first hand knowledge of HSE operational activity; indirect experience relates to socio-cultural effects, referenced to the industrial heritage and character of different geographical locations.

Focus group participants at each of the six locations sampled were selected to reflect a range of socio-demographic diversity. However, participants for one of the five focus groups conducted at each location were selected based upon their experience of employment in occupations which ‘*typified the industrial / occupational character of that location*’. (see Table 2).

Table 2
Regionally ‘typified’ employment groups.

Region	Location	Occupational Group
East Anglia	Norwich	Service Sector (Finance/Retail)
South Yorkshire	Chesterfield/Rotherham	Declining Heavy Industry (Mineworkers/Steelworkers)
South East (M4 Corridor)	Reading	Knowledge Driven (Information Technology)
Midlands	Birmingham	Light Engineering
Scotland	Edinburgh	Construction Workers
Wales	Builth Wells/ Monmouth/Cardiff	Agriculture

Qualitative findings

Perceptions of HSE amongst members of the six ‘occupational groups’ were broadly equivalent to those found in the wider sample of ‘public groups’. However, some differences, transparently attributable to workplace experiences of HSE were apparent. This would seem to reinforce the more general finding that a primary influence on perceptions of HSE relates to direct and indirect (culturally acquired) workplace experience of HSE’s operational activity (see above).

Revealed differences in perceptions of HSE by occupational group (N = 6, groups) can be characterised as follows:

- Service sector and IT respondents expressed attitudes toward HSE broadly comparable with the public groups.
- The self employed and those in manual trades, such as the construction industries, expressed concerns regarding what they saw as petty regulations and unnecessary burdens on task completion. Responses tended to relate to specific regulations that hampered or were seen to interfere with workplace practice.
- Farmers expressed the need for HSE to provide practical information on reducing workplace risks, especially for children, but were sceptical of what were discussed as ‘interfering’ or unnecessary inspections.
- Visibility of HSE in the mining sector appeared to impact positively on attitudes, conversely a perceived lack of visibility of HSE in the steel industry appeared to impact negatively on attitudes towards HSE.

On balance, however, all respondents appeared to be accepting of a need for government regulation of workplace health and safety.

CRITICAL SENTIMENTS

Qualitative findings

Although responses to questions about HSE's role and remit were predominantly positive, critical sentiments were advanced by respondents in a number of the focus groups. In essence criticisms raised fell into the following categories:

- issues surrounding the effectiveness of HSE's workplace inspection and enforcement activity;
- issues relating to the costs of compliance and (over) regulation.

It is important to note that these sentiments did not cast doubt over HSE's competence and the ability of its staff, or with regard to issues surrounding understandings of its role and remit.

Critical sentiments emanating from the focus groups (N = 30, groups) can be summarised as follows:

- On a number of occasions, questions were raised regarding HSE's effectiveness. Concerns did not relate to the competence of its staff, where perceptions were almost wholly positive, but to levels of resources made available to the organisation. As in other respects, these sentiments appeared to reflect a model of HSE analogous to that of the NHS.

They are grossly understaffed, you just have to look at the one at Norwich the one at St. Giles etc. and quite frankly they have too big a case load and they can't follow through. (Norwich ABC)

- A widely expressed concern, principally by those from manual / industrial backgrounds, related to HSE's approach to workplace inspection. Principally, the belief that inspection visits tend to be prearranged with company owners / managers. This was viewed as a significant weakness, and less desirable than unannounced visits:

But why, why should they give a week's notice. Because that way the factory then or whatever that environment it is, is then prepared for it. But I think if they just walked in through the door they would have a field day. (Edinburgh. CDE)

- A degree of concern was expressed regarding levels of regulation and associated 'burden on businesses'. In the main, such concerns were restricted to participants who were either self-employed and owners / managers of small businesses:

I think that a lot of people probably hate them and the small business and some of the things that these bodies have laid down, in some of the rules, has made it too expensive and too costly for people to carry on. (Norwich ABC)

- However, an acceptance of the need for regulation, in particular a desire for the regulation of large-scale enterprises and big businesses, was almost universally expressed.

IMPROVEMENTS TO REGULATION AND PRIORITIES FOR HEALTH AND SAFETY REGULATORS

Qualitative findings

Focus group respondents were also questioned regarding how health and safety regulation might be improved. Responses on this issue are summarised in Table 3.

Table 3
Improvements to regulation

Increased resources.
A more visible media profile by HSE on its activities
An increase in the size of prosecution fines on employers
More inspections
Maintain independence from political influence

Quantitative findings

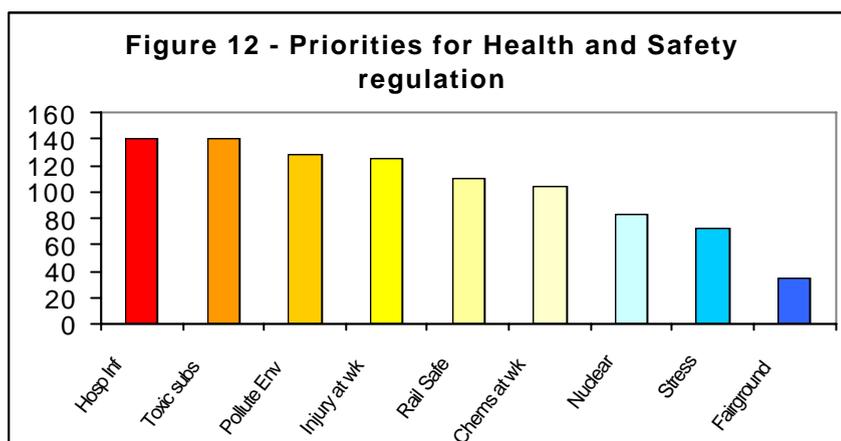
A further objective of the survey was to establish some insight into respondents' views on future priorities in health and safety regulation. Specifically, respondents were required to select key priority areas in which HSE should concentrate its resources, over the period 2001-2006.

Respondents were requested to '*select three priority areas / issues*', from a list of ten alternatives (see Table 4).

Table 4
Priority areas for Health & Safety regulation 2002 – 2006

Hospital acquired infection
Rail safety
Stress at work
Fairground and amusement ride safety
Risks from chemicals and toxic substances at work
Pollution of the environment by industry
Injuries at work
Nuclear safety
Risks to the public from chemicals and toxic substances

The frequencies of selected responses were calculated to produce the ranking depicted in Figure 12.



It should be noted that this ranking was from a closed-list of issues presented to respondents. Judgements of this type are also typically subject to variability, dependent upon issues such as the occurrence of high profile incidents and levels of media attention ascribed to different risks.

CONCLUSIONS - POLICY IMPLICATIONS

Findings from the current research begin to map some important policy conclusions for HSE/C, which can be summarised as follows:

- HSE can be confident that a broad cross-section of members of 'the general public' perceive its role and remit as a legitimate and necessary function of the State.
- Members of the public place a high level of emphasis on the need for health and safety regulators to 'act in the public interest', as well as being effective in this respect and accountable for their actions. HSE could actively address these aspects to reinforce such perceptions.
- Levels of trust in HSE appear to be high, relative to other government risk regulatory bodies and related stakeholder groups. It is important to maintain this profile.
- The core components of trust in HSE, identified in this report, can and should be capable of reinforcement. This will likely require both a range of physical activities alongside better-targeted and more open risk communication. Neither is likely to be sufficient alone.
- It is important to address the strong existing perception that HSE serves 'the public interest' in the sense of meeting *an altruistic role of care for people and workers*. Given the importance of this attribute in the theoretical literature, and its salience within the current findings, we regard it as the core component of HSE's current (positive) trust profile, and hence a significant current asset to the organisation.
- HSE as an organisation needs to maintain its existing (favourable) profile of being seen to be independent from sectional interests. While our data does not indicate that independence *per se* is a major issue for people currently (and indeed suggests people feel that an appropriate balance has to be struck between this and the need for

accountability) we suggest that the issue of independence would come under critical scrutiny in the light of any major failure of risk regulation that was associated with HSE.

The above conclusions need to be considered in the light of findings which highlight the relative (*in*)visibility of many of HSE's core functions and the fact that people's everyday experience of HSE activity in the workplace ranges from low to non-existent. This suggests that for most people trust in HSE is grounded in a process of inference, based upon such things as its title, second-hand anecdotes and accounts and beliefs about the legitimacy of and need for State intervention in health and safety regulation. Accordingly:

- The rather vague and impressionistic basis of perceptions of HSE, which were very apparent in the focus group discussions and reinforced by the survey findings, potentially *highlight a lack of stability, and fragility, in HSE's trust profile*. Specifically, the positive associations present appear to owe much to the perceived legitimacy of its role and remit, and what can perhaps be paraphrased as '*the absence of bad news*'. Accordingly, any threat to the current trust profile might constitute a significant corporate risk for the organisation.
- The name 'Health and Safety Executive', with its set of positive associations built up over a very long period of operational activity, is currently a significant asset to the organisation (in a context where generally the visibility of actual HSE activity is low).
- Levels of knowledge / awareness of HSE have potential to be enhanced, particularly amongst young persons. Greater efforts to improve the visibility of all aspects of HSE activity might be made, with significant benefit derived from building upon existing workplace derived understandings. However, broadening such efforts beyond ideas of operational activity are likely to be required over the longer-term.

Our findings however, also suggest that trust in risk regulation is a complex matter. We would caution HSE/C against assuming that there is any simple 'recipe for trust'. At a policy level in the UK there is currently a broad-brush call to 'build trust' and for 'openness' in risk handling and communication, as something of a panacea for more deep-rooted problems of risk communication and risk governance. Our findings suggest a pragmatism and complexity to people's trust judgements which will not be amenable to instant change via short-term efforts. Our findings suggest the following:

- Trust, as a multi-dimensional attribute, will only be reinforced through a range of activities (communication, visibility in the workplace, visible enforcement etc.).
- Openness in risk communication (as called for by the Phillips report into BSE) while important, is likely to be a necessary but is certainly not a sufficient condition for trust.
- Trust in risk regulation is best conceptualised as reflecting a balance of *reliance* tempered by a pragmatic *scepticism*. In the case of HSE that balance is currently favourable.

CONCLUSIONS – RESEARCH IMPLICATIONS

In terms of further research, we recommend that:

- HSE might benefit from extending the quantitative survey conducted in this research to elicit responses from a wider, fully representative sample of the UK public (N =1500, approx.). This would increase the level of confidence in results and permit a more detailed exploration of the nature of demographic effects identified in the present survey (N = 304).
- HSE should consider using the quantitative performance ‘benchmarking’ measures developed here at future intervals, to track initiatives and other variables that may impact upon HSE’s ‘trust profile’ over time.
- HSE should consider further highly targeted qualitative research, of the type adopted in the first phase of the study, in communities or amongst individuals who are known to have had ‘*negative experiences*’ of HSE. Such work might serve to highlight the conditions under which HSE’s generally positive trust profile breaks down.

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