Obstacles preventing worker involvement in health and safety

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Obstacles preventing worker involvement
in health and safety

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The Health and Safety Executive commissioned this research to identify the barriers to worker involvement in health and safety activities in the workplace and identify the types of incentives that would encourage greater participation.

To enable in-depth discussion and exploration of the issues, a series of focus groups were carried out, involving participants working in four main sectors – construction, manufacturing, hospitality and retail, from England, Scotland and Wales, and from a wide range of ages and extent of working experience. Interviews were also carried out with a range of employers and safety representatives from the same sectors, and with a selection of major stakeholders.

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EXECUTIVE SUMMARY

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The Definition of Health and Safety

Among the workers who took part in the research, health and safety meant safe working practices, following guidelines, regulations and procedures, fire safety, and the maintenance of a safe working environment. Mention of occupational health issues was rare, with the exception of back problems, RSI and eye tests. Their view of health and safety was firmly rooted in their own work context and experience.

For the employers who took part in the research, health and safety was more a matter of outcomes. It meant compliance with rules and regulations, protecting their staff, customers and the interests of their business, and preventing issues arising.

The safety representatives who took part in the research viewed health and safety as a matter of broad environmental and safety factors. For them it was about securing a safe working environment, the provision and proper use of equipment, and the prevention of 'slips and trips'.

The stakeholders (senior employers, trade union officials and representatives of the participants in the Worker Safety Adviser pilot) held the widest definition of health and safety. For them, it encompassed the whole range of issues, and included stress, working arrangements and welfare, all of which were only rarely included by the employees we spoke to, even after prompting.

Awareness of the roles and responsibilities of employers and employees was reasonably good among the participants in the research. Employees had a strong sense of individual responsibility for their own and their colleagues' safety, and for the need to work safely, though ultimately they felt that employers should still take the lead and were where the *'… buck stops'.* There was some confusion over where the boundaries were drawn. As a result, a number of the employees were fearful as to the consequences of their lack of knowledge and of their actions.

Employers acknowledged their ultimate responsibility for the health and safety of their employees, and for that of their customers. The most active employers took a proactive

approach and provided the best equipment, training on the use of equipment, and carried out risk assessments. Some highlighted the importance of consultation with their staff on potential issues and solutions, and felt that their employees should be prepared to raise issues with them and take a more active role in looking for the health and safety implications of any new situation.

Barriers to involvement in health and safety

Employees, employers and safety representatives were asked for their views on the factors inhibiting the greater involvement of workers in health and safety. The key themes were:

- extent of understanding and awareness of the meaning of health and safety, and the perceived complexity of health and safety legislation and regulations;
- health and safety as a matter of 'common sense';
- the culture of organisations and the value attached to involvement in health and safety; and,
- issues in relation to the time and cost incurred through the implementation of good practice.

For many, the whole subject of health and safety was frighteningly complex, and they found the legislation, regulations and requirements difficult to understand. Both employers and employees were unhappy with the amount and type of information available on health and safety. They (whether employer or employee) tended to receive too much information, which confused them further; information was often received late (especially of changes in regulations), and from more than one source. They noted that it was rarely tailored to specific sectors, or occupations, and could be hard to find when needed.

Among the participants in this research, awareness of the role of HSE was low, though it was more often associated with enforcement than prevention. Few of them had heard of the helpline – often coming up with the idea for this type of provision during the focus groups.

There was a general perception that understanding and applying health and safety was a matter of 'common sense', though the participants in the research found it difficult to define the term. Two barriers to involvement were created. First, employees with common sense took their awareness of good health and safety practice for granted, and could be reluctant to take advice on their own behaviour and not realise when their own practices could be improved. Second, those with common sense seemed to hold a view that those without it were impossible to train and/or encourage to change their behaviour. Instead these individuals had to be protected form themselves or, ideally, not employed in the first place.

Organisational culture played a major role in whether or not employees, and employers, gave a high priority to implementing best practice in health and safety. Employers and employees tended to believe that the implementation of health and safety was costly, in terms of both time and resources. This was an especial theme for those working in or running relatively small businesses. Where organisations were very conscious of cost and resource constraints, both employers and employees were prepared to 'cut corners' to

ensure the work was done on time and to budget. Employers were aware they were taking risks, but felt unable to make the long-term investment best practice might require. Employees were inclined to go for the easiest and quickest option rather than the safest. For both, there was a tendency to regard health and safety practice as preventing quick and efficient working. Few could see the business benefits of carrying out risk assessments and implementing better practices, both in terms of less lost time and of any gain to the business, such as increasing productivity through motivated and committed staff.

Organisational culture also influenced the extent of communications and whether or not employees were prepared to raise health and safety concerns with their employer. A number of the participants in the focus groups were not prepared to do so for fear of losing their jobs. This applied particularly, but not exclusively, in sectors with poor job security. It also applied where organisations were dominated by a 'macho' culture, which meant that employees and employers perceived an interest in health and safety as '*soft'* or '*weak'*.

Some employers were perceived as driven by the fear of litigation. This factor was mentioned by a number of those we interviewed, one of whom admitted to complying with regulations to *'…keep out of prison.'* In contrast, other employers provided training and had managed to create an atmosphere, which enabled employees to raise issues.

Incentives to involvement

The research found that there are no easy answers to improving the extent of worker involvement in health and safety, though much work could be done around increasing awareness, knowledge and understanding of health and safety, and improving the supply and type of information. More difficult to resolve are the changes needed to organisational culture and philosophies.

A number of suggestions were made during the research as ways of encouraging greater participation in health and safety. One of the key factors mentioned by employees and employers as a way of promoting active involvement (such as acting as a safety representative) was some sort of remuneration. This might be in terms of a salary addition, or a promotion, or time allowed for training and carrying out the responsibilities within working hours coupled with a reduction in the scope of their 'normal' job. Financial incentives were also regarded as a way of changing behaviour more generally.

A number of financial incentives were also suggested as ways of encouraging employers, such as tax breaks attached to investment in health and safety initiatives, grants for courses and training, and linking health and safety to insurance premiums (an existing HSE initiative).

Improved communication was regarded as essential for promoting involvement, not just the quality of external communications, but the way health and safety policies and procedures were communicated in workplaces. Stress was placed on the use of face-to-face methods, and moving away from densely written, detailed information which was difficult to digest and understand.

Participants in the research felt that HSE should do more to raise its profile and heighten awareness of its services amongst small and medium sized organisations in particular. They suggested that the purpose of HSE should be more widely advertised and that more national advertising campaigns should be utilised in a similar way to those on smoking.

Recommendations

Cultural change lies at the heart of any proposals for change, within organisations and within HSE itself. Promoting this cultural change is a long term goal. It will be necessary to:

- Develop initiatives which work with, rather that against, the culture of particular trades and occupations, especially where this is 'macho'. While a number of participants suggested the development of 'name and shame' campaigns, or shock campaigns, the success of this type of advertising is not entirely proven, and can feed the attitude of 'it won't happen to me'. As highlighted, financial incentives and other types of bonus schemes are likely to be far more successful. Employers and employees who took part in the focus groups placed great stress on the power of financial incentives for changing behaviour.

- Promote the current HSE development of case studies showing the business benefits of good practice and include examples of smaller, non-unionised organisations - assuming this is not already happening – and as many different types of business as possible. One of the key issues is to find ways of convincing SMEs that the investment in health and safety practices will have significant returns for their business in the long term. One strong theme from the focus groups was the amount of irrelevant information on health and safety both employers and employees receive, which cannot be related to their circumstances and so is easily ignored.

- Promote incentives such as accreditation, salary awards, progression or time-off for training to encourage involvement. Employees who might be interested in taking a more active role, perhaps as safety representatives, have a number of hurdles to overcome, not least the attitude of their peers and fitting in the responsibilities alongside their existing job. Financial incentives provide tangible recognition of the value being placed on the role, but smaller employers also need to be convinced of the business benefits of such incentives.

- Improve communications and publicity for regulations and requirements, including the role of the HSE. The research suggests that perceptions of the HSE are limited to its role as an 'enforcer' and that consulting it is 'dangerous' as it has the power to close organisations down (which obviously makes small employers very wary of it). A number of the participants in the research also felt that the HSE was only interested in larger organisations, not small businesses. It was proposed that HSE should separate the roles of advice and enforcement and that HSE should target resources at trade associations and then at organisations that are not members of trade associations.

- Establish a fund that employers could draw on to support the development of employee involvement in health and safety. This is a sense is the logical development of the current Workplace Adviser Challenge Fund programme. Here HSE is funding the implementation of a number of direct interventions through WSAs, and led by partnership working between employers, employees and trade unions. Should it prove successful, one possible way forward could be the development of a joint employers and trade union fund, providing low cost – even free – health and safety advice and services.

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1. Introduction

1.1. Aims and Objectives

In January 2004 the Health and Safety Executive commissioned ECOTEC Research and Consulting Ltd to undertake research into the obstacles preventing employee involvement in health and safety. Evidence suggests that involving employees in the development and promotion of health and safety in the workplace reduces the levels of accidents and health related problems. However, while the level of involvement is relatively high in large, unionised organisations, the extent of interest and participation in health and safety matters among employees in non-unionised small and medium sized enterprises is largely unknown. Little is known at present of the barriers such employees' face when considering some sort of participation and, more fundamentally, whether the most critical one is a simple lack of interest.

The HSC's *Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond* places great emphasis on greater engagement with the whole range of stakeholders, including encouraging worker involvement in health and safety. HSE has been charged with the development of a range of measures to facilitate this process. The key purpose of this research was to provide the building blocks for the development of initiatives aimed at changing attitudes and behaviour, and thus encouraging employees to take an active role in the promotion of safe and healthy working environments. The research also set out to provide HSE and other stakeholders with:

- an overview of employees' attitudes to health and safety matters, including their views on what health and safety means, and the respective roles and responsibilities of employers and employees;
- information on the reasons employees do and do not get involved in health and safety activities;
- information on the obstacles employees face when considering greater involvement in health and safety activities; and,
- ideas for overcoming those obstacles to enable more workers to be involved in managing health and safety together with their employers.

1.2. Methodology

Our research design involved a qualitative methodology, to allow the detailed discussion, identification and exploration of the issues with employees, employers and safety representatives in four specific sectors. Its aim was to enable us to 'unpick' attitudes and issues, rather than provide information on 'how many' and 'who'. The overall method comprised the following elements:

- a literature review of the key existing research findings to provide contextual information;
- 18 focus groups with employees;
- 30 interviews with employers and safety representatives;

- and, seven interviews with key stakeholders.

As many of the UK workforce is now employed in small, non-unionised workplaces, the research focused on workers in businesses and organisations with fewer than 250 employees:

- weighted towards those firms with 50 or fewer employees;
- and, to those employed in the higher risk sectors of health and social care, hospitality and leisure, retail and construction.

The main fieldwork took place in March and April 2004, and was carried out across the UK, in a mix of cities, towns and rural areas in four English regions (North East England, North West England, the Midlands, London and the South East), as well as Scotland and Wales.

Further details on the research methodology are included in Annex A.

1.3. Main Characteristics of Participants

Table 1.1 shows the distribution of respondents across the regions.

Table 1.1 Respondents by Region

Region	Employees	Employers and Safety Representatives
Scotland	25	4
Wales	29	6
North West England	30	6
North East England	24	6
Midlands	26	4
London and the South East	22	4
Total	156	30

1.3.1. The Employees

One hundred and fifty six employees took part in 18 focus groups. More than three-quarters were based at workplace sites with fewer than 50 employees. Some were employed by large-scale regional and national organisations, but overall the majority were drawn from small and medium sized enterprises. Most participants were employed in the four target sectors and represented a wide range of workplaces and occupations:

- in *construction*, participants came from all the major trades, including general labourers, plumbers, bricklayers and site foremen; some were sole operators, others worked for local firms;
- in *health and social care*, participants worked in GP surgeries, care homes and private health care organisations;

- participants from *retail operations* represented small, local shops, local distribution depots - perhaps involved in internet shopping provision - and from local branches of major high street retailers;
- participants in the *leisure and hospitality* sectors worked in leisure centres, hotels, public houses and event venues.

The groups also included a mixture of men and women, a wide range of ages and a wide experience of employment. Only a handful of the participants were members of trade unions - as would be expected given we had targeted non-unionised, small workplaces.

1.3.2. The Employers and Safety Representatives

Thirty employers and trade union safety representatives/representatives of employee safety took part in the research, selected to represent a range of workplace size and type from the four targeted sectors. The initial recruitment process identified 15 employers and 15 safety representatives as had been planned. However, on interview a number of the safety representatives were, in fact, also the managing director or owner of their organisation. Where this was the case, we have included them among the employers and as a consequence, about two thirds of the interviews were carried out with employers, a third with safety representatives.

The *employers* ranged from a branch manager for a large retailer, a garage owner, public house managers and hotel owners, building company owners and contractors, to the directors of private health care businesses, including residential nursing homes and more general health care services. Company and workplace size varied from less than five employees, to more than 200, and in one or two cases, a large proportion of the workforce were employed on a temporary basis.

Among the *safety representatives,* the organisations represented included a leisure centre, a distribution warehouse, hotels and public houses, and a factory. They also included a wide range of workplace size and individual levels of experience as safety representatives.

1.3.3. The Stakeholders

The seven stakeholders included senior employers and trade union officials, and representatives of the participants in the Worker Safety Adviser pilot.

1.4. Report Structure

Chapter Two of the report sets the scene for the research by outlining the policy background and context, and Chapter Three discusses views on the definitions of health and safety, including perspectives on the roles and responsibilities of employers, employees and safety representatives. We then turn to obstacles to involvement, followed by ideas and incentives for increasing involvement and interest.

The report closes by drawing together the key themes and raising a number of issues for discussion.

2. Policy Context

The purpose of this section is to review the key current influences on the promotion of worker involvement in health and safety. It starts by outlining HSC's Strategy for Workplace Health and Safety, then reviews recent developments in legislation and the changing patters of employment. It continues by discussing the definition of health and safety, including some recent research findings on attitudes to, and understanding of the issue. It concludes by outlining HSE's statement on worker involvement in health and safety, agreed in 2004.

2.1. HSC's Strategy for Workplace Health and Safety

HSC's Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond describes its vision as to:

'….. gain recognition of health and safety as a cornerstone of a civilised society and with that achieve a record of workplace health and safety that leads the world.'

Two key issues are also recognised in the strategy, namely that:

- health and safety is as much about managing risks as eliminating them altogether; and,
- that the best people to do this, and make workplaces safer and healthier, are the staff and managers that work in them.

The HSC and HSE identified employee involvement, consultation, and workplace representatives operating together with management, as critical success factors for the achievement of this vision. The strategy was developed on the basis of findings that not enough employers involve and consult their workers on health and safety, and that not enough workers are willing to come forward and take on health and safety responsibilities.

2.2. Development of Legislation and Policy on Health and Safety

The 1974 Health and Safety at Work Act established the principle of employer responsibility for health and safety and outlined the rationale for employee consultation. Legislation that followed in 1977[1] set out to ensure that any employer recognising a trade union would consult with those safety representatives appointed by the union on matters affecting the group or groups of employees they represented. Such representatives are empowered to investigate possible dangers at work, causes of accidents and general complaints, and to take these matters up with the employer; as well as represent employees in discussions with health and safety inspectors and attend safety committee meetings.[2]

Both the Act and the 1977 regulations became law at a time when most workers were employed in large unionised organisations. The impact of this legislation had the effect of

[1] Safety Representatives and Safety Committees Regulations (SRSCR), 1977
[2] Consulting Employees on Health and Safety, A Guide to the Law, HSE

reducing the number of workplace accidents in such organisations; evidence suggests that the workplace accident rate is twenty four per cent lower than where there is no union presence.[3] Further evidence indicates that trade union safety representatives, through their empowered role in consultation, show the strongest relationship with safety compliance.[4]

2.3. The Impact of the Changing Pattern of Employment

The past three decades have seen considerable changes to the nature of employment in the UK. Large unionised organisations have been replaced by a greater number of small and medium sized firms, with the majority of the workforce now employed in non-unionised organisations with fewer than ten employees. There has been a huge growth in the size of the service sector, especially retail and hospitality, both of which tend to be non-unionised and have a high turnover of employees. Of the total workforce, just seven and a half million employees work in unionised organisations, compared to seventeen and a half million working in organisations with no union recognition.

The changing shape of the economy and decline in union representation over the years led to a review of policy on health and safety and the commissioning of research studies to identify how best to engage employers, and employees, in health and safety initiatives at work. Evidence suggests that the weakest reducing effects on injury rates are where management deals with health and safety without any form of worker consultation.[5] Research in the paper industry found that organisations delivering the most dramatic reductions in the number of injuries were those organisations where workers discussed, contributed and took ownership of health and safety action plans.[6]

Additional legislation[7], following on from the 1974 Health and Safety at Work Act, was introduced to reinforce the need for employee consultation in organisations without trade union safety representation and to encourage the election of employee representatives on health and safety. The legislation gave the elected representatives of employee safety the following roles:

- to take up with employers concerns about possible risks and dangerous events in the workplace that may affect the employees they represent;
- to take up with employers general matters affecting the health and safety of employees they represent; and
- to represent the employees who elected them in consultations with health and safety inspectors.

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[3] Trade Unions and Industrial Injury in Great Britain, Adam Seth Litwin, LSE, Centre for Economic Performance, 2000

[4] Safety Behaviour in the Construction Sector, HAS/HSE Northern Ireland by Nick McDonald and Victor Hrymak

[5] Unions, Safety Committees and Workplace Injuries, No.31. Department of Economics and Applied Econometrics Research Unit, Paci, Reilly and Holl

[6] The Effectiveness and Impact of the PABIAC Initiative in Reducing Accidents in the Paper Industry, Greenstreet Berman Ltd., HSE, CRR 452/2002

[7] Health and Safety (Consultation with Employees) Regulations (HSCER) 1996 http://www.hse.gov.uk

2.4. The Changing Definition of Health and Safety

Definitions of health and safety have moved from a concentration on injuries and accidents, and now emphasise the need to prevent people being harmed by work or becoming ill by providing a satisfactory working environment. The HSC's Strategy for workplace health stresses the importance of doing:

'… more to address the new and emerging work-related health issues.'

This change of emphasis occurred because, of some 40 million days lost to occupational ill health and injury at work in 2001/2002, over 30 million were attributable to ill health.[8] The HSC/E is, therefore, facing the task of raising the awareness of both employers and employees to these work-related health issues. One of the most recent of them is work-related stress, a health problem that has become an area of increasing concern[9]. Other work-related health problems to have received media attention of late are breathing problems, for example asthma, the development of which has been linked to working in certain environments such as the manufacture of bread and other flour-based products.

Other divisions and agencies within the Department for Work and Pensions (DWP) are also promoting policies to prevent the development of work-related health conditions, particularly linked to the Department's aim of extending working lives and reversing the decline in older people's employment rates. Health problems and/or disability are key factors influencing the early retirement of people in their fifties[10], for example, a survey of 2,800 people aged 50-69 found that 50 per cent of those not in work were not seeking paid employment for reasons of ill-health.[11]

The importance of health issues has come about at a time when research has evidenced a decline in occupational health provision in the workforce as a whole. In 1991 50 per cent of the workforce worked in an organisation where there was occupational health provision; only three in ten did so in 2001. These results contrast with a TUC survey[12] carried out in trade unionised workplaces which found that the percentage of employers providing occupational health services increased from 70 per cent in 1998, to 75 per cent in 2000 and 85 per cent in 2002. This suggests, therefore, that there is a greater likelihood of occupational health services being present in large unionised organisations than in non-unionised SMEs. The presence of occupational health services also varies with sector[13], as does the presence of health and safety policies, and involvement of workers in health and safety initiatives, more generally.

Some research is available on the ways in which employees themselves define health and safety. People, Science and Policy carried out one recent example for the HSE. This project was designed to provide input to the employee involvement strategy from small business

[8] HSE, Managing Health and Safety, Five Steps to Success http://www.hse.gov.uk
[9] Peter Kirby. Trade union trends focus on union safety representatives, TUC 2003
[10] Taylor, Philip. Report to the Performance and Innovation Unit (Cabinet Office, 2000)
[11] DWP Research report 200 (2003) Factors Affecting the Labour Market Participation of Older Workers
[12] Peter Kirby. Trade union trends focus on union safety representatives, TUC 2003
[13] Peter Kirby. Trade union trends focus on union safety representatives, TUC 2003

employers, the self-employed and non-unionised employees. It found that most workers thought health and safety was an important issue in the workplace, though this attitude emerged after prompting rather than when first asked. It was not a 'top of the mind' issue. The research also found that health and safety were linked, though when discussed in more detail, respondents made a distinction between safety – defining it as one-off incidents; and health, which was defined as of longer term impact [14].

PSP's research asked respondents what their major health issues were at work. Stress was the most frequently mentioned health issue, followed by the general working environment, muscular-skeletal problems and exposure/allergy to certain chemicals. The research also found that:

- participants had heard about HSE but had had little to do with it and were not sure what it was for;
- participants felt there was too much information available on health and safety rather than too little;
- barriers to a health and safety culture included staff compliance, cost, time and knowledge of requirements.

Further research carried out for the HSE by MORI[15] in early 2004, reported similar findings. Employers and employees perceptions of health and safety were affected by the size of their organisation, their employment status and the industry they worked in. For example, employees in manufacturing and construction were more aware of the issue than those working in financial services. The research also found that employers tended to place more importance on health and safety than employees, and employers in large organisations were more concerned about the implications of health and safety than their counterparts in small businesses.

In general, the MORI research found that health and safety was mainly understood as a matter of rules and regulations; employers and workers identified the common sense of staff as the main way of improving health and safety.

2.5. The Worker Safety Adviser Pilot

To test ways of encouraging greater employee involvement in health and safety, in 2002 the HSE piloted the Worker Safety Advisers (WSA) initiative. The aim of the initiative was to develop the health and safety practices of organisations that did not have trade union recognition through the development of partnerships between trade unions, employers and workers. The pilot ran in four sectors (automotive engineering, construction, hospitality and voluntary sector) and two thirds of the employers participating in the pilot had less than twenty-five employees.

[14] People Science and Policy HSC Strategy to 2010 and beyond – consultations with hard to reach groups RR197 2004

[15] Attitudes towards health and safety: a quantitative survey of stakeholder opinion, MORI Social Research Institute 2004

Changes to the approach to health and safety were reported by some three quarters of the employers who took part in the pilot. Specific changes made included: joint training for managers, the production of new and/or revised policies and procedures, and the involvement of workers in risk assessments.[16]

Following on from the success of the pilot, the Workers' Safety Adviser Challenge Fund was launched in 2003 with three million pounds of funding allocated to the initiative, over a three year period, with the overall aim of promoting greater employer and employee involvement in health and safety.

2.6. HSE's Declaration on Worker Involvement in Health and Safety

Drawing together the conclusions of research on the impact of involvement in health and safety, the developments in the structure of the economy, and the implications of changes in the key issues included in the definition of health and safety, HSE developed a statement of its views on worker involvement. The full statement can be downloaded from the HSE's website (see below) but the key statement of principle asserts that:

All workers have a right to work in a place where all risks to their health and safety are properly controlled.

Workers who are encouraged to have a voice and are given the ability to influence health and safety are safer and healthier than those who do not. A universally involved and consulted workforce would be a major achievement and contribute to getting health and safety recognised as a 'cornerstone of a civilised society'.

An actively engaged workforce is fundamental to ensuring success of all other interventions on health and safety. It provides a 'reality check' for employers from the shop floor and helps ensure activities on health and safety lead to compliance.

These 'trust' relationships will build a shared vision of health and safety and if enough organisations encourage them they will reduce the overall need for state regulation.[17]

This research aimed to provide information on both the obstacles and incentives to increased involvement.

[16] The Worker Safety Adviser (WSA) Pilot, York Consulting with Fife College of Further Education, HSE CRR 144/2003

[17] The full statement can be downloaded from www.hse.gov.uk/involvement/index.htm

3. What Is Health And Safety At Work?

The research carried out by People, Science and Policy indicated that health and safety were linked, and that stress was a key issue for both employers and employees. It also found that health and safety was not a 'top of the mind issue' for most people, but once reminded of it, respondents took it seriously. The research carried out by MORI found that employers and workers shared a similar understanding of health and safety, with the top three definitions being:

- rules/regulations relating to safety in the workplace;
- rules/regulations to ensure general well-being/personal safety; and,
- minimising risks/accidents/injury.

It was agreed, therefore, that a key starting point for this research into the obstacles to involvement should be to explore views on what health and safety is in some more depth, and discuss perspectives on the roles and responsibilities of workers and employers.

3.1. The Definition of Health and Safety

3.1.1. The Perspectives of Employees

Among the employees who took part in the focus groups, the initial definition of health and safety tended to be a broad one and usually included some mention of applying safe working practices, and looking after customers, patients and colleagues. It was also described as a matter of following *'guidelines, regulations and standards'*, including basic things like taking lunch breaks and making entries into an accident book as appropriate.

Fire safety and fire regulations were often mentioned in the spontaneous discussion of the types of issues included in health and safety, as was the maintenance of a safe working environment. By the latter, participants meant issues such as adequate and clean toilet and washing facilities - some of the participants employed in construction did not have access to these on occasions – as well as up-to-date seating, repair of torn or threadbare carpets, and making sure that stairways and exits were clear of obstructions.

Underlying the broad themes were a number of specific issues, primarily concerned with safety not health. These were:

- physical hazards, classically *slips, trips and falls* - many participants also mentioned spillages and wet floors;
- use of equipment, ranging from correct protective clothing *('hard hat and yellow jacket')* to the maintenance and correct use of machinery;
- issues around electrical equipment and wiring;
- use of chemicals and adherence to the COSHH regulations;

- computer and VDU usage;
- hygiene, food preparation, procedures for working with blood products and 'sharps'.

Mention of occupational health issues was rare, even when prompted, and tended to concentrate on physical problems such as:

- manual handling, lifting and back problems;
- eye tests;
- and, RSI.

Stress was only raised once or twice by the participants themselves as part of health and safety, no matter what their role or sector. When prompted, it was acknowledged as a potential issue, but was not given anywhere near the prominence found by the PSP team. In fact, some groups were keen to emphasise the positive benefits stress might bring. We suspect the difference of emphasis between the two pieces of research is the consequence of the different ways the questions were asked. PSP asked its respondents what things affected their health at work, whereas this research was interested in what people included within the scope of health and safety.

As found by Mori, definitions varied by sector, as did how easy or difficult participants found it to define health and safety. Not surprisingly, it was most easy for construction workers and most difficult for office workers. Even so, a wide range of participants, no matter what their own occupational background, mentioned safety issues and physical hazards. When unpicked, it transpired that this was often because health and safety induction or training was not tailored to their occupation but concentrated on construction and similar sectors.

Definitions were usually firmly rooted in the work context of an individual. For instance, health and social care workers were concerned with both their own health and safety, but also included that of their patients/residents, and were probably most aware of the concept of risk assessment. Office workers, no matter what their sector, considered their own risks to be low and placed less importance on the issue. Workers in hotels and related trades tended to concentrate on food preparation and hygiene issues.

Interestingly, where participants were dealing with the public and potentially faced with dealing with difficult customers, few seemed to include the issue as part of health safety. This was in contrast to one of the stakeholders who described the importance of the issue:

'We've been running a campaign for the last couple of years called Fear about potential violence to staff, including abuse, verbal abuse and threats rather than just physical violence and from research we did we found that in something like 50 per cent of stores with members, there were people who were actually either going on long term sick or leaving the job altogether because they couldn't face the pressure they were getting from members of the public being abusive towards them.' (Stakeholder)

3.1.2. The Perspectives of Employers

The employers who took part in the research had a different perspective on the definition of health and safety when compared to that of employees, and focused more on defining it through desired outcomes as opposed to a list of issues. Their key themes were *compliance, protection and prevention*, so:

- *compliance* included meeting the appropriate statutory regulations and legislation, accident recording and monitoring, ensuring employees also met these regulations, and worked in a safe manner, within a safe working environment. For some the aim here was as stark as to keep *'…out of prison…';*
- *protection of people* included ensuring the safety of staff, customers, patients, guests and even general members of the public;
- *prevention* included the prevention and reduction of accidents, slips, trips and falls, back problems through correct manual handling procedures, risk assessments, construction design management, increasing awareness of, and identifying problems in advance, use and maintenance of equipment e.g. use of ladders and scaffolding, machinery, wiring, lifts, VDUs and PCs.

Only three of the employers spontaneously mentioned stress as an issue for health and safety, even when prompted, and even when asked if it applied to people in their types of jobs. This was even more unexpected than was the case for employees. Two reasons suggest themselves. First, the difficulty of defining stress and the lack of legislative precedent at present. Second, the lack of occupational health provision in SMEs, which could well mean that broader health issues are less likely to be considered.

3.1.3. The Perspectives of Safety Representatives

Definitions of health and safety discussed by the safety representatives tended to fall somewhere between those of employees and employers. They concentrated mostly on broad environmental and safety factors:

- the creation and maintenance of a healthy and safe environment - warm, dry, with safe conditions for staff, customers, the public and visitors, and adequate sanitary facilities;
- use and maintenance of equipment, including machinery, scaffolding, ladders, protective clothing and correct procedures and practices for manual handling;
- prevention of slips, trips and falls, spillages, wet floors, torn carpets.

Only minimal mention was made of health issues, and no one raised the issue of stress without prompting.

3.1.4. The Perspectives of Stakeholders

The seven stakeholders had a much wider understanding of what health and safety covered, encompassing the range of safety and health issues already described for both employers and employees, but also including stress, working arrangements and welfare:

'People should be able to spend their working life without suffering any injury or ill-health as a result of the work they're doing.' (Stakeholder)

Both employers and trade union officials raised issues of protection and prevention. The latter also spent time developing policies on specific issues such as mobile phones and driving, and occupational health support. For employers, protecting staff and customers was critical. Compliance also featured, with trade unions approaching it from the perspective of ensuring safety representatives were aware of rights and regulations, and employers from that of *'protecting the company's investment.'*

3.2. The Roles and Responsibilities of Employers and Employees

The law places specific responsibilities on employers, employees and safety representatives. Employers are required to:

- do whatever is practicable to protect the health and safety of their employees, and other people who may be affected by what they do;
- ensure that their staff and others are protected from anything that may cause harm by controlling the risk that their work may cause injury or ill-health;
- consult with their staff on health and safety issues, either directly or through a safety representative – if applicable.

Employees also have legal duties, which include:

- taking reasonable care for their own safety and that of others who may be affected by what they do;
- making correct use of work items, including protective equipment, in accordance with training or instructions;
- not interfering with or misusing anything provided for their health, safety and/or welfare; and,
- co-operating with their employer.

Considerable emphasis is, therefore, placed on self-regulation, with both employers and employees expected to be involved in establishing and maintaining a safe workplace environment.

3.2.1. The Responsibilities of Employers

As was the case in the MORI survey, the employers who took part in this research acknowledged their responsibility for the health and safety of their employees:

'At the end of the day we keep being told that the buck stops with the director.' (Employer, Wales)

They stressed their responsibility for keeping their staff, customers and patients safe, providing the best equipment, making sure it was used properly and of carrying out risk assessments. Consultation was also highlighted by some through:

- making time to raise issues with staff, and setting out to raise awareness of staff and providing training;
- promoting the importance of the issue through induction and meetings;
- encouraging staff to enter each new situation and/or contract and actively look for the potential risks.

One or two employers included mention of the welfare and morale aspects included in the broader definition.

Employees were aware of the key aspects of the employer's responsibilities, including keeping up-to-date with policies and standards, and the provision of up-to-date, safe, usable equipment. Employers were seen as responsible for the overall aim of making the workplace as safe as possible. Employees also felt that employers were responsible for the safety of customers and the public and for making sure that staff knew what was expected of them. In short, employees agreed with the employer's perception that *'… the buck stops with them…'* and that managers were ultimately accountable. Employers were expected to consult with employees and put in place appropriate reporting procedures for the identification and resolution of issues.

Safety representatives described employers as responsible for:

- ensuring the workplace was safe, warm, dry, sanitary, with well-marked hazards;
- dealing with potential health and safety issues and the investigation of accidents;
- ensuring that staff, and safety representatives, have some sort of understanding of the regulations and adhere to them, including using the correct equipment;
- and increasing awareness of safe working practices.

3.2.2. The Responsibilities of Employees

On the responsibilities of employees, one of the strong themes to emerge in the focus groups was employees' sense of individual responsibility:

'You are your own health and safety officer.' (North East Focus Group)

'At the end of the day it is still your life that is going to be involved if there is an accident, so therefore you look after number one, you know, and you've got to make sure everything is done right.' (North East Focus Group)

They also noted their responsibility for their colleagues' safety and for raising issues with them and about them, for example, where colleagues were not wearing the correct equipment and so on. Employees were aware of the need to work safely with their colleagues and to *'…look after each other…'.*

Even though employees were aware of their responsibilities the discussion in one or two of the focus groups suggested that there might be some reluctance to take a proactive approach and that they perceived the greater share of responsibility as resting with the employer.

For employers, employees' key responsibilities were to ensure the safety of the working environment for both themselves and others, and to follow the set procedures. They also mentioned employees' responsibility to raise issues, and to actively look for the health and safety implications of any new situation. Employees were regarded as ultimately responsible and accountable for their own actions but as, at the same time, expected to apply *'common sense'* to their own working practices and the different situations they might find themselves in.

For safety representatives, employees' responsibilities included ensuring their own safety and that of colleagues and customers, and for promoting a safe working environment. Safety representatives also stressed the requirement for employees to be aware of the consequences of their actions and felt that most employees were well aware they could be found to be at fault. Employees were responsible for the reporting of accidents and to generally develop an understanding of health and safety and best practice.

3.2.3. The Role of Safety Representatives

The safety representatives who took part in the research divided into two broad types. In the first group, the representatives had actively taken up the role, often through active involvement in trade unionism, and were very interested in the issues and of promoting effective practice. Representatives in this category tended to be clear about what was expected of them and described a wide range of responsibilities including staff training, providing updates on procedures and practice, involvement in safety and risk assessments and responsibility for *'…stopping people doing daft things…'.*

The second group of representatives included some recently appointed ones who were unclear as to the extent of their responsibilities and who were still finding their feet. It also included a number of representatives who had ended up with the responsibility by accident or had been told to do it by their employer. In these cases, representatives were unsure of what was expected of them, what they were responsible for and also were reluctant to develop a greater involvement:

'I think I know the basics but until something serious happens I don't really want to become involved too much…'(West Midlands Safety Rep)

A number of the representatives drew attention to the balance they needed to make between advising and encouraging employees, and becoming a figure of derision and annoyance as a result of constantly having to remind staff of the correct practices and potential risks. Even the most committed representatives we interviewed raised the issue but in their cases were prepared to risk the outcome through their commitment to improving health and safety.

Only a small number of the employees who took part in the focus groups had much experience of safety representatives. Where they did have, feelings were mixed:

'They are a bit of a nuisance actually. They come on different sites, uninvited at certain points while you are hanging up a ladder on one leg. He turns up to make sure you are working safely.' (Wales focus group)

Stakeholders also had mixed views about the role of the safety rep. One the one hand it could be easy for managers to delegate all responsibility for health and safety to the safety representative, which was not necessarily the desired outcome:

'We have perhaps a manager that wants to give the responsibility away so they let the health and safety rep do everything for them and then they could really lose control of health and safety within their part of the business.'(Stakeholder)

In contrast, other employers did not take them seriously enough and would only act on the advice of personnel with more seniority:

'The other thing I have always found is that all the managers, even this management to a lesser extent, will take me saying something, whereas if the safety rep says it they will not accept it, but they will accept it from me as a safety officer. It is the sort of thing where they have had it from a higher authority.' (Stakeholder)

Managers could also be wary of safety representatives because:

'I think the other problem is that there is this inherent suspicion on both sides. I find a lot of managers are very suspicious at the high degree of training that safety reps have got, because it is way above what they themselves, unless they have taken it themselves as a job.'(Stakeholder)

Even so, a number of the stakeholders also felt that employees were reluctant to take on the role of a safety representative because:

'I mean they don't see they can make a difference and they certainly think that they're putting themselves in the firing line….. and people who put, they don't want to put their head above the parapet and say they're a safety rep because they expect that they'll be the first person to go.' (Stakeholder)

In the next section we develop a number of the issues raised here and identify the barriers to involvement.

4. What Are The Obstacles To Involvement In Health And Safety At Work?

4.1. Introduction

Chapter Three suggests that employees, employers and safety representatives are aware of their responsibilities around health and safety but also hints that many people are reluctant to get involved, even where they are already in responsible positions.

The focus group participants, employers, safety representatives and stakeholders were asked for their views on the main factors preventing employees' taking a greater interest in the issues and developing a more active involvement in their workplace. The key themes that emerged include:

- a lack of understanding and awareness of the meaning of health and safety;
- issues in relation to the time and cost incurred through the implementation of good practice;
- the perceived complexity of health and safety legislation and regulations;
- attitudes held toward health and safety;
- the culture of organisations and the value attached to involvement in health and safety; and,
- the size and type of organisation.

Each of these themes is discussed in turn.

4.2. Understanding and awareness of the scope of health and safety

In the last chapter the definitions of health and safety volunteered by the participants in the research, with the notable exceptions of the stakeholders, suggested a limited understanding and awareness of the scope of the term. Employees focused on practical issues such as minimising hazards as well the much vaguer aspiration of working in a ‘safe environment’, whereas employers were concerned with the outcomes of their activities – compliance, protection and prevention. Further discussions in the focus groups suggested that this low level of understanding and awareness was a significant barrier to involvement in health and safety at work. Key themes under this heading were:

- sector and job-specific definitions of health and safety;
- health and safety as a matter of common sense; and,
- the impact of laziness or apathy.

As was found by the MORI survey, employees’ awareness and definitions of health and safety tended to be limited to what was relevant to their own sector. Among the focus groups, work-related health conditions were rarely included. This lack of awareness and understanding is an obstacle in that unless employees fully understand the breadth of issues covered by the definition they will not be in a position to raise them as concerns with their employer, or even recognise their importance. As one of the stakeholders noted:

'Health and safety is seen as a complicated and confusing issue, there's a large amount of documents and regulations to read and learn, so employees tend to see it as the management's job…' (Stakeholder)

A clear example of the lack of awareness of the wider definition of the health and safety is the issue of stress. In all of the focus groups carried out across the six regions it was rare that anyone voluntarily mentioned 'stress' as one of the health problems that could be included. Some participants were reluctant to admit that stress existed at all despite the fact that they were working in environments and/or jobs that were stressful, and some even admitted to feeling stress at work. As was noted in Chapter Three, this contradicts other research carried out by HSE and is contrary to the emphasis placed on stress by the senior employer and trade union representatives interviewed for this research.

Amongst employees, and employers, there was a perception that both understanding and applying health and safety was a matter of 'common sense'. The inference was that employees with 'common sense' were unlikely to require training or instruction on health and safety, and that accidents simply would not happen so long as people worked in ways which used their common sense at work:

'I think there are some things which some people will do because they have common sense, and those are the people who will walk into a building and if the floor mat is bent double they'll straighten it out, there will be the other people who will step over it.' (Wales Employer)

Participants in the focus groups found it difficult to define what they meant by 'common sense', but were almost all convinced of its importance:

'Some people you work with are just not safe, they're worrying, you know, they don't use their common sense..' (Wales Focus Group)

Training employees in health and safety procedures which they felt were 'common sense' was identified as a particular difficulty. A focus group participant who had some experience of delivering training to pub managers on security, explained how difficult it was when discussing the procedure that should be followed during delivery of takings to the bank:

'They looked at you as if you were daft, and they'd all stand there and it was a really hard job trying to teach them something that everybody as an individual feels is common sense.' (North East Focus Group)

Participants, both employers and employees, made the distinction between those employees who were reasonably bright and had common sense and those who were less intelligent or who were *'at the lower end of the educational spectrum.*' These employees were identified as being the most problematic and it was said to be difficult to instil any sense of responsibility for their own safety or for the safety of their colleagues. This was the case particularly where such employees were doing different jobs each day of the week, as the perception was that they would be unable to transfer the health and safety knowledge

acquired on one job to the next. Very often it was left to the 'more intelligent' worker to make sure that nothing happens to their less intelligent colleagues, as explained by an employer:

'It's a case of explaining to the person they are working with, 'make sure that so and so doesn't go on that landing because he is as daft as a brush, make sure he doesn't fall down any holes'… I get alarmed saying this but some of them are pretty thick.' (North East Employer)

Even one of the stakeholders raised the issue of 'common sense' and described health and safety as a *'matter of common sense and regulation…'.*

Some employers felt that one of the obstacles to employee involvement was 'laziness', where employees saw health and safety as the sole responsibility of the employer rather than their own and so had a limited understanding and awareness or simply took no notice of it. Employers felt that such employees were reluctant to respond to changes in procedure, preferring to do things the 'old way' even where there were good reasons for change. This view was echoed among safety representatives, who felt there was a perception that employees viewed health and safety as a 'lazy job', particularly when it was carried out by someone working behind a desk rather than by someone employed on the shop floor. This view was also expressed by one of the stakeholders:

'It's seen, not just by their own managers, but also by their colleagues, as time they [H&S reps] should be doing their job rather than doing health and safety – so there's one cultural change which is very important to see.' (Stakeholder)

Although the research focused on four non-administrative sectors some office workers were included in the focus group sample, in the main because the office in which they worked was part of a retail or construction company. For some of these participants the barrier to involvement was the simple fact that health and safety was not seen as an issue:

'I just work in a small office…it doesn't really apply to me I suppose……' (North West Focus Group)

The belief that health and safety was not relevant if an organisation was small or perceived to be in a 'low-risk sector' was often challenged during the focus groups if participants had personally experienced accidents at work or seen them happen to a colleague. This experience was described as leading to a heightening of awareness of health and safety and to a change in health and safety practices in the specific work place. Evidence was provided by one of the participants in the focus groups carried out in Scotland:

'There was an old lady who was cleaning the toilet and she mixed two chemicals, cleaning materials together and she passed out. She just about died. That kind of thing sticks with you. It basically teaches you not to do it. I would say its only in the last four year that we have ever had anything to do with health and safety and its fairly ongoing now.' (Scotland Focus Group)

Participants also felt they were sometimes more knowledgeable and more aware of the range of health and safety issues which may concern their customers than they were of those that might affect their own staff. This sometimes resulted in health and safety policies being in place for customers but not always for staff and overlaps with issues around the culture of organisations, time and cost:

'….looking after the employees I think that is where the company falls down. They're very, very good at having us look after everybody else ……. when it comes to looking after your own, they have a major problem.' (North West Focus Group)

Some employees felt organisations were aware of how to implement good health and safety practices in relation to one part of their business, for example, construction sites, but were less likely to do so in the administrative areas, as explained by a focus group participant in the West Midlands:

'We pay attention to the health and safety issues for what we supply or remove on site – we're dealing with a lot of contaminated materials…but actually in our office environment ….they don't seem to be that bothered we've just had an issue with the printer letting off funny smells and you go and speak to somebody about it and nobody does anything about it' (West Midlands Focus Group)

Understanding of the requirements for health and safety also depends on literacy and ESOL. The key stakeholders raised this as an increasingly important barrier, with the growth in the number of migrant workers in construction, retail and the hotel trade.

4.3. Time and Cost

Another barrier to involvement in health and safety cited by participants was the lack of time in terms of tight deadlines or insufficient resources, whether for time off for training or for implementing correct practices and procedures.

The impact of time pressures was mentioned often by employees in the construction industry, as they frequently worked to deadlines, and because the sector is dominated by SMEs, who were said to be likely to find it more difficult than larger organisations to take time off for training:

'We have training programmes – they are supposed to be dated in, but because of business we really can't stop work….to get a job done. And often we cancel or put them back because we can't stop for half a day…..' (North West Focus Group)

Time taken out to attend health and safety training or meetings, or to develop new policy statements represented a cost to the organisation and formed another barrier to involvement, particularly for smaller organisations as highlighted by the following quote:

'Big companies can't afford to have bad press when it comes to health and safety…….but when it comes to small companies like ours, its very difficult because it's money. And health and safety like employment law is changing all the time…its not acceptable now just to have a statement; you've got to have a policy. So you can't just stick something on a wall.' (London Focus group)

The issue of cost was perceived as leading to some employers becoming very blinkered and focusing on their profit margins to the exclusion of anything else. Interestingly some employees who took part in the research had a fairly relaxed attitude to this approach:

'They [employers] can only see their business and what they want to make out of it, and the money they want to make out of it, which is fair enough.' (London Focus group)

Other participants resented the emphasis on costs and benefits and felt that employers were only interested in promoting good health and safety practices when there was a financial imperative such as reduced insurance payments. Employees did not seem to feel valued where this was the case. It also meant that any attempt to communicate effective practice to them was unlikely to succeed as their mind-set assumed it was not for their benefit.

Concerns over the amount of time needed to put safe practices in place, and/or the cost implications of supplying proper equipment were raised as obstacles to involvement. This was in relation to the time invested in training staff, the time needed to understand and complete paperwork, and in the case of construction, the time required to put up, or put on equipment, and to make a site safe. This lead to short-cuts being taken by employers and employees:

'In construction you just see it so many times. People trying to cut corners…..no overalls, no dust masks, no goggles, nothing.' (North West Focus Group)

'Because they take short cuts…..they do things quicker and will go ahead and do it without taking the right precautions, to save time.' (Scotland Focus Group)

'You maybe take an hour to do the job and three hours to cordon it off and do this and do that. That's why smaller companies cut the corners, they just can't afford it.' North East Focus Group)

'…..in my line of work, you pretty much just have to let health and safety slide because otherwise it would take you all day to do the simplest of things. So to actually make a profit you have to let it go…..' (London Focus group)

Some employers apparently felt that good health and safety practices could *'…. Get in the way of doing the job quickly and efficiently.'*

It was rare that anyone, including employers, saw the time required to implement health and safety and to train staff as an investment in terms of a reduction in the number of accidents, reduced number of litigation claims brought against the company, or improved staff retention. Some employees did however make the link between good health and safety

policies at work and feeling more 'engaged' with their company, which is discussed later in this chapter.

4.4. Complexity of legislation and regulations

The section discusses how employers and employees view health and safety regulations and illustrates the ways in which regulations can be a barrier to involvement in health and safety. The reasons include: the quality of the language (unappealing to the reader), the difficulty of finding the information, unclear benefits, and a perception that health and safety rules and regulations were subject to frequent amendment and change.

4.4.1. Understanding the legislation and benefits to an organisation

The focus groups and interviews included a section on awareness of health and safety legislation. While most people had a vague knowledge of the Health and Safety at Work Act, knowledge of its contents or of subsequent legislation was very limited. Employees in occupations concerned with food preparation or personal care had a reasonably good knowledge of the regulations and standards which applied to them, but little else. Employers were not that much better informed, though the spectrum of knowledge was much wider, ranging from those who had very detailed knowledge, carrying out risk assessments and have health and safety issues at the front of their mind, to very small operators who knew little more than that they should *'keep the working area clean and tidy…'.*

Employees and employers would 'make do' with their lack of detailed knowledge until they needed to refer to it. As hinted in a prior section, time was needed to try and read, digest, understand and comply with the legislation. This was off putting for employers and employees:

'if an accident happens within the workplace we have to fill in so much paperwork that I think it really puts people off.' (London Focus Group)

Complying with health and safety legislation was said to amount to *'bureaucracy'* and it was difficult for some employers to see the benefits of investing the time required to implement policies and procedures:

'I think it is one of those things that you put away for tomorrow and never get round to it. I don't know where you start with it to be honest. At the moment because you don't talk to anybody and you can't see the benefits in the business as such, other than having to conform, I can't see why you would want to get too involved with it to be honest.' (London Employer)

It was, therefore, only when an organisation started to see the benefits that they were likely to invest the time:

'I think a lot of it is lack of knowledge. Then one tends to see it as bureaucracy and I think it stops there. It was probably very similar to when I introduced a quality system, it was

Draconian when it started, but now everybody accepts the benefits from it. I think if these things were written in an easier more usable manner, which is what I have to do with my quality system, it would probably be accepted a lot easier.' (London Employer)

The way information on health and safety rules and regulations is presented – particularly the clarity of explanation and language, was identified as another obstacle to understanding and implementing policies:

'I guess if it was properly written, if it was explained to me it would be more understandable, but when you pick these things up and read the first two paragraphs, you think that is enough, you do not pursue it any further. The people that write these things understand what they are talking about, if they came and talked to somebody I would be saying 'what does that actually mean'. (London Employer)

4.4.2. Finding relevant health and safety information

Finding the relevant information on health and safety and knowing where to get the information from was identified as another obstacle. Although some employers received information on changes to regulations and so on from their trade organisation, this was not always sent out in a consistent manner nor was it always received 'on time', that is, before any new rules and regulations came into effect. Employers and safety representatives alike were unsure of where to find relevant health and safety information or had received it too late:

'Perhaps there are guidelines, risk assessment guides that are available…..but where they are residing now – we've got to and search for them basically….if they were made perhaps readily available then certainly we'd be looking at it and following the procedures.' (North West Safety Representative)

'I think there is a lot of people stating legislation, and a governing body or something should be putting them out to everybody, so everyone knows what is going on. I don't know, advertising, or we're members of the CITB, they give us a lot of information but sometimes we get that information months after the decision has been made. I think it's a bit slack there.' Wales Employer)

As well as receiving information too late and being uncertain of where to find it, employers also felt that legislation and regulations changed so fast it was difficult to keep up to date and well-informed.

4.5. Attitudes to Health and Safety

Any initiatives aimed at increasing the involvement of employees in health and safety matters must take into account the likely attitudes of those taking part, whether employee or employer.

4.5.1. Attitudes of Employers

The views of employees, employers and safety representatives about the attitudes of employers towards health and safety, were similar.

Employers' attitudes were described as driven by six key perspectives:

- fear of litigation;
- organisational philosophy;
- nature of the business, and the importance of risk management;
- size of the enterprise and its profit margins;
- lack of interest and commitment;
- irritation with the impact of statutory requirements on the job.

Employers who were driven by the *fear of litigation* and concerns about the possible implications of any claims were felt to be *'…in favour….'* of good health and safety practices, but as being so out of self-interest and as not really acting in the interest of the employees. As a result, employers were thought to concentrate on the achievement of minimum rather than maximum standards. There was a common perception (among the employees and employers that took part in the research) that *'people'* were ready to sue on all and any occasions, therefore, employers had to do all they were able to minimise any financial impact on the business.

In contrast, other employers were felt to be positive about health and safety as a result of their general *organisational philosophy and approach to employees*. This approach placed stress on treating employees well. Significantly those who held this view expected it to result in fewer health and safety issues, higher productivity through less lost time as a result of accidents, and a better quality of product altogether. Such employers were seen as applying a *'…duty of care…'* to their employees, expected to involve their staff in the business and create a happy, contented workforce. They were also likely to be proactive in identifying potential problems, carrying out risk assessments and so on, all the time maximising the benefit to the business and reducing lost time.

Employers were felt to promote good practice around health and safety where it was essential to the nature of the business to do so. For example, employers involved in health and social care had the potential to lose both business and credibility through the consequences of any failure to follow correct procedures, especially where this involved vulnerable members of the public. As discussed earlier, the size of an enterprise and its profit margins was also said to influence attitudes, as the cost of implementing best practice could be too great for a small company operating on tight margins. Both employer and employee might be tempted to cut corners as a result. Employees were both sympathetic to this perspective in the interests of securing their own jobs but also afraid of losing their job and hesitant to refuse to work or speak out about unsafe practices.

Employers were perceived as *'…irritated…'* by statutory requirements and as considering them to overly favour employees - linking with the fear of litigation. Employees were more

likely to view this perspective as one of complacency, and to view the employers' attitudes as displaying a lack of interest and commitment both to them and ensuring best practice. Where these attitudes were prevalent, employers were thought to pay minimal attention to health and safety practice and as performing to the minimal standard as required at times of inspection, rather than as a matter of course. Some safety representatives felt that such employers were apt to *'… pass the buck…'* on occasion and to remain disinterested until a problem emerged. In other cases, health and safety was not a 'top of the mind' issue, as discussed in the PSP report, until:

'….something goes wrong, whether it be a train crash or whatever, all of a sudden they're looking round for somebody to blame, and that's when it becomes important to them [employers].' (Stakeholder)

Employers' attitudes clearly influenced those of their employees and led the organisational cultures. Where employers were perceived as acting in the interests of their workforce, and as taking the issue seriously, then employees were prepared to do so as well. Where employers did not implement basic procedures such as wearing correct boots/shoes, then employees would follow the lead – during one focus group an example was quoted of where employees on a construction site had taken to wearing trainers as a result of the lack of strong management. Interestingly, other participants in the same sector described a much tighter approach to the issue, with employees being sent off site if they did not have the correct safety equipment. Quite simply, where employees did not think their employer was interested or did not take the issue seriously, they were unlikely to raise issues.

4.5.2. Attitudes of Employees

Employees' attitudes to health and safety were perceived as driven by:

- cost and the impact on profit margins;
- age;
- knowledge and awareness;
- extent of common sense and even intelligence; and,
- the desire to sue.

In common with their employers, employees of small companies were said to be more likely to view health and safety as a hindrance where it might have an impact on the profitability of the business. In such organisations employees were likely to regard *effective* practice as practices which served to save time and money, whereas *best* practice was felt to impact on profits especially where smaller companies were trying to make ends meet:

'The times I've had the ladder I've thought Christ I can't do that, it will only take you two minutes…' (North East Focus Group)

'The employees job is to take the money and get the cash in so that's often the priority rather than thinking are we safe and is everybody else safe first' (Stakeholder)

Age was felt to be a key influence on attitudes, with younger employees described as more interested in health and safety practice and as more likely to follow best practice. However, at the same time it could be difficult for them to refuse to work if concerned about the conditions when faced by both colleagues and an employer who might be making light of any potential threat. In comparison older employees might both have more experience but not be working as safely as they could. Age featured again where employees had been working in the same way for years, it was particularly difficult to convince them to change their attitudes and practices and to provide a rationale for them doing so. As one of the stakeholders noted:

'Older workers are stuck in their ways and will not change the way they've been doing things for 20 years….' (Stakeholder)

The attitudes of colleagues were clearly an important factor in creating and reinforcing behaviour patterns.

Attitudes to health and safety were felt to improve with training, and as knowledge and awareness of the issues grew. In this instance, the change of attitude was described as accompanied by a change in behaviour.

As we have discussed, many participants in the focus groups felt that health and safety was simply a matter of '….*common sense…'*. They struggled to explain what they meant by 'common sense' but one provided a vivid illustration through the example of a new employee in a firm of tree surgeons:

'I've seen someone cut themselves out of the top of a tree before…… He had his rope -- an anchor weight at the top of the tree, and he cut the branch off that his rope was attached to, and the branch went down. I'm standing on the floor screaming at him, and the branch is coming down… Luckily it got caught in another one….' (London Focus Group)

The MORI survey reflected these observations on common sense, with seven out of ten employees identifying the common sense of staff as the main way of improving health and safety practice.

A number of the participants in the focus groups agreed with employers about the issue of litigation and felt that employees in large companies saw health and safety as an opportunity to sue their employer and so actively looked for the means of doing so. Interestingly, more anecdotes were related in the groups of the failure of such policies and of poor treatment of employees, for example:

'In my last job I was running across the yard and I fell down a pothole and tore ligaments in my ankle, I was off work two weeks and they were going to dock my wages I had to fight to get my wages paid.' (North East Focus Group)

Some employees were very concerned about the consequences for them of the growth of the litigation culture:

'Every year I used to go out and throw the grit down because my old dears, they could slip… We did a day course on health and safety and discovered that I was totally liable if anybody had fallen on that ice… If it was snowing and somebody walked out without anything being done, they fell and broke their leg, it was an act of God, if I put down the grit it was my responsibility…. So now I do not take any responsibility at all.' (North West Focus group)

4.6. The culture of an organisation

Organisational philosophy was a key determinant of attitudes to health and safety. Consequently, the culture of the organisation in which employees worked was an important factor in whether employees felt they could speak up about health and safety, and how seriously it was regarded. Nearly all of the groups made some reference to 'macho' behaviour, that is, employees who regarded proper health and safety practice as a sign of 'weakness'. The influence of peers and the socialisation, or induction, of new staff into the prevailing culture was also mentioned. Willingness to raise issues or get involved was linked to job security and how 'indispensable' employees felt they were within their jobs and the sector in which they worked.

4.6.1. 'Macho' behaviour

'Macho' behaviour was raised as a barrier to employee involvement in almost all of the focus groups, though it tended to be limited, although not exclusively, to specific sectors such as construction. One of the stakeholders provided a definition of 'macho' behaviour:

'Machoism is rife in the construction industry and applies to employers and employees and it seems that an interest in health and safety issues implies softness and weakness…' (Safety representative)

Where a 'macho' culture was seen as an obstacle to employee involvement in health and safety, it meant that employees had a relaxed attitude to wearing appropriate safety equipment. It also meant that employers, even other employees, found it difficult to instil health and safety practices in their employees or colleagues because of their behaviour:

'Its difficult to enforce it (health and safety)….its something you have to tell people and if you are not there twenty four hours seven days a week it is impossible to stop it going wrong so it's a case of trying to get everybody because they are quite macho, we're got this whole macho thing where we work with big pieces of steel…..' (North West Focus Group)

'Well management knew it had to come, but nobody wanted to admit it, they didn't want to go down and tell a load of nutter builders that they've all got to wear hard hats, protective gloves, build proper scaffolding, report accidents whatever. Its always been a macho thing. You know, we can do this, I don't mind walking out on a plank 18 inches wide, 50 feet in the air, you know.' (Wales Safety Representative)

4.6.2. Extent of Staff Empowerment

An organisational culture where there is little dialogue between employers/managers and employees makes it more difficult to involve employees in health and safety. Some focus group participants felt that they worked in an organisation where giving information to staff was perceived by employers as a way of making employees more 'powerful' and was thus to be avoided. This view was portrayed by a focus group participant from London:

'How keen are employers to know your rights, if you are an employee? My workplace has got nothing. They won't tell you anything unless they think you need to know it.' (London Focus Group)

Where the organisational culture was one in which open communication was not encouraged then it was likely that employees would feel uncomfortable raising any concerns about health and safety issues. Being perceived as a 'moaner', 'trouble maker' or 'busy body' were all words used to describe how employees would feel if they were to raise concerns about health and safety in their workplaces.

Voicing concerns about health and safety were also felt to harm relations with their fellow team members with a more 'macho' or laissez-faire approach to health and safety. Volunteering to take a role as a safety representative was viewed even more negatively, *'you wouldn't be one of the guys anymore.'*

4.6.3. Job insecurity

Employees were not only concerned about being perceived as a 'moaner' but also that they may lose out in terms of progression possibilities within the organisation were they to raise issues around safety:

'If you are going to start moaning all the time then you are not going to get any further in the company.' (Scotland Focus Group)

There were also concerns that employees who raised health and safety issues could lose their job completely as highlighted by focus group participants in the following quotes:

'If you have not got that cast iron job security, it makes you a bit more hesitant to raise the health and safety issues.' (Scotland Focus Group)

'We don't have anything (H&S). To me I think I work in a death trap office, very often they get tangled underneath the desks, but that's the way it is unfortunately, you can't do nowt about it. Otherwise you'd be out the door….If someone raises an issue you can go.' (West Midlands Focus Group)

'If you kick up a stink, its probably like a lot of places they would say ''See ya!'' That's why they don't want you to know anything about health and safety. Because they're opening

your eyes to what your rights are and you start kicking up and then they'll try and get rid of you via another way because they'll think that you're causing trouble ...' (London Focus Group)

It was evident that employees who felt secure in their jobs were more comfortable about voicing their concerns – these tended to be employees who were skilled and whose skills were in demand in the labour market (e.g. in construction). Those who were unskilled and who were perceived to be 'dispensable' because there was a large pool of local labour were felt to be less able to voice their concerns because they feared losing their job, as highlighted in the following quotes:

'In guest houses, hotels, b&b I would say that people are more likely to not say anything. If they are told to do something that is unsafe, they will do it because they know that being unskilled, they would be replaced if they didn't do what they were asked, even if they felt it was really unsafe.' (London Focus Group)

'We have a lot of migrant workers who are coming over now who are so desperate for employment that they will settle and work for very poor conditions… I think the whole issue about precarious employment and not wanting to rock the boat is a big one…' (Stakeholder)

4.6.4. Management involvement in health and safety

Management practices or lack of management involvement in health and safety was identified as another obstacle to employee involvement. Echoing the impact of attitudes discussed earlier, the perception was that unless management was committed to introducing good health and safety practices it was unlikely that employees would become involved in health and safety. Employees tended to follow the lead of their employer or senior manager, as portrayed by focus group participants in the quotes below:

'If the person in charge is a bit sloppy it seems to rub off …it starts at the top …they are setting the standards and then people under you follow them standards.' (North West Focus Group)

'Safety is the most important thing of all and if the directors are not committed to the health and safety you can forget it.' (Scotland Focus Group)

Employees also tend to respond in the manner to which their peers are responding, *'they simply follow the norm'*, so when a new employee comes into an organisation they will pick up the same working practices as their colleagues. Consequently, unless a new employee feels very strongly about health and safety as an issue they are unlikely to become involved in it if this is not the *'done thing'* in the organisation.

Employees were unanimous in their belief that where employers had good health and safety practices in place they were likely to feel more 'engaged' with, and more committed to, their organisation:

'In industry I used to really respect the people who did the health and safety because there was trust there, because you knew that they were looking after you.' (North East Focus Group)

Concerns over safety issues were likely to make employees feel more dissatisfied with their workplace and could affect their performance at work:

'if the staff aren't happy because of a safety issue, then they won't want to work and they won't be putting in their best performance.' (Scotland Focus Group)

'I think every employee thinks the employer's concerned about their health and safety at work, and spends money to ensure their safety, they are more likely to work harder, or conversely if they think their employer would flout health and safety to save a few quid, you can guarantee that it will definitely demotivate staff into thinking well, well that's how much you value me, you will not spend £100 on a first aid course or update a fire extinguisher.' (North East Focus Group)

4.6.5. Use of agency/temporary staff

Employers and employees working in organisations who frequently made use of agency staff identified the use of such staff as a barrier to involvement. Examples of where agency and/or temporary staff were being used were:

- in catering, for example, sandwich shops, hotels and pubs, and security staff for events;
- subcontractors employed in the construction industry; and
- agency staff in care homes.

The engagement of agency or temporary staff in health and safety training was seen as expensive (linking in to the discussions on the cost implications), and there was also an issue over their commitment to anything other than doing the set task, as expressed by a focus group participant:

'Most of our staff are actually part-time staff that are at college or at school and are just doing it for a bit of extra money, so they're not really concerned or bothered about what goes on, and they won't come in when they're not working, like at night time or something to have a talk on health and safety… Because we have so many new staff coming in and out of the company all the time, its quite hard to train people that way.' (North West focus group)

It was evident that employees who had worked with agency staff, or who had themselves been employed as agency staff, had experienced working environments where there was a greater degree of risk for customers and/or employees. Often this was because temporary staff had not been trained in basic procedures or had no day-to-day involvement in health and safety procedures at work. Different ways of working in different sized organisations is discussed further in the following section.

4.7. Organisation size and type

Within some of the sectors in which the research took part there seemed to be a greater number of obstacles to employee involvement in smaller organisations than in larger organisations. Some of these barriers have been described in previous sections such as time, cost, and 'macho' behaviour but they combine to create an environment which makes it difficult to introduce good practice in health and safety. Two examples follow.

4.7.1. Construction

Within construction the picture painted by employers, and employees, was that larger construction organisations were more likely to have health and safety policies in place than smaller organisations, although this is unlikely to be exclusively the case. The larger organisations were more likely to have a health and safety officer within the organisation, carry out health and safety induction and to be doing large jobs on larger sites where there were safety representatives and safety equipment in place. An employee described the differences between small and large sites as:

'If you are on a building site, they'd normally tell you. There are people in health and safety there. But if you are on a small site, unless something is spotted by someone ……its down to you really not to do anything. Like if you think something is dangerous, because there is not real one responsible shall I say, on a small site, say like for example, a builder's just doing up a house: just a small site like that. There is no real safety officer there. Everyone's sort of virtually self-employed and its up to you to look after yourself…..' (London Focus Group)

For employers in this sector, standards set by potential customers also had a considerable impact on their behaviour. For example, one construction company which worked with the local authority used consultants to put together health and safety policies and to compile a health and safety plan when tendering for work with the authority.

4.7.2. Health and Social Care

Within the health and social care sector there were examples of where smaller organisations, such as GP surgeries, took a more relaxed approach to health and safety. Obstacles to involvement were identified as poor awareness of health and safety issues, lack of employer interest in health and safety and a misunderstanding of the level of risk.

The view of one employee working for a GP surgery is shown below:

'There is nothing. I think because they think it's a doctor's surgery, to be perfectly honest……where I work, I find we're very vulnerable where our desk is. We have a very large surgery and we have an awful lot of certain types of people in certain areas and there have been quite a few incidents. I myself personally was involved in one; there was a fight

going on outside, they'd run inside and one jumped over the desk, knocking one of the girls and the computer off the desk, and another one jumped after him….' (London focus group)

This compares with larger organisations in the same sector like care homes, where some employees felt that they were heavily involved in health and safety initiatives. In such cases the level of involvement appeared to be influenced by regular inspections from the Care Standards Commission who ensured that risk assessments were carried out for each client and for each procedure. During these visit inspectors would also talk to staff to get their perspective of the environment in which they worked. While most of the participants in the research from this sector appeared to have a very strong awareness of health and safety for themselves and their clients, a minority felt the emphasis could be biased toward the client rather than staff.

4.8. Roles and Responsibilities

The section on the definition of health and safety suggests that employers and employees were well aware of their responsibilities but with some issues around just how far these responsibilities really went in practice. In other words:

- employers were prepared to be ultimately responsible but were not prepared to do so where employees had not exercised their 'common sense';
- employees accepted responsibility for their own safety, and on the whole, that of others, but were concerned about where responsibility began and ended in the case of colleagues without 'common sense';
- employees would also step back from providing support to others where they felt they were putting themselves in a position of potential liability.

So, while knowledge of roles and responsibilities was not in itself a barrier to involvement, lack of knowledge of where the boundaries began and ended was a distinct issue for many of the participants in the research.

5. What Would Encourage Greater Involvement In Health And Safety?

During the focus groups and interviews employees, employers and safety representatives were asked what would encourage greater involvement in health and safety in the workplace. Their ideas and suggestions are discussed under the following headings:

- Information on health and safety
- Methods for encouraging participation in health and safety
- Role of the HSE
- Role of education

This section also includes a number of examples of health and safety practices reported by the participants in the focus groups.

5.1. Information on health and safety

Research participants, particularly employers, felt that information received by their organisations on health and safety was presented in a way that was not always appealing to the reader. Employers felt there was a vast amount of information to absorb and sift in order to find what was most relevant to their circumstances and that it had to be simplified for any effort at increased involvement to succeed. As one employer explained:

'It looks so onerous from cover to cover, you could say 'that section and that section are us', maybe then it is more manageable. When you have a three quarter of an inch book and you go from cover to cover you tend to think 'I'll do that next week.' It needs to be right, but it needs to be simplified. I think that is the only way they will ever get it to work properly, everybody will pay lip service to it ……' (London Employer)

Participants were also critical of the quality of the health and safety information, which has to be displayed by law in workplaces. They pointed out that it was often written in very small text and contained so much information that it was off putting to the reader:

'If you look at your health and safety notice, well its about 3ft by 4ft and its absolutely chocker block full of words, nobody could read that, it would take too long.' (North East Focus Group)

As suggested in the last chapter there was also a perception that health and safety regulations changed so frequently, that it was difficult to keep up. Participants in the research felt that regular information about health and safety regulations, and about changes to regulations, needed to come from one source, and that it should arrive in advance so that changes to existing legislation or new legislation could be implemented within organisations by the due date.

Not all of the employers who took part in the research received health and safety information automatically or received it on a regular basis, and some were unsure where to find information relevant to their organisation. Furthermore, not everyone was suited to written

information. One of the stakeholders who took part in the research pointed out that many SMEs worked on an informal basis which meant that:

'…they don't have things written down and procedures and things being written down, a lot of it's just word of mouth so they [HSE] need to look at how they get to that.' (Stakeholder)

Some employers who took part in the research hired consultants to help them make sense of the information and to give advice about the specific health and safety policies that should be put in place. This was either done on an on-going basis, for example, every six months or in relation to a specific piece of work, or an ad hoc basis as and when needed. As an aside, it is interesting that employer's cost equations balanced sufficiently to allow them to use, and pay for, private consultancy in this area.

Employers felt that the information they received needed to be relevant to the work in their sector as time could be wasted going through information that has no relevance to their organisation. They also stressed that it should be simplified to resemble a *'flat pack'*, easy to assemble and suited to a specific need.

A number of the stakeholders noted that trade associations had a key role to play in the communication of information. One example was given of an association, which ran health and safety awareness days and one-day practical seminars on current issues. Such events were particularly important for sole traders and small organisations that would be unlikely to fall into the remit of any inspections from HSE, or be able to afford the services of consultants.

5.2. Methods for Encouraging Participation

A number of ways of encouraging participation in heath and safety in the workplace were raised by the participants in the research. They group into two main areas:

- time, payment and progression within an organisation;
- communication of health and safety information.

5.2.1. Time, payment and progression within the organisation

Employees were of the view that if they were to take on the responsibility of having a health and safety role in addition to the job they were already doing, they would need a time allowance to do these extra duties. One of the stakeholders agreed and stressed that:

'… time must be allowed in the working week, it must not be an extra responsibility to normal duties…' (Stakeholder)

They also felt a financial incentive was necessary to encourage employees to take on this job as without giving employees an incentive it would be difficult to encourage them to take on the role, as described below:

'[Employees need] money and time to do it. Money and the understanding of like your company bosses to realise well look if you want me to be the health and safety officer you are going to actually have to pay me to do it, and give me the time to do the job in, because like they'll say, oh right, and then at the end of the week, have you done such and such, well no because me work load has been ridiculous, what do you want me to do first? And that's the thing. I think okay people would take the responsibility on, but you would have to be given the time to actually do the job and the incentive to do it.' (North East Focus Group)

As well as the time allowance and additional salary, participants suggested that there should also be pay awards for any relevant qualifications achieved, and the provision of training in working hours. Some employers saw the value of rewarding employees for the attention they paid to health and safety in the workplace; some employers reportedly did so. For example:

'At the end of each week we have a sort of half hour seminar and I'll say, right we've worked safe this week and if the jobs went well they get bonuses and they get a safety bonus as well because no personnel are going to employ me and my crew if I've got a bad safety record and you will find that throughout the industry.' (Wales Employer)

Employees working within other organisations also gave examples of rewards being given for involvement in health and safety initiatives, low accident rates or the development of ideas relating to health and safety. In one example an employer was quoted as having provided a Ford Escort for a particularly successful idea. Employees who took part in the research stressed that it was important that where such gifts were given they had to be of sufficient worth to ensure that they actually did act as an incentive otherwise it can be a fruitless exercise. One focus group participant explained how in her workplace they kept a record of 'lost time due to accidents,' with the information showing how many days had passed since the last time an accident happened displayed at the entrance to the building. When a year past without any time lost, staff were rewarded with a plastic fire extinguisher. The employee reported that this had not been a successful incentive as recipients did not value the gift.

Employees felt that taking on a health and safety role should lead to promotion or, at least, the chance of advancing more quickly within an organisation. This was a further incentive to encourage a greater number of people to take on the role.

A number of employers and employees proposed that some sort of negative recognition would act as a way of encouraging employee involvement. By this they meant the introduction of a 'name and shame' type policy. Employees suggested this could work in a number of ways including:

- keeping a prominent note of the time since the last accident;
- increased accountability of management, even sacking managers who do not comply;
- the introduction of a 'name and shame' system by trade associations.

5.2.2. Communication of health and safety information

Many of the focus group participants were working or had worked in environments where they were sent health and safety information via email or health and safety information was put up on notice boards or walls. Conveying information in written form assumed that people did read and understand it, neither of which appeared to be the case. With information given verbally, it was easier to identify those having problems understanding it and also allowed the opportunity for people to ask for more explanation.

Conveying information through verbal means was preferential in an organisation or workplace where basic skills and English language capability among speakers of other languages might be an issue. Peoples' learning styles were also relevant when deciding how to communicate information – some were better at picking up and understanding verbal information than information presented in written form.

Email also had disadvantages, although superficially appearing to be an immediate and easy way to convey information. In particular, it was not always possible when sending information via email to ensure that recipients will read it, particularly if they receive many emails. Attachments were very easy to ignore and/or forget about when not of immediate relevance. So, to increase the chance that employees will read information sent via email, it needs to be relevant and concise. A focus group participant's thoughts about the amount of information she received via email illustrates this point:

'Working in the office environment we get bombarded by email and the important emails such as health and safety are so much [information]…so its difficult to actually work out what is important and what isn't important.' (North East Focus Group)

Participants felt that written information, whether paper or electronically based was not the best way of communicating information, increasing awareness of the issues, or of encouraging employees to become involved in health and safety.

Training events and staff meetings were identified as better ways of disseminating information, as explained by a focus group participant and a safety representative:

'I think you need meetings and stuff.. fair enough you can give people handbooks but some people don't read them.. Its like taking a horse to water and making it drink.. Its easier if someone tells than to actually read it.' (North West Focus Group)

'If you give people newsletters half the time it doesn't get read, basically it ends up in the bin…but videos and stuff like that is a good thing…..' (West Midlands Safety Representative)

While face-to-face sessions were clearly a far better way of communicating, information used on induction training or courses or during facilitation events needs to be relevant to the environment in which the employee is working. Various focus group employees raised this as an issue in conjunction with the type of information they were presented with when they

joined their organisation. One employee had health and safety induction training that clearly had no relevance to the environment in which she was working:

'I never intend to climb a ladder, I work at the bingo, I don't need to climb up a ladder, but on our CD Rom it asks what angle your ladder should be at.' (North East Focus Group)

Two of the stakeholders agreed:

'They're not worth very much most of those courses I've ever been on, none of that [course content] can actually be applied so it's actually not for their job. Training does have to be relevant to the work you're doing.' (Stakeholder)

'Typically they're trained how to lift a nice little square box from the floor by bending their knees and keeping their back straight and then they're put into a job …where none of that can be applied…. (Stakeholder)

Obviously, unless information is made relevant to an employee it will not act as an incentive to encourage their involvement in health and safety at work.

For employers the fear of litigation claims being brought against them or the need to comply with legislation was not enough to encourage greater compliance and involvement in, health and safety initiatives at work. As illustrated above, sometimes they put their employees through an induction that was of no relevance to their workplace in an attempt to try and protect themselves from litigation claims. Employers suggested that attention would be paid if communications included core information on the business benefits of health and safety. HSE is already developing a series of case studies to highlight the business benefits of health and safety.[18] Such case studies should include a range of smaller organisations, without trade union recognition so as to be of direct relevance to this group of employers. It was felt that understanding benefits such as reduced staff turnover, increased productivity and more 'engaged' employees would act as better incentives than an emphasis on the need to comply with legislation.

5.2.3. Other methods for encouraging participation

Research participants identified other ways of encouraging greater participation of employers and employees in health and safety initiatives in the workplace. These ideas are listed below. Some of them would be difficult to enforce, such as for example, the introduction of mandatory or compulsory training whilst others have a place alongside other health and safety policies.

Suggested ways to encourage greater involvement of employers in health and safety initiatives in the workplace included:

[18] The Business Benefits webpage can be found at http://www.hse.gov.uk/businessbenefits/index.htm

- some sort of tax break for employers if they invest in health and initiatives at work;
- for new companies to be given grants to attend a health and safety course;
- to link health and safety to insurance premiums (linking to existing initiatives in BWE);
- to put health and safety leaflets in with annual P60s.

Suggested ways to encourage greater involvement of employees in health and safety initiatives in the workplace included:

- an observation book, in addition to the accident book, to encourage employees to record any unsafe areas in the workplace or unsafe working practices;
- an anonymous suggestion book so employees can record their ideas for making the workplace safer;
- compulsory/mandatory training for employees;
- employees to sign a health and safety contract when they join an organisation;
- implementation of a 'buddy' system – new worker shadowed by older worker (a well-trained and prepared older worker);
- and the introduction of a 12 pt wish list, where employees would be able to note all the things they would wish for top make their jobs safe (and healthy).

5.3. Role of HSE

There was little knowledge or awareness of the HSE amongst employees who participated in the focus groups, as shown in the quote below:

'How many people knew that there was a Health and Safety Executive you could go to? I knew there was but I don't know the number, I don't even know where to find it…..' (West Midlands Focus Group)

Employers had a greater level of awareness of the HSE and a better understanding of its role, although their knowledge was limited to personal contact they had had or because of information they had received from, the HSE. In most cases the previous contact they had had was in relation to inspections that had taken place either as a matter of routine or following an accident. Interestingly the MORI survey found that small businesses were less likely to be aware of HSE and that employers as a whole were keen on tailored communications.

Amongst employees and employers who had some knowledge or awareness of the HSE, their perception of its role was one of an 'enforcer' rather than an organisation who was there to offer support, as illustrated in the following quote:

'They (HSE) are there to protect themselves, they're really there for the company, to protect them. Seen as shutting jobs down rather than engaging in dialogue to see if things could be done differently.' (North West Focus Group)

This perception of the HSE as an 'enforcer' or having a reactive role in relation to accidents that have taken place, is not helped by media coverage in which the HSE is frequently

mentioned in connection with accidents at workplaces. Nevertheless participants in the research felt that the HSE could do more to stress the preventative work it does and the support/advice that it can offer organisations. There was a concern amongst the stakeholders interviewed that the HSE website may not be accessible to all employers and employees, particularly amongst those working in sectors where computers are not used on a regular basis, for example, in construction. Some people were unaware of the HSE helpline and proposed this type of service as something that should be made available. This suggests that the current methods of advertising and publicising the helpline should be evaluated to identify whether there are better ways to publicise it so as to reach a larger audience. Even if employers knew about the helpline they had some concerns about using it as they were worried, in view of HSE's role in inspections, it would lead to a visit by an HSE inspector with potential adverse consequences. This view was shared by one of the stakeholders interviewed:

'If you phone the HSE and you want some advice or you phone your environmental health officer who could be the regulator in some sectors, you phone them up for some advice, you know oh god have I opened the door to them coming to visit and shut me down.' (Stakeholder)

This makes it even more important for the HSE to heighten awareness of their supportive role, although one of the stakeholders was not convinced that the two roles, of enforcer and supporter were mutually compatible.

A number of the participants in the research felt that the HSE should do more to raise their profile and heighten awareness of the organisation amongst organisations of all sizes, but particularly SMEs where unions are not recognised. Participants felt that the purpose of the HSE should be more widely advertised and that the introduction of a national advertising campaign using 'shock tactics' to warn people of the dangers of unsafe working environments and of adopting a complacent attitude towards health and safety should be considered. The recent anti-smoking advertising campaign was cited as an example of a potentially successful strategy although there were concerns about how often advertisements of this nature need to be repeated for the message to stay in peoples' minds.

5.3.1. Role of inspection

The research identified a number of examples of where inspections had helped organisations to keep health and safety in the minds of staff at all times, around the safety of the customers/clients and the staff. Employees and employers working in care homes noted this in particular, although, as has been noted, this experience was not necessarily shared by all of the research participants in this type of job.

One common characteristic of those who made the link between inspection and encouraging involvement of staff in health and safety was an inspection by the Care Standards Commission. The inspections happened twice a year, with one announced visit and one unannounced visit. The inspectors were described as being vigorous in approach and ensured that risk assessments for clients/patients, and in relation to specific activities carried

out by staff, were up to date. The inspectors talked to staff to elicit their views on their working environment and provided recommendations on what changes needed to be made before their next visit. Employees, and an employer who described these experiences, felt that regular inspections helped to ensure that all staff had a good knowledge of health and safety procedures and the regular visits helped them to keep updated, and conscious of the need to adhere to safety procedures.

As far as other types of inspector were concerned views were much more muted. Many of the participants had not come across anyone with this type and role and, as one of the stakeholders pointed out:

'…some employers will work all their working lives and never receive a visit from HSE…' (Stakeholder)

5.4. Role of Education

Focus group participants felt strongly that the education system has a role to play in educating people so they develop a positive attitude towards health and safety in the workplace. Some felt that health and safety should be included on the school curriculum while others felt that it was more appropriate to include it on all vocational courses at further education colleges. Some provision would also need to be made for those who opt for university education.

While the introduction of health and safety education at school and/or into further education was not identified by stakeholders as a potential way of heightening awareness of health and safety, the need to educate foreign nationals in health and safety policies was proposed. One stakeholder, for example, felt that foreign nationals should be specifically targeted because of their ESOL needs which makes it difficult for them to take part in health and safety initiatives, but also to help them understand signs used on building sites, for example:

'We are working very closely with the local college to give foreign nationals basic skills courses, computer training and/or literacy and numeracy – one of the aims is to educate them to be able to read up on h&s in the workforce.'(Stakeholder)

In the final section we draw together the main themes emerging from the research and outline some of the key issues involved in the notion of increasing the involvement of employees in health and safety.

5.5. Examples of health and safety practice

The purpose of this research was to identify obstacles to worker involvement in health and safety and gather views on the types of incentives that might improve participation. While collecting this information, a number of the participants – employers, safety representatives and workers – gave examples of good practice which they felt promoted awareness of, and involvement in, the issue. This section outlines a number of the activities, grouped under the following broad headings:

- Training and induction
- Tailored communications
- General awareness raising
- Review and risk assessment

5.5.1. Training and Induction

Specific training and induction practices included:

- employers and workers from construction mentioned regular induction on health and safety for each new site;
- provision of training for the workforce: *'I took four of my lads onto a four day course on building [safety]'* (construction employer); other employers provided specific training in manual handling for instance;
- training for new staff: in one example, all new starters at a care home were sent to the Care Alliance, and trained in health and safety practices. In this case 66% of staff had an NVQ accreditation and staff were not allowed to do certain tasks until they had had the required safety training;
- training in risk assessments. In this example, training for staff in health and safety was carried out by going through, and completing, risk assessment sheets with them;
- refresher courses in health and safety every six months;
- provision of videos and manuals of desired practice – employees for this organisation had to carry a store card to show that they had watched/read, and sign them in and out with the card.

5.5.2 Tailored communications/involvement mechanisms

Examples of tailored communication and involvement methods included regular safety committee meeting, and communication of health and safety issues through team meetings. Where the best practice was operating, workers were both able to raise issues, and received feedback on them.

Other methods included various weekly events such as:

- weekly tool box talks, accompanied by a signed commitment to working safely for the following week. The same construction company then held sessions at the end of the week, and if jobs had gone well and safely, the team received a safety bonus;
- supervisors complete weekly 'events matrix' which lists issues, and then is forwarded to the safety representative and manager responsible for health and safety;
- safety meeting each Monday, which covers key points with regard to first-aiders, fire evacuations and so on;
- weekly meetings of all first-aiders to check on reports of hazards; and,
- twice weekly dissemination of 'bite sized' documents for staff, in the form of bullet points, so that issues can be raised in management meetings.

In two cases, rewards were provided for suggestions:

- in a retail outlet, staff were encouraged to complete reports on potential accidents, and the company 'rewarded' near misses by a £1 donation to charity;
- in another company, employees received £15 for providing three suggestions on health and safety in a suggestion box.

One of the construction employers noted that where staff were working on a sub-contract for another organisation, they always checked on the procedures in place and met with the health and safety manager/representative on site before starting work.

5.5.3 General awareness raising

Examples were provided of more general awareness raising on health and safety. This included practice such as encouraging employees to keep accident books up-to-date and the use of noticeboard displays of rights, responsibilities, and information on where to go for advice and help. It also included:

- provision of information on a helpline to the trade associations' health and safety officer/access to external advice from a local authority helpline;
- six monthly videos on the avoidance of accidents;
- half day courses and seminars aimed at changing attitudes (no information was gathered on how often these were held);
- use of ISO9002 for document management, which provides all documents with a review date;
- provision of monthly refreshers on the latest updates in health and safety legislation.

5.5.4 Review and risk assessment

A number of examples of activities around review and risk assessment were also mentioned:

- six-monthly use of a consultant to carry out risk assessments and review health and safety policy;
- improved practices after review of the working environment, for example, fire risks reduced by no longer leaving paper materials in hazardous areas;
- risk assessments for specific events, for example, one company put on public events, which involved fireworks, explosions, UV lights etc;
- daily safety checks – for about an hour each day – on whether staff were using the correct equipment, whether machinery was safe, and ensuring that COSSH files and accident are up-to-date.

In another example, retail staff were involved in monthly risk assessments of the stores. While this might represent good practice in terms of involving them in health and safety, the

participant providing the example felt that it was more a case of *'… them [the company] pushing the liability onto us.'*

6. Key Themes and Main Incentives to Involvement

The purpose of this research was to provide building blocks for the development of initiatives aimed at encouraging greater worker involvement in health and safety. HSE itself perceives greater worker involvement as the key to promoting healthier and safer working environments, and suggests that this can achieved by concentrating on the management of risk rather than trying to eliminate it altogether. The best people to do this are, therefore, managers and staff in organisations, through an organisational culture, which promotes involvement, and encourages workers to take a more proactive approach to the issues in their workplaces. Workers need, therefore, to be aware of the issues and be prepared to raise them without fear of the consequences. Employers must be prepared to commit time and resources to the issue in recognition of the long-term benefits of the reduction in risk.

The basis for the building blocks was provided by the initial discussion of awareness and understanding of health and safety, and the barriers to involvement. The research then moved to look at the incentives to involvement. In this final section we have drawn out the key themes influencing involvement, and some thoughts on the potential incentives to involvement.

6.1. Definition of, and attitudes to, health and safety

For the employees who took part in our research, health and safety was primarily about practical, tangible, safety issues, whereas for employers, it was about compliance, protection and prevention.

Stress and occupational health did not feature as major pre-occupations for this group of workers and employers. Instead, some of them were quite ambivalent as to whether stress, in particular, was a positive or negative force in the workplace. While the stakeholders we interviewed, and previous research carried out for HSE, identified stress as a major health issue, this research suggests that awareness of the full range of issues the HSE is now including as workplace concerns is very low. Few of the participants we spoke to were aware of the number of working days lost through ill-health, as opposed to accidents, as highlighted by the views of the few office workers involved in the research, who did not think health and safety was relevant to them.

Awareness of the roles and responsibilities of employers and employees can be described as ‘reasonably good’. Most of the employers or employees who took part in the research, accepted some degree of personal responsibility, but there was confusion over exactly where the boundaries were drawn. As a result, a number of the employees were fearful as to the consequences of their lack of knowledge and of their actions. Awareness of legislation, and of the role of HSE, occupational health and other types of inspection bodies was low among the participants in this research.

6.2. Barriers to involvement in health and safety

The primary issues creating barriers to involvement in health and safety were:

- Understanding and awareness of the issues
- Organisational culture
- Time and cost
- Organisational health and safety culture
- The location of information
- ‘Common sense’
- Age

Further details on the issues are:

- Understanding and awareness: for many, the issue was frighteningly complex and they found the legislation, regulations and requirements were all very difficult to understand. They (whether employer or employee, but especially employers) tended to receive too much information, which confused them further; information was often received late, and from more than one source.

- Organisational culture: some organisations were thought not to be interested in their staff, 'fear' was clearly still a factor, linked to job (in)security, and was particularly strong for those in unskilled work. 'Speaking up' was directly linked to the chance of losing a job. A number of the employees who took part in the focus groups described their reluctance to ‘speak up’ for fear of being perceived as a ‘troublemaker’ or ‘moaner’, as well as the fear of losing their job,

- Time and cost: employers and employees all believed that the implementation of health and safety was costly, in terms of both time and resources. This was a recurring theme for those working in or running relatively small businesses, where the time=money equation was very strong. Interestingly, employees in these instances drew a direct line between the amount of effort (as they perceived it) to introduce health and safety and the financial implications of doing so – it was always ‘too expensive’. Small businesses were, in effect, prepared to take risks to save costs. Few, if any, could see the business benefit of carrying out risk assessments and implementing better practices, both in terms of less lost time and of any gain to the business, such as increasing productivity through motivated and committed staff.

- Organisational health and safety culture: whether an organisation was driven by a 'macho' culture was another barrier to involvement, as was the way management approached employee communication more generally. An open approach, with regular team meetings, was more likely to promote involvement, than one where communication was written (or non-existent).

- The location of information: while information was complex, and there was too much of it, it was difficult to find for specific problems or working environments. Employers and

employees did not know where to go. Knowledge of the HSE helpline service was very limited among this group of people. Information was not tailored to specific trades or occupations.

- Health and safety as 'common sense': as a result of the common perception that health and safety was a matter of common sense, two barriers to involvement were created. First, employees with common sense took their awareness of good health and safety practice 'for granted'. For them, health and safety was not really an issue – they were the ones who would move the box or lift heavy weights correctly and use the appropriate equipment. However, this meant that they might be reluctant to take advice on their behaviour and not realise when their own practices could be improved. Second, those with common sense seemed to hold a view that those without it were impossible to train and/or encourage to change their behaviour. Instead these individuals had to be protected from themselves, or, ideally, not employed in the first place.

- Age: younger staff were generally felt to have more positive attitudes to health and safety than older staff, therefore, would be more likely to be involved, whereas older workers were regarded as 'set in their ways' and as not being interested in changing their approach to the issue.

Some of these barriers are relatively easily addressed, such as increasing awareness, knowledge and understanding of health and safety and improving the supply and type of information. Others are more difficult to resolve such as changes in organisational culture and philosophy and require a more sustained campaign and deliberate interventions. The next section highlights a number of incentives to involvement.

6.3. Incentives to involvement

Chapter Five includes much detail on the types of incentives the participants in the research suggested as ways of promoting involvement. Information on the attitudes and barriers to involvement clearly indicate that there are no easy answers. At the heart of any proposals for involvement rests cultural change, within organisations and within HSE itself. It will be necessary to:

- develop initiatives which work with, rather that against, the culture of particular trades and occupations, especially where this is 'macho'. While a number of participants suggested the development of 'name and shame' campaigns, or shock campaigns, the success of this type of advertising is not entirely proven, and can feed the attitude of 'it won't happen to me'. Financial incentives and other types of bonus schemes are likely to be far more successful. Employers and employees who took part in the focus groups placed great stress on the power of financial incentives for changing behaviour.

- Promote the current HSE development of case studies showing the business benefits of good practice and include examples of smaller, non-unionised organisations - assuming this is not already happening – and as many different types of business as possible. One

of the key issues is to find ways of convincing SMEs that the investment in health and safety practices will have significant returns for their business in the long term. One strong theme from the focus groups was the amount of irrelevant information on health and safety both employers and employees receive, which cannot be related to their circumstances and so can easily be ignored.

- Promote incentives such as accreditation, salary awards, progression or time-off for training to encourage involvement. Employees who might be interested in taking a more active role, perhaps as safety representatives, have a number of hurdles to overcome, not least the attitude of their peers and fitting in the responsibilities alongside their existing job. Financial incentives provide tangible recognition of the value being placed on the role, but smaller employers will also need to be convinced of the business benefits of such incentives (linked to the earlier point above).

- Improve communications and publicity for regulations and requirements, including the role of the HSE. The research suggests that perceptions of the HSE are limited to its role as an 'enforcer' and that consulting it is 'dangerous' as it has the power to close organisations down (which obviously makes small employers very wary of it). A number of the participants in the research also felt that the HSE was only interested in larger organisations, not small businesses. It was proposed that HSE should separate the roles of advice and enforcement and that HSE should target resources at trade associations and then at organisations that are not members of trade associations.

- That a fund be established for employers to draw on to support the development of employee involvement in health and safety. This is a sense is the logical development of the current Workplace Adviser Challenge Fund programme. Here HSE is funding the implementation of a number of direct interventions through WSAs, and led by partnership working between employers, employees and trade unions. Should it prove successful, one possible way forward could be the development of a joint employers and trade union fund, providing low cost – even free – health and safety advice and services.

ANNEX A METHODOLOGY

This annex provides details of the research methodology.

1. Overview of the Methodology

The methodology involved:

- 18 focus groups with employees, involving 156 participants;
- 30 interviews with employers and safety representatives;
- seven interviews with key stakeholders.

The interviews with employers and safety representatives and the focus groups were carried out in a mix of cities, towns and rural locations in the following areas:

- North East England
- North West England
- The Midlands
- London and the South East
- Scotland
- Wales

Table A.1 shows the distribution of respondents by region.

Table 1.1 Respondents by Region

Region	Employees	Employers and Safety Representatives
Scotland	25	4
Wales	29	6
North West England	30	6
North East England	24	6
Midlands	26	4
London and the South East	22	4
Total	156	30

2. Interviews with key stakeholders

Seven interviews were carried out with key stakeholders, including representatives of employers associations and of national trade unions. The team at HSE provided the names and contact details. Interviews were carried out both face-to-face and by telephone.

The purpose of the interviews with the stakeholders was to provide information on organisational policy toward employee involvement in health and safety, their perspectives on the key issues that prevent participation and on the methods used to encourage workers to make a greater contribution to securing a safer and healthier workplace.

3. Focus groups with employees

Participants for the focus groups were recruited by Plus 4, a specialist fieldwork recruitment agency. A screening questionnaire was administered, which used the following selection criteria:

- paid employment status: working full or part time;
- industry sector: health/social care, construction, retail, hospitality, other service sector;
- number of employees at workplace site: up to 50; 51-250. Workplace sites with more than 250 employees were excluded;
- workplace trade union recognition – participants were excluded if trade unions were recognised at their workplace site.

The recruitment criteria also included age, gender and ethnicity. The participants in the focus groups represented a wide range of ages, and a mix of men and women. It was more difficult to secure a range of ethnicity for two reasons. First, as we wanted to carry out fieldwork in a range of different locations, (geographical regions, cities, towns and rural areas), we reduced the likelihood of working in areas with a high proportion of people from different minority ethnic groups. Secondly, the recruiters noted that potential participants from minority ethnic backgrounds were more likely to turn down the invitation to take part in the focus groups. Some were simply not interested, others were suspicious of the reason for the group. Language was a barrier, as were cultural norms.

4. Safety representatives

The safety representatives were also recruited by Plus 4, according to the same geographical and employment criteria as the employees, but obviously ensuring that they were responsible for health and safety at work.

. Initially, our aim was to recruit employee representatives for health and safety who were not members of trade unions, nor working in organisations with recognised trade unions. This proved too difficult within the time available, so the rules were relaxed to include trade union safety representatives. A further adjustment occurred as a number of the employee representatives of safety turned out to be some sort of director or senior manager in their workplace, and were more appropriately treated as an employer.

Interviews were carried out both face-to-face and by telephone.

5. Employers

Employers were selected according to their role and the number of people they managed and directed, and by:

- industry sector: health/social care, construction, retail, hospitality, other service sector;
- total number of employees at workplace site: up to 50; 51-250. Workplace sites with more than 250 employees were excluded;

- workplace trade union recognition – employers were excluded if trade unions were recognised at their workplace site.

Interviews were carried out both face-to-face and by telephone.

6. Topic guides

The topic guides for the focus groups and the interviews with employers and safety representatives covered the same broad areas:

- Knowledge and definition of health and safety: what does health and safety include; what types of issues and problems are covered; knowledge of legislation; responsibilities of employers, employees and safety representatives; sources of help and advice; awareness and knowledge of HSE.

- Health and safety in the workplace: 'amount', priority and profile of health and safety issues; initiatives; existence of structures; effectiveness of initiatives and structures; level of involvement.

- Barriers to involvement: views on the barriers and the reasons for them; what prevents involvement;

- Ideas for encouraging involvement in health and safety at work.

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