



An evidence based evaluation of how best to secure compliance with health and safety law

Summary report

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An evidence based evaluation of how best to secure compliance with health and safety law

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This research builds on previous studies by delineating companies into discrete groups and mapping onto each type of organisation “levers” which influence compliance with health and safety law. It also acquires evidence about the likely degree of influence that each lever might have. It provides conclusions on the targeting of interventions and the potential role of new levers to motivate compliance with health and safety law.

This summary report is accompanied by a main report that presents the full results and discussion.

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Executive summary

The Revitalising Health and Safety (RHS) Action Plan incorporates many ideas suggested in consultation on how to achieve targets, such as fewer injuries. These ideas aim to build on the HSE's existing strategy of encouragement, persuasion, assistance and enforcement. Whilst past research has identified key drivers for health and safety there are examples of conflicting findings. Against a background of mixed and incomplete research findings, it is important to understand the interaction between motivational "levers" in order to:

- Understand how the influence of motivational factors co-vary and interact;
- Understand how the attitudes and behaviours of organisations vary according to their type, whilst also mapping out how other organisational characteristics / types vary as organisational attitudes to health and safety vary;
- Seek evidence of the importance of each factor and the case for "new levers".

Therefore, this research built on previous studies by delineating companies into discrete groups and mapping "levers" onto each type of organisation. We acquired evidence about the likely degree of influence that each lever might have.

After completing a literature review, thirty-nine exploratory discussions were run with employers and key stakeholders, such as the CBI and trade associations, selected from a representative range of sectors and sizes of organisations. Next, two different questionnaire based surveys were developed to assess what motivates organisations to comply with health and safety; one for employers and one for intermediaries. The content was the same apart from the addition of a separate section within the intermediary version, which was incorporated to establish their willingness to take a more active role.

The list of motivational factors remains largely unchanged from previous research, namely enforcement/regulation, reputational risk, the moral case, avoiding cost of accidents and business incentives. However, it is apparent that:

- The financial incentive provided by insurance premiums has grown;
- The fear of enforcement is intertwined with the fear of reputational damage as well as business disruption;
- There is also evidence that the moral case remains a driver, especially in SMEs where you may know or be related to your colleagues. In larger firms the moral case is expressed in terms of societal values, and;
- It is also clear that understanding and awareness remain key precursors.

It is clear that organisational attitudes and the influence of "levers" varies between organisations, primarily according to their size and sector. It is also apparent that a link can be made between the current attitude of organisations towards health and safety, their size/sector and their recommendation of new incentives for health and safety. This suggests that it is not

only possible, but also more effective, to match compliance tactics to the attitudes of the organisations, rather than adopt a “one size fits all approach”. The inference that can be drawn from this is that no single “lever” will be equally needed nor effective for all organisations.

These findings also support the notion of targeting interventions and communications according to the expressed attitude of organisations. This can be considered in the context of both national initiatives, such as media campaigns, and inspection tactics.

It is important not to dismiss relatively low rated ‘incentives’. It is legitimate to argue that the moderate rating assigned to some as yet untested incentives is actually strong evidence because (1) with greater awareness and experience they may offer potential and (2) the effect of more established incentives may have already been realised. Thus, whilst enforcement and the business case remain important, established incentives, other as yet untried incentives such as earned autonomy, adverse publicity, greater investor/worker pressure and restorative justice have scope for increased impact. Clearly, as these levers are relatively untested in the UK health and safety arena, the way in which they may operate and the actions needed to increase their influence require further research, piloting and evaluation. Insurance is a prime example of how the role of an incentive can change, as well as being a lever that the HSE could make more use of.

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1 BACKGROUND

The Revitalising Health and Safety (RHS) Action Plan incorporates many ideas suggested in consultation on how to achieve the high level RHS targets, e.g. fewer injuries, sickness absence and cases of ill-health. These ideas aim to build on the HSE's existing strategy of encouragement, persuasion, assistance and enforcement. Whilst past research has identified key drivers for health and safety, such as regulations, reputational risk and the moral case, there are examples of what at first appear to be conflicting findings, where for example:

- Studies alternately report reputational risk or regulatory compliance as the main drivers;
- Other studies report that employers are not driven by the business case to manage health and safety but nonetheless recommend that the business case is demonstrated in order to provide a "self-interest" for compliance;
- Some studies have suggested that enforcement has a specific deterrence effect on the firm acted upon, but that enforcement does not have an industry wide (general deterrence) impact.

Also, whilst previous reviews have indicated that many employers are motivated by the need to comply with regulations and the prospect of enforcement action, it was unclear what underlay the perceived need to comply and avoid enforcement.

The differences in research findings may arise for a number of reasons. It is possible that:

- The importance of various factors has changed over time due to changes in socio-economic and regulatory processes;
- Some factors are intertwined;
- The influence of various factors varies according to the type of organisation.

A number of researchers have applied decision-making models to compliance behaviour, for example Fearne et al (2004). A central tenet of rationalisation is that organisations will act in their self-interest where the internal benefits outweigh the costs of action. The level of compliance will be in proportion to the perceived balance of costs and benefits to the organisation. Where the costs of inaction are external to the organisation, regulation is required to ensure that the organisation benefiting from the activity that creates the external costs manages those risks in a proportionate and effective way. In this situation with regulation "transferring" costs, the level of compliance would be in proportion to the perceived balance of internal costs and external benefits accruing as a result of the regulation.

Such economic rationalisation provides a classic justification for regulating health and safety, rather than relying on economic self-interest, where the costs of poor health and safety performance are borne outwith the organisation that creates the risk and benefits from the activities that create the risk.

It is possible to interpret many of the findings of previous research into employer behaviour in these terms. Many studies have indicated that employers' compliance behaviour is influenced by the perception that the regulations address a real risk and that there are moral and ethical reasons to manage health and safety. It is possible to suggest that employers are, either consciously or implicitly, recognising that regulations exist to ensure that they do not "profit" at others expense. Indeed, many studies have indicated that whilst few firms quantify the costs of compliance and many do not believe there are tangible financial benefits of compliance, they nonetheless regard the costs and benefits of compliance to be reasonable. These paradoxical findings may well reflect the recognition that the costs are borne by organisations and the benefits are borne by wider society. Following on from this line of reasoning, it is essential for the regulator to demonstrate the mandated duties are justified by the level of harm posed by the regulated activities and that the mandated duties are proportionate to the risk and effective.

However, it is possible to interpret these findings in another light. That is, it is possible to argue that, if the costs are currently external to the organisation, one way forward would be to transfer some or all of these costs into the organisation that creates the risk. Indeed, there are examples of this strategy being explicitly pursued, such as with the reform of the United States workers' compensation system in the 1970's. Hence it is perhaps unsurprising that the research in some countries has indicated that organisations bear a higher proportion of the costs of injury and ill-health, and that these internalised costs play a greater role in employers' behaviour.

Following on from this line of reasoning, it could be argued that the UK, where costs of injury and ill-health have traditionally been external to organisations, should seek ways of transferring them to organisations. Indeed, recent UK research can be interpreted as indicating that there has been some movement in this direction already. First, the very recent increases in employers' liability insurance premiums have increased employers' concern for health and safety and led to action to make improvements. Subsequent to the price rises in 2002-2003, the review of evidence for the HSE Strategy (Wright, Marsden and Antonelli, 2004) concluded that with the increased cost of insurance that some organisations are starting to respond to insurance premiums by trying to improve health and safety. This finding suggests that the cost of insurance, and hence the prospect of discounts, has the potential to become a particularly effective incentive for SMEs.

It is also possible to see at least two other emerging developments. First, there is some evidence that supply chain pressure has created an "internal" driver for health and safety in some sectors. That is, where clients and customers place demands on suppliers/contractors to meet certain health and safety standards, this has the effect of "internalising" the cost of poor health and safety, i.e. organisations risk the loss of trade if they display poor health and safety.

Also, in the event of poor health and safety performance the organisation incurs "internalised" costs in the form of loss of brand value, for example. There is a large body of research in the UK that indicates organisations are prompted to manage health and safety to avoid the reputational damage of incidents, as summarised in Wright et al 2004. In the context of the economic model of behaviour, reputational damage (arising from health and safety incidents or enforcement) is a way in which external costs are internalised, through loss of brand value. In this sense, enforcement may also play a role in internalising costs if it causes reputational damage.

Following on from this line of thinking, it is important to publicize enforcement actions to ensure its role in internalising costs is maximised. This may have the effect of increasing other organisations' perception of the possibility of reputational damage, and hence have a deterrent effect beyond the enforced organisation. Such publicity is also needed for the enforcement to be known, such as publicity via mass media, and hence for it to create reputation damage. For this to be achieved, the enforcement action needs to be perceived by wider society (or at least customers) as an indication of unethical behaviour by the organisation, or in some way create a loss of brand value. If stakeholders perceive the enforcement to be disproportionate or unjust, such enforcement is less likely to create reputational damage.

Indeed, there has been a body of research summarised and reviewed by Yeung (Yeung, 2002) on the role of adverse publicity in securing regulatory compliance. This work has been awarded greater interest in Australia recently due to the introduction of Adverse Publicity Orders. Similarly, the OECD (2001) refers to the effect of negative publicity and the associated loss of corporate prestige. The conclusions of their work support the idea of better publicising the outcome of enforcement action. Braithwaite has elaborated this idea into the concept of "re-integrative non-shaming" (quoted by Yeung) defined as:

"shaming which is followed by efforts to reintegrate the offender back to the community of law-abiding or respectable citizens through words or gestures of forgiveness or ceremonies to decertify the offender as deviant" (p16)

This may take the form of publicizing corporate reforms and acknowledging offenders to complete certain restorative actions.

However, even where the costs of injury and ill-health are internalised, this does not necessarily lead to a proportionate response. There is evidence that compliance, and general organisational commitment to health and safety, is highly influenced by awareness and perception of risks. In the context of the economic model of behaviour, the perceived affordability and benefits of compliance are important variables. It is possible to explain the role of these factors in terms of "imperfect knowledge" and perceptual bias. If an organisation is unaware of the full risk or costs of harm, internal or external to the organisation, arising from an activity or hazard, the rational decision is more likely to be against taking preventive measures. Similarly, if the cost and practicality of preventing a risk are overestimated, this may again sway an organisation against preventative action on the grounds that it is not proportionate to the risk.

The relevance of this to health and safety behaviour is indicated by many research studies. First, there is some evidence from previous research to suggest that employers are sensitive to the "affordability" of health and safety management. That is, they appear to judge the "reasonableness" of health and safety in terms of whether the costs of compliance are in proportion to the seriousness of the risk and whether the health and safety controls are affordable in absolute terms. Highlighting the costs of injury and ill-health to the employer is important, in so far that it helps to offset some of employers' direct compliance costs, and hence makes compliance more affordable. These "costs" can include intangible elements, such as reputational damage, industrial relations problems and loss of customers.

In addition, there is a large body of evidence that indicates that awareness of a risk is often a pre-requisite to taking action, and that media attention about a "new" (or newly recognised hazard) such as stress can lead to an increase in preventive actions. A series of HSE projects

have indicated that raising employers' awareness of hazards and how to control them is an essential pre-requisite for compliance. This is particularly so in the case of SMEs which tend to lack in-house health and safety specialists. There is also evidence that the presence of health and safety specialists in an organisation is associated with higher levels of awareness and action.

Following on from this line of thinking it is reasonable to suggest that it is essential to ensure organisations have a valid and accurate understanding of the risks posed by an activity or hazard, the costs and practicality of risk management, and the internal benefits of compliance. Recognition of the information needs of firms and the difficulty that is reported in accessing some firms leads to the notion of "relationship" building as well as drawing on concepts of public information campaigns and marketing.

At the same time, education and awareness-raising is important, in the context of enforcement, in order to:

- Demonstrate the fairness of the regulation and its proportionality, and;
- Enable organisations to manage the risk by raising awareness of suitable and effective risk controls.

These, and other concerns about how best to raise awareness and advise firms, have led to the suggestion that the HSE needs to work with other stakeholders to reach employers, especially SMEs, as well as set up an advisory service that is seen as independent of the enforcement side of the HSE.

As the time and cost involved in understanding regulations and planning actions is part of the compliance cost, this raises the issue of the "transaction" cost aspect of compliance. The importance of this factor can be seen in the often-reported request from small firms, in particular, for specific guidance. This can be interpreted as a wish to minimize the cost of compliance. That is, smaller organisations, which typically lack in-house health and safety expertise, may incur (or at least perceive that they incur) a high cost if they have to interpret a "flexible" non-prescriptive regulation, and translate general requirements into the specific actions they need to take. The wish to reduce the cost of compliance is evidenced by the perception that it is easier, less time consuming and hence cheaper for a small firm to be presented with a simple set of requirements that are specific to their business, and which hence require no interpretation.

Similarly, it is also possible to interpret the expressed desire (from employers) for advisory site visits from inspectors in economic terms. Such visits are desired on the presumption that they will lead to specific advice on how to manage risks posed by the organisations own activities. Such advice, being specific, would entail little interpretation cost by the employer, and would avoid unnecessary or inappropriate (and hence wasteful) actions.

A number of options for reducing compliance costs have been suggested by employers. The first and simplest idea has been to simplify and/or reduce the level of regulation. Other suggestions include:

- Reward good performance through "Earned autonomy" and / or "targeted inspection", wherein good firms are the subject of less inspection;

- Create sector specific standards, which require less interpretation and hence lower compliance costs, and;
- Provision of tax incentives for health and safety expenditures, or grants for small firms.

However, there is some evidence that even where the compliance costs are outweighed by the benefits, this may not lead to proportionate action. First, employers may not be economic optimisers of profit. Some organisations, such as public sector organisations may lack a true profit optimisation philosophy. Also, if the costs of poor performance (and the benefits of improvements) are held centrally within an organisation, there is evidence of the economic self-interest being diluted, i.e. if your department fails to benefit from improvement local management will lack self-interest. On the other hand, profit motive may not lead to proportionate action. If other lines of business development offer a better return on investment (of time and money), such as increasing profit through greater sales rather than greater productivity, employers may focus their efforts on alternative ways of profit maximisation. Finally, if an organisation believes it can pass on the costs of harm, such as by increasing product costs or reducing costs of suppliers, recognition of the internal costs of poor performance may not provide an economic incentive to improve health and safety performance.

Thus, this line of thinking would argue for (1) ensuring organisations have a correct understanding of the costs and benefits of compliance, (2) costs are internalised in the organisation where possible and (3) regulation is applied where cost internalisation is not possible or where an imperfect market exists.

Inter-company variations

Previous research (Wright 1998) has indicated that the manifestation of these factors varies between companies according to their size, hazard profile, market position, safety record and other organisational characteristics. For example, SMEs tend to be less aware of hazards and less able to manage them than large firms. There may also be inter-sector variations and sector specific factors. If the question is asked how the models of organisational behaviour may operate across organisations of different sizes and sectors it is possible to hypothesise, on the basis of previous research, differences in attitudes and behaviour. For example, small firms, that commonly report lower levels of health and safety expertise and knowledge, may be predicted as operating with an imperfect perception of hazards and how best to control them.

Aims of this study

Against the background of mixed and incomplete research findings, it is important to understand the interaction between motivational “levers” in order to:

- Understand how the influence of motivational factors co-vary and interact;
- Understand how the attitudes and behaviours of organisations vary according to their type, whilst also mapping out the dimensions along which organisational attitudes to health and safety vary;
- Seek evidence of the importance of each factor and the case for “new levers”.

Therefore, this research aimed to build on previous studies by delineating companies into discrete groups and mapping “levers” onto each type of organisation. We also aimed to acquire evidence about the likely degree of influence that each lever might have.

2 MAIN FINDINGS

2.1.1 Work done

Thirty-nine exploratory discussions were run with employers and key stakeholders, such as the CBI and trade associations, selected from a representative range of sectors and sizes of organisations. Next, two different questionnaire based surveys were developed to assess what motivates organisations to comply with health and safety: one for employers, and; one for intermediaries. The content was the same apart from the addition of a separate section within the intermediary version, which was incorporated to establish their willingness to take a more active role. After piloting the survey was issued to 14,682 organisations (13,682 employees and 1,000 intermediaries).

The response rate for employers was 12.5% overall, i.e. 1,746 respondents from 13,682. The responses from large, small and medium sized organisations are consistent with the proportion of employees working in such organisations in the UK. The majority of micro and small respondents were general managers. Respondents for medium sized organisations are a mix of general managers and health and safety staff. Respondents from large and very large organisations were mostly health and safety staff.

2.2 EMPLOYER ATTITUDES TO HEALTH AND SAFETY

2.2.1 Motivational factors

The list of motivational factors remains largely unchanged from previous research, namely enforcement/regulation, reputational risk, the moral case, avoiding cost of accidents and business incentives. However, it is apparent that from the exploratory discussions and questionnaire survey that:

- The financial incentive provided by insurance premiums has grown;
- The fear of enforcement is intertwined with the fear of reputational damage as well as business disruption;
- There is also evidence that the moral case remains a driver, especially in SMEs where you may know or be related to your colleagues. In larger firms the moral case is expressed in terms of societal values, and;
- It is also clear that understanding and awareness remain key precursors to action.

The importance of reputation and the perceived risk of reputational damage are influenced by factors such as whether you a high street name, do you have long term relationships with clients and do customers demand or expect good health and safety?

The questionnaire survey found that there is a high degree of commonality in respondents' answer across the 10 motivational factors. That is, respondents tend to rate them (reputational risk, enforcement, cost of accident, moral case etc) at the same level. This suggests that respondents view their organisation as either being motivated by these types of factors, or not, with little discrimination between the motivators.

The exceptions are:

- Loss of investment or bank loans – which is the lowest ranked motivator;
- The need to satisfy trade unions or employee expectations – second lowest average rating;
- The need to satisfy customer health and safety demands / insurance demands – third lowest average rating.

The other motivators have an average rating close to or greater than 7 out of 10.

As regards the impact of a serious health and safety incident, it is apparent from the survey that the top three impacts, rated as “**possible**” are:

- Reputational damage;
- An increase in insurance costs, and;
- A criminal prosecution.

Larger organisations tend to give these impacts a higher possibility.

On average, survey respondents regard:

- Loss of investment, a strike or bankruptcy as **unlikely**.
- Respondents are **unsure** about the possibility of loss of key staff; Loss of sales; Recruitment difficulties and the cost of putting health and safety right.

Thus, respondents regard the reputational impact of incidents to be more likely, but do not think that a serious incident would bankrupt the business.

It is also possible to highlight that, on a scale where 1 = No risk and 4 = High risk;

- The average risk rating for all types of health and safety risks (including risks from fire, food poisoning, major hazards etc.) is just above “low” (2.2);
- The risk of fire, staff injury, work related road traffic accident and customer injury get the highest risk ratings (between low and medium) when averaged across all sectors;
- The highest risk rating for staff injury is 3 (medium) for extraction sector.

Thus, it is apparent that, on average, respondents perceive the risk to the organisation as low to medium.

2.2.2 Inhibitors

In most cases, organisations of all sizes have a common or similar view of the factors that inhibit making health and safety improvements. The three inhibitors most commonly cited by the survey are:

- Other business demands dominate management time (53%);
- The number and complexity of regulations (50%), and;
- The cost and affordability of making improvements (49%).

The cost and affordability of making improvements and other business demands are rated equally by all sizes of organisations, whilst smaller organisations are more likely to rate complexity of regulations as an inhibitor.

Whilst only a third of survey respondents cite organisational culture as an inhibitor, this rises from 18% of micro organisations to 42% of very large organisations, suggesting that organisational culture is a particular issue for larger organisations. The perception that lack of concern amongst employees for their own safety is shared by respondents from all sizes of organisations (43%).

Whilst the lack of health and safety expertise is more commonly cited by smaller organisations, a small minority (15%) of all respondents cite lack of expertise as a reason for inhibiting health and safety improvements. Other inhibitors cited were: low probability of inspection and belief that the risk posed by health and safety is low (20%).

The exploratory discussions and the main survey found that few respondents say that a business case is required for compliance with regulations. On the other hand, there remains a perception amongst some employers that health and safety is only a burden, especially in SMEs that cannot see the benefits. It is clear from the exploratory discussions that a business case is required for anything that goes beyond compliance. However, there is little evidence that organisations develop costed business cases.

2.3 EMPLOYERS VIEW OF HOW TO IMPROVE HEALTH AND SAFETY PERFORMANCE

2.3.1 Overview

It is clear that:

- Advice and business incentives are highest ranked, followed by sector specific partnerships;
- The HSE is by far the most preferred source of advice, followed by trade associations and insurance companies and IOSH;
- The top ranked incentive is “evidence that good health and safety improves productivity”, followed by grants for health and safety;
- Respondents rank more advisory visits as the best way of increasing the impact of enforcement, closely followed by simpler regulations/ fairer enforcement / personal fines for directors / more inspections / British Standard for health and safety recognised by the HSE;

- Respondents cite newspaper reports covering serious incidents and requirement to advise customers of incidents as the best way of increasing risk of reputational damage, followed by a requirement to report health and safety in company reports.
- The top ranked way of encouraging rehabilitation is reported to be “A legal requirement that employers provide rehabilitation to people injured or made ill by work”, followed by more low cost occupational health and rehabilitation support.

Although reputational damage is found to be the greatest risk to business posed by health and safety, action to increase the possibility of reputational damage is the lowest rank new incentive. More enforcement is the second lowest (out of five) ranked new incentives.

Most of the remaining options receive a reasonable ranking, suggesting a wide range of options are available.

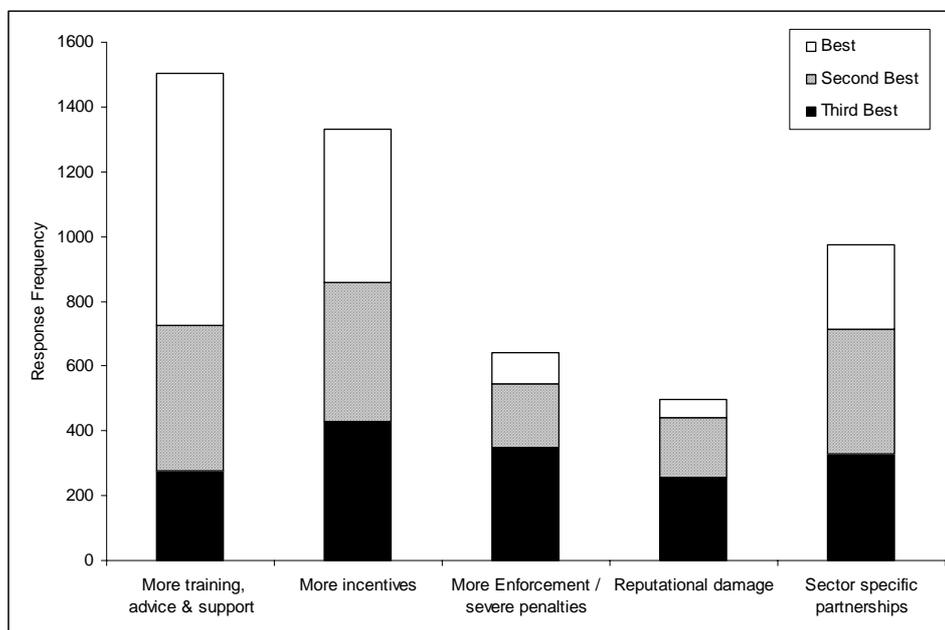


Figure 1: Best ways of encouraging compliance

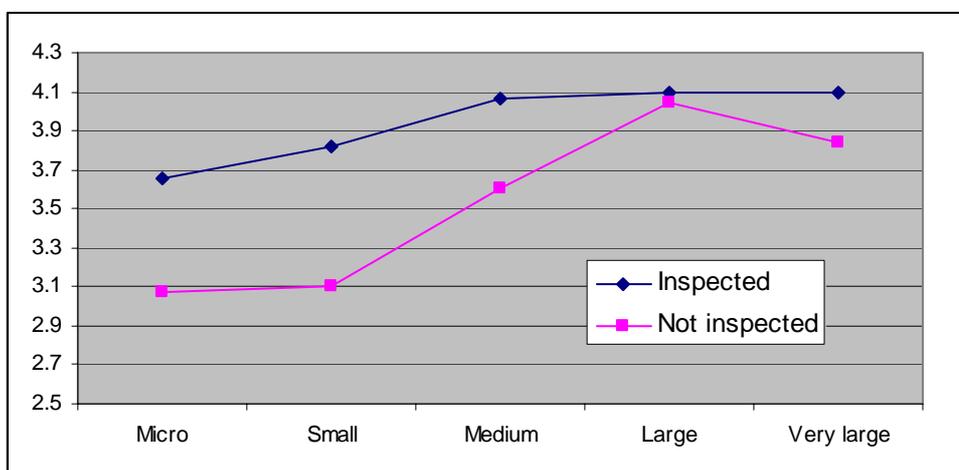
2.3.2 Advice and guidance: the role of the HSE

It is apparent that, for all sizes of, organisations that have been inspected by the HSE or EHO in the past three years:

- Are more likely to agree that they have a good relationship with the HSE/EHO and that the HSE/EHO give good advice, and;
- Are less likely to agree that they do not want to come to the attention of the HSE/EHO.

As per Figure 2, it is apparent that the impact of inspection on the quality of the relationship with the HSE/EHO is greater for micro and small organisations than larger ones.

Figure 2: Impact of inspection on whether employer has good relationship with HSE/EHO (1 = strongly disagree, 5 = strongly agree)



Thus, whilst some respondents express reticence about approaching the HSE and the majority do not want to “come to the attention of the regulator”, the HSE remains the favoured source of advice for the majority of respondents, including those that have recently been inspected. Moreover, organisations that have been inspected are more likely to agree that they have a good relationship with the HSE/EHO and get good advice from them. Combining these findings with the ranking of more advice as the best way of increasing compliance and the provision of more advisory inspections, provides strong support for a continued HSE role in providing advice and guidance as part of the inspection process and more generally. This finding is consistent with the majority of previous research, which has also reported a preference amongst most employers for the HSE to provide advice.

It also suggests that the “fear” of the HSE may be more prominent amongst organisations that have not had contact with the HSE. This can be interpreted in a number of ways. It can be suggested that the HSE needs to reach out to organisations they do not normally have contact with and re-assure them. The alternative interpretation is that a separate or “virtually” separate body or intermediaries are needed to form a relationship those organisations not normally reached by the HSE/ EHOs.

2.3.3 Advice and guidance: the role of intermediaries

Whilst the HSE remains the most favoured single source of advice and guidance there is a reasonable body of findings to suggest trade associations/professional bodies are also important sources. In particular organisations who see health and safety to be a burden and believe they have scope for improvement in health and safety are more likely to rank trade associations and Business Link as the best candidate for advice, suggesting that working with intermediaries is of particular value for the “unconvinced” organisations. In addition, survey respondents report that:

- Trade associations and professional bodies are the second best source of advice and guidance for health and safety;
- Organisations whose associations are active in promoting health and safety display more positive attitudes to health and safety;
- About two thirds of respondents rate their association as effective in promoting health and safety;
- Two thirds of intermediaries rate themselves as active in promoting health and safety, effective at doing so and willing to work with the HSE;
- Intermediaries gauge that either the majority or a half of organisations in their sector are members of trade associations;
- Associations tend to be medium or large and employ health and safety specialists;
- There are numerous associations representing a very large number of specialist sector and professions. Respondents cited 692 different trade associations. Those associations that received 10 or more citations accounted for 409 out of 1466 citations.
- The level of health and safety activity by intermediaries and willingness to work with the HSE varies by sector;
- The characteristics of intermediaries and employers along with their ranking of new incentives are similar.

The exploratory discussions also found that trade associations provide a worthwhile channel for communication, although they are best for sector specific issues, and the value of working with associations is sector specific. In cases where there is a fear of infringing anti competition rules, trade associations are an essential vehicle for communication between organisations. It is clear that some associations are highly and actively engaged in promoting health and safety, and that some associations are highly influential. However, the effectiveness of trade associations, and the ability to disseminate news throughout a sector, varies according to the size and diversity of a sector. It was also reported from the exploratory discussions that:

- The level of interest in networking depends in part of the perceived importance of health and safety, which in turn is influenced by the occurrence of events, such as fatalities and poor image.
- Sometimes there are two or three associations representing a single trade. Hence it may be necessary to work with a variety of associations, and hence incur more liaison than if there was a single association.
- Within sectors where large organisations predominate, the associations tend to count a higher proportion of the sector amongst their members compared to other sectors, thereby easing the task of reaching employers.

- Whilst there is a high degree of homogeneity in some sectors, such as craft bakers, other sectors and hence the members of trade associations, are more diverse, even within a sub-sector such as woodworking.
- It is also apparent that many trade associations tend to focus in on the sector specific health and safety issues, such as assault in the case of retail and contractors in the case of storage distribution.

On balance, it is concluded that there are many opportunities for working with, and via, trade associations and professional bodies, especially given the need to reach out to organisations that have not had prior contact with the HSE/EHO, although this does vary by sector and association. Whilst working with all such bodies (over 1000) may pose a resource challenge in its own right, the existence of such bodies in so many sectors, their expressed willingness and possession of health and safety staff suggests they could work with where the need arises.

2.3.4 The business case for health and safety

It is common for respondents from all sizes of organisations to perceive that:

- Damage to their reputation could cause them to lose business (86% agree or strongly agree) and it is necessary to comply with regulations to protect our reputation (82%);
- Health and safety is a big risk to the business if they get it wrong (83% agree or strongly agree);
- Health and safety is important for staff productivity and morale (90% agree or strongly agree);
- They are as good at health and safety as most organisations in their sector (82%);
- Very few (12%) organisations always require a fully costed business plan to make health and safety improvements;
- Only 22% consider the costs and benefits of health and safety to wider society, such as the burden on the NHS and state benefits.

Thus, it is apparent that whilst respondents do not appear to fully consider the costs and benefits of health and safety, they appear “convinced” of the business case in respect of productivity and business impact (especially on reputation). The former finding is consistent with a number of other recent surveys. For example, a MORI survey of 500 organisations and 3000 workers/non-workers found that 73% of employers believe health and safety requirements benefit their business as a whole, with 64% saying they save money in the long term and only 14% viewing HEALTH AND SAFETY as an obstacle to their business (reported in Safety and Health Practitioner, June 2004).

This does suggest that employers, on the whole, recognise business benefits of health and safety. It is also apparent from our study that;

- (1) reputational risk is one of the most clearly recognised drivers for managing health and safety and (2) that employers believe a serious health and safety incident and/or enforcement can cause reputational damage.
- Both insurance costs and supply chain pressures are common drivers for health and safety, especially amongst medium and large organisations if less so amongst small and micro organisations.

The former finding goes some way to explaining the apparently conflicting results of some previous studies that have alternately ranked reputational risk and enforcement (or regulatory compliance) as the top reason for managing health and safety. It appears that they are closely linked and that part of employers' "fear" of enforcement comprises the possible reputational damage it causes.

Further increasing reputation risk

The finding that reputational risk is clearly very influential can be contrasted with the finding that "increasing the risk of reputational damage" receives the lowest ranking as a way of improving compliance. On the one hand it can be argued that this is a strong motivator, and hence should be maximised. On the other hand, it can be argued that this driver is already operating effectively, and hence only needs to be maintained rather than increased.

Whilst respondents do not generally recommend increasing reputational risk, it is reported that the best way of doing so is to increase the level of media attention to incidents/enforcement. The finding that the majority of organisations report "checking their house is in order" if they hear of an incident, supports the case for publicizing incidents. Moreover, our exploratory interviews found that employers feel they rarely hear about incidents and that there is significant scope for publicizing them. For such news to have an impact, it is suggested that the audience needs to "identify" with the organisation that has had the incident (in respect of size, sector, type of business etc), and that enough information is provided on the cause of the incident for the audience to understand if it could happen to them.

Whilst larger organisations are relatively more likely to recommend requiring health and safety performance to be reported in annual accounts, this is a generally less favoured option.

The exploratory discussions also reported that there is significant scope for a higher level of promotion of incidents and enforcement events for the purpose of propagating the impact of incidents and enforcement to other organisations. It is also apparent that there is significant scope for improving the extent of networking about health and safety, and that such networking would be influential. Many respondents felt that they have to look for such information and that they would prefer the news to be more sector specific. Within this, it is important that the news is sufficiently detailed for the reader to work out if the event applies to them, and for them to identify with the event.

In general, respondents in the exploratory discussions felt that the HSE could raise the profile of incidents far more, specifically that the HSE could and should:

- Advertise incidents more;
- Provide more sector specific news, and;

- Provide sufficient information for the reader to identify with the incident.

Further promotion of the business case

The same contrast is not apparent with the “business case”. Whilst the vast majority of respondents already agree that health and safety is important for productivity, further evidence that ‘good health and safety’ improves productivity is cited as the best business incentive. When combined with the finding that almost half of the respondents report other business demands and cost / affordability inhibit making health and safety improvement, it is apparent that demonstrating the business case remains important. Given that few respondents appear to consider the wider societal costs and benefits of health and safety, it is probable that the “business case” needs to focus on the employers’ direct costs and benefits. This should not be interpreted to mean that fully costed business cases are needed, as few respondents report requiring these.

A growing role of insurance

It has also been found here that insurance plays a greater role than reported in some earlier (1990’s) studies. Many respondents report that employers’ liability insurance costs them a lot and that insurers seek evidence from them that health and safety law is complied with, especially larger organisations. Meeting insurance demands is also cited as a motivator for improving health and safety. This is consistent with the most recent study of employers’ view of employers’ liability insurance, completed after the 2002+ increases in Employers Liability Compulsory Insurance premiums. Thus, it appears from the evidence available that the cost of insurance has become an important motivator for health and safety. Indeed, the achievement of a closer link between health and safety performance and the cost of insurance is cited as an effective way of providing business incentives for health and safety.

Other drivers

There are a number of potential drivers and incentives for health and safety that received relatively low ratings in this survey, namely:

- The relatively low ranking assigned to the *potential loss of investment, customer and trade union demands* is matched by a relatively low rating of the possibility of strikes, loss of sales and investment in the event of a serious health and safety incident.

This can be interpreted in at least two ways:

- First, it can be interpreted that these are relatively weak motivators for health and safety, and hence do not offer much potential as new “levers” for securing compliance.
- It can equally be argued that as these drivers are currently ranked low, there is potential for increasing their role as levers by, for example, encouraging institutional investors to take account of health and safety in their investment portfolios.

As regards the role of trade unions, it is important to note that trade union representation amongst private sector firms is low (about 20%), and even less amongst SMEs. Thus, the low rating assigned the role of trade unions in motivating health and safety change may simply reflect their representation in the private sector. It may also reflect the point that whilst previous

research has shown that worker involvement is an essential and valuable aspect of safety improvement, helping to identify improvements and facilitate their achievement, there are fewer examples from previous research of “internal” stakeholders acting as the main motivational driver for health and safety improvements. This has parallels with the role of advice and guidance, which may help organisations recognise they have hazards and risks (a pre-requisite for wanting to take action) and helps them understand how best to manage them, but awareness alone may not always provide a motivation to take action.

2.3.5 Enforcement

It is clear from the main survey that enforcement is a significant driver for health and safety. It is common for respondents from all sizes of organisations to perceive that:

- They check their “house is in order” if they hear of a prosecution or notice in a similar organisation (80%), although only 12% of respondents are familiar with the HSE’s Offenders Database;
- Enforcement action would be greatly disruptive (68%) and 64% do not want to come to the attention of the health and safety regulator;
- Only 15% think there is a real possibility of enforcement action against them whilst almost half are worried by the cost of fines and think enforcement would force health and safety up their list of priorities or do something they otherwise would not do;
- A minority of small but a slight majority of larger organisations think enforcement would have a long term effect on the willingness of directors to improve health and safety;
- There is a split opinion on whether they are more likely to act on advice from the regulator because they have enforcement power, with 45% saying that they are more likely to act.

This study provides some indication on how it operates and whether it has a consistent effect across organisations. First, as noted above, enforcement is obviously linked to the risk of reputation damage and feared for the potential business disruption it can cause. News of enforcement can also have a “ripple effect” on other organisations that hear of it.

However, whilst organisations are prompted by the prospect of enforcement, the exploratory discussions suggested that the perception of the low likelihood of enforcement mutes this driver, especially in ‘low risk’ sectors. On the other hand, the exploratory discussions indicated that some sectors and individual firms remain enforcement driven, and require active enforcement to prompt improvement, including the NHS. In this respect, regulations are a driver. The influence of regulations is moderated by the perception of whether they are ‘applicable’ (i.e. do you have a significant risk) and are they effective. The impact and perception of enforcement varies, according to the exploratory discussions, depending on:

- Which risk is perceived to be the focus of enforcement (food, fire or occupational health and safety);
- The consistency and level of enforcement, and;

- The extent to which the enforcer is perceived as understanding the business.

Also, there is a split of opinion on whether enforcement has a lasting effect or whether it increases the priority awarded health and safety. The reasons for this split of opinion are not apparent from this study.

The respondents to the exploratory discussions distinguish between the HSE and local authority enforcement officers in respect of health and safety. There is a perception that local authorities are less consistent in their enforcement practices and the level of enforcement. In addition, it is perceived that local authorities focus on food safety. This may explain some of the inconsistencies in the research on the impact of enforcement. That is, the impact of enforcement may be related to whether this refers to the HSE or local authority enforced sectors.

The possible implication for new incentives is that:

- There is scope for increasing the general deterrence effect of enforcement by increasing the level of publicity awarded actions, especially given the low level of awareness of the Offenders Database and the apparent sensitivity of organisations to the reputational impact of enforcement – the concept of “adverse publicity” warrants consideration;
- There is value in increasing the perceived possibility of being the subject of enforcement, again as a means of increasing the general deterrence impact of enforcement.

Earned autonomy

Both the exploratory discussions and the survey offer support for providing a way for organisations to “earn autonomy”, through the operation of an accredited standard for health and safety. The idea has yet to be elaborated, but would involve the regulator giving credit to organisations (in an as yet unspecified way) that achieve an accredited health and safety standard (certificated by an organisation such as the BSI).

Restorative justice

“Restorative justice” is a very new, and as yet undebated, option for promoting health and safety in the UK. It has not been publicized. Hence, the finding that almost 20% of respondents recognise it as a potential new lever may suggest that, with further debate and consideration, this could be a truly new lever for health and safety. It can equally be argued that as restorative justice is currently ranked low, there is potential for increasing their role as levers by, for example, introducing restorative conditions in court judgements.

2.3.6 Encouraging rehabilitation

The mandation of rehabilitation and provision of low cost OH/rehabilitation support are the top ranked way of encouraging rehabilitation. Whilst a new regulation placing a duty of employers to provide rehabilitation to people injured or made ill by work is not being developed, one option is to encourage the inclusion of rehabilitation in court conditions.

The recommendation for low cost support is common to previous studies and reinforces the weight of this recommendation. However, it is also clear that other incentives also receive a

high ranking, specifically evidence of the business case for rehabilitation, linking rehabilitation performance to insurance costs, tax incentives, increasing awareness of rehabilitation and reducing compensation payments to employees who do not participate in rehabilitation. This does suggest that there are a number of valuable new ways of encouraging an increase in rehabilitation availability.

2.4 SEGMENTING EMPLOYERS & TARGETING INTERVENTIONS

2.4.1 Attitudes

A factor analysis condensed the 60 attitudinal questions down into a smaller set of “attitudinal factors” that can then be used to characterise respondents. The factors are listed in order of importance in Table 1. The authors of this report have paraphrased them. With three exceptions, the more that an organisation displays one of these attitudes the “better”. For example, organisations that display attitude 1 are more likely to believe that health and safety is important for their business. The three exceptions are attitudes 4, 8 and 13, which we characterise as being inhibited by cost to improve health and safety, seeing health and safety as a burden and believing enforcement has a negative impact on the business. The more organisations display these latter three attitudes, the less positive they are towards health and safety.

Table 1: Attitudinal factors identified by factor analysis

Attitudinal factor
1: Health and safety is important for business
2: Motivated to improve health and safety
3: Perceived impact of enforcement on priority awarded health and safety
4: Degree of inhibition to improve health and safety
5: Health and safety is driven by insurance
6: Importance of brand name
7: Perceived room for improvement
8: Health and safety perceived as a burden
9: Quality of relationship with health and safety regulator
10: Extent of customer / bank pressure to improve health and safety
11: Importance of reputation to the business
12: Extent of employee /insurer pressure to improve health and safety
13: Possible impact of enforcement on the business
14: Assessment of health and safety costs and benefits
15: Level of interaction between and similarity of organisations

2.4.2 Association of attitudes with preferred ways of improving health and safety

Next we wanted to examine the link between organisational attitudes, recommended ways of improving health and safety and organisational characteristics, such as their size and sector.

Care must be taken in the interpretation of the associations between (say) an attitude and the ranking assigned a new incentive. The association may indicate that organisations displaying one particular attitude may be more likely to prefer a certain incentive. However, this would be “relative” to other organisations. For example, organisations that believe health and safety is important for their business are more likely than other organisations to rank evidence of the business case as an effective incentive. Notwithstanding this, the single most preferred incentive

across all respondents remains “more advice and support”. Thus, the associations reveal cases where one type of organisation is relatively more likely than another to prefer an incentive, rather than indicating an absolute preference.

2.4.3 Ways of segmenting organisations and targeting interventions

It is also clear that organisational attitudes and the influence of “levers” varies between organisations, primarily according to their size and sector. It is also apparent that a link can be made between the current attitude of organisations towards health and safety, their size/sector and their recommendation of new incentives for health and safety. This suggests that it is not only possible, but also more effective, to match compliance tactics to the attitudes of the organisations, rather than adopt a “one size fits all approach”. The inference that can be drawn from this is that no single “lever” will be equally needed nor effective for all organisations.

Sector based segmentation

Whilst something of a simplification, it is apparent that some sectors are less likely to display positive attitudes to health and safety, whilst others are broadly neutral and others are more likely to display positive attitude to health and safety. Care must be taken in characterising sectors because:

- Whilst some sectors display few ‘positive’ attitudes, they do for example value their reputation, such as financial services, suggesting that there is scope for applying “new levers” to them;
- Some sectors are difficult to characterise as ‘positive’ or ‘negative’ due to a mix of positive and negative attitudes and/ or predominantly neutral attitudes;
- Whilst the display of attitudes varies across sectors, there is also great variation within sectors and the inter-sector variation is complex;
- Whilst some sectors can be categorised as “poor”, the variation within sectors is as great as it is between sectors.

This does suggest that sector segmentation cannot be applied in a literal manner. Nonetheless, it is noticeable that those sectors commonly regarded as “higher” risk tend to display more positive attitudes, such as construction and manufacturing, whilst sectors commonly regarded as “lower” risk do not, such as financial services. The sectors are characterised below.

Sectors with broadly positive attitudes – preferring persuasion or advice

- Construction;
- Manufacturing;
- Health;
- Personal services;
- Social services;
- Extraction;
- Utilities;
- Local government

Sectors tending to display less positive attitudes

- Agriculture;
- Retail;
- Repairs;
- Financial, professional and business to business services;
- Hotels and leisure;
- Catering.

Sectors difficult to characterise, as they are either neutral in their attitudes or mixed

- Central government;
- Education;
- Media;
- Charities;
- Emergency services;
- Telecoms;
- Transport.

Segmenting by size

On the other hand, larger organisations are more likely to display positive attitudes to health and safety and prefer persuasion and advice, as well as belong to active trade associations, network and attend courses. This does support the notion of segmenting small versus large organisation for the sake of targeting interventions

As the number of employees increases from micro to very large there is a tendency for the organisation to report the attitudes that we would believe would better predispose them to health and safety. Larger organisations are:

- More networked;
- More driven by insurance;
- Pressured by customers, wishing to be industry leaders and demanding of their suppliers;
- Perceive health and safety to be a critical risk, rate risk higher and do not see health and safety as a burden;
- Have more health and safety expertise, but perceive they have fewer significant risks;
- Understand health and safety penalties, and have a good relationship with the HSE/EHOs;
- Report that enforcement has a longer-term impact;
- Report having a brand name.

Thus, larger and more “informed” organisations rate the risk posed to the organisation as higher if still between low and medium.

Segmenting by expressed attitude

These findings also support the notion of targeting interventions and communications according to the expressed attitude of organisations. This can be considered in the context of both national initiatives, such as media campaigns, and inspection tactics. The attitudinal segmentation is stated below very briefly and expanded in Table 2:

- **Inspection tactics:** If as part of an inspection it is apparent that the organisation is “convinced” of the business case, they may be more receptive to the evidence that further improvement to health and safety are justified for business reasons and advice. The “unconvinced” could either be responded to by “persuasion” to try to convince them, or enforcement.
- **National initiatives:** National initiatives can be designed to address the sub-set of attitudes of those organisations that the intervention aims to change. For example, messages and materials can be matched to the attitudes (e.g. health and safety is a burden) of the target group.

The attitude-based segmentation is analogous to standard marketing and public education techniques, where the campaign message is designed to change *a priori* attitudes or beliefs.

Clearly there is no one simple division of organisations preferences for incentives according to their attitudes. However, it is reasonable to say that attitudes align with three main types of “levers” as follows:

- **Persuasion (and incentives)** for those who are influenced by the business case and / or have a good relationship with the regulator because they think **health and safety is important to be the business** either due to their brand or reputation, or because of a belief that a serious incident could cause a loss of investment, reputational damage, or because they believe insurance costs them a lot, insurers scrutinise their health and safety and take it into account when setting premiums;
- **Enforcement** of those who **have a negative view of health and safety**, either because they believe that cost (affordability), other demands on management or internal cultural problems may inhibit health and safety improvements or because they have scope for improvement;
- **Advice and support** for those who are already motivated or see health and safety only as a burden.

Organisations that believe health and safety is important (more likely to be larger) for the business report being influenced by the “business case” argument and recommend business incentives. Organisations that do not believe health and safety is important for business (more likely to be smaller) recommend more enforcement. This can be interpreted in two ways. First, a simple interpretation is that more enforcement should be sought for the latter “unconvinced” organisations, whilst the “convinced” can be persuaded.

On the other hand, it could be argued that the “unconvinced” organisations need to be persuaded of the business case in order to move them on from being enforcement driven, especially as this implies a reactive approach to health and safety that is governed by the level of enforcement achievable. Thus, care should be taken in assuming that an expressed preference for (say) enforcement should be taken to conclude that enforcement should be selected intervention. It is equally valid to argue that:

- If you wish to reduce reliance on enforcement, then you need to change organisations’ current attitude from one of inhibition (focusing on costs and other management demands) to one that sees the business value of health and safety;
- If you wish to maintain an organisation’s concern about the impact of a serious health and safety incident on reputation and the business, then you need to maintain the possibility of detection and enforcement arising from such incidents.

Clearly the application of this study’s findings to the selection of intervention strategies involved an element of policy led interpretation.

2.5 DISPARITIES IN THE PERCEPTION OF HEALTH AND SAFETY

It is possible to highlight some contrasts between respondents’ attitudes and common health and safety standpoints, as follows:

- The view, held by 67% of respondents, that any workplace that could have a fatal accident is a high-risk workplace even if the chance is low, can be contrasted with the “professional” view that risk is a product of probability and severity.
- The reported lack of consideration of the wider societal costs and benefits of health and safety stands in contrast to the importance commonly attached to these in the assessment (such as in Regulatory Impact Assessments) of health and safety regulations, and in assessments of the costs to the UK of work related injury and ill-health. In other words organisations do not take account of wider societal benefits and costs when considering health and safety compliance, unlike RIAs.

This indicates that the “communication” of the HSE’s safety case is important, specifically:

- There is a potential that risk based inspection is seen to be reactive and that the HSE is only interested when things go wrong;
- Organisations may not recognise the societal case for better health and safety upon which regulators justify regulations with the risk that they are more likely to consider them an unfair and unreasonable burden;
- There is a potential that post accident enforcement reinforces the perception that HSE is only concerned with retribution and not about prevention;
- This combines with the perception that any fatal hazard is high risk, to create the view that the HSE do not help firms prevent key risks and that their work is not proportionate to the risk.

3 CONCLUSIONS

The study conclusions are:

- A combination of advice / guidance, enforcement and persuasion of the business case are all important and complimentary elements of securing compliance;
- The key motivational factors are confirmed as the business case – especially reputational risk, enforcement and the moral dimension;
- There is a high degree of correspondence in the weight of these drivers, i.e. organisations tend to be motivated by these factors to the same level (or not), probably because the impact of such factors is intertwined;
- The need for education, advice and support remains as great as ever – as a precursor and enabler, with the HSE as the most preferred single source of advice and information;
- HSE should explore and maximise working with trade associations and trade unions to develop and disseminate sector specific news, advice and support;
- Whilst many organisations recommend more enforcement, this recommendation is skewed towards organisations that do not regard health and safety to be an important business issue, especially smaller organisations;
- Should there be a wish to move from an enforcement driven approach to compliance, to one where employers are motivated by the business case, it would be important to provide evidence of the productivity benefits of health and safety and to highlight the reputational risk of serious incidents;
- There remains a need to ensure enforcement is consistent in level and content across HSE and local authority enforced sectors.

It is important to avoid drawing a dismissive conclusion from the relatively low rating assigned to some of the potential new incentives. It is equally possible to argue that the moderate rating assigned to some as yet untested incentives is actually strong evidence because (1) with greater awareness and experience they offer potential and (2) the incentive effect of more established incentives has already been realised. Thus, whilst enforcement and the business case remain important, established incentives, other as yet tried incentives such as earned autonomy, adverse publicity, greater investor/worker pressure and restorative justice have scope for increased impact. Clearly, as these levers are relatively untested in the UK health and safety arena, the way in which they may operate and the actions needed to increase their influence requires further research, piloting and evaluation. Insurance is a prime example of how the role of an incentive can change, as well as being a lever that the HSE could make more use.

In addition, whilst employers do not recommend an increase in reputational risk, it is clear that there is scope for increasing the level of media attention and awareness of serious incidents. Hence, it is reasonable to suggest that the HSC/HSE should explore the motivational role of

these as yet underdeveloped “levers”. The HSE approach to “advertising”, and hence magnifying the impact of enforcement and news of incidents, should be reviewed as this probably presents an opportunity.

It is apparent that size and sector are the most common “external” denominators. It is also apparent that there is a wide range of opinion within each size and sector of organisation, indicating that care must be exercised in applying generalisations to the attitudes of organisations within any one size or sector. It is also possible that interventions can be matched to the attitudes of organisations rather than their size and sector.

Table 2: Attitudinal segmentation of organisations

<p>Promotion of the business case & /or incentives</p> <ul style="list-style-type: none"> • Business case driven: Organisations who believe health and safety is important for their business (attitude 1) recommend more advice and evidence of the business case (evidence of productivity benefits of health and safety) as incentives; • Reputationally/customer driven: Organisations whose brand/reputation is important (attitude 6 and 11) or are pressured by customers/ banks (attitude 10) (who often believe they can lose business due to a serious health and safety incident) recommend increases in reputational risk, evidence of the business case, linking health and safety performance to insurance, better tax incentives and “restorative justice”, and are more likely to prefer insurers as a source of advice; • Insurance driven: Organisations who believe insurance costs them a lot and that insurers take account of their health and safety performance (attitude 5), are more likely to say that increased insurance costs, better links with health and safety performance and advice from insurers will help. • Good regulator relationship: Organisations that report a good relationship with the regulator (attitude 9) prefer more evidence of the business case and a recognised standard for health and safety whereby inspectors give credit to organisations when drawing up inspection programmes (i.e. earned autonomy from inspection). • Cost aware: Organisations that take account of wider societal costs of health and safety and / or are aware of the HSE Offenders Database are more likely to prefer incentives, evidence of the business case, a standard for health and safety that inspectors can give credit to (i.e. earned autonomy), a corporate manslaughter law, and low cost OH support.
<p>More enforcement</p> <ul style="list-style-type: none"> • The inhibited: Organisations who do not believe health and safety is important for their business (attitude 1) or who report they are inhibited by cost, other demands on management or company culture (attitude 4) tend to recommend more enforcement and personal fines for directors, as well as increased insurance costs and evidence that

incidents will cause loss of investment/loans and evidence of the business case;

- **Laggers:** Organisations that believe they have room for improvement (attitude 7) are more likely to recommend more enforcement, more sector specific partnerships and evidence of the business case.
- **Enforcement sensitive:** Organisations that report that enforcement would raise the importance of health and safety amongst management (attitude 3) are more likely to recommend more enforcement, directors' fines, a rehabilitation law and more severe penalties as well as increased insurance costs and a high profile newsletter about prosecutions etc.

More advice and support

- **Already motivated:** Organisations that report they are already motivated by a battery of drivers (attitude 2), recommend more advice and support.
- **Health and safety is a burden:** Organisations who see health and safety as a burden (attitude 8) are more likely to recommend more advice and support (with a tendency towards Business Link and trade associations), along with grants/subsidies and more frequent but pragmatic inspections.
- **Networked:** Organisations that interact with one another (attitude 15) are more likely to prefer trade associations or professional bodies and increased awareness of rehabilitation.



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