

From policy to practice: Safety and Health in Micro and Small Enterprises in the EU

European Risk Observatory

National Report: United Kingdom

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1 Introduction

Although traditionally the UK economy was dominated by large and medium sized establishments, small and micro-firms have always been a significant presence numerically and their contribution to the socio-economic infrastructures of communities was significant, if little studied. The restructuring of work and the labour market at the end of the 20th century and its continuation to the present time has further raised their profile, as manufacturing and mining have declined and management fashions have encouraged outsourcing and the increased use of business relations within supply chains to achieve 'economic efficiencies' for the core business of organisations. This has occurred in both the private and public sectors, and in the latter the increased presence of smaller organisations has also been occasioned through privatisation of formerly public services such as health and social care.

The resulting profile of micro- and small enterprises (MSEs) in the UK economy is summarised in Figure 1 and Table 1. As is evident from the figure and table, MSEs are most abundant in the sectors of agriculture; construction; property; professional, scientific and technical; information and communication; retail; motor trades; and arts, entertainment, recreation and other services. In each case, they make up over 98 % of all UK enterprises.

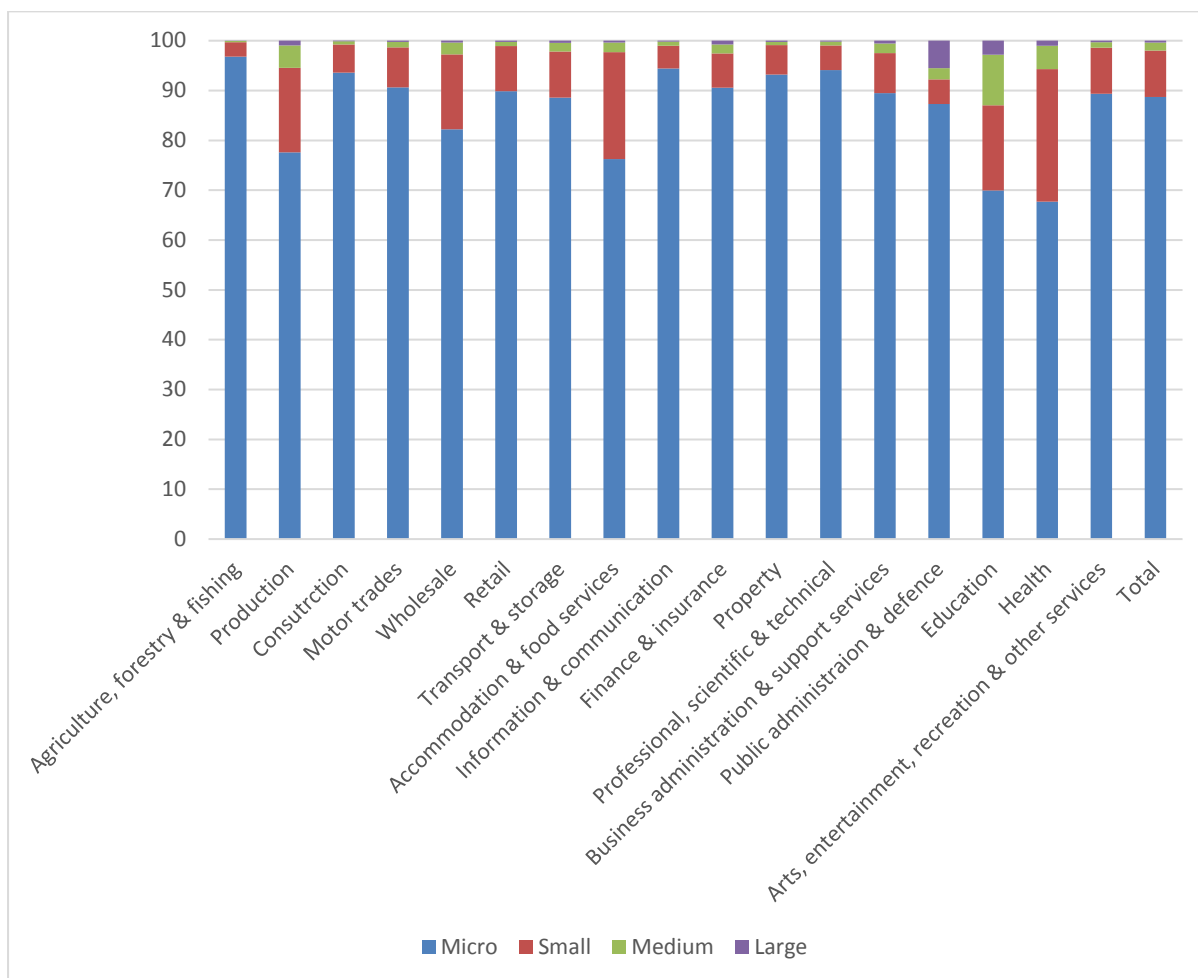
This trend in the economic profile of the UK, and the significance of smaller firms within it, is continuing. For example, in 2014 there were 351,000 business start-ups in the UK, which is the highest recorded number since comparable records began in 2000¹. By 2015, there were 5.4 million small or medium-sized enterprises (SMEs) in the UK, representing 99.9 % of all businesses, providing 60 % of employment, employing 15.6 million people and accounting for 47 % of turnover².

It is also evident from Figure 1 and Table 1 that MSEs are a significant presence in sectors in which there are high risks of work-related injuries and ill-health. However, straightforward comparison of occupational health and safety (OHS) outcomes by establishment size and sector are recognised as being frequently unreliable. This is the result of well-known reporting effects and also compositional effects, including those associated with workforce features such as sex, age and length of service (as well as others that are far more difficult to measure — for example, the security of employment, supply chain position, features of work organisation and intensification, and so on). Injuries and ill-health are notoriously underreported by MSEs, but there are also differences in the extent of reporting by sector, with underreporting in some sectors far higher than in others. All this makes comparisons that do not account for these variations fairly meaningless. This said, studies focusing on single sectors, such as manufacturing, that have taken account of these complications demonstrate that there is greater risk of serious injuries occurring among MSEs than among their larger counterparts (see Nichols et al., 1995; Nichols, 1989) — and this despite the likely increased level of underreporting among smaller enterprises (see, for example, Micheli and Cagno, 2010).

¹ <http://www.iosh.co.uk/Books-and-resources/IOSH-SMEs-policy.aspx>

² <http://www.iosh.co.uk/Books-and-resources/IOSH-SMEs-policy.aspx>

Figure 1: Proportion (%) of enterprises³ by industry and size in the UK 2017



Source: Office for National Statistics, United Kingdom⁴

³ Includes companies (including building societies), sole proprietors, partnerships, public corporations/nationalised bodies, central government, local authorities and non-profit bodies or mutual associations.

⁴ <https://www.ons.gov.uk/>

Table 1: Number and percentages of enterprises⁵ by industry and size in the UK, 2017

	Micro		Small		Medium		Large		Total	
	N	%	N	%	N	%	N	%	N	%
Agriculture, forestry & fishing	143,320	96.97	4,000	2.71	410	0.28	65	0.04	147,795	100
Production	117,090	78.65	24,005	16.12	6,395	4.30	1,380	0.93	148,870	100
Construction	301,065	94.12	16,575	5.18	1,915	0.60	305	0.10	319,860	100
Motor trades	68,370	91.07	5,755	7.67	765	1.02	185	0.25	75,075	100
Wholesale	84,745	81.95	15,670	15.15	2,565	2.48	435	0.42	103,415	100
Retail	177,075	89.98	17,615	8.95	1,630	0.83	480	0.24	196,800	100
Transport & storage	99,230	90.80	8,145	7.45	1,540	1.41	375	0.34	109,290	100
Accommodation & food services	113,915	75.80	32,670	21.74	3,110	2.07	595	0.40	150,290	100
Information & communication	205,580	94.73	9,320	4.29	1,740	0.80	385	0.18	217,025	100
Finance & insurance	51,025	91.58	3,405	6.11	920	1.65	365	0.66	55,715	100
Property	87,020	93.39	5,350	5.74	585	0.63	225	0.24	93,180	100
Professional, scientific & technical	451,740	94.34	22,785	4.76	3,545	0.74	755	0.16	478,825	100
Business administration & support services	206,450	90.47	16,730	7.33	3,940	1.73	1,065	0.47	228,185	100
Public administration & defence	6,285	87.90	330	4.62	165	2.31	370	5.17	7,150	100

⁵ Includes companies (including building societies), sole proprietors, partnerships, public corporations/nationalised bodies, central government, local authorities and non-profit bodies or mutual associations.

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	Micro		Small		Medium		Large		Total	
Education	36,010	74.55	6,875	14.23	4,170	8.63	1,245	2.58	48,300	100
Health	86,735	72.22	27,125	22.58	5,135	4.28	1,110	0.92	120,105	100
Arts, entertainment, recreation & other services	151,085	89.44	15,360	9.09	2,000	1.18	485	0.29	168,930	100
Total	2,386,740	89.43	231,715	8.68	40,530	1.52	9,825	0.37	2,668,810	100

Source: Office for National Statistics, United Kingdom

Reacting to concerns raised by such studies, as well as to the widely perceived understanding that MSEs are more difficult to reach with regulatory requirements and guidance on good practice, regulatory agencies and other organisations with an interest in OHS in MSEs have had well-developed policies to address these issues for quite a long time. For example, reviewing the published policies of the national regulator — the Health and Safety Executive (HSE) — in relation to MSEs in the late 1990s, Walters (2001) noted their focus on ‘smart’ regulatory strategies, such as the role of intermediaries as mediators, the role of information provision and using supply chain pressures to increase the responsiveness of MSEs to OSH requirements, as well as the abundance of guidance literature and HSE strategies that included these and similar approaches. Little has changed during the past 20 years and there remains a very clear understanding of the nature of the challenge that MSEs represent for the compliance strategies of the regulator during a period when its resources for achieving this compliance continue to shrink. If anything, the shift of emphasis of the regulator in recent decades has been towards attempting to reduce the ‘burden’ perceived by MSEs and their lobbying organisations in relation to regulatory requirements and the licence to operate. In this respect, national strategies have included the establishment of an OHS consultants’ ‘register’ to deter unscrupulous OHS practitioners from exploiting MSEs’ fears with unnecessary and expensive OHS consultancy, as well as continuing to work on joint initiatives with other regulators, such as tax officers, to save the duplication of effort.

Other actors with an interest in promoting OHS in MSEs include membership organisations such as the Royal Society for the Prevention of Accidents, as well as professional practitioner bodies such as the Institution of Occupational Safety and Health (which is the largest OHS practitioner body in the EU and dominates the professional practitioner scene in the UK). All of these bodies have a concern about OHS in MSEs in their profiles, but there is little hard evidence of the effectiveness of strategies to promote preventive actions that are derived from these concerns. Similarly, trade union and employer organisations express concerns, but for the most part they are more active in relation to their membership, which tends to be concentrated more in larger organisations.

In the UK, businesses with fewer than five employees have some exemptions in relation to the documentation of their OSH management systems: for example, they do not need to have a written health and safety policy or keep written records of risk assessments. In addition, the Health and Safety at Work Act (1974) does not apply to those who are self-employed as long as their activity is not mentioned in one of the prescribed sectors⁶ and their work activity does not pose a risk to the health and safety of others. That aside, MSEs are required to comply in the same way as other businesses, by assigning responsibility for health and safety to an individual, having a health and safety policy, controlling the risks, consulting employees, providing training and information, providing appropriate workplace facilities, making first-aid arrangements and reporting accidents, displaying the health and safety law poster and obtaining insurance.

The HSE is responsible for enforcing health and safety law in the UK. However, for some sectors, particularly those identified as being ‘lower risk’ (mainly distribution, retail, office, leisure and catering), local authorities, liaising closely with the HSE, also enforce health and safety law, while some specialist high-risk work (such as working with asbestos) requires organisations to be licensed, with some aspects of their work notifiable. In general, proactive inspections are made on a risk basis, regardless of enterprise size. However, there has been a decline in enforcement activity in recent years: comparing 2003-04 data with those from 2012-13, the HSE undertook 53 % fewer inspections and 40 % fewer prosecutions (resulting in 32 % fewer convictions) (Tombs, 2016). As we discuss in more detail below, this seems to reflect both the reduction in funding for the HSE and the local authorities, and also the predominance of neo-liberalism in the UK. As the HSE’s business plan for 2016/17 (HSE, 2016) puts it: ‘In recent years, HSE has done extensive work to simplify and streamline legislation and improve guidance. We have removed or improved 84 per cent of legislation without lowering standards. This work continues and we expect it to make a significant contribution to the government’s deregulatory agenda and Business Improvement Target.’ It goes on to identify one of its main priorities as the production of ‘a set of options to support the deregulatory agenda, including a proposal on risk assessment and a review of the legislative requirements for plant and equipment inspection’. In addition,

⁶ These are construction, agriculture, railways or work with gas, asbestos or genetically modified organisms.

in 2012 the HSE introduced the Fee for Intervention (FFI)⁷. Under this scheme, duty holders found to be in material breach of the law are charged (currently £129 per hour) for the amount of time it takes the HSE to ‘identify and conclude its regulatory action in relation to the material breach (including associated office work)’. The FFI applies to all duty holders, including MSEs, and, as we discuss below, is something that a number of those bodies representing employers have been particularly concerned about.

However, as we described in the first part of this project (EU-OSHA, 2016), research suggests that SMEs, including those in the UK, are not always clear about OSH regulatory requirements. Supporting effective and improving OSH management in such firms, therefore, is a huge and potentially far-reaching task.

In its most recent strategy document (HSE, 2016a), the HSE sets out its position as a ‘prime mover’, while also making it clear that all stakeholders have a role to play in improving workplace health and safety. In this regard, the HSE identifies employers, employees, industry and trade bodies, supply chains, third-sector bodies, insurance and legal bodies, workers’ representatives, professional institutions and government, and non-OSH regulators as all having a role to play. The HSE goes on to state that it will ‘act increasingly as an enabler, supporting businesses, particularly small and medium enterprises (SMEs), by providing simple, accessible and relevant advice and challenging so-called “experts” who overprescribe and overinterpret requirements’ in order to ‘facilitate proportionate, appropriate and effective risk management, encouraging all those in the system to take much greater ownership of health and safety’ (p. 4).

The strategy document goes on to detail six strategic themes, one of which is specifically focused on SMEs (including MSEs). Central to this theme is the premise that many micro-, small and medium-sized enterprises are unaware of the advice and guidance designed for them. While acknowledging the difficulties inherent in reaching micro- and small firms, the HSE is continuing to explore and develop ways of working both together with other organisations and ‘smarter’. The aim, therefore, is to identify those with most influence over such firms, and work with them to raise levels of awareness of existing supports.

While there is some broad agreement with this general approach among the other key stakeholders in the UK system — particularly in relation to the difficulties associated with trying to effectively reach micro- and small businesses — there are also some differences. For example, the Institution of Occupational Safety and Health (IOSH), which represents practitioners, believes that SMEs must be provided with *more* support, which must be ‘straightforward, simple and easily accessible’⁸.

IOSH believes that SMEs should be given greater support to improve their health and safety performance, which is vital for reducing work-related injuries and ill-health and for boosting productivity and sustainability. To this end, IOSH is urging others to follow its lead in providing free resources for SMEs, including workplace visits and advice, as well as a return to proactive visits from the HSE⁹. This, of course, is something that the HSE is moving away from, with an increasing focus on risk-based targeting of inspection (which takes no account of enterprise size). While this direction is consistent with the HSE’s overall strategy of taking on the role of a central enabler of the involvement of other stakeholders, it is arguably also a pragmatic response to the HSE’s current resourcing issues and the wider economic and political context more generally. For example, since 2010 central government funding to the HSE has been reduced by more than 30%. Some reports suggest that the HSE is currently exploring other funding options, such as making some of its projects and programmes self-sustaining, possibly through financial support from the social responsibility budgets of partner organisations and/or by converting such projects and programmes into social enterprise companies.

While the trade union position in relation to safety and health in small firms sits closer to that of IOSH, it is complicated by the very low levels of union penetration among SMEs, particularly those outside the

⁷ <http://www.hse.gov.uk/fee-for-intervention/what-is-ffi.htm>

⁸ <http://www.iosh.co.uk/Books-and-resources/IOSH-SMEs-policy.aspx>

⁹ <http://www.iosh.co.uk/Books-and-resources/IOSH-SMEs-policy.aspx>

more traditional sectors (such as manufacturing). That is, while trade unions are concerned about OSH in SMEs, including in micro-enterprises, their low presence among them is a significant limitation to turning such concern into effective actions through traditional trade union strategies. In addition, they, like all the other relevant bodies, are struggling with the altered framing of the debate around regulation to one in which doctrinal features of neo-liberal ideology have been transformed into a set of foundational assumptions about what regulation can, and ought to, look like (EU-OSHA, 2016). In this way, a wider, so-called ‘common-sense’ orthodoxy has replaced more specific attempts at deregulation and ‘at every stage, a neo-liberal, small-state agenda of individualized, business-oriented, narrowly-targeted regulation has exerted considerable influence over the direction of policy, to an extent that more explicit input from those advocating deregulation would be unlikely to achieve’ (Almond, 2015: 229). As a result, it is argued that there has been a profound shift in the shared lay understanding of what is meant by ‘health and safety’, which has become part of the public consciousness. This has helped alter the profile of the UK system for OSH, and has influenced the positions taken by all the main actors within it, including both the HSE and the IOSH, unions and employers’ organisations. Indeed, a result of this, as those representatives of workers’ organisations that we spoke to put it, there is a tendency to sneer at those raising health and safety concerns — even when this is done at union meetings and events — making overt organisation around such issues particularly difficult.

At the same time, key employers’ bodies, such as the Federation of Small Businesses (FSB), remain concerned that health and safety regulation and enforcement should be risk-based and proportionate. The FSB suggests that its member surveys indicate that its members (particularly those that see themselves as low-risk workplaces) see existing regulations as burdensome and compliance as costly, and feel that inspections do not take sufficient account of their track record and the training and experience of their staff¹⁰. Its view is that ‘small firms should be free from complying with health and safety regulations, if they are unnecessary because of the size and location of the business’¹¹. For them, ‘compliance levels for small businesses increase when regulation is easy to understand and implement; and the public perception of health and safety, and consequently compliance rates, improve when it is applied appropriately and appears as “common sense”’.

In combination, these views and the culture of trivialisation of OSH fomented by the government, and by the media outlets sympathetic to government, have led major players in the UK system who remain concerned with improving prevention in OSH to share the view that micro- and small businesses are hard to reach, and may not be fully aware of the legislative requirements and/or the supports available to help them comply and effectively manage workplace OSH. There is also, arguably, a shared view that working together is key to improving the situation. In addition, however, there are differing views about quite what would work for whom and in what circumstances — reflecting the backgrounds of the stakeholders themselves, but also the wider context of the UK both politically and economically. This raises a number of questions about the extent to which lack of reach produces a two- (or more) tier system of micro- and small firms that are more visible and making efforts to comply and those that are less so; and, crucially for our study, the extent to which this places some groups of workers in micro- and small firms at significant risk.

It is also important to bear in mind that the timing of this part of the project, so soon after the June 2016 vote to leave the European Union, has given a certain colour to our findings, which are outlined in the following sections. First, however, we give a brief description of the approach we took in the UK, which, because of national traditions and circumstances, differed a little from that taken by most of our partners.

¹⁰ <http://www.fsb.org.uk/standing-up-for-you/policy-issues/regulation/health-and-safety>

¹¹ <http://www.fsb.org.uk/standing-up-for-you/policy-issues/regulation/health-and-safety>

2 Data collection

The nature of the OSH infrastructure, industrial relations and broader traditions in the UK meant that it was not possible to organise workshops or focus groups. Instead, therefore, our approach was to interview representatives of the key intermediaries separately. While this did not necessarily mean that participants were interviewed individually, it did mean that different groups of intermediaries (such as those representing employers and employees) were not seen together. This, of course, meant that there was no opportunity for a direct dialogue or exchange of ideas between intermediary groups. However, it also meant that we were able to cover the areas of interest in more detail with all of those we spoke to.

The aim of this task was to consider the role and function of intermediaries in OSH improvements among micro- and small enterprises in three sectors: construction, manufacturing and private services (particularly hospitality). We were able to identify key intermediaries for all of these sectors. However, it should be noted that many were active in more than one of these sectors. This reflects the reality of regulation, the provision of advice and the organisation of workers in the UK, much of which cuts across sectors — in particular, in relation to micro- and small firms. In what follows, therefore, we have drawn out sector-specific differences and details where they are significant, but in the main our focus is broader than this, reflecting the focus of our participants.

It is also important to be clear that union penetration among micro- and small firms in the UK is particularly low. As we have indicated in the previous section, this is not to say that unions are not interested in and concerned about the OSH, welfare and wellbeing of workers in these firms, but rather that their influence, by necessity, is generally only from outside as opposed to also from within these enterprises.

Our selection of participants was intended to include those involved in OSH regulation, the provision of OSH advice, and the representation of workers and employers in all three sectors. We also tried to supplement this with further interviews with those involved in such bodies but with a slightly different focus, usually one of more general economic, regulatory or professional oversight rather than solely or exclusively directly on OSH. This included those focused in particular on occupational *health* as opposed to safety — the former often still having a somewhat more limited and often more recently and separately organised approach within some of the bodies with which we spoke.

Interviews were arranged at a time and place to suit the participants. Wherever possible, they were carried out face to face, but where circumstances and resources did not allow this they were carried out by phone. In total (including the five supplementary interviews), 32 individuals took part, representing 18 bodies (see appendix).

3 Findings

In this section, we describe our findings. We begin by outlining the role and function of those we spoke to, before considering their views on the most significant barriers and enablers to OSH improvements among micro- and small enterprises. Finally, we summarise participants' shared understandings and areas of divergence, and consider what they felt worked, for whom and in what circumstances.

3.1 Role and function of intermediaries

All of those we spoke to outlined their organisation's provision of strategies and supports in relation to OSH among micro- and small firms. As we describe below, however, the degree to which the emphasis was on tailored advice, often provided face to face, or on more generic, generally written, support varied.

3.1.1 Regulators

Over recent years, the HSE has increasingly moved away from a prescriptive approach to enforcement. Its current regulatory document¹² describes its approach as follows:

We use a range and mixture of regulatory interventions to improve the management of health and safety risks. The main ones are:

- *influencing and engaging with stakeholders and others in industry;*
- *influencing large employers;*
- *creating knowledge and awareness of health and safety risks and encouraging behaviour change;*
- *promoting proportionate and sensible health and safety;*
- *inspection;*
- *investigation;*
- *enforcement;*
- *engaging with the workforce; and*
- *working with other regulators and government departments.*

Its approach to inspection is entirely risk-based, with no targeting by enterprise size. In fact, size is not routinely recorded by inspectors. As our interviewees explained, the HSE believes it has good communication links with high-hazard businesses (such as those licensed to carry out asbestos work), because they need to be registered with the HSE and are subject to regular inspection. However, for many other businesses, especially those that are micro and small, the HSE acknowledges that they simply will not be inspected because they are not seen as operating in a high-risk sector and the HSE is not aware of their presence — so unless they have a serious incident they will not receive a visit from the inspectorate. The regulator further acknowledges that changes in the organisation and structure of work and employment that have taken place over the last 30 years have increased the challenges for regulation posed by precarious, insecure and undocumented work.

Despite this, as described above, smaller businesses are one of the HSE's key strategic themes. In this regard, it provides a suite of tools and guidance specifically designed for — and developed in consultation with representation from — small (including micro-) and medium sized enterprises. As the regulatory document¹³ explains:

We recognise that small and medium-sized enterprises (SMEs) can find it difficult to understand what is required of them. We use a range of tailored approaches to encourage and support SMEs to understand the risks in their business and what they need to do about them. These approaches include the following:

- *Guidance specific to SMEs, including the basics for managing health and safety, straightforward advice on practical steps to control common workplace hazards and risks, as well as example risk assessments.*
- *Delivery and participation in education and awareness raising events on key health and safety issues, in partnership with trade associations, industry bodies and larger businesses.*
- *Work with a wide range of partners to help smaller businesses ... to improve health and safety standards through support visits, on-site training, guidance and support networks¹⁴.*

The extent and reach of these approaches are not possible to quantify adequately, as they are not monitored in consistent or comparable ways. In the past, such guidance used to be produced in the form of hard copy leaflets and designed to be specific to particular sectors and branches. Now, however, the focus is on a much more generic and structured approach, made available online.

Interviewees felt that the main difficulties around these instruments were ensuring that micro- and small firms were aware of their existence and content. To this end, the regulator works with a number of intermediaries to promote awareness of the guidance among the target audience. In particular, it is

¹² <http://www.hse.gov.uk/pubns/hse51.htm>

¹³ <http://www.hse.gov.uk/pubns/hse51.htm>

¹⁴ This is a reference to the HSE's Estates Excellence programme, in which a team, including the HSE, visits industrial estates.

developing close working relationships with a number of employers' representative groups. In addition, however, it has tried to work with financial bodies (such as banks and insurance agents), in an attempt to reach smaller businesses as they started up. While the HSE suggested it had little sustainable success with these bodies overall, in certain cases — for example through the association it has developed with the UK tax authority, with which it now runs joint webinars aimed at micro- and small firms — there are measurable signs of progress.

There is also a continued focus on the supply chain as a means of leverage for OSH management among smaller firms. This is an approach the HSE is interested in across sectors, but it is perhaps most evident in the construction sector. As we have described in the UK national report for the second work package of this project (EU-OSHA, 2018), the Construction, Design and Management Regulations (CDMR, most recently 2015), also require OSH management awareness and monitoring through the supply chain. Together, these approaches put very significant emphasis on the supply chain as a means of OSH improvement among micro- and small firms in the sector and, as we discuss in more detail in subsection 3.2.2, some of our interviewees felt this has given rise to both positive and negative results.

In a further move designed to address concerns about reaching smaller organisations, the HSE has commissioned research focusing on where SMEs are turning for OSH advice, what is driving this behaviour, if and when they use the HSE's guidance and tools and whether or not these are appropriate and provided in an acceptable form. The results of this research were not available at the time of writing, but those we spoke to did not expect them to identify any gaps in the information the HSE is providing. Rather, they hoped it would help them develop a new approach to communicating with smaller firms.

The focus on involving other stakeholders, in particular in relation to reaching micro- and small firms, is clear throughout the HSE's strategic approach, and, as described above, this also includes working with other regulators. This was of particular interest to us because those we spoke to in micro- and small firms in the second work package of this project often referred to other regulators when asked about OSH — frequently describing them as a main source of OSH information and support. In particular, this was the case for enterprises operating in the hospitality and social care sectors, as well as in some parts of the retail sector. It was strongest where enterprises were required to register with a regulatory body in order to operate and were subject to regular inspections in order to retain their registration and licence to function.

Among those we spoke to within the HSE, some sectoral differences in terms of close cooperation with other regulators were apparent. For example, one interviewee described working with the Environment Agency in England, and its counterparts in Scotland and Wales, the Scottish Environment Protection Agency and Natural Resources Wales, in the waste and recycling sector. Here the two regulatory bodies share information about poor performers and carry out some joint inspections, in an effort to each target their resources most effectively. However, this is a high-risk sector with a particularly poor OSH performance record, so it is currently a priority for scarce HSE resources. More generally, and perhaps in particular in the lower risk sectors such as retail and hospitality, a number of HSE interviewees felt that joint inspections risked confusing enterprises about regulators and requirements, and also that some regulators had become more involved in businesses management systems than the HSE would want to be. They went on to explain that the HSE wanted to retain its regulatory and enforcement stance at a somewhat greater remove than many such regulators — which, in their view, kept returning to non-compliant businesses and working with them on an ongoing basis. As one interviewee put it: 'HSE is not part of their safety management system — they can't rely on HSE turning up each year and checking their arrangements'. While this comment was not aimed at MSEs specifically, it was clear from the context in which it was made that these were included in its meaning.

This latter policy awareness concerning separating the enforcement function of HSE inspection from that of engagement and advice seems to have been a fairly recent development that sits rather uneasily with the strong emphasis in its regulatory policies concerning influence, engagement and advice mentioned previously. It seems most likely that it is an attempt to preserve the identity of the agency as a regulator, while at the same time avoiding the commitment of its limited and shrinking resources to tasks that are essentially the responsibilities of duty holders. How effectively its inspectors are able to steer such a course in their routines in relation to micro- and small firms, however, is not clear.

We also spoke to representatives from two other regulatory bodies: the Care Quality Commission (CQC) and the General Pharmaceutical Council (GPhC). The remit of these regulators does not include OSH; rather, as referred to above, their focus is on sector-specific registration, regulation and fitness to provide a service. Nevertheless, they are both bodies that our interviewees in the second work package of the project described as main sources of OSH advice. Like the HSE, they have also moved away from prescriptive advice. However, interviewees from both the CQC and the GPhC described a rather more supportive approach in which, as long as micro- and small firms showed a willingness to try to comply, inspectors worked with them to achieve compliance — which is consistent with the perceptions of those we spoke to at the HSE. Of course, this describes their approach to inspection of their areas of responsibility, of which OSH was only indirectly a part. In effect, OSH was something these regulators considered and helped organisations deal with in particular when it also had implications for the safety of those using the service they were providing. However, in terms of their approach to inspection, interviewees described visiting all organisations in the sector, regardless of size and risk (albeit in some cases more frequently the riskier organisations), on a regular basis, and so building up a relationship with those running the business. This, of course, meant treading a fine line between ensuring that businesses were aware of their regulatory powers and ensuring that they were also aware that they could access support to achieve compliance through inspectors — a balance that our interviews in the second work package of the project suggested has been largely successfully achieved. A further important strand to their approach was the involvement of workers in inspections; those we spoke to described talking, in private, to workers about how the organisation was run and ensuring that they were aware of where to turn, both inside and outside the business, if they had any concerns. In fact, interviewees felt that, in addition to observations, this was the point at which inspectors were most likely to come across OSH concerns.

All of this is reminiscent of the way the HSE functioned some decades ago but which is no longer possible in the prevailing economic and, crucially, political climate, in which its resources for inspection have been substantially reduced. Under their current conditions, businesses operating in what are deemed to be ‘low-risk’ sectors can be virtually certain of not being subject to a proactive inspection from the HSE. And, despite all the efforts and strategies for making the most of resources, there was a view among HSE interviewees that there was still some way to go in terms of promoting their supports and guidance to micro- and small enterprises. As one interviewee put it, the HSE is ‘still not reaching the 5 million [micro- and small] businesses’ it needs to.

3.1.2 Advisors

In the UK, there is a growing body of organisations and individuals providing health and safety consultancy services. Although membership is not mandatory, the HSE and a number of professional bodies and stakeholders have worked together to develop a register of such advisers. Consultants must meet the minimum standard of degree-level qualification, at least 2 years’ experience and active engagement in a continuing professional development scheme to register.

In addition, there is a significant number of organisations that provide OSH-related advice. Such bodies, including some of those from which our interviewees were drawn (for example the Royal Society for the Prevention of Accidents (RoSPA), the Scottish Occupational Road Safety Alliance (ScORSA) and Healthy Working Lives), function in effect as charitable organisations, many with significant input on a voluntary basis. Some also have some financial support from central government departments, local authorities and other stakeholders. Their areas of operation vary, from general advice aimed at businesses of all sizes and from all sectors to advice on a specific issue (such as health or road safety), often aimed in particular at micro- and small businesses. Few are sector specific.

In addition to these organisations, which vary greatly in size and scope, there is a network of about 70 Safety Groups. These are locally based voluntary OSH groups which aim to provide information and support for managers and for micro- and small firms. While their core membership is OSH professionals or those for whom OSH is the main part of their job, the aim is to bring together people from various backgrounds to share ideas and information. Again, most groups are general, but some focus on particular sectors, including construction. Although they do belong to an umbrella organisation, Safety Groups UK, each group functions autonomously, including in terms of the areas it wants to focus on and

the events and so on that it chooses to offer. Those we spoke to were concerned, however, that these groups were becoming increasingly dependent on retired people to run them, because employers are less and less willing to allow staff the time to contribute to them. In addition to this leading to problems keeping groups going, our interviewees felt that their members' age profile had shifted, with the result that they were less able to stay in touch with current concerns (such as psychosocial issues) and with growing, as opposed to traditional, sectors (such as private services and hospitality).

Regardless of their nature and structure, most advisory bodies produce written guidance in various forms including, for example, websites, toolkits, policy templates, newsletters and so on. In addition, many run helplines, put on conferences, seminars, workshops and other events, often with various guest speakers, run training courses and, in some cases, offer drop-in and consultancy services which can include visits to and working with firms on an individual basis. Interviewees from some of these bodies also described organising tours of firms with particular good practice arrangements as a way of both giving others practical examples and bringing local businesses together in an attempt to make informal supportive links. In a similar vein, several held annual award ceremonies at which good OSH practice and improvement were recognised and celebrated. In addition, one interviewee described giving presentations at larger organisations, to which the hosts would invite their suppliers, which were usually micro- and small firms. Another referred to 'cold-calling' organisations from a purchased list of SMEs in order to obtain email addresses, send information about their activities and follow up with a subsequent phone call at a later date. Such activities were sometimes carried out by the group itself and sometimes contracted out to a telemarketing firm, and our interviewee felt that they had met with rather mixed success.

Those we spoke to also described working with other bodies, such as the HSE, local authorities, practitioners' organisations and employers' bodies, in particular with a view to ensuring that advice and guidance was accurate and appropriate, and to maximising their reach to micro- and small firms.

The clear view among all our interviewees from these bodies was that it was important to talk to micro- and small firms directly, using simple, clear language and good examples, in order to reassure them and show them that compliance is not complicated or burdensome and can be hugely beneficial. Most agreed with the HSE's concern that micro- and small firms were often not aware of the supports and guidance available to them to help in this regard, but their view was that the answer to this was not as simple as improved promotion. As one interviewee from RoSPA put it: 'HSE have always taken the regulatory position and assumed it's an information issue — [we] think it's more complex'. He went on to explain that he saw RoSPA's role as one which put SMEs at the centre of a network and considered the relationships and contexts within which they were operating, with a view to identifying how RoSPA, as an advisory body, could play a constructive role by connecting people and organisations across that network. At the heart of this was the view that what micro- and small firms need, before they can access the information that is available, is help to clarify their questions, so that they understand what it is they do not know. This view was supported by another interviewee, from Healthy Working Lives (a body providing advice and support in relation to health). He felt that, for health in particular, smaller firms often made contact with his organisation because they felt there was a concern within their enterprise but were frequently unclear about its real nature. This need to clarify questions and concerns was related to a wider point that a number of interviewees from advisory bodies made about confidence and confidentiality. They explained that it was important in such circumstances that the emphasis was very much on ensuring that small and micro-firms had a 'non-threatening' environment in which they could explain, explore and find solutions to their concerns — that is, one in which they felt confident that they would not risk inspection and sanction by raising an issue.

3.1.3 Trade associations and employers' bodies

In addition to providing a variety of supports and services to their members, the role of employers' organisations and trade associations is to be their voice and represent their interests in various national and sectoral forums. This generally involves responding to consultations, membership of committees and advisory boards, and lobbying various government departments and agencies. Of course, in general, smaller organisations are comparatively less likely than their larger counterparts to be members of such

organisations, although our interviewees stressed that their role is to represent the best interests of all employers in their sector.

In terms of OSH, however, those we spoke to often made a distinction between their approach in this area and the one they took in others (such as taxation). In particular, OSH was often regarded less as an area for lobbying activity, and more as one in which their role was to ensure that regulations could be easily accessed and understood by their members, and subsequently implemented proportionately and without significant additional time or cost implications. For many, particularly the employers' associations, this shift away from a lobbying stance represents a relatively recent change. In the past, they had felt they needed to lobby strongly (for example in relation to reducing the regulatory OSH burden). Now, as one interviewee from the FSB put it, they felt that had good relations with the HSE, could approach it directly with any concerns, and felt 'fairly privileged' in this respect. This is not to say their members did not regard the regulations as burdensome. For example, in a recent (2015) survey of FSB members, regulatory burden was members' top concern, with OSH regulation the third most burdensome issue. A recent (2014) survey by the Federation of Master Builders (FMB) supports this view. For example, when asked about general attitudes to health and safety regulation, 40 % of members agreed that regulation is important but the industry now suffers from excessive regulation; 51 % agreed that the level of regulation is broadly right but there is too much focus on paperwork and not enough on good practice; 14 % agreed that the level of regulation is broadly right but it is not adequately enforced (our interviewee was surprised this was not higher, as this is a fairly common complaint from members); and 18 % agreed that the level of regulation is broadly right and most of the time it is adequately enforced¹⁵.

Interviewees also described their members' concerns as including risk being pushed down supply chains to the smaller firms, which are then overburdened with compliance documents and other paperwork; and blue tape (that is businesses, consultants and insurance companies demanding compliance beyond the regulatory requirements). In addition, they explained that employers were looking for a shift within the HSE towards a more open, proactive approach to supporting compliance. In this regard, there was a view that the introduction of fees for intervention had altered the relationship between the HSE and businesses, with the HSE retreating from offering advice and instead being more rigid in its enforcement approach.

Generally, however, those we spoke to from the employers' bodies were very clear that, with the current deregulatory agenda, there had been a significant move in the direction they had lobbied for in the past. As an example, one FSB interviewee talked about being able to approach the HSE directly, and was also particularly encouraged by an approach to his organisation from the HSE to discuss blue tape problems as part of the regulator's competitive business strand of its new strategy. Moreover, the result of the June 2016 referendum was seen by many of our interviewees from this group of stakeholders as being potentially very significant. Up until this point, some felt that UK small businesses had been, in effect, 'regulation takers' with very limited potential influence, and there was a clear view that this could change following Brexit.

In terms of OSH supports, most interviewees from the trade associations and employers' groups described working with each other and with various regulatory bodies, for example in relation to the preparation and clarification of guidance material. For the most part, this cooperation seemed to be the result of long-standing relationships between organisations, often on a sectoral basis. Most also produced regular communications (newsletters, magazines — online and/or in hard copy), many of which had dedicated health and safety pages or columns. In addition, they often put on events and produced guidance focusing on particular issues. For example, in the construction sector a change in the regulations in 2015 meant that the FMB had run a number of regional events, in many cases with an HSE inspector as a guest speaker, and produced a guide to what was new in the regulations. Many other bodies in this group of study participants also offer training, and have OSH helplines and/or web portals. Some also produce templates (for example for risk assessments), and others offer consultancy visits to help individual firms. One trade association, the British Ceramic Confederation, described a 'showcasing' approach it had used in which companies were able to visit other small firms that were examples of good practice and learn directly from their approaches and experience. Here again,

¹⁵ Respondents could give more than one answer.

therefore, there was an emphasis on ensuring that micro- and small firms could access advice when they needed it and, if they wished, also access support with tailoring it to their own circumstances.

3.1.4 OSH practitioners

IOSH, the body representing practitioners in the UK, is a membership organisation. Its main role is in relation to supporting practitioners to give best advice — which was described to us as being ‘proportionate and evidence-based’ advice. One of its main current concerns is that practitioners may lack appropriate communication skills for dealing with all levels of business, including micro- and small enterprises, and so it is working to provide more support in this regard. In particular, it wants to ensure that practitioners do not (even unwittingly) play on the fears of smaller enterprises in relation to the complexities of compliance, but rather make the most of the business benefits of good OSH. In addition, there was a view that, as with organisations themselves, practitioners sometimes struggle in relation to OSH management in complex work situations (such as long supply chains, multi-employer worksites, extensive outsourcing and so on), and again the organisation is working to provide additional support to its members in this regard. All of this, of course, reflects the wider changes both in the organisation of work and employment in the UK (and more widely) and, arguably, the change in the discourse around health and safety generally.

IOSH also has a public policy function, in which it tries to engage with employers’ and regulatory organisations, and also tries to facilitate local networks of businesses and such organisations. As already referred to in the introductory section of this report, as part of this function, in lobbying terms it has called for SMEs to have free access to visits and advice. In addition, like the employers’ bodies and trade associations, it responds to consultations from government, the regulatory authorities and key stakeholders, and sits on a number of committees, including several HSE-run industry advisory committees.

IOSH also produces a wide variety of materials aimed specifically at small (including micro-) and medium-sized enterprises. Included among these are a range of safe start-up guides and tools designed for specific sectors and branches. It also runs regular campaigns, which provide free resources and case study examples aimed at smaller businesses, and runs a free helpline. In addition, of course, while very few practitioners themselves work in micro- and small enterprises, a number do provide them with consultancy services, so in this way members themselves are directly involved in supporting micro- and small firms.

3.1.5 Workers’ representatives

As we have already made clear, unionisation levels among micro- and small businesses are very low. This, of course, leaves unions primarily trying to influence micro- and small firms’ working conditions from the outside. Those we spoke to described doing this by working with the major trade associations and regulatory bodies. In addition, in response to the widespread changes in employment and the organisation of work, many unions have made substantial efforts to recruit agency workers and those employed by contracting organisations. However, there was a clear view among those we spoke to that reaching micro- and small firms was difficult, and significantly hampered by the recent and ongoing deregulatory approach and ‘positioning’ of health and safety — politically and, as a consequence, in the media and public discourse more widely — as burdensome, stifling and essentially unnecessary, in particular for micro- and small organisations.

There are a few organisations in the UK, such as the Greater Manchester Hazards Centre, that were set up through various sources of non-state funding and which provide free information and advice to workers, employers and members of the public. For workers, this covers issues that affect their occupational health, safety and wellbeing, whether or not they are trade union members; and for members of the public it is in relation to work-related activities that affect their health, safety and wellbeing. In addition, they work with safety representatives, providing them with information and support, including running an annual conference for them (one of which in 2016 attracted over 300 delegates). The Centre also carries out inquiries into particular cases of work-related harm (up to and including helping the victims of accidents and the families of those who have been killed, in claiming

compensation), works with the unions on health and safety-related campaigns, and runs support groups dedicated to specific issues, such as its asbestos support group, which is campaigning both for better support for those suffering from the effects of asbestos and for the eradication of asbestos from all buildings in the UK.

One growing aspect of the work of the Hazards Centre is the voluntary sector — again a reflection of the changing structure and organisation of work and employment in the UK. As our interviewees explained, many charities continue to feel — wrongly — that health and safety requirements do not apply to them as voluntary bodies, and that OSH and its regulatory requirements are rather irrelevant to their organisations.

The Centre provide a great deal of information, in both electronic form and hard copy. However, provision of direct support (in the form of telephone advice, drop-in centres and workplace visits) was described to us as crucial, particularly in relation to supporting those working in micro- and small firms. Interviewees explained that this was important because providing appropriate support is dependent on understanding the contexts and dynamics of the specific workplace, as well as the wider determinants of those contexts and dynamics.

3.2 Barriers and enablers

In this section, we describe the factors our interviewees identified as the key barriers and enablers in relation to supporting improved OSH in micro- and small enterprises.

3.2.1 Enablers

As the sections above have described, those we spoke to generally felt that the ways in which information was provided to micro- and small enterprises were important determinants of their success, although they did not always agree on what worked best in this regard. For example, while most felt that tools and guidance needed to be simple to understand and easy to use, those we spoke to at the HSE felt that, in the main, providing these materials online was what such businesses preferred. Several interviewees explained that this was the conclusion of various pieces of internally carried out research over the last 15 years or so. This was also consistent with their focus on ensuring that as many businesses as possible were reached with the resources available — probably, of course, also a response to the cuts in their funding over the last two decades. As a result, therefore, approaches such as webinars were generally preferred over those that involved face-to-face contact with groups of businesses.

Among those interviewees representing workers' and advisory groups, however, there was a clear view that face-to-face support was the preference among most micro- and small businesses. They felt that these enterprises were looking, ideally, for a single point of contact for advice, and for that to be in a forum or arena that was explicitly seen as 'safe' (that is removed from the threat of enforcement). Related to this was a feeling that ensuring that firms were able to focus on one aspect of their OSH agenda at a time, in order of priority, was important both in terms of preventing firms from becoming overwhelmed and also as a means of building up confidence for dealing with other issues.

The focus on individual advice reflected interviewees' views that both managers and workers in micro- and small firms tend to start by raising any concerns they may have with their peers and discussing solutions others have used, rather than by looking for a web-based support or tool as a first step. Interviewees felt, therefore, that successful supports for micro- and small firms and their workers needed to mirror this preferred approach. In addition, this view was related to the understanding that, in many cases, workers and managers were exploring with peers whether or not an issue was a 'genuine' or 'legitimate' concern and, if so, quite what it really constituted. In effect, therefore, this consultation with peers and contacts was also an exercise in clarifying the nature of their question. Following this, interviewees felt that guidance in the form of web pages or leaflets was sometimes sufficient, although there was a view that many still also needed some support to tailor such material to their own circumstances and needs.

Relatedly, a number of these interviewees felt that finding ways to encourage networks of peers was an important way of supporting and empowering micro- and small firms and their workers. For example, a RoSPA interviewee suggested that higher performing (often larger) organisations should be encouraged to ‘take on’ all those micro- and small firms operating geographically close to them (regardless of sector) by providing support and opportunities for networking between local organisations of various sizes. Similarly, those we spoke to at the Hazards Centre described the achievements of a number of groups of workers who, despite not being union members, had found ways to share information and support.

At a more formal and macro level, working in partnership with other key stakeholders was seen by all those we interviewed as an important enabling factor. For example, in relation to its involvement of other stakeholders and key institutions, the HSE has recently used a public relations firm to help develop a relationship with the financial institutions that it felt micro- and small firms might turn to, particularly when they were starting up. This gave it the potential to reach the nearly 300,000 businesses on those organisations’ contact lists. However, its experience has been that, while many are interested in working with the HSE on a one-off or occasional basis, they are not prepared to enter into an ongoing relationship. On the other hand, an interviewee from Healthy Working Lives referred to successful partnerships with enterprise agencies (which provide support to start-up businesses). Furthermore, a representative of the FSB explained that businesses did not join the organisation until they were fairly well established, but that, when they did, the access membership provided to local and banking services was seen as a significant incentive for joining. These two examples suggest that working with bodies providing other forms of support to small and micro-businesses at various points in their development can be fruitful, and again perhaps raises the possibility of the involvement of the inspectorate having the potential to act as a barrier because of its association with enforcement and sanction.

Overall, working in partnership was often seen as being most effective when it was focused at the sector or branch level. For example, one HSE interviewee described a sector-specific forum focused on waste and recycling, which she felt had been particularly effective. This included representatives of both the HSE and the other relevant regulatory bodies, employers’ organisations, unions, training companies and local authorities, and provided an opportunity to share areas of concern and ideas about solutions. Based on these working groups, the forum produces best practice guidance, which is freely available to enterprises of all sizes. Similarly, a number of trade association interviewees felt that, in some sectors, particularly those in which there was a high concentration of firms in the same branch in a small geographical area, there were strong traditions of working together, which had led to the development of networks through which best practice and advice are shared, as described above in the case of the ceramics industry.

Our Healthy Working Lives interviewee also described working closely with the fire service, which had had a campaign aimed at micro- and small firms in the hospitality sector. As a result, when the fire service had given fire safety talks to micro- and small firms, they had also signposted the advisory organisation the interviewee worked for and its free resources (in this case focusing on work-related health). This was described to us as a particularly successful way of reaching small and micro-organisations. This interviewee went on to suggest that focusing on procurement activity was also important, as was working with larger firms to encourage supply chain cascading.

These interests in working with bodies, such as insurance companies, which already engage with micro- and small companies and which, in effect, have a vested interest in their improved OSH performance, as well as harnessing both customer and peer pressure, were seen by several of those we spoke to as potentially fruitful ways of reaching micro- and small companies. However, most interviewees also felt cultivating and, in particular, maintaining ongoing and active relationships with such organisations was particularly difficult.

Broadly speaking, therefore, key enabling factors related to understanding how and why micro- and small firms seek and want to receive information, from whom and in what circumstances. The differences, of course, came in what the various intermediaries saw as the answers to these questions.

3.2.2 Barriers

As the sections above have already described, for the HSE the main barrier to improved OSH among micro- and small firms is their lack of awareness of the guidance and support offered by the HSE. Not as many micro- and small firms as it would like are accessing the materials it provides and their promotion is, as one interviewee put it, 'an uphill challenge'. This view was shared by the representative of IOSH, who felt that micro- and small firms do not look for and are not aware of the available guidance and support.

As described above, the focus in these cases, therefore, was on improving the promotion of the available material. For example, there were concerns among those we spoke to at the HSE that its website was not as easily intuitive to navigate as they would like, and that this had been exacerbated by a recent corporate decision to highlight the new strategy on the homepage, resulting in the links aimed at SMEs having been moved to a less obvious place.

However, there were also concerns about the circumstances of micro- and small businesses themselves, which could act as barriers. For example, many of our interviewees referred to the very high turnover among micro- and small businesses, with few in a stable enough position to devote resources to OSH management until they reach a certain level of maturity. This, of course, is consistent with the findings of the first part of the SESAME project and with the literature more widely (EU-OSHA, 2016).

A number of interviewees were also concerned about pressures from other organisations on micro- and small firms — including those that were in fact aimed at improving OSH arrangements in these kinds of enterprises. Such concerns fell into two main groups. First, interviewees described to us the increasing use of OSH consultants and commercial consultancy services. In particular, many felt there was a tendency among some of these services to make things more complicated and expensive than they needed to be for micro- and small (as well as larger) firms. Their view was that there was a risk that such firms could end up paying for extensive paperwork with little or no resulting impact on control. This view cannot be separated from the well-developed negative view of safety and health requirements as a burden on business and a curtailment of personal freedom. An aspect of this perspective is concern about the proliferation of a 'safety industry' populated by spuriously qualified consultants who prey upon the vulnerabilities of small businesses in particular, offering them expensive advice and 'gold plating' requirements supposedly necessary to achieve compliance. Following the recommendations of government inquiries condemning these practices, the previously mentioned consultants register was introduced in an attempt to address the problem. However, some of our interviewees felt that it had so far done little to combat the existence of poor services. At the same time, there was a view among other interviewees that such services were generally responsible individuals or organisations with the potential to be hugely beneficial, in particular to micro- and small enterprises. Moreover, as micro- and small firms increasingly use consultancy-type arrangements for support in other areas (such as accountancy and human resources), there was also a view that OSH consultancy is simply an extension of this trend and needs to be welcomed and engaged with as such. As one interviewee from RoSPA put it, the trick is to ensure that there is an awareness of 'what good consultancy looks like' — specifically, that it is designed to work towards the micro- or small firm managing all, or at least most, of its OSH needs itself. Among those we spoke to from the HSE, however, the view was firmly that micro- and small firms should be encouraged and given the confidence to manage without using OSH consultants at all.

Second, many of those we spoke to, particularly the representatives of employers and of the HSE, were concerned about 'blue tape'. This concern was also apparent in relation to the HSE's attempts at supply chain leverage, particularly in the construction sector. Interviewees felt that, in some cases, businesses were now experiencing excessive burdens as a result of, for example, pressure to join more than one of the multiple certification schemes which exist. As one HSE interviewee put it, 'we pushed on the supply chain and in some places it's worked well and in others, because of business interests, it's gone too far'. This was related to the view expressed by a number of interviewees representing stakeholders involved in the construction sector that the focus on the supply chain had, in effect, created a substantial number of enterprises, the majority micro and small, which not only are not reached in this way simply because they do not work in supply chains, but also no longer feel part of the same industry as those involved in bigger projects being carried out by multiple organisations. This was seen as having been exacerbated by the sector-specific Construction, Design and Management Regulations, which originally imposed certain requirements on those at all levels of the supply chain on notifiable projects, but not on

non-notifiable work (that is for domestic clients). Although the regulations were amended in 2015 to make them applicable to all construction work, in order to address this gap, the view of our interviewees was that the perception of a 'two-tier' sector prevails. This is of particular concern when the scale is borne in mind — there are over 250,000 construction firms in the UK, and of these approaching 94 % are micro-enterprises (see Table 1). Our FMB interviewee estimated that about half of these are general builders operating in the domestic sector.

A number of other barriers, in particular related to experiences within micro- and small firms and the contexts in which they were operating, were also identified by our interviewees, particularly (although not exclusively) those representing workers and advisory bodies — and many of these again chime with findings in the wider literature (EU-OSHA, 2016). The following list was given to us by one of our RoSPA interviewees, and it summarises the views of many. He suggested that, for micro- and small enterprises, the most significant barriers include:

- the relatively rare experience of harm within individual micro- and small enterprises — despite the fact that they have relatively poor OSH performance — meaning OSH can be and often is seen as less of a priority than other areas of the business;
- scepticism or hostility to regulation;
- dealing with multiple competing priorities;
- ignorance of the requirements and low levels of competence;
- lack of quality management systems;
- lack of access to good-quality professional advice — and a concern that they will be charged for support and advice that are available free of charge;
- time poverty;
- little or no worker involvement;
- excessive paperwork requirements from third parties (particularly in some sectors, such as construction).

In addition, there was a view, particularly among those representing workers, that the framework of supports in the UK simply had not kept pace with the changes to the way work and employment are now organised. As one of our interviewees from the union Unite put it: 'most UK health and safety structures are based on large employers and an 8-hour-day workforce. However we have a 24-hour, shift-based, small employer world, with a significant number of the lowest paid workers having several jobs. Some larger employers have a group approach where individual sites operate more like small employers, but the existence of the group provides an information and advice route into those companies'. As a result, increasing numbers of workers, particularly those in micro- and small firms, are becoming effectively invisible and, consequently, ever more vulnerable.

Relatedly, the representative from Healthy Working Lives profiled SMEs as existing along a continuum, distinguishing between the top 20 %, which he described as very proactive in seeking information and implementing it, and the bottom 20 %, comprising the informal economy, which contained 'the bad firms', where conditions are poor, safety is not a consideration and workers — who are 'on the edge of society in terms of their ability to find work' — are subject to exploitation. This interviewee went on to say that it is doubtful if his group would ever access this latter group of firms, as they would certainly never seek advice because their aim is to remain hidden. Rather, he explained, his group's target is the firms in the middle, as the top 20 % are, in essence, 'self-supporting' and can act on and implement information and advice themselves.

Lastly, health was seen, not as a barrier, but certainly as a significantly less-well developed area of support for micro- and small firms. For many, this was because it was regarded as relatively new. For example, our HSE interviewees confirmed that this is an area they are currently developing, and also that there is an awareness that current inspection approaches are unlikely to identify issues to be addressed in this regard. Similarly, the IOSH representative explained that they are currently trying to make progress in this area by engaging with different audiences and partners — such as national charities dedicated to asthma and lung function. In addition, they felt that health is an area that should be tackled by ensuring that messages are designed for and targeted at all groups, including practitioners, employers and workers. Overall, there was a generally shared view that health is an area that many

larger companies struggle with, and that micro- and small firms find even more difficult, with many having made no arrangements at all.

3.3 Shared understandings and divergences

As would be expected from the wider literature (EU-OSHA, 2016), without exception, those we spoke to felt that (lack of) resources were significant both in terms of the ability of micro- and small firms to comply and in relation to the provision of effective supports for OSH improvement among such enterprises. Within the micro- and small firms themselves, this included lack of time, expertise and funds; among the regulatory and advisory organisations, reductions in funding had led to a reduction in proactive inspections on the one hand, and in the provision of advice and advisors on the other. However, broadly speaking there was a view that the majority of those micro- and small firms *that were reached* with appropriate support and advice did act on it — and where they did not this was because of lack of resources and/or operational pressures.

All those we spoke to also agreed that measuring the effectiveness of their efforts to support micro- and small enterprises was very difficult. As one interviewee from the HSE put it, 'evaluation can be a bit rudimentary'. In particular, any measure that went beyond simply counting website hits or leaflets given out, and extended to the implementation of practice — let alone a subsequent change in OSH performance — was generally regarded as next to impossible, particularly with the resources available.

In addition, though, there was general agreement that micro- and small firms are hard to engage with and many are simply not reached at all using the existing methods. This was related to the fact that micro- and small companies can come and go very quickly, and are very unlikely to join trade associations or local groups — with a (not insubstantial) minority actively trying to operate under the radar. In general, though, as one interviewee put it, 'most of them just want to be left alone'. This problem was seen as being particularly acute at the smallest end of the construction and hospitality sectors.

In addition, it was clear that most participants felt there was a significant distance between micro- and small firms and their larger counterparts in terms of OSH management and arrangements, particularly in relation to health. This gap was most starkly illustrated by those we spoke to who represented workers. For example, our Hazards Centre interviewees described examples ranging from a refusal to acknowledge the existence of work-related stress (in a school) and managers telling staff to remain at their posts during fire alarms (in a museum open to the public at the time) through to frequent minor injuries (in a dairy as a result of failure to carry out risk assessments and implement controls) and the death of a 16-year-old apprentice (in a small engineering firm where machine guards had been disabled and workers instructed to put their hands into moving machinery). These examples were not uncommon. But the important point here is that they all come from workplaces that are deemed to be low risk — and so are not routinely inspected by the HSE — and, with the exception of the fatality, they all came to light solely because workers became so concerned that they contacted their unions and/or a centre providing free advice. Most were not unionised workplaces, but even in those that were there was little real acceptance that the employer had a duty of care which they were not meeting.

In order to avoid these kinds of scenarios, many participants also suggested that it was important to work with micro- and small enterprises from their outset to ensure that health and safety was part and parcel of their core business from their very earliest days. In part, this was seen by some as relating to the fact that, for micro- and small firms, any kind of serious incident was often enough to wipe them out — but because such incidents are rare it is easy for firms to see other potentially devastating events (such as losing a key contract) as of greater priority, particularly in the early days. In addition, while there was a clear view among all those we spoke to that getting information about the regulatory requirements and their statutory duties in respect of those to micro- and small firms as they were starting up should be the aim, this does not currently happen — despite the fact that such firms are often provided with a great deal of other material on financial and other legal matters. Many felt that, while there were some piecemeal attempts to work towards this, the existing systems and arrangements lack a single central body with oversight of this general provision.

This, of course, was related to a general view that working together, often on a sectoral and/or geographical basis, was a major key to success — but here again there was concern about existing systems being disjointed and lacking any kind of directing entity.

In fact, many of those we spoke to felt that examples of good practice among micro- and small firms often represented the successful efforts of particular individuals: managers and/or workers. Some suggested that this, in effect, represented a cascading of information, because it was frequently the result of someone who had previously worked in a larger organisation taking his or her OSH knowledge and expertise into a micro- or small organisation.

Participants were also agreed that messages aimed at micro- and small enterprises had to be conveyed clearly and simply. This was, in turn, related to a shared view that many micro- and small businesses see the regulatory requirements as burdensome. In general, participants agreed that, although supports, guidance and information are available, employers and owner-managers in micro- and small firms do not really know where to turn for advice. For the HSE and IOSH, as we have said, this represented a lack of awareness, to be addressed by promoting their material more effectively. For a number of the other participants, however, as the sections above have described, the picture was more complex than this. First, as the representatives of the employers, trade associations and advisors explained, there was often a fear that any kind of involvement with the HSE would lead to inspection and sanctions. Second, as many of those providing advice and/or representing workers suggested, even when employers and owner-managers felt that they needed advice, they were not always clear about quite how to frame their questions. And third, as those representing workers made very clear, many employers and owner-managers simply did not feel they needed any advice, because, in the main, theirs was a low risk operation and/or workers needed to look after themselves. These groups were also the only ones to suggest that there is a lack of information available to workers themselves and, further, that the great majority of workers in micro- and small enterprises are in non-unionised workplaces and so really have very few avenues of independent support open to them.

In addition, interviewees from both the advisory groups and those representing workers were very clear that the lack of enforcement, combined with the political and consequent media portrayal of health and safety as, at best, an annoyance and, at worst, a barrier to trade, growth and freedom, meant that there were no longer any effective drivers in place.

3.4 What works for whom and why

As described in the previous section, those we spoke to who represented workers expressed significant concern that the combination of the lack of union and worker representation presence in micro- and small firms, coupled with the fears engendered in workers in relation to approaching employers on OSH matters as a result of the current economic and political climates, mean that workers often feel they have no choice but to simply keep quiet and put up with poor working conditions. However, these interviewees also pointed to a number of interesting examples of group actions in which workers from particular non-unionised micro- and small firms in the same sector have organised campaigns, from outside the workplace, aimed at improving working conditions. This, of course, has the very important advantage that workers concerned about approaching their own employer directly can remain, in effect, anonymous. These kinds of campaigns tend to be issue-based and to work on the basis of attempting to shame employers at the sectoral level into making improvements. In addition, while they were carried out by the workers themselves, such actions invariably need union support to gain any real traction.

Moreover, our workers' organisation interviewees referred to union efforts to communicate with school-age children. Although this now has to be done outside the school setting (because of a change in the legislation some years ago), our interviewees talked about a number of initiatives by unions to engage with students in an effort to prepare them for the workplace. The IOSH representative said they were also considering something similar, alongside trying to influence bodies providing training and apprenticeship schemes for those entering the workforce.

Taken together, our interviewees from organisations representing workers felt that these kinds of initiatives represented a bottom-up approach to improving OSH in micro- and small firms. They saw this as an area that was missing from the existing provision more generally, which is primarily aimed at

owner-managers and employers, and also something that is particularly important, not least for reaching the least visible and most vulnerable.

Finally, our participants included the British Ceramics Confederation (BCC), a trade association that provided us with perhaps the clearest example of an approach that was working. The BCC represents firms in a branch of industry that operates in both the manufacturing and construction sectors, and which is still heavily unionised (only a few of the companies, operating in the newer, more technical areas of ceramics, have no union recognition). About 90 % of the companies in this branch are BCC members, and about 75 % of the membership is SMEs. The BCC's main activity in relation to OSH is a tripartite agreement started about 15 years ago¹⁶ to which members sign up and through which they work together towards various targets. The scheme focuses on sharing best practices and developing toolkits. Over the years, it has been through a number of phases, each building on the approaches taken and achievements made in the previous phases. It is now about to enter its fourth phase, which will continue this tradition, including focus on areas such as encouraging strong leadership and competence, as well as strong emphases on health and on engaging with smaller companies. These latter two aims are specifically designed to be in line with the HSE's current strategy (see above). In addition, the scheme includes an annual conference and awards event at which good OSH practice and performance are celebrated. This is run not as a competition, but rather as a way of recognising significant improvement. It also includes a contractor's award — something our interviewee felt contributed to the cascading of the scheme's impact. Those companies that sign up to the scheme get a certificate, can send representatives to committees and are part of the network through which best practice is shared. In some areas, membership of the scheme is also seen as an advantage in relation to procurement, allowing an organisation to say that it operates best OSH practice and expects the same of its supply chain.

This example also stood out because of its ongoing collection and analysis of OSH performance rates across the branch. These are used to benchmark performance, and indicate significant improvement over time. For example, between 2001 and 2005 the accident rate fell by 22 %, the absence rate by 36 % and the all-injury rate by 33 %. While it is hard to link such improvements directly to the scheme, they are certainly suggestive of a successful approach. Our interviewee felt this was the result of the tripartite nature of the scheme, the high proportion of firms that are trade association members, the benefits they experience from signing up to the scheme, and the benchmarking that the trade association's collection of OSH performance rates has allowed. In addition, she suggested it was linked to the trade association's continued close links with the HSE, which include inspectors approaching the trade association to ask if a particular issue they had come across at one firm was common among others in the branch, and then working with the trade association to find a solution; and having a branch liaison contact at the HSE that the trade association was able to approach directly.

However, this kind of arrangement is reminiscent of the aspirations and successes of bi- and tripartite structures and processes established in the post-Robens regulatory reforms that took place in the UK more than 40 years ago and which, in most sectors, have generally failed to keep pace with the changing nature of the organisation of work and employment and its economic and political drivers subsequently. As we discuss below, this further highlights both the importance of context in determining what works and for whom, and the significant potential for changes in industrial, organisational, economic and employment arrangements to result in existing frameworks becoming ineffectual in altered circumstances.

4 Conclusion

It is clear from the foregoing account that all of the conventional actors involved in the OSH system in the UK have policies and strategies addressing arrangements for OSH in small firms. They all possess, to varying degrees, a similar awareness of the challenges to effective OSH in these firms, and there are similarities between many of the approaches they adopt. For example, it is widely understood that there are limitations to the degree to which owner managers in MSEs are likely to be aware of the conventional approaches to assessing and managing OSH risks in their enterprises or have the skills to apply them

¹⁶ At a time when the trade association was an industry advisory committee — a statutory body.

effectively. It is equally understood that they may not possess either the will or capacity to prioritise such awareness and its application among the many competing demands on their time and resources that are required to run the activities of their enterprises to the satisfaction of themselves and their customers/clients. Moreover, most actors in the OSH system recognise the limitations of their own reach in relation to MSEs, regarding their numbers and often the positions in which they are situated in the economy as barriers to the effective promulgation of support.

As we have described in the foregoing sections, there are some similarities in the overall response to these challenges among the conventional actors. Regulators and, to some extent, organisations representing professional practitioners and other similar OSH interest groups, for example, have developed portfolios of support strategies and instruments to assist increased awareness and good practice on OSH among MSEs. They largely acknowledge challenges to the reach of their supports and instruments and have explored, with some limited measures of success, various means of cascading them to their targets among smaller enterprises by using the structures and processes existing within sectors, local networks and supply chains, combined with greater use of information technologies to reach organisations they regard as remote from their direct influence. Organisations such as trade unions, representing the interests of workers, are also aware of the vulnerabilities of workers in MSEs to OSH risks, but at the same time equally aware of the limitations of their conventional means of supporting them in workplaces in which their membership is small to non-existent. Given this, they too have developed more unconventional ways to support the needs of workers in MSEs through the use of sector-level bipartite and tripartite structures, supply chain relations and other approaches that are less dependent on the distribution of their membership.

Finally, as the previous subsections show, there is a growing acknowledgement that actors and processes outside the conventional OSH system may have a substantial role to play, both in achieving compliance and in improving OSH arrangements in MSEs. In some cases, these have been deliberately nurtured by the regulator or other OSH actors as extensions to their own reach, but in other cases it appears that they may have evolved without the direct influence of these actors, and even as means of filling gaps that conventional actors have been unable to reach.

This said, while there is a plethora of policy, strategies and interventions all intended to promote compliance and support OSH in MSEs, there are clearly major gaps in its coverage. Generally speaking, the successes of the present system are mostly limited to those elements of the range of enterprises and business relations embraced by the term 'MSE' that are to some degree visible to the OSH system, while the organisations and processes that are more remote remain largely untouched by its approaches. Moreover, in all of this there is a perceptible absence of information concerning the effectiveness of the strategies and instruments that populate the parts of the OSH system directed towards MSEs. Of course there is usually some information concerning the short-term effectiveness of specific interventions, or on the uptake of sources of information and support such as those found in online initiatives, but there is little robust evaluation concerning the overall effectiveness of regulatory policies or of the actions of many of the principal actors involved in helping to support or achieve compliance on OSH matters in MSEs. Nor is there very much in the way of linkage between the evaluation of specific interventions and that of their possible position in wider sector- or national-level strategies. Indeed, the limitations of the extent of evaluation are such that it is not even possible to identify where exactly are the gaps in the coverage of the system with any strong degree of certainty. This leaves much uncertainty around the question of 'what works and for whom' in supporting improved OSH in MSEs, and allows continuing debate that is largely based around the opinions of policy-level participants rather than on the objective evaluation of hard evidence.

In this respect, it is clear that there are some very different current understandings concerning questions of OSH among the actors that are most influential in determining sector- and national-level strategies. It was clear from our interviews, for example, that those membership organisations that claim to represent the interests of micro- and small firms have strong views on the 'burdens' to their members represented both by conventional regulation and attempts at its enforcement and by some of the less conventional strategies regulators have adopted, for example to influence compliance with regulatory requirements through supply chain relations. At the same time, our conversations with trade unions and workers' support groups paint a very different picture, in which existing regulation and enforcement are portrayed as having minimal impact on the millions of workers in MSEs who are seen to lie beyond its reach. Meanwhile, the regulators themselves acknowledge the effects of substantial cuts in their resources on

regulatory strategies and, while they continue to argue that their ‘smart’ regulatory policies in relation to MSEs are designed to increase reach and effectiveness, it is inescapable that the effects of cuts to their budgets, and political instructions to be more sympathetic to business needs, have massively reduced the presence of inspection. Given that face-to-face contact with inspectors is one of the few clear examples discussed in the research literature concerning what is perceived to be effective in improving OSH in MSEs, this must be of obvious concern, yet it is evidence that both the government and the apologists for the current regulatory policy see fit to ignore.

It is in this respect that context would seem to be the most important explanatory factor in relation to the current experience of supporting OSH for workers in small and micro- firms in the UK. As we have pointed out in the previous sections, the liberalisation of the UK economy over the past several decades has created a situation in which not only is there a large and growing number of situations in which work and forms of employment take place somewhere beyond the reach of conventional regulation, but regulation itself has been the subject of reduction both in content and in enforcement. At the same time, a massive effort has been made by governance and its media support to trivialise the nature of OSH protection and recast it as a burden on business and personal freedom. In this scenario, much (but by no means all) of the work that takes place in MSEs does so in a regulatory vacuum and somewhere beyond the reach of most forms of conventional support for OSH. If the findings of the review of current literature that was previously undertaken (EU-OSHA, 2016) are borne in mind, then the consequences of these developments for workers in those organisations pursuing so-called low road survival strategies, and embedded in sets of economic and social processes that serve to increase their vulnerabilities to harm, should be of some concern. There seems to be very little in current UK support strategies for MSEs that can be confidently claimed to effectively counter these developments.

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Appendix

Participants

The participants, including to the additional interviews, are detailed in Table A1.

Table A1 Participants

Intermediary type	Body	Sector	Interviewees
Regulators	General OSH inspectorate — Health and Safety Executive	Construction, manufacturing and private services	2 representatives responsible for small business strategy, 1 representative responsible for local authority liaison, 1 representative responsible for health strategy*
		Construction	2 representatives responsible for construction sector strategy
		Private services	1 inspector in the private services sector
	Sector (non-OSH) regulator — General Pharmaceutical Council	Private services	1 representative responsible for strategy and 1 inspector
	Sector (non-OSH) regulator — Care Quality Commission	Private services	2 representatives responsible for strategy* and 1 inspector
Practitioners	Practitioners' association — Institution of Occupational Safety and Health	Construction, manufacturing and private services	1 representative responsible for strategy
	Consultancy	Construction	1 representative at the director level*
Advisors	Charity — Royal Society for the Prevention of Accidents	Construction, manufacturing and private services	2 representatives responsible for strategy
	Charity — Scottish Occupational Road Safety Alliance	Construction, manufacturing and private services	1 representative responsible for strategy

Intermediary type	Body	Sector	Interviewees
	Health board initiative — Healthy Working Lives	Construction, manufacturing and private services	1 representative responsible for strategy
	Charity — Safety Groups UK	Construction, manufacturing and private services	1 representative responsible for strategy*
	Charity — Swansea and West Wales Occupational Safety Group	Manufacturing	1 representative responsible for strategy
Employers	Business organisation — Federation of Small Businesses	Construction, manufacturing and private services	2 representatives responsible for strategy
	Trade association — Federation of Master Builders	Construction	1 representative responsible for strategy
	Trade association — Electrical Contractors Association	Construction	1 representative responsible for strategy
	Trade association — British Ceramic Confederation	Construction and manufacturing	1 representative responsible for strategy
Employees	Information and advice provider — Greater Manchester Hazards Centre	Construction, manufacturing and private services	2 representatives responsible for strategy
	Information and advice provider — Greater Manchester Hazards Centre and University and College Union	Construction, manufacturing and private services	1 representative responsible for strategy*
	Union federation — Trade Union Congress	Construction, manufacturing and private services	1 representative responsible for strategy

Intermediary type	Body	Sector	Interviewees
	Union — Unite	Construction, manufacturing and private services	1 representative responsible for strategy
	Union — Union of Shop, Distributive and Allied Workers	Private services	1 representative responsible for strategy

*Additional interview.

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