European Agency for Safety and Health at Work

The view from the workplace: Safety and Health in Micro and Small Enterprises in the EU

European Risk Observatory

National Report: United Kingdom

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for Safety and Health
at Work

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Table of Contents

List of figures and tables

1 Description of the national context and aims and structure of this report

This report aims to explore perspectives of workers and their employers in micro- and small enterprises (MSEs) concerning occupational safety and health (OSH) at the workplace level. It is one of nine country reports produced as part of the second stage of the wider SESAME (Safe Small and Micro-Enterprises) project, and as such is intended to support, and be read in conjunction with, the overall report for that phase of our research (EU-OSHA, 2018). It is based on data collected during structured, face-to-face interviews in 20 micro- and small enterprises in the UK, drawn from the same broad sectors as in other countries in the study and focusing on exploring the decisive mechanisms behind OSH practice in micro- and small enterprises, its structural and organisational contexts and its internal and external determinants. To do so, respondents were allowed 'to tell their stories in their own terms' (Hasle et al., 2009; see also Kvale, 1996) during the data collection, while at the same time researchers gathered basic factual information on the establishment, including on its size, sector, operation, business position and so on, to help contextualise the health and safety experiences of workers and managers. Each of the 20 cases has been written up separately and was further used to aid comparative analysis, which is presented in detail in the European-level report (EU-OSHA, 2018), but the purpose of the present report is to present these cases within a UK national context and to consider their comparative elements within this context. It therefore details key findings from the cases in a country-specific context.

This report provides an outline of the methods adopted to gather and analyse the data on which it is based, followed by an account of its main findings. This account is subdivided into three parts. First we present an analysis of national data gathered in the Second European Survey of Enterprises on New and Emerging Risks (ESENER-2) study of health and safety arrangements in MSEs in the UK, and we examine how arrangements for safety and health reported in MSEs in this analysis compare with those in larger enterprises in the same survey. This is followed by an account of key findings from the cases concerning OSH arrangements, including the awareness of workers and their managers concerning the nature of risks to safety and health at their workplaces, the arrangements made to manage them and the roles played by workers and managers in these arrangements. The third element of the account of the findings concerns what determines the arrangements and their outcomes. It addresses matters such as the external influences on, supports for and barriers to safety and health, and covers the role of value chain position, OSH services, private and public regulation and the roles of regulators, as well as the function of sector, in influencing the arrangements made for OSH in the cases studied. Finally the report presents some conclusions concerning all these matters and their impact on the experience of health and safety at work in micro- and small enterprises.

Before this, however, in the remainder of this Introduction we consider the infrastructural and regulatory contexts in which micro- and small enterprises in the UK are operating and their influences on health and safety experiences in those firms, before presenting something of what is already known concerning the profile of MSEs within the UK economy and their OSH outcomes. Since a substantial proportion of the research literature on occupational health and safety arrangements and outcomes originates in studies that focused on the UK, and this literature has already been included in the recent review that formed the first work package of the SESAME project (EU-OSHA, 2016), to avoid repetition, the profile presented here is brief, with reference made to the more detailed review where appropriate.

1.1 National OSH infrastructure and regulatory context: what determines the experience of safety and health in micro- and small firms in the UK?

The UK has the world's oldest system for regulating health and safety at work, dating from the early part of the 19th century. However, although it undoubtedly has many features that are endemic to, and influenced by, the development of the UK regulatory system, in broad terms the current provisions for occupational safety and health are in line with those found in all the Member States of the EU. That is, the regulation of OSH arrangements in UK workplaces is essentially a process-based system organised around a set of general duties in which the main focus is on the process of OSH management, instead of being dominated by prescriptive requirements on specified OSH standards as was historically the case. This approach found its first expression in the UK in the general duties of the Health and Safety

at Work Act 1974 and offered protection to all workers in employment, with the exception of domestic servants in private employment. It has continued to develop in subsequent years, with the adoption of more detailed regulations dealing with particular processes and sectors, while maintaining a process-based orientation in line with relevant EU Directives, which adopt essentially the same approach. Indeed it is arguable that it was largely the combination of already existing UK and Scandinavian practice on process-based regulation that influenced the adoption of this regulatory style at the level of the EU from the late 1980s onwards.

The regulatory requirements for OSH in the UK are delivered through a system that was conceived in the early 1970s at the same time as the regulatory reforms and which, like them, largely followed the recommendations of the Report of the Inquiry into Safety and Health at Work chaired by Lord Alfred Robens. The system is therefore given statutory support by the Health and Safety at Work Act 1974. It is essentially a tripartite approach and provides for a Health and Safety Board (formerly Commission) with oversight of a Health and Safety Executive (HSE). The latter has responsibility for regulatory inspection and ensuring compliance from those upon whom it imposes duties. The HSE's brief is broader than this, however, and includes research, the provision of information, and general policy advice and direction on OSH matters in the UK. That is, unlike some other EU Member States, there is not a separate national institute for research, information and policy development on OSH in the UK — instead, the regulator undertakes this function. There is a network of tripartite committees that advise the Executive and Board on policy and practice on safety and health for different sectors and different processes. Perhaps a further distinguishing feature of the UK OSH system is the extent to which it has relied on the voluntary development of many of its elements, which as a result lie outside the regulatory frame, in keeping with the UK pattern of regulation of economic activity and labour relations more widely. For example, although the UK has the largest membership of a professional body for practitioners in OSH in the EU (the Institution of Occupational Safety and Health — IOSH), the use of the services of such practitioners by employers is almost entirely voluntary. Until recently there were virtually no statutory requirements on employers to avail themselves of such expertise — and even now the requirement to do so remains vague. In the case of worker representation on health and safety, while there are statutory provisions covering the involvement of trade union representatives, they operate within a system for general workplace representation and collective bargaining that was historically entirely voluntary and even today has only a rather indirect relationship to regulatory support. These features, in combination with the comparatively weakly developed corporatist institutions of the UK, have been quite strong influences on the way the 'system' for health and safety operates. In this respect, they have a bearing on the uptake and operation of OSH arrangements in smaller enterprises too.

This said, the health and safety system has not been static since its creation some 40-odd years ago and there have been many adaptations, brought about by the profound changes that have taken place in the nature of work and its organisation, the structure of the economy, the relative position and power of capital and labour within it, and political discourse concerning national policy priorities on the economy more widely. In short, as EU-OSHA (2016) makes clear from its review of UK research, the main thrust of these changes has been to reduce resourcing for regulatory inspection and require greater sympathy for the needs of business from inspectors. At the same time, the restructuring of the world of work has increased the proportion of so-called 'hard to reach' duty holders, such as the owner-managers of small firms, as well as substantially reducing trade union density and influence, which was already proportional to firm size and lowest in small firms in almost all sectors.

However, despite the elaborate and long-term presence of OSH regulation in the UK, the position of MSEs in relation to it is problematic in several respects. The regulatory system for OSH does not overtly exclude smaller firms from any of its provisions, such as those on worker representation, as many other EU Member States do. However, businesses with fewer than five employees do not have to prepare written risk assessments or health and safety policies. 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 in one of the prescribed sectors[1] and their work activity does not pose a risk to the health and safety of others. Nevertheless, the findings of UK research on OSH in small firms show quite clearly that, although many owner-managers and their organisations find regulation burdensome and claim that the possibility of inspection is a significant determinant of their compliance behaviour, in fact knowledge of regulatory requirements is quite scant and the likelihood of inspection is very low indeed for the vast majority of

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[1] These are construction, agriculture, railways, and work with gas, asbestos or genetically modified organisms.

small firms (Davis, 2004; Wright et al., 2004, 2005; Fairman and Yapp, 2005; Baldock et al., 2006; Levine et al., 2012). Many such firms have never been subject to any regulatory inspection of their OSH arrangements. Moreover, for the large proportion of such firms categorised by the regulator as presenting 'low risks', the appropriate inspection officer is not a Health and Safety Executive Inspector but rather a local authority Environmental Health Officer (EHO), who is not a specialist in safety and health inspection and who has other, arguably more pressing, duties involving the inspection of compliance with public health and food hygiene standards. Studies in the UK have further shown that EHOs generally prioritise these issues over those of OSH in their inspection visits (Vickers et al., 2006; Fairman and Yapp, 2005; Tombs, 2016).

Despite the somewhat varied and uncertain relationship between MSE owner-managers and regulation and regulatory inspection, as the research literature reviewed in the previous phase of the project (EU-OSHA, 2016) makes clear, regulatory compliance remains a central driver of health and safety arrangements and the extent to which they are operational in MSEs. But characterising the changes of the last several decades has been a substantial decline in the resources available to the regulatory agencies to inspect workplaces. Along with the other requirements of the inspectorate that have been demanded by governments in recent decades, this challenge has led the HSE towards an approach to regulation in which inspection is no longer a central element. Rather, as EU-OSHA (2016) argues, it has taken a view that the regulator needs to move towards giving a greater role for strategic coordination, stimulation and promotional activities aimed at increasing reach and 'buy-in' from owners and managers of MSEs and their organisations to improve management of risks; greater focus on advice and guidance and the means of cascading messages to better connect with 'hard to reach' duty holders such as the owners and managers of MSEs; and support for greater involvement in work environment issues by labour market actors and other interest groups, including closer relations with groups representing the interests of 'vulnerable' workers, community groups, agricultural interests, and so on. It has further suggested that *inspection responses and enforcement activities* in relation to the business environment of MSEs are required, such as going upstream in inspection/supervision of supply chains; increased supervision of multi-employer worksites where many MSEs are present; and broadened surveillance of legal responsibilities among fragmented and/or multi-employer arrangements, especially in sectors such as construction. These developments shift the focus of the regulatory agency from a traditional approach to achieving compliance with public regulation, through its inspection and enforcement, to one in which a more strategic mix of public and private regulation and regulatory actors serves to provide a regulatory nexus in which the owners and managers of MSEs feel more compelled to comply with arrangements required for OSH and their operation in order to maintain a licence to operate their business in the wider contexts in which it is situated. However, as EU-OSHA (2016) further points out, despite the compelling nature of this argument, there is so far very little evidence to support its effectiveness.

1.1.1 Characterisation of MSEs in the UK: economic and OSH profile

Growth of employment in small enterprises was a well-established feature of economic trends by the early 1990s. In 1993, for example, 44 % of employment was in businesses with fewer than 50 employees and 50 % in those employing fewer than 100 employees (Nolan and Walsh, 1995). This trend has continued. At the start of 2017, there were 5.7 million private sector businesses in the UK. Over 95 % of these were micro-businesses and a further 4 % were small, meaning that together micro- and small businesses accounted for over 99 % of all UK private sector businesses. Furthermore, sole proprietorships made up 76 % of such businesses (BPE, 2017).

Over 97 % of businesses in every sector of industry were micro- or small businesses, and they accounted for between 19 % and 87 % of employment sectorally (Table 1).

Table 1: Proportion (%) of micro-and small enterprises by sector

	% businesses	% employment
All industries	99.4	48.0
A: Agriculture, Forestry and Fishing	99.7	84.6

	% businesses	% employment
B,D,E: Mining and Quarrying; Electricity, Gas and Air Conditioning Supply; Water Supply; Sewerage, Waste Management and Remediation Activities	98.7	24.1
C: Manufacturing	97.4	34.4
F: Construction	99.7	78.1
G: Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles	98.8	36.6
H: Transportation and Storage	99.5	39.9
I: Accommodation and Food Service Activities	98.2	47.3
J: Information and Communication	99.3	49.9
K: Financial and Insurance Activities	98.6	19.4
L: Real Estate Activities	99.5	65.1
M: Professional, Scientific and Technical Activities	99.5	63.1
N: Administrative and Support Service Activities	98.9	34.7
P: Education	99.7	75.0
Q: Human Health and Social Work Activities	98.9	52.7
R: Arts, Entertainment and Recreation	99.6	58.1
S: Other Service Activities	99.9	86.4

Source: BPE, 2016

Traditional health and safety structures and strategies were best developed in relation to large enterprises, and institutions of employee representation also have only limited application in small workplaces (Walters and Nichols, 2007).

In the UK, there is evidence that small enterprises are proportionally more dangerous than their larger counterparts. Research on UK manufacturing, for example, shows that workplace size is a significant influence on trends in occupational injuries, with SMEs accounting for proportionally higher rates of major injuries than larger enterprises (Nichols et al., 1995; Nichols, 1997; Walters, 2001). Similarly, recent figures for the construction sector (for the 5 years from 2003-04 to 2007-08) show that two-thirds of fatalities were among the self-employed or those working for firms employing 15 or fewer workers, and two-thirds of accidents occurred on small sites (with 15 or fewer workers), making it very clear that those working for smaller firms in the industry are at greater risk (HSE, 2009).

Turning to more routinely collected statistics, recent figures also show that the highest prevalence rate of work-related illness was among the smallest businesses — those with no employees. Similarly, the highest incidence rate of work-related injury was among businesses with over 25 and fewer than 50 employees (Figure 1). Although these difference are not statistically significant, they nevertheless seem to support the wider literature in pointing to poorer outcomes for those working in smaller firms.

Figure 1: Work-related injury incidence and prevalence rates by business size, Great Britain
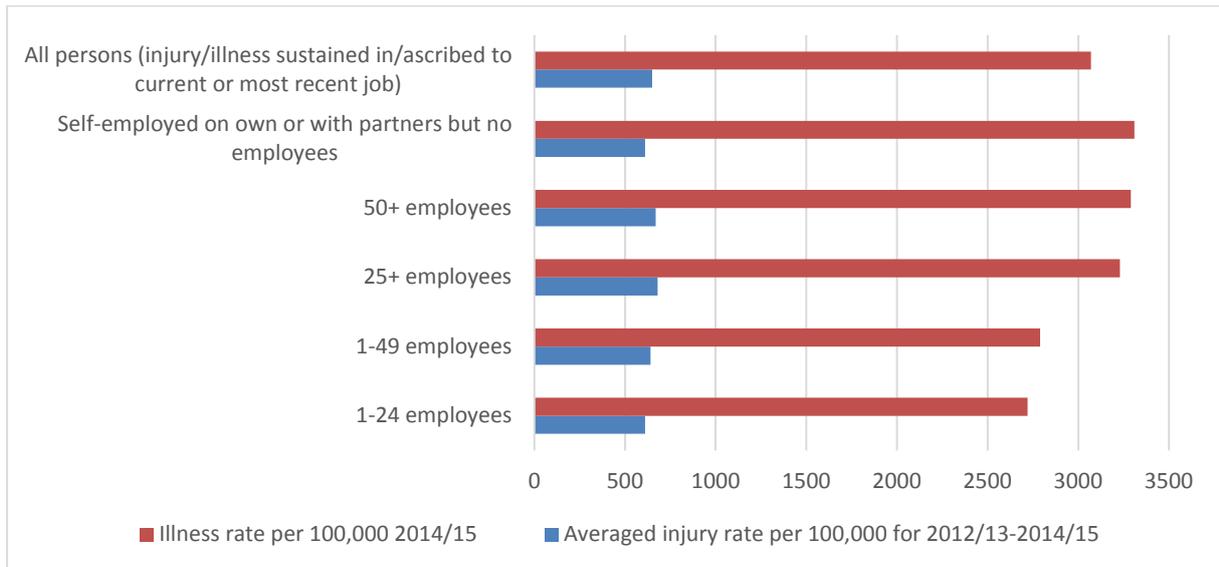
Source: Labour Force Survey, Great Britain

This brief consideration of the position of micro- and small firms in the UK economy, their OSH outcomes and the determinants of the OSH experiences of those who work in them summarises the backdrop against which our case studies must be considered. We return to an evaluation of the factors influencing the experiences of those we interviewed in our case studies in later sections. Next, however, we briefly describe our methodology, before turning to our findings.

2 Description of the fieldwork and the sample

2.1 ESENER-2 secondary analyses

The SESAME project is a follow-up to ESENER-2 of 2014. One part of the analyses presented in the following section, therefore, comprised a secondary analysis of the ESENER-2 data. Its aim was to consider associations between enterprise size and good practice in the management of OSH both generally and specifically in relation to the new risks that were the focus of ESENER-2 — that is psychosocial and ergonomic risks — within the ESENER-2 data. The analyses were based on those carried out on the ESENER-2 data for the EU-28 presented in the report on work package 1 of this project (EU-OSHA, 2016). Those analyses took their lead from the secondary analyses of ESENER-1 (EU-OSHA, 2012a,b,c).

The analyses presented below, which are purely descriptive, focus, in particular, on comparing UK small and micro-enterprises with their larger counterparts nationally, as well as on considering the UK in comparison with the EU-28, on various measures of good OSH practice.

2.2 General remarks on the fieldwork and the methods: the case studies

The main focus of the findings presented in this report, however, is the fieldwork study of 20 cases of micro- and small establishments in five sectors in the UK. All but one of the cases were establishments that had participated in the main survey of ESENER-2. For these studies, contact data for 150 establishments were received from TNS[2] in November 2015, and approaches to potential participants began in January 2016. At the same time, similar datasets were supplied to research teams in the eight other countries that were the focus of the SESAME project. A full description of the project's fieldwork methods is given in the European report (EU-OSHA, 2018), which presents a detailed comparative analysis of the material on which this and the other national reports are based. Here, therefore, we give only a short overview of the approach taken to data collection in the UK.

In the first instance, an email with an attached information sheet was sent to introduce the project[3]. This was followed up a few days later by telephone. In total, 46 establishments were approached and 19 (42 %) agreed to participate. Of those that did not, most refused on the grounds that they were too busy or were not interested in participating (14). In some cases, we were unable to get a response to numerous approaches by email and telephone (10), and in three cases the establishment was no longer eligible for the study (one had grown too big and two others had ceased trading). The remaining establishment was recruited through the research team's contacts. This approach was taken late on in the recruitment process when it became clear that, in order to meet the project's time frame, the research team could no longer follow the rather time-consuming process that approaching the TNS contacts involved.

Prior to starting the fieldwork, pilot interviews were carried out in one establishment, with similar pilot interviews carried out by our project partners in the other eight Member States. The aim was to assess the appropriateness of the study's fieldwork tools (the interview guides). Our conclusions, like those of our partners, were that the guides worked well, allowing us to collect the appropriate data for the project in ways that were acceptable to the interviewees and researchers alike. In particular, we found that, as we intended, it was possible to allow the participants to tell their stories of their experiences of OSH management and its arrangements in their own ways while we used the guides as an aide-memoire to ensure that prompts for any areas of information not covered spontaneously were made where necessary. Given the success of these pilot interviews and the fact that no changes were made to the interview guides as a result, they have been included in the main dataset from which the findings described below are drawn.

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[2] Kantar (former TNS) is a global market research company. It carried out the ESENER-2 survey on behalf of EU-OSHA and was also commissioned by EU-OSHA to deliver the sample, according to the criteria agreed by the research consortium, for the current study.

[3] In a few instances, no email address was provided. In these cases, the initial approach was by telephone.

The case studies took place from February to June 2016. Interviews were carried out by members of the UK research team, and all were held face to face at the case study establishments' premises.

2.3   Description of the sample

Table 2 shows the sizes and sectors of the 20 case studies. The participating establishments were located in England and Wales. While most were drawn from the south and west of England, and the south-east of Wales, we did also carry out case studies in north Wales, and in both the south-east and across the midlands of England. Although this geographical spread was chosen partly to minimise the number of overnight stays researchers needed to make (so making the most of the limited time and financial resources), it also represents geographical coverage of the majority of England and Wales. Making anything like an attempt at representative coverage of all four countries of the UK with 20 case studies was beyond the scope of our project and its resources.

Table 2: Case studies by establishment size and sector

Number of employees	C Manufacturing	F Construction	G Wholesale and retail trade; repair of motor vehicles	I Accommodation and food services	Q Health and social work	Total
5-9	1	1	2	2	1	7
10-19	1	0	0	1	3	5
20-49	3	3	0	0	2	8
Total	5	4	2	3	6	20

As is clear from Table 2, the case study establishments were drawn from the sectors manufacturing; construction; wholesale and retail trade and repair of motor vehicles; accommodation and food services; and health and social work. Within those sectors, they were selected to represent micro-establishments (those with under 10 employees) and two levels of small establishments: those with 10-19 and those with 20-49 employees. As is clear from the table, recruitment was more of a problem in some areas than in others. Specifically, it was more difficult to recruit smaller small establishments in all sectors except health and social work, and larger small establishments in wholesale and retail trade and repair of motor vehicles, and in accommodation and food services. This seems to reflect the distribution of establishments by size in those sectors in the UK more generally.

Eleven of the establishments were independent enterprises, while nine were subsidiaries of larger organisations. Three had been operating in their current form for over 20 years and a further eight for 10-20 years, with none operating for less than 3 years.

Only one of the establishments had any formal arrangements for worker representation in place either generally or for OSH specifically. This was a larger small establishment in the manufacturing sector. The establishment had been bought out by a large multinational organisation 3 years before our case study. The parent organisation had imposed on the case study establishment the standardised safety management system and arrangements it rolls out to all its subsidiaries, and these included a joint safety committee which met monthly and to which workers' representatives were appointed. There was no formally recognised union at the establishment, and these representatives were appointed by management.

This exception aside, the lack of formal arrangements for worker representation within our case studies is not surprising, even among larger small organisations in the UK.

Only two of the establishments seemed to us to have high levels of both business vulnerability and, as a result, employee vulnerability. Both were in the health and social work sector and in each the vulnerability reflected the establishment's heavy dependence on its suppliers and/or clients. In both instances, this included the local authority, which was having to impose increasingly tight financial constraints as a result of the austerity measures being imposed at both central and local government levels in the UK. In one case, this meant that local authority funding for the establishment's service users was increasingly stretched, while in the other the local authority was behind steep increases in the rent the establishment paid for its premises.

The work package 1 report (EU-OSHA, 2016) highlighted the prevalence of low road strategies to their economic and business survival employed by micro- and small enterprises as being characteristic of these organisations generally (regardless of sector, business type and so on). In addition, as that analysis made clear, these approaches are central to the experiences of workers, with those that are employed in these enterprises 'most likely to experience poorer working conditions, lower job quality and proportionally greater risks to their health, safety and well-being' (EU-OSHA, 2016: 10). Among our case study establishments, however, none seemed to be operating a truly low road approach. Only one was taking what might be described as a medium to low road approach. This was an establishment in the accommodation and food services sector and its approach was principally the result of having to compete against fierce local competition. Nevertheless, the establishment's parent company had positioned itself to target a particular section of the local market in which there was less competition, allowing it to operate from what interviewees saw as a position of relative strength in comparison with those competing on the wider market. The rest of the participating establishments were taking medium or high road strategies.

This is important because, as described above, it is influential over the OSH experiences of those working in the establishments. One way of illustrating the approaches taken by the establishments in this regard is by considering the ways in which they employed their workers. Among those taking a low road approach, indirect and precarious employment of workers is common. However, all of our establishments had a directly employed, permanent workforce. Nevertheless, 10 also used indirectly employed staff. This included establishments in the accommodation and food services sector — where casual hourly paid staff were used at peak seasons (such as Christmas) — and the construction, manufacturing, and health and social work sectors — where subcontractors were used for specialist work and agency staff were used to deal with fluctuations in workload. In each of these sectors, this kind of pattern of employment reflects sectoral trends more widely. However, all of the establishments that did use indirect workers were keen to stress that this was almost invariably through long-standing relationships, with establishments often using the same organisations and workers on a regular basis. In addition, a number of managers at the other establishments indicated that they actively avoided using agency staff or subcontractors. This reflected a poor experience in the past, or an awareness of poor practice by competitors which did employ workers in this way. The point here, though, is that half of our participants used only directly employed workers, and the other half supplemented their directly employed workforce only by using workers or organisations they knew well and used regularly. This is an indication of the fact that the establishments were, without exception, using higher road strategies than those that are characteristic of micro- and small enterprises more generally.

Taken together, all of this suggests a clear bias among our participants towards well-established, and therefore successful and secure, establishments. While it is, of course, not surprising that such establishments are more likely to participate in research, particularly that concerned with a sensitive topic such as OSH, it is important to bear in mind when considering the findings that they are not representative of micro- and small enterprises in the UK as a group.

Turning to the interviewees from those establishments that participated in the research, we interviewed 40 people. Of these, 20 were managers, including five who were owner-managers: three were owner-managers of establishments in the micro category and one each in the 10-19 and 20-49 categories.

Among the manager interviewees, 15 were male and all of them were UK nationals. Nine were aged 40-49, a further seven were aged 50-59, three were aged 30-39 and one was over 60. Six of the managers had a great deal of involvement in the core work of the business (that is, they worked 'hands on'), with a further six having a more limited such role. As would be expected, working 'hands on' at least some of the time as a manager was more common within micro- and smaller small establishments.

The remaining 20 interviewees were 'workers'. It is important to note here, however, that these interviewees were selected for us by our original contact at the establishment, who was the manager. As a result, those selected were sometimes not the interviewee we had asked for — an employee who had worked at the establishment for some time and was familiar with its arrangements. Instead, managers sometimes selected a very junior employee, such as a newly appointed staff member or an apprentice. This was usually on the grounds that they were the only worker who could be spared for the length of time needed for the interview. Alternatively, and rather more commonly, managers selected another member of their management team. Reasons given for this choice again tended to be because that was the only person available at the time, though in some sectors (such as construction) managers also said that it was because all the workers were away from the premises (for example on site) at the time of the visit. This, necessarily, has had an impact on the kind of experiences the case studies were able to gather, which is important to bear in mind in what follows.

Considering all interviewees together, 30 were male and 10 were female. Among the women, five were managers: three in the health and social work sector and one each in the accommodation and food services sector and the construction sector. Of the remaining five female interviewees, three worked in the health and social work sector and one each in the accommodation and food services sector and the wholesale and retail trade and repair of motor vehicles sector.

Managers in six of the establishments had some form of OSH training or qualification, and four of the workers we interviewed had received some form of OSH training outside the workplace. While the kinds of training and qualification of interviewees varied, those that had such certification worked in larger small establishments. The only exception to this was a worker interviewee from a micro-establishment who was actually an apprentice and OSH was part of his college-based apprenticeship course.

The fact that any of our interviewees had any kind of OSH training or qualification again suggests that the establishments that took part in the project were at the 'better end of the spectrum'. This is not surprising, given the ESENER-2 findings described above and in our earlier report (EU-OSHA, 2016). The preponderance of men among the interviewees, and the sectors that the women interviewees worked in, however, seem broadly in keeping with staffing in micro- and small enterprises in the sectors included in the study more generally.

3 Analysis

3.1 ESENER-2 data on good OSH practices among small and micro-firms in the UK

This section presents findings relating to small and micro-firms from the ESENER-2 dataset. It is based on the 4,250 responses from establishments in the UK — of which most were micro or small (Figure 2). Comparisons are made with the EU-28.

Figure 2: Proportion (%) of UK establishments in each size band
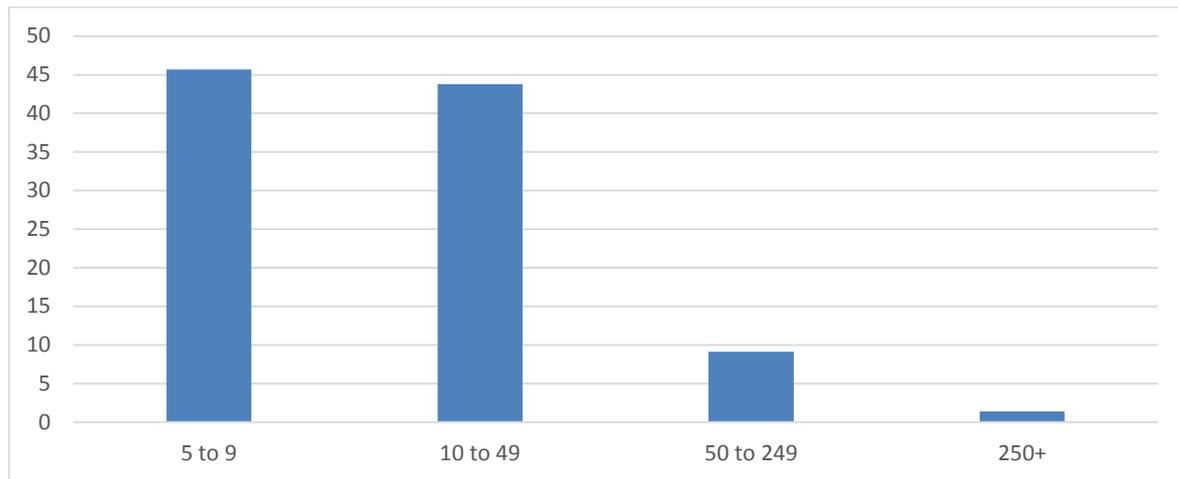
In order to consider how good OSH practice varied with enterprise size in the UK data, and how this compared with variations by size for the EU-28 as a whole, three composite variables were produced. The approach matched that used in the secondary analysis of the full ESENER-2 dataset carried out in the first work package of this project (EU-OSHA, 2016), and took its lead from the secondary analyses of ESENER-2 (see EU-OSHA 2012a,b,c).

The first composite variable combined various measures of the arrangements that enterprises make for managing OSH in the workplace, in order to give an indication of where enterprises fall along a spectrum of good OSH management practice. Seven survey questions relating to good OSH management practice were included (Table 3). The affirmative responses to the questions shown in the first part of Table 3 were each given a score of 1 before they were summed to produce a single measure. Scores ranged from 0 to 7, with a mean of 6.12 (standard deviation 1.48). It is important to note here that three of the measures of good practice are dependent on a fourth, as the questions about the coverage of risk assessments and their frequency and documentation were asked only of respondents reporting that their enterprise carried out regular risk assessments. Although the patterns of associations described below are similar when these three measures are excluded from the composite variable, it is important to keep in mind that a number of the measures of good OSH practice in ESENER-2 are predicated on the premise that workplace OSH management is based on a formal risk assessment procedure. However, the survey's findings, in keeping with other sources, suggest that this is not the case for a sizeable proportion of enterprises — in particular, smaller enterprises.

The second composite variable created used the same approach to give an indication of enterprises' standing on a spectrum of good practices in relation to the management of ergonomic and psychosocial risks (Table 3). Scores ranged from 0 to 5 with a mean of 2.89 (standard deviation 1.18). Again, it is important to note here that one of the measures included in the composite score, relating to aspects of work that were risk-assessed, was asked only of respondents indicating that their enterprise carried out regular risk assessments.

The third composite variable combined various measures of management commitment included in ESENER-2 (Table 3). Scores ranged from 0 to 6 with a mean of 3.92 (standard deviation 1.68). As before, some of the measures included in this composite score were asked only of those reporting that

risk assessments are regularly carried out and, in one case, of those reporting that arrangements for worker representation were in place.

Table 3: Proportion %) of UK enterprises reporting the presence of each of the measures included in the OSH management, ergonomic and psychosocial risk management and management commitment composite variables

Measures included in the OSH management composite score	%
Written health and safety policy available to all	98
Routine analyses of sickness absence	71
Regular risk assessments	92
Routine risk assessment of at least one aspect [4] (asked only of those carrying out risk assessment)	87
Risk assessment within the previous year (2013 or 2014) (asked only of those carrying out risk assessment)	82
Documentation of risk assessment (asked only of those carrying out risk assessment)	85
Provision of workers' training in at least one area [5]	98
Measures included in the ergonomic and psychosocial risk management composite score	
Use of a psychologist	12
Supervisor-employee relationships and/or organisational aspects such as work schedules, breaks or shifts routinely risk-assessed (asked only of those carrying out risk assessment)	74
Use of at least one psychosocial prevention measures in the last 3 years [6]	59
Use of at least one musculoskeletal disorder prevention measure [7]	93
Provision of training for workers on how to prevent psychosocial risks such as stress or bullying	50
Measures included in the management commitment composite score	
Specific budget for health and safety measures and equipment	33
Findings from risk assessments provided to workers or their representatives (asked only of those carrying out risk assessment)	84
Risk assessment seen as a useful way to manage health and safety (asked only of those carrying out risk assessment)	87

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[4] Aspects were the safety of machines, equipment and installations; dangerous chemical or biological substances, where relevant; work postures, physical working demands and repetitive movements; and exposure to noise, vibrations, heat or cold.

[5] Areas were the proper use and adjustment of working equipment and furniture; the use of dangerous substances, where relevant; how to lift and move heavy loads, where relevant; and emergency procedures.

[6] Measures were the reorganisation of work in order to reduce job demands and work pressure; confidential counselling for workers; the set-up of a conflict resolution procedure; and intervention if excessively long or irregular hours are worked.

[7] Measures were equipment to help with the lifting or moving of loads or other physically heavy work, if relevant; rotation of tasks to reduce repetitive movements or physical strain, if relevant; encouraging regular breaks for people in uncomfortable or static postures including prolonged sitting; and provision of ergonomic equipment, such as specific chairs or desks.

Regular discussion of health and safety between management and workers' representatives	53
Workers' representatives provided with training during work time (asked only of those with representation arrangements in place)	57
Health and safety regularly discussed in team meetings	77

All three composite measures increased with establishment size, both in the UK and for the EU-28 as a whole (Figure 3). This shows that smaller establishments tend to have fewer of the measures of good practice in relation to OSH management, psychosocial and ergonomic risk management and management commitment in place than larger ones, and that this is consistent across Member States. However, as is also clear from Figure 3, the scores are higher in the UK than for the EU-28 as a whole, regardless of enterprise size. This is the case for all three composite scores, and suggests that UK establishments, including micro- and small establishments, tend to have more of the measures of good practice in place than is the case for the EU-28 as a whole.

Figure 3: Mean OSH management, psychosocial and ergonomic risk management and commitment scores among UK and EU-28 establishments by establishment size

As we stressed in the earlier report (EU-OSHA, 2016) and above, it is important to remember here that a number of the measures of good practice in each of the three composite measures take as their starting point the tenet that workplace OSH management is based on a formal risk assessment procedure. However, most sources, including ESENER-2, suggest that, for a sizeable proportion of micro- and small enterprises, this is not the case.

It is widely accepted that worker participation plays an important role in enhancing the effectiveness of arrangements made in relation to health and safety within enterprises. Figure 4 shows the proportions of UK and EU-28 respondents to ESENER-2 reporting various forms of worker representation by enterprise size. Again, it is clear that there is a greater presence of arrangements for worker representation and worker involvement [8] in larger establishments than in small and micro-establishments; and further that proportions are higher among UK establishments than those in the EU-28 as a whole, regardless of enterprise size.

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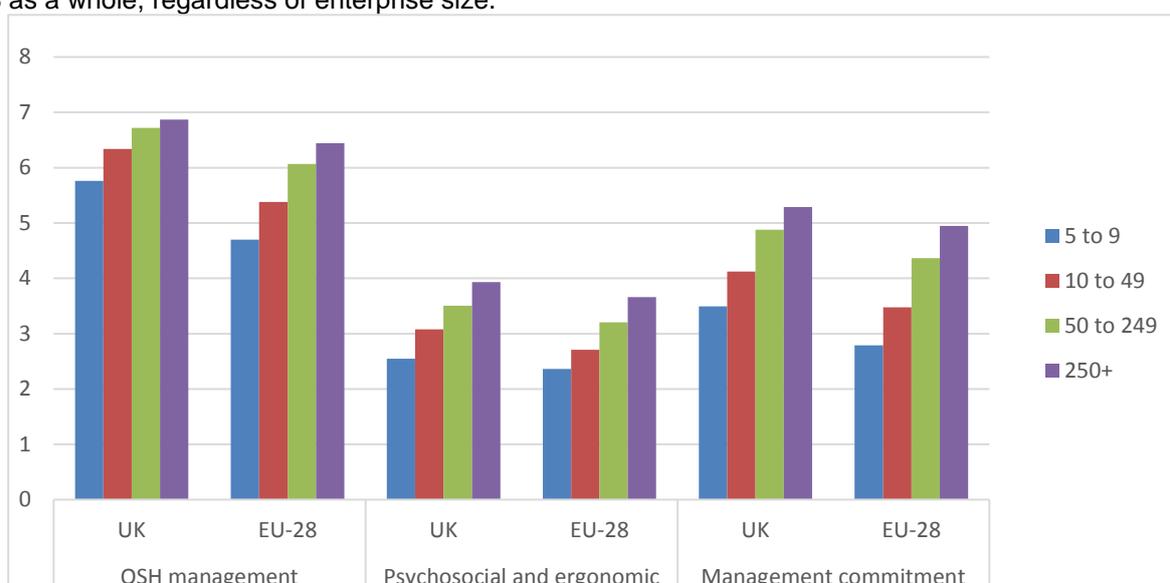
[8] It should be noted here that the size effect in relation to worker involvement principally reflects the greater implementation of measures by larger enterprises than by smaller enterprises. So, where risk assessment and related measures and measures to address psychosocial risks exist, there is little variation in worker involvement in their design and implementation by enterprise size; however, crucially, in a much greater proportion of smaller enterprises than larger ones, risk assessment and related measures and measures to address psychosocial risks do not exist.

Figure 4: Proportion (%) of UK and EU-28 establishments reporting the presence of general and specialis arrangements for worker representation and reporting worker involvement [9] in the design and implementation of measures taken following risk assessment and measures taken to address psychosocial risks, by enterprise size
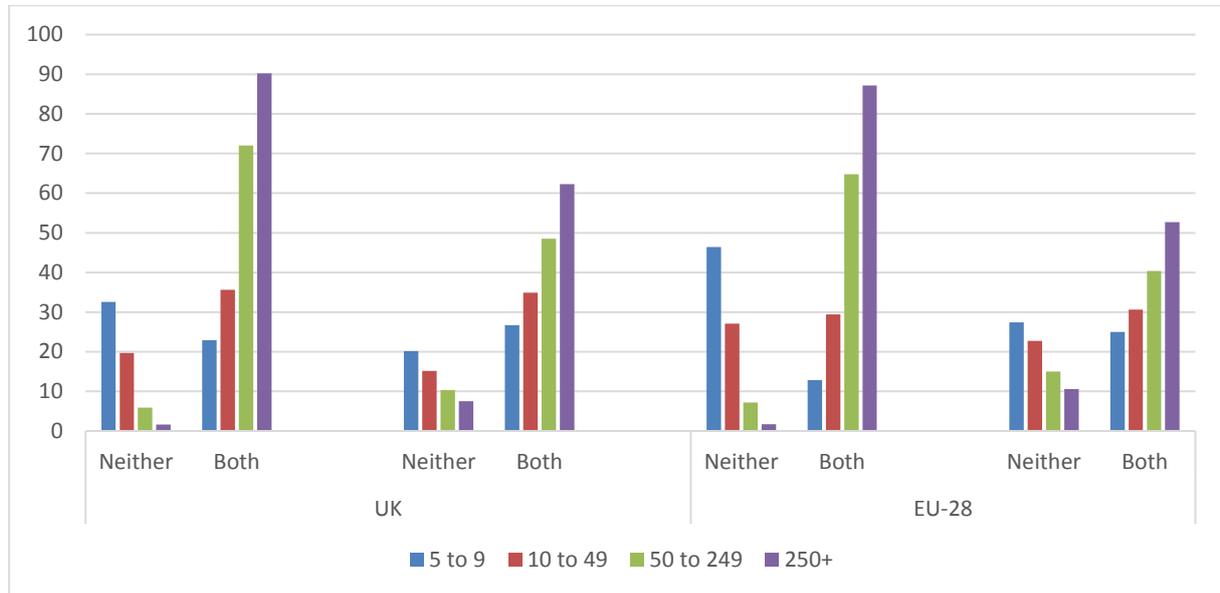
These findings suggest that micro- and small establishments in the UK, like those in the EU-28 as a whole, lag behind their counterparts in terms of their arrangements for good OSH practice. This is apparent in relation to both general and psychosocial and ergonomic risk management, as well as on measures indicating management commitment to health and safety. In addition, although UK establishments, regardless of size, are a little more likely to make arrangements for worker participation on health and safety than those in the EU-28 as a whole, micro- and small establishments in the UK, as elsewhere, are substantially less likely than larger establishments to make such arrangements. All of this is entirely consistent with the literature both from the UK and from further afield.

When considering these data, it is also very important to bear in mind that ESENER-2, like ESENER-1, generally indicates very high absolute levels of implementation and operation of many of the practices, measures and arrangements considered in this report (see, for example, the proportions in Table 2 above). As we have discussed before (EU-OSHA, 2016), many of these levels are substantially higher than other national surveys suggest is in fact the case among UK workplaces. This is most likely to be a reflection of the sample selection methods used in the survey, which resulted in the inclusion of a preponderance of respondents that regard themselves as active in OSH and compliant with requirements — what might be termed the 'better end of the spectrum'. However, the key point is that the findings comparing micro- and small enterprises with their larger counterparts are consistent, even within this 'best end' sample. This suggests that, while the reality of workplace implementation of good OSH management practice in the UK may be substantially lower than the ESENER-2 findings would indicate, their association with larger enterprises and their greater implementation in the UK than in the EU-28 generally is likely to reflect the situation on the ground more widely.

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[9] Involvement is defined as the respondent agreeing that, when measures had to be taken following a risk assessment, employees were usually involved in their design and implementation and that employees had a role in the design and set-up of measures to address psychosocial risks. The former was asked only of those respondents whose establishment carried out regular risk assessments, and the latter was asked of those respondents whose establishment had used any of four measures to prevent psychosocial risks in the previous 3 years.

4 Data from the case studies: the experience of workers and managers

This section presents findings from the 20 cases in which the research team visited establishments and interviewed both managers and workers. Its aim is to describe the experiences of managers and workers of OSH management arrangements at the workplace level.

First, we describe the general characteristics of the participating establishments and interviewees. Following this, we outline experiences in relation to risk awareness; OSH organisation and risk management; acquiring OSH information; risk analysis; communication; routines for ensuring safe and healthy work; and the use of external expertise. Next, the motivation of participants for dealing with OSH is considered, followed by workers' participation in the practice of risk prevention. The section concludes by considering examples of good practice, and perceptions of the effectiveness of OSH management practice and classification of establishments' OSH strategies.

As the establishments were drawn from a number of different sectors, and were selected to represent various sizes of micro- and small establishments, we are also able to make some comparisons between sizes and sectors on these main features.

Together, these findings on the experiences of workers and managers in UK small and micro-establishments form the basis from which the final section of this report discusses the wider determinants of those experiences.

4.1 Risk awareness

Across the case studies as a group, the work involved physical, ergonomic and psychosocial risks, as well as exposure to hazardous substances. These, necessarily, varied from sector to sector. However, in general, physical risks included slips and trips, falls (including from height), contact with moving or falling objects, contact with plant and machinery (including resulting vibration, crush or amputation risks), contact and working with service users, working on, near or under water, and contact with heat, cold, sharp implements and electricity. Ergonomic risks included manual handling, working in awkward or tiring positions or confined spaces, visual display unit work and driving. Psychosocial risks included fatigue, stress, work intensity, lone working, interactions with service users and their families and with the public, and vulnerability to attack (for example robbery when travelling with money or items such as pharmaceuticals or valuable tools). Exposure risks included chemical or biological agents, pharmaceuticals, dust, noise, and dangerous (including human) substances and waste.

There was generally little incongruity between the perceptions of managers and workers in relation to the most significant risks faced in the establishments and, in the main, these were seen as being the physical risks. Ergonomic risks, risk of exposure to hazardous substances and, in particular, psychosocial risks were much less commonly referred to spontaneously by interviewees. This is not surprising and reflects the 'lag' between the awareness and management of 'traditional' and 'emergent' OSH risks more generally in enterprises of all sizes, but especially small enterprises (see, for example, EU-OSHA, 2013).

In addition, psychosocial risks seemed to be regarded more often than other risks by both managers and workers as being the result of influences and factors beyond their control, and in fact were not always recognised as OSH-related factors. For example, in a pharmacy in the retail sector, both interviewees agreed that there were busy periods in the day which could be potentially stressful. This they described as being because of the timings of deliveries and the hours of the surgery to which the pharmacy was linked. Both felt there was nothing further the establishment could do to reduce these pressures, though both also said that they would have liked additional staff to improve their work intensity — each regarding this as something that would be possible only in an 'ideal' world because of the cost involved. And when asked about manual handling, the worker here said:

> *You see, you don't even think about all of those things as health and safety but they are, aren't they?*

Worker, <10 employees, wholesale and retail trade sector

Similarly, the manager of a residential care home (very unusually for a small organisation) was aware that permanent night shifts could have serious implications for workers' health, though it was not something he felt he could address except by raising staff awareness:

> *Some staff remain awake whole night — could have issues with stroke, I know. But I tell them that they should be aware of it.*

> Manager, 10-19 employees, health and social work sector

Stress and fatigue, in particular, were also sometimes regarded by managers as something they were at risk of but their staff were not (or at least not to the same degree) — as these quotes from the manager and worker at the same residential care home illustrate:

> *This job is mentally and physically tiring — on some days my patience can be wearing thin — you have good days and bad days … especially when you are short-staffed or not having enough pair of hands … it can be very exhausting. We do everything we can — but it gets very physical and mental.*

> Worker, 10-19 employees, health and social work sector

> *I think the workers' job is not a stressful one but my job is. The extent of paperwork that I have to do … A care plan needs to be produced for each client — it is a lot of work to get that right and the requirement changes each year — so when the rule changes to involve the clients in your plan I had to redo the whole lot.*

> Manager, 10-19 employees, health and social work sector

There was also a feeling among interviewees that enterprise size was an advantage in relation to some risks, not least psychosocial risks. For example, several of those we spoke to suggested that small teams of workers who knew each other well, worked together regularly and were supportive of each other were part of the reason that stress was not an issue at their establishment. The converse of this, of course, was that there was little escape or other recourse for help if workplace stressors were not appropriately addressed.

In general, however, the following quote from a manager sums up the feelings of both manager and worker interviewees in relation to psychosocial risk management:

> *In terms of how do we go about recognising stress, well we don't quite frankly. We haven't got a policy. Do we manage it — I wouldn't say we do particularly.*

> Manager, <10 employees, construction sector

Turning to the experience of incidents, both managers and workers in all of the participating establishments described the incidence of work-related incidents, injuries and illnesses as extremely low.

In one establishment, the manager we spoke to made it clear that the only accident there had been in its over 50-year history was, in his view, the worker's own fault, while the worker we interviewed regarded the incidents he had been involved in as 'part of the job' and again his own fault:

> *He did manage to cut his hand on the tyre-fitting machine mainly through abusing it … he had been shown how to use it and he'd used it loads of times before without a problem … I think he was just messing around or not paying attention to what he was doing.*

> Manager, <10 employees, wholesale and retail trade sector

> Interviewer: *Have you ever been hurt since you've been here?*

> Worker: *No. No. I got a couple of things in me eye but I think that's just from me own fault … I've got goggles, it was just spur of the moment, that was my own fault.*

> Worker, <10 employees, wholesale and retail trade sector

This case study was perhaps the exception rather than the rule, in that our interviewees did refer to incidents, including injuries to the interviewee. However, the quotes above really serve to illustrate the way in which incidents were regarded in many of the places we visited. Interviewees frequently found it hard even to recall incidents. This seemed to be less because there really had not been any incidents,

but more because they were seen as so much part and parcel of the work. In addition, there was often a tendency to see any incidents as the fault of the person (including oneself) involved — through inattention and so on. All of this, in turn, was linked to likely underrecording of incidents in establishments' documentation, and was something that many of those we spoke to were aware was the case, particularly for the more minor incidents and those that were regarded by those involved as being 'part of the job' (for example cuts from knives for those working in kitchens). This makes it difficult to interpret the response of most interviewees that work-related incidents were very rare. Nevertheless, it is very likely that interviewees would recall (and record) more serious incidents, which none of those we spoke to did.

There was also a feeling among many of the interviewees that there had been a significant improvement on OSH outcomes generally in their sectors and/or their establishments over time. Some saw this overall improvement as a result of legislative changes — often, in particular, sector-specific legislation, as is evident in this quote from an interviewee in the construction sector:

> I've seen health and safety change a lot in the time I've been here and I think everyone thinks it's for the good. Things do seem to be improving on every level basically … Health and safety is one of these things that can be a bit of a pain and people think of it as a bit of a pain … one chap is 65 and he's been doing it since he was 16 … you can see with him his health and safety knowledge and care has changed. In the 1960s or 1970s when he first started it was turn up in shorts and a vest and that was it. Now he's taking a lot more care because you do have to. And I think the regulations came in which have sort of forced people to take more care and more attention to this sort of thing. It's gone down through the trades and the different workers so everyone seems to be taking it more seriously nowadays, which is only to be a good thing.

> Manager, 20-49 employees, construction sector

In addition, a number of our interviewees felt that their establishment was ahead of its competitors in the sector. For example, the manager of a pub explained that all staff hours were recorded and checked weekly for those working overly long hours — something that he suggested, from his own experience, would not be the case elsewhere:

> We monitor staff hours so the majority of our staff will sign out of the EU regulations for under 53 hours or whatever it is, but we're very very mindful we don't expect our staff to be working 50-60 hours on a weekly basis, lots of places in this industry do … No staff work purely split shifts, they all work a mixture of straights and splits or just straights.

> Manager, 10-19 employees, accommodation and food services sector

Similarly, the manager of a metalworking establishment explained that, unlike others in the sector, he tackled work intensity and fatigue by moving additional workers on to urgent jobs rather than increasing the speed of the machines in the workshop:

> We can make the machines run quicker but I'd rather not do that. I have everything out there at a set speed that I feel is safe to work at and … regardless of whether we're in a rush, machines don't get speeded up. They stay at the same, they're working fast enough. What we tend to do is put more manual labour on it. That's how we try and manage everything … The machine's got to run at a safe speed, operator's got to be able to operate it safe and be able to move around the machine while the machine is running. So if it's working too fast he's literally running round the machine, which we don't want.

> Manager, <10 employees, manufacturing sector

This again suggests establishments at the best end of the spectrum, not least because both these quotes point to an awareness of psychosocial risk. While, as referred to above, this was somewhat unusual within our case study sample, it is far more unusual for micro- and small enterprises as a group.

One sectoral difference that became apparent was the view among interviewees in the health and social work sector and, to a lesser extent, the accommodation and food services sector, that if the work was safe for clients then it was also safe for workers. This seemed, at least in part, to be related to the non-

OSH sector-specific regulation applicable in these two sectors. This is something we return to later in this report, but at this point it is important to stress that interviewees in all of the participating establishments in these sectors found it difficult to talk about, or in some cases really conceive of, OSH — particularly not as something requiring separate or additional consideration. The sector-specific regulations and, in particular, their related inspections, which were key to an establishment remaining in business, were regarded as paramount. But, importantly, they were also seen as covering OSH, so, for example, in the health and social work sector, there was a view that if clients' safety and wellbeing were effectively managed then those of the staff would be too. There were clearly synergies here. In the health and social work sector, for example, interviewees stressed that trip and slip hazards were carefully monitored and quickly addressed because of the risk they posed to vulnerable clients — and of course this also meant that the risk they posed to workers was also minimised:

> It's primarily about the service user's safety rather than it that a health and safety hazard. Personally I never think that's a health and safety issue. What I think is 'somebody is going to poke their eye out on that branch sticking' … or 'if we don't clean up that spill somebody's going to trip over'.

Worker, 20-49 employees, health and social work sector

> The OSH of the workers is a matter of concern only if it is seen in the light of the care that we are trying to offer to clients. We cannot therefore have a separate OSH manual or system… it must be part of the care system.

Manager, 10-19 employees, health and social work sector

However, the precedence taken by these regulations, which, as they were designed to do, focused on clients, meant that risks to workers could take a back seat — even when following standard procedures designed to ensure the safety of clients would, in fact, also protect workers:

> I've been involved in people falling and lifting them up. Probably very badly I have to say because I think once you've got somebody on the floor the last thing that you think about is where you are putting your arms and where your knees are, what you're doing with your back.

Worker, 20-49 employees, health and social work sector

> Interviewer: *Does it ever come across to you that because of their wellbeing and their safety that you are compromising your own staff?*

> Owner-manager: *Yes. We talk about that. Physical health and safety is a real fine line that we walk.*

Manager, 20-49 employees, health and social work sector

This suggests that sector-specific legislation was very influential, and that this influence extended the ways in which workers and managers alike thought and talked about risk and who might need protection.

4.2 Company OSH organisation and risk management practice

In the sections that follow, the ways in which the establishments we visited implemented their OSH management arrangements are described. As we have already suggested, broadly speaking the participating establishments represented the best end of the spectrum, and this is reflected in their OSH organisation and risk management practice. As is described below, therefore, in general there was awareness of the concepts of risk analysis and risk management among the participating organisations and evidence of elements of proactivity in relation to their OSH management arrangements.

4.2.1 Practices of acquiring OSH knowledge

As we describe in detail later in this report, a number of the participating establishments used external OSH services and regarded these as a significant source of OSH knowledge — in most cases their main source of such information. However, among those that did not use external services, all the managers

were able to recall and describe occasions when they had sought OSH knowledge. For them, as well as for some of their counterparts who had used external expertise, sources of information included:

- sector-specific regulators, publications and trade bodies (which often provided OSH information on their websites, in newsletters and bulletins and, in some cases, through a helpline);
- external human resources experts;
- attending external courses (either in person or online);
- local chambers of commerce (some of which also provide OSH support for an additional subscription);
- forums for small and private businesses;
- the OSH teams of parent organisations (which were often seen as both a resource and an auditor whose standards they had to meet);
- suppliers (such as training in relation to the use of particular machinery);
- the inspection and certification of equipment and/or the working environment (for example fire alarms).

The HSE website was also seen by many as a source of information, though several interviewees found it difficult to access the information they wanted through it:

> *The Health and Safety Executive in particular, they do the base, they do some of the stuff right, but when it comes to the real crunch, when it comes to the nitty gritty about what decision are you going to make, they do just kind of bail out and say you've got to make the decision. That's kind of the basis of health and safety, I do appreciate that, but that's not helpful, because they're the ones that are going to come round and say you've got that wrong. That's my main gripe in terms of information. It could be just a bit more specific and just a bit more user-friendly. It's not always easy to find out what you want — what ticket, what risk assessment, what method am I supposed to be using?*
>
> Manager, <10 employees, construction sector

However, perhaps the most commonly referred to approach to searching for OSH information, referred to by virtually all the managers we interviewed (regardless of their use of an external service), was simply to 'google it'. This, of course, raises complex questions about the validity of the information they might come across.

4.2.2 Risk analysis practice

On the whole, the establishments we visited had some form of documented risk assessment procedure in place. As the literature clearly indicates, this suggests they were a particularly atypical group of small and micro-enterprises — ones which were at the best end of the spectrum.

For most, risk assessments were carried out by managers without the involvement of workers, as this quote from a worker in an establishment in which the manager made regular, documented risk assessments indicates:

> *Don't think we've done … have we done a risk assessment? … don't know, pass.*
>
> Worker, <10 employees, wholesale and retail trade sector

Excluding workers from this process was seen by some managers as something they did for the benefit of their staff:

> *I try to take all the sort of boring stuff away from them … so they are not spending all their time bogged down in paperwork.*
>
> Manager, 10-19 employees, accommodation and food services sector

In many cases, these risk assessments, their documentation, and the routines and regularity with which they were carried out were the result of the establishment's contact with an external service or its association with a parent company. They were often also closely linked to sector-specific requirements.

For example, the manager at a retail micro-establishment used risk assessment documentation and procedures he had obtained from a sector-specific external service:

> *[It] takes you around all aspects of the pharmacy to work out what the risks are …*
> *it's got to be reassessed every year to make sure things haven't changed.*

Manager, <10 employees, wholesale and retail trade sector

There were also instances of establishments benefiting from risk assessments carried out by others for other purposes. For example, the micro-establishment in the repair of motor vehicles branch of the retail sector used to operate both a repair and servicing workshop and a filling forecourt. At the time of our visit, the latter had been relatively recently sold off and was now independently operated. However, as the manager explained, the oil company used to carry out forecourt risk assessments every 6 months, which sometimes informally extended to the workshop:

> *The oil company paid for somebody to come and do health and safety risk*
> *assessments on the forecourt twice a year and they would also come and have a*
> *look at the workshop but what he did for the workshop was a bit more off the record*
> *because it wasn't paid for by the oil company but there've been a few bits and*
> *pieces that he's commented on and we've taken action on.*

Manager, <10 employees, wholesale and retail trade sector

In addition, in the construction sector, sector-specific regulations in some instances required establishments to provide details of their arrangements and documentation to clients and/or principal contractors. As a result, many were used to including this information at the tender stage, as well as supplying it at the start of each contract:

> *Quite often on a tender return we will be asked to look at the specific risks of the*
> *project and we will generally put together a risk register, a health and safety risk*
> *register and that's how we would respond.*

Manager, 20-49 employees, construction sector

In some cases, this requirement to provide risk assessments and method statements extended to other areas of the establishment's work that were not covered by the sector-specific regulations. However, this was not always the case, as these quotes from a manager and a worker in an establishment which routinely provided such information to principal contractors and clients makes clear:

> *No … we talk through the job but we don't issue them with a method statement*
> *and risk [assessment] … how responsible am I for them not knowing when he's*
> *been in the industry for 15 years? Is it reasonable for me to … am I wrong in*
> *assuming that he would know what to do? … certain tools he should know and I*
> *wouldn't employ him if he didn't.*

Manager, 10-19 employees, manufacturing sector

> *No we don't … the only time we'll ever do a risk assessment really is when we're*
> *going out to sites.*

Worker, 10-19 employees, manufacturing sector

Similarly, in another establishment in the manufacturing sector which supplied storage racking systems, risk assessments and method statements were prepared specifically for each job when the work was a new installation. This meant the work [10] was generally covered by construction sector-specific regulations requiring that such documentation be supplied to clients and/or principal contractors. However, in relation to the repair and maintenance side of its work, risk assessments were prepared only if clients asked for them — something which happened in only about 10-20 % of cases. In these instances, generic documents were used and tailored to known circumstances, because of the perceived cost of carrying out specific risk assessments:

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[10] This establishment was also a member of a sector-specific body which had developed a series of codes of practice which were acknowledged as the standards in the sector.

Method statements are raised by me … We don't do it for every job. We probably should, but we don't get asked for it. It really does surprise me. We're getting more requests but not every job does everybody say 'Could you send me your method statements? Could you send me your risk assessments for the work you're going to do?' Others, they'll say 'You can't do anything until I've had this and I've seen it and we're happy with what you're doing' … Maybe we should be providing it but like everybody we have other things, other demands on our time and we're thinking 'Well, if they're not asking for it I can get on with something else' … 'Then you've got to start thinking 'Well, have I got to employ somebody who's got to go and sort out the risk assessment and method statement?', which is probably the right way to do it, but not the way we are doing it … There is a cost involved.

Manager, 20-19 employees, manufacturing sector

This suggests that, although documented risk assessment and associated standard procedures and so on may have been in place in many of our establishments, they were not necessarily always seen as integral to work practice but sometimes as more of a 'paper requirement'.

There were two establishments among our case studies which had a less formal approach to risk assessment and safe work procedures. These were both independent enterprises which had had little or no contact with an external service[11] and operated in sectors without other forms of specific regulatory oversight: manufacturing and the repair of motor vehicles. In these cases, 'the way we do things round here' was emphasised. Interviewees often spoke of looking out for themselves and each other, using common sense, the importance of experience and the value of having a long-standing and well-established team in which everyone knew each other and their responsibilities well:

We've got a way that we do stuff … we [interviewee and a fellow mechanic] have the same routine how we do a service and then we'll both be talking to each other and making sure we know what we're doing, who's where and doing what so nothing bad can happen.

Worker, <10 employees, wholesale and retail trade sector

These cases are probably closer to more typical micro- and small enterprises generally. However, even here, particularly in the manufacturing sector enterprise, there was an awareness of risk assessment as the basis of safety management. Although this was not (yet) how the enterprise functioned, it was in the process of obtaining external advice with a view to moving towards this approach.

There were also establishments within our case studies which were very familiar with the concept of risk assessment, but much less so with its application in relation to OSH. As described earlier, these were, in particular, establishments in the health and social work sector, where risk assessment in relation to the needs of clients was a requirement and one on which establishments were regularly inspected by the powerful sector-specific body. As one worker we interviewed put it:

You're always risk-assessing in this job. It's not just what you've got on paper, you're mentally risk-assessing where everybody is, what could that person do … Our health and safety … primarily it's about our service users and keeping them safe and everything else is secondary. We do have policies and procedures in place but very very seldomly do situations fit within those parameters.

Worker, 20-49 employees, health and social work sector

Overall, many of our interviewees seemed to feel that formal, documented arrangements for risk assessment and OSH management were time-consuming and could be difficult to keep current, and in some cases they had become a paper exercise focused on fulfilling an obligation. However, there were

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[11] In fact, one (in the repair of motor vehicles sector) had had the benefit of external OHS expertise linked to the oil company that used to supply its forecourt (see earlier quote), and had also once had what the manager described as 'a full risk assessment' carried out by a contact from the enterprise's insurance broker who was setting up a new external OHS service. The latter had left the enterprise with some documentation, but it was clear that at the time of the case study visit the safety management systems and risk prevention procedures and arrangements were almost entirely informal and undocumented. The other (in the manufacturing sector), prompted by an increasing demand for ISO 9001 certification from clients and a change of responsibility for OHS to a manager with no experience of it and a preference for 'hands-on' practical work, had decided to turn to an external OHS service and, having had a preliminary visit in which the consultant identified and helped the establishment address a potentially fatal risk, was waiting for its first full consultation.

two establishments where this was not the case and such arrangements were central to safe working. Specifically, these were establishments operating in safety-critical specialist areas of construction. In both cases, workers were well versed in the nature of their workplace risks and had a long practical experience of addressing them. They were often considerably more experienced in this respect than the managers responsible for their health and safety, and much reliance was placed on employees' experience, supported by their training. There were extensive safe working procedures and risk assessments, often reinforced during pre-shift toolbox talks:

> *Obviously we've got risk assessments, everything we do is risk-assessed. Every new job we do, I have a toolbox talk with the crew first thing.*

> Manager, 20-49 employees, construction sector

Much of their work involved the repetition of familiar tasks. Interviewees stressed the participative element of their OSH management arrangements, pointing out that workers would often make suggestions about how they might approach things differently in order to make the job safer. In addition, they talked about the mutual trust and support between managers and workers. As an example, one manager referred to instances in which workers had informed clients that work was too dangerous to continue. He was very supportive on these occasions — something the workers we spoke to confirmed — and felt they typified successful OSH management in practice:

> *He might not realise this, but for me that was risk assessment … that's what we want. So it's trying to instil that kind of sense of ownership and not just ticking forms. … I try to reinforce them — they are not under pressure to do something silly.*

> Manager, <10 employees, construction sector

The key in these instances, where arrangements for risk prevention were in place and were actually used in practice, was a recognition that OSH was central to the establishments' core business, and that it really came to life only when all of its key components had a strong participative element.

4.2.3 Risk communication practice

Turning to arrangements for communication about OSH, on the whole these were ad hoc rather than regularly scheduled. This tended to reflect the way communication more generally took place, and was something interviewees frequently linked to establishment size:

> *Every now and then we have staff meetings. They're not scheduled in … if they've changed something … if anyone's got a question they'll ask them then … it's mainly procedure, maybe it's [health and safety] been mentioned once or twice … but I can't remember.*

> Worker, 20-49 employees, manufacturing sector

> *We do have health and safety meetings. They're not as often as we should do to be honest. They tend to be a couple of times a year. Ideally we'd have them monthly.*

> Manager, <10 employees, construction sector

> *It's a bit of a standing joke … we've got this thing, there's a health and safety meeting on Friday and it'll be forgotten, and then it'll be like another four or five Fridays … then we'll sort of try to squeeze it in. So we'll have a quality meeting and a health and safety meeting at the same time … but because we're such a small company … we can see no one's had an accident … we see each other every day and if there's any issues they can be raised.*

> Worker, <10 employees, construction sector

In addition, interviewees often linked this kind of approach to having worked together as a team for many years and, importantly, also to an awareness that the manager was frequently someone who had worked on the shop floor in the past and had significant, genuine experience of the job. The quotes below from a manager and worker at a manufacturing micro-establishment illustrate this. However, it is also

important to note that, in addition to stressing the advantages of the informal approach, this establishment was unusual, as it held monthly toolbox talks, at which any OSH issues that had arisen were discussed but which were also planned by the manager with a particular focus. At the time of the case study visit, recent topics had included manual handling and drug and alcohol use. At these talks, workers were also supplied with leaflets summarising the information, and signed to confirm their attendance. In addition, when new equipment was introduced all staff were trained to use it, with the manager demonstrating its use to everyone together. They were then individually assessed operating the equipment and signed off by the manager when he was happy that they were able to use it safely. This establishment, which also used an external service, was particularly unusual because its manager was absolutely passionate about OSH and had invested not only significant money in it, but also a great deal of his own time and expertise (including, for example, modifying machinery to make it both safer and more ergonomically appropriate):

> *It's not like a lot of companies where you have the management and office. I'm from the workshop originally … I know all these guys personally as well and it makes such a difference to the work relationship.*

Manager, <10 employees, manufacturing sector

> *After 12 years, I feel these people are friends. Always when I need something, always these people coming downstairs, 'What's happened [name]? We need to help.'*

Worker, <10 employees, manufacturing sector

Unlike the establishment from which these quotes were taken, the emphasis on informal communication more generally among our participating establishments reflected the sense among many of our interviewees that much of what they did in relation to the documentation of risk assessment and OSH management was little more than a paper-based exercise. Rather, the OSH management that 'mattered' was that based around informal communication between colleagues:

> *We have formal risk assessment. We do it once a year. We think what we could do — how can we make it safe ... we don't hold meetings for risk assessment. It is ongoing; they could have a chat with me today if they wanted to. I just do it [with the help of my wife] … I am in charge of OSH — if they have any questions, they can ask me … I have a few of these in the cupboard but no one needs to see them really.*

Manager, <10 employees, accommodation and food services sector

However, it was apparent that in workplaces where work patterns were necessarily more structured, such as retail or health and social care, an informal approach to communication was also at least in part the consequence of the practical difficulties of arranging meetings which everyone could attend without impacting on those work patterns — and also productivity/profitability — for example by closing the workplace or holding meetings outside work hours.

Where arrangements were more formal, this tended to be in larger establishments and, in particular, in those that were affiliated with parent companies. For example, in a manufacturing sector establishment with 20-49 employees, interviewees described monthly safety committee meetings. These were held at various times to ensure that all three shifts operating at the enterprise could provide workers' representatives, and the committee's remit included all safety issues, the annual review of risk assessments and so on. These arrangements, however, were relatively new and had been imposed by the parent company that bought the establishment about 3 years before our visit. They were part of the standardised safety management system the multinational parent company rolled out to all its subsidiaries. While they were also the only example of representative arrangements among our case studies, it should be noted that the enterprise was not unionised and all representatives were management appointed and regarded as, in effect, part of the monitoring arrangements (see above):

> *They are our eyes and ears out on the shop floor … reporting back on any issues to management. They are very active, ensuring that all safety aspects across the site are kept.*

Manager, 20-49 employees, manufacturing

Five other establishments had some formal arrangements for worker involvement: five in the construction sector and one in the manufacturing sector. These ranged from newsletters to regularly targeted OSH campaigns, and in each case also included regular staff meetings at which OSH was on the agenda. Again, three of these were larger small establishments, including one which was a rapidly expanding operation that had recently been acquired by a larger company in the sector. The other two were micro-establishments: one was also a subsidiary, but the manager was particularly interested in OSH, and the other was independent and operated in a specialised area for which much of its work had to be registered with the labour inspectorate.

4.2.4 Routines ensuring safe and healthy work

Formal arrangements for ensuring that routines and safe working practices were followed were very rare among our participant establishments, although, in sectors such as construction, interviewees explained that sites often had their own OSH arrangements, and that their staff were frequently monitored on these by principal contractor staff. In general, however, the most common approach taken to monitoring was an informal observational one — which is not surprising given the size of the establishments.

Exceptions to this tended to be among establishments using an external service, particularly those operating in industries covered by sector-specific regulations, such as the construction sector, or those with ties to a parent company. For example, in one construction sector establishment which used an external health and safety service, the service regularly visited all of its sites and carried out inspections in the way that interviewees felt the inspectorate would:

> They'll just treat it as if it was an HSE inspection … they'll walk round, they'll take photographs of things they're not happy with, things they are happy with, if there's anything serious then they'll give us an instruction to sort it out immediately … most things we can change while he's there.

> Manager, 20-49 employees, construction sector

In another construction sector establishment, although there was no external OSH service involvement, the specialist work the establishment carried out meant that much of what it did was covered by specific standard procedures, and the requirements of the accreditation service of which it was a member. As the quotes below indicate, interviewees felt that method statements and safe work procedures were followed, and work on sites was regularly checked by managers:

> We do [stick to the procedures].

> We're such a small company and there's only three of us do it. We're pretty good.

> We'll often get visits [from the managers]. It depends how close we are. They keep an eye on us.

> Workers, <10 employees, construction sector

However, perhaps the most significant exception came in a larger small enterprise in manufacturing. In this case, compliance with the enterprise's safety system and standards was monitored through a system of regular inspection procedures which included daily checks, regular 'hazard walks' during which 'behaviour safety conversations' were held with any workers seen not following procedures. Those who were spoken to about the same issue on three occasions could be subject to disciplinary action. These measures, which were subject to monitored monthly targets (for example for the number of 'behaviour safety conversations' to be held), were the result of the enterprise's multinational parent company rolling out and enforcing its behaviour-based safety management system. Here, therefore, compliance with safety requirements was seemingly achieved through a punitive culture and a readiness to use the disciplinary procedure, for breaches of procedure as well as failure to meet targets, which was somewhat at odds with the stated aim of the approach, which was to promote employee ownership of and engagement with the OSH system. As the team leader said:

> We've got CCTV [closed-circuit television] here, so no one can get away with anything … you'll get caught because you're being watched all the time.

> Worker, 20-49 employees, manufacturing sector

These were, however, the exceptions found in the present study rather than the rule.

Arrangements for induction and refresher training related to OSH were also more the exception than the rule. Again, those establishments operating in specialised areas in which the work was safety critical stood out. In these cases, workers underwent extensive induction and regular refresher training, much of which was often delivered as part of personalised programmes developed for individual workers. In each case, this involved significant investment by both establishments. The other exceptions were a manufacturing establishment and a food and accommodation sector establishment. In each case, all staff went through a detailed health and safety induction process. For the former, this involved a senior shop-floor staff member training the new worker on each piece of equipment, and the OSH manager then observing that worker using the equipment before signing him or her off as safe and permitted to use it. In addition, all staff in this establishment were given refresher training on all equipment every 2 years and again were individually assessed operating each machine. In both of these establishments, the manager took an exceptional interest in OSH and this was reflected throughout the workplace OSH arrangements.

4.2.5 Use of external OSH expertise

One of the most striking findings from our case studies was the higher than expected use of external services by the participating establishments. Six of the establishments paid for ongoing support from an external expert. In addition, another had taken advantage of an offer from its insurance company to make use of such expertise and would have liked ongoing support if it had been able to persuade its parent company to agree to the cost; and a further establishment had started paying for external support and was waiting for the service to begin at the time of our visit. Managers at a further two establishments also explained that they had used external expertise in the past. For one, the owner-manager of a garage, this had been something received without charge and informally when the expert employed by the oil company from which the establishment had a franchise for its forecourt operation inspected the fuel service area. However, as that franchise had ended, this source of expertise was no longer available. The other, the owner-manager of a micro-establishment in the food and accommodation sector, had paid for expertise in relation to another business in the past. It was not something the current business could afford, but the owner-manager still used that expertise as the basis of the arrangements she had in place.

Those that had made use of external expertise had done so in response to some kind of external trigger or pressure. Again, there were some sector effect here, with several establishments paying for expertise in order to be sure they were meeting sector-specific legislative requirements which, although they did not necessarily cover OSH explicitly, did do so indirectly (see above). Other drivers for the use of external services included the need to meet clients' demands for ISO 9001 certification; and the specialist nature of their work (for example specialist construction work).

For many, external services provided a way of dealing with OSH and getting it off their hands. For example, the manager of a pharmacy used a specialised external service from which he paid for and used various OSH templates:

> *There's a proforma that we've downloaded from [names a buying group that supports independent pharmacies] … they've got all this paperwork all done for us … they'll do a lot of the procedures for you, do all the groundwork and then you've just got to tweak it … for your pharmacy or establishment … then you just fill in the blanks.*
>
> Manager, <10 employees, wholesale and retail trade sector

In this establishment, OSH was seen by both the manager and worker we interviewed as an 'extra' rather than important and integral part of the enterprise's core business. This priority afforded to OSH, and the fact that it was regarded by the manager as being effectively covered by the documentation he could take 'off the shelf' from the external service, meant that it was seen as time-consuming but not particularly burdensome and in effect not really part of or owned by the business.

However, it was also clear that the use of external expertise gave many a confidence in relation to OSH that they had not had before, and a feeling that they were moving from a reactive approach to one over which they felt they had control:

> *I think we just feel generally more organised and in control of it, which beforehand we didn't.*
>
> Manager, 10-19 employees, food and accommodation sector

Many also saw it as a way of reducing their vulnerability — something some external experts seemed to encourage:

> *He says we're not really doing an awful lot wrong. The only thing we're not doing right is the documentation … if someone had an accident and you've not done anything on it in the past and it's come up again you'd be crucified.*
>
> Manager, 20-49 employees, manufacturing sector

> *So that we make sure that we're covering ourselves and our employees … Safety is paramount … The advice that they give us is very good. We can't complain. Yes it is expensive but I'd rather have it that way because management and staff are covered. Totally … It gives you that confidence.*
>
> Manager, <10 employees, manufacturing sector

In some cases, external services were also used as inspection services. This was in particular the case in the construction sector, where establishments were aware they had to meet sector-specific requirements and where work often took place on multiple sites which were frequently at some distance from the establishment's premises. As well as providing advice, guidance and documentation, therefore, such services often also visited and inspected sites and regularly inspected all OSH-related paperwork. For many, this was seen as giving the establishment both protection and credibility:

> *[External service] does an annual inspection and then come in and they're very very thorough, they go through the files, paperwork, everything else … they do that as part of their, because they are, they write our health and safety policy, if you like they rubber stamp it, they give us that credibility that we need.*
>
> Manager, 20-49 employees, construction sector

External experts were also seen by both managers and workers as having significant power — with the latter aware that the experts could sometimes be the driver behind OSH-related improvements:

> *New changes in legislation, he keeps on top of that for us, that kind of thing. And he gives us a sharp jab if we're not doing something we should be doing … He's quite pernickety. He needs to be for our sakes … which is why we like him.*
>
> Manager, 10-19 employees, manufacturing sector

> *He monitors everything. He's very good … very thorough. With the bosses, sometimes they'll think 'we'll get away with that, we don't want to spend the money on that' but he makes them, which is good.*
>
> Worker, 10-19 employees, manufacturing sector

Regardless of their motivations for using the external services or the various ways in which they used them, all of the establishments that had used external expertise had made changes to their OSH management arrangements and work environments as a result. Many felt this was principally in relation to formalising and documenting practice, in particular by building on and strengthening existing approaches. However, in all cases it was clear that the establishment had also made some further investment in OSH as a result of the external advice — be that simply in relation to the time they spent on OSH, or in terms of upgrading equipment, training workers and so on. In addition, all those that used these services all described them as their main source of OSH information.

4.2.6 Motivation of company OSH practice

When asked directly about motivation, most managers, as one would expect, identified the wellbeing of their workforce as their primary concern. However, for many there was also an external driver. Such drivers were often independent bodies or processes with significant power over the establishment in relation to its business survival, as well as, and often linked to, sector-specific legislation that was

perceived as being likely to be enforced. So, for example, the registration and inspection bodies in the health and social care and pharmaceutical sectors, and the enforcement of food hygiene regulations by local authorities in the food and accommodation sector, were all identified by those in the relevant establishments as being of pivotal importance. Establishments were well aware that they would be regularly inspected and, without an appropriate grading, they risked going out of business. While these inspection bodies and regulations did not specifically extend to OSH, such bodies were seen by our participants as holding significant powers — and this included powers in relation to OSH:

> Interviewer: *So what you seem to be saying is that even though the society is a pharmaceutical regulator ?*
>
> Manager: *Most of it is to do with the environment that the pharmacy the dispensing part is in. It's not so much about you ticking that or signing that prescription to say it's fine, it's more to do with how it gets there … is that a safe environment for that to be in?*
>
> Manager, <10 employees, wholesale and retail trade sector

It was therefore in the business interests of such establishments to invest in getting things right, including in relation to OSH. This perception of the value of having a 'licence to operate' was among the strongest of the determinants of practice that was regularly reported in interviews with both owner managers and workers. It is possibly one effect of the changes that have taken place in the wider public consciousness of safety and health at work in the UK in recent decades. Although it is often for somewhat spurious reasons, health and safety provisions have become incorporated in the requirements imposed by a wide range of actors in the social and economic environment in which small and micro-firms operate, to the extent that they cannot fail to be aware of them. Indeed they are more likely to be aware of them than they are of the requirements of public regulation and its enforcers with which they originate. Thus, the need to be responsive to requirements of professional bodies with a private regulatory role in certain forms of retail, such as in pharmacies, or to those of organisations regulating standards of social and health care, were much closer to the everyday awareness of owner/managers and workers operating in these areas than more distant requirements of public regulation and its enforcement through dedicated regulatory inspection of OSH. When these former bodies included OSH requirements among their demands for operational practice, they were taken very seriously, because the perceived consequences of ignoring them were regarded as having damaging effects on the MSE's ability to remain in business.

Where sector-specific legislation focused on OSH, of course, this was also a strong driver. Those in the construction sector, which in the UK is covered by regulations placing OSH duties and requirements on clients, designers, principal contractors and contractors, therefore saw their OSH performance and ability to both supply appropriate OSH information on tenders and meet principal contractor's standards as key to securing further business:

> *Really health and safety runs throughout the whole business and what we do. We're obviously judged on it because where we do a tender if we've got any notices against us or anything like that that can go against us and that's incredibly important.*
>
> Manager, 20-49 employees, construction sector

In addition, clients' requests for standards of certification, again sometimes linked to sector-specific legislation, were important because of their significance for continued work, as was reputation more generally. Of course, pressure from clients often also resulted in pressure on establishments and their workers — for example in relation to getting jobs done to meet certain schedules, or in terms of creating peak times during the day or year — all of which sometimes indirectly affected OSH outcomes and management.

Several interviewees were proud of working for or running organisations that they saw as performing significantly better on many fronts, including OSH, than rivals in the sector (often referring to organisations they had worked for in the past as a reference point for their judgements). This meant that, for these organisations, having high-quality credentials on OSH was perceived as an important business asset, enabling the company to compete more effectively for sought-after contracts. For those establishments that were part of larger organisations, motivation often also came from being required to meet the standards and requirements set by those organisations — sometimes with an element of competition with other branches of the parent organisation.

There was, of course, also a sense of the balance between the perceived costs of OSH and its possible benefits. As one manager put it:

> *We're not sort of perfect but we're getting close to be where we should be … It's always kind of been on the list, as in we should think about our health and safety policy more and risk assessments and all sorts of various aspects, but it always gets kind of put on the back burner because it's something that until something goes wrong you probably don't see the benefit of it and there's no real financial gain, there's no direct link financially for us.*

Manager, 10-19 employees, food and accommodation sector

In some instances, the influence of suppliers was also important. For example, some suppliers of equipment provided training or information on its safe use or, in some instances, inspected OSH management and compliance with standards in relation to particular products (such as fuel).

There was, however, only one case in which the HSE and its powers might be considered a significant motivation. This was a construction sector establishment which, because of the particular nature of its specialised work, was required to register certain jobs with the HSE and was regularly inspected by it. Only three of the other case study establishments had had any contact with the HSE. For one manufacturing sector establishment, this had been over 10 years before and had been an unscheduled inspection of its premises; for one construction sector establishment, it had been a recent unscheduled inspection of its large publicly funded work site; and for one health and social care sector establishment, it had been a routine follow-up following a resident's fall. Importantly, however, even for these establishments, the HSE was not seen as the most significant OSH influence.

4.2.7 Workers' participation in the practice of OSH risk prevention

As described above, only one of the establishments had any formal arrangements for workers' representation on OSH, and few of them had made any specific arrangements for their involvement. Similarly, as the sections above make clear, there was very little involvement of workers in risk assessment practice or more generally in the organisation of OSH at the workplace. In fact, several managers felt that managing OSH themselves was something they did to free their workers of the burden of involvement — and, of course, allow them more time to spend on the job at hand. This reflected the majority view that, while both workers and managers had some responsibility for OSH, that of the manager was generally greater than that of the worker. This balance shifted a little in relation to OSH performance and outcomes, with most feeling that if workers followed procedures and used their common sense there would be no OSH incidents.

This said, there was an overriding sense, even in the largest small establishments, of team membership and solidarity. Although only five of the participating establishments employed family members, many interviewees (managers and workers) described their workplace as like being part of a large family, in which people knew each other well, looked out for each other and could raise issues as they arose. This aspect of the working environment was something that many of our interviewees valued very highly — although some were also aware that it allowed limited options when concerns were not satisfactorily addressed. In addition, it was perhaps the most salient and central feature of workers' participation in the practice of risk prevention. As we described earlier, for many, most risks, and in particular those that might be seen as the main risks associated with a particular job or task (such as using a knife in kitchen work), were simply regarded as part of the job. As a result, most 'OSH practices' were seen as 'the way we do things here' and workers were often expected to (and did) look out for themselves and each other on a day-to-day basis, albeit often with a sense of management responsibility for oversight of this process.

This sense of solidarity and team membership is perhaps not surprising among the enterprises that were independent businesses. However, nine of our enterprises were subsidiaries of larger organisations and therefore might have been expected to function more like larger enterprises in many respects, including in relation to social relations and OSH. For eight of these enterprises, however, this was not the case. Rather, in these instances, either the parent company took relatively little interest in the arrangements and day-to-day running of the business, essentially allowing the enterprise to function as an independent organisation, albeit with some financial oversight; or the enterprise had taken on the approaches and

systems its parent company had rolled out, including those related to OSH, but it had been able to adopt and adapt them as its own — again, therefore, effectively functioning with some degree of autonomy. For the ninth enterprise, however, things were rather different. This larger manufacturing sector enterprise had been bought from its original overseas parent company by another overseas-based multinational organisation about 3 years before our visit. The new parent company took a very interventionist approach and had introduced a safety management system that was strongly orientated towards behaviour-based safety, with accompanying work intensification strategies and a strong emphasis on monitoring, accountability and disciplinary action to be taken in the event of deviation from required procedures. As a result, this enterprise did not show the kinds of social relations seen in our other case studies and which are generally the norm in small firms. Rather, here there was a marked degree of lack of trust between employees and their managers.

4.2.8 Good OSH practice examples

Examples of good practice varied and were not found in every case study. They ranged from the very specific — such as making in-house changes to equipment to reduce the ergonomic or physical risk it posed to workers — to the more general — such as ensuring open and ongoing communication, providing training, newsletters and holding regular meetings (including, in one case, joint safety committee meetings). We also saw examples such as learning from incidents and near-misses, substitution, improved personal protective equipment (PPE), oversight of actual working hours (with a view to preventing excess working), liaison with suppliers over how and when items were delivered and their specifics (dimensions, weight and so on) in order to minimise the ergonomic and physical risk they posed to workers, inclusion of indirectly employed staff in OSH arrangements, meetings and events, and support for workers when they told clients they could not carry out work for safety reasons. All of these show good practice but, more fundamentally, indicate a more thorough understanding of the practice of risk prevention in the workplace than might be expected of most micro- and small enterprises. It is important to remember that they were not present in every case; but the fact that they were there to such an extent among so many of the participating establishments clearly indicates that they were drawn from the better end of the spectrum.

The origins of the examples of good practice we found were not always clear. However, in some instances links to a parent organisation were clearly influential. This was often the case in relation to practices such as training, newsletters and regular meetings, where OSH management arrangements more usually associated with larger organisations were rolled out to smaller subsidiary companies. In other instances, however, the benefits of smaller size were influential — such as in relation to ensuring open and ongoing communication. Others reflected the influence of external expertise. In particular, instances of substitution and improved PPE sometimes originated in a suggestion made by an external expert. However, perhaps the most common and arguably most influential factor seemed to us to be the characteristics of the individual (owner-) managers themselves. The important influence of owner-managers' characteristics has, of course, been identified before (see, for example, Laird et al., 2011; Masi et al., 2014).

However, what also seemed to be significant in relation to examples of good practice was the proximity of managers to the shop floor, in combination with their active interest in OSH. Good practices were often linked to managers' extensive experience of working 'hands on' themselves (and in some cases still doing so), or at least spending most of their time in the immediate vicinity of their workforce, usually in combination with affording OSH some significant priority. This enabled (owner-)managers to identify risks and hazards, and to be able to see and put in place appropriate prevention measures. This is hardly surprising, but it is worth highlighting as an illustration of the extent of the influence of (owner-) managers' characteristics over the work experiences of those working in micro- and small enterprises. It also, of course, highlights both the potential benefits and, conversely, the potential disadvantages associated with smaller establishment size: managers are more likely to be accessible and have 'hands-on' experience but there are fewer of them, providing fewer — and frequently no — alternative avenues for improvement if one is not amenable. In addition, however, it clearly points to the importance of the active participation of workers and/or their representatives in OSH. What is important here is a deep and practical understanding of the work that feeds into the development and review of OSH management arrangements. Our data suggest that, within this group of 'better end of the spectrum' establishments, this tends to be more often the result of managers having some involvement at the shop-floor level on

a day-to-day basis, coupled with a keen interest in OSH, rather than the result of the involvement of workers themselves.

Finally, it needs to be stressed that 'good practice' in many organisations was regarded by many (owner-)managers and workers as compliance with standards imposed upon their work by various external institutions and processes in which this work and the business it supported were embedded. In this sense, there was not so much a level of good practice such as might be defined by a professional practitioner's assessment of what constituted such practice in relation to health and safety arrangements and their operation. Rather it was what (owner-) managers and their workers believed they needed to do to meet requirements that would help ensure that they stayed in business and, in some cases, that they would improve their business. Understanding the significance of this requires not only a mapping of the structural determinants of such practices in which MSEs may be embedded by virtue of their sector and business orientation, but also some acknowledgement of the wider public consciousness of health and safety in the UK at the present time.

In respect of the latter, there has been a distinct shift of emphasis within public discourse on the appreciation of OSH requirements in the UK over the last 20 years. Developments during the decades in which the UK version of process-based regulation on OSH have been operational contain some interesting paradoxes. On the one hand, as already outlined, there have been significant and substantial reductions in the resources of the regulatory agencies and changes towards a more 'business friendly' orientation in their regulatory strategies, with considerable political emphasis on deregulation. At the same time there has been an enormous growth in the public perception of the extensive and onerous nature of OSH regulation. It is beyond the remit of this report to analyse these changes in detail, but their effects are important and ubiquitous. Many of them result from the essentially protective strategies adopted by larger organisations in both the public and private sectors against the possibility of civil or criminal actions being taken against them for failures to protect public safety, which have spilled over into equally ubiquitous strategies aimed at workplaces, commercial activities, the protection of children and vulnerable adults, and so on.

These protective strategies have resulted in a plethora of requirements that have been placed upon individuals, smaller organisations, commercial activities and so on, in which larger enterprises have attempted both to ensure that their responsibilities will be delivered effectively when under the more immediate control of third parties and at the same time, in some cases, to completely shift responsibilities for such delivery to these third parties. In parallel with these developments have been several embraced by what sociologists and socio-legal scholars have referred to as processes of individualisation and responsibilisation at work and in public life more generally, in which greater onus is placed on individual as opposed to collective actions and responsibilities in these scenarios. There are several results of these developments, some of which have served to extend and perpetuate their effects.

Thus, the demonisation of health and safety as 'elf and safety' in the media and by Conservative government politicians has led to the spread of perceptions concerning the onerous nature of these requirements, which in turn has fuelled further attempts to offset risks of litigation by increasing the responsiblisation of individuals and organisations in dependent, contracting or other weaker positions in supply chains, and other business, economic and social relations. It seems clear that large numbers of MSEs and their workers are in such positions, and these effects, far from liberating them from the so-called 'burdens on their business' dreamed of by neo-liberal politicians and policy-makers, have actually served to increase the influence on their behaviour of the wider regulatory, social, and business nexus in which they are embedded. This would seem to have had significant effects on the ways in which they perceive and respond to the requirements of compliance on OSH. While it may serve to increase resentment among some MSEs, for the kinds of MSEs represented by the cases in the present research it has served to increase their responsiveness to external pressures to comply with the standards thus demanded in order both to maintain their licence to operate and in some cases to contribute to increasing their competitive edge.

4.2.9 Effectiveness of OSH management practice

Almost without exception, interviewees (both managers and workers) felt that the arrangements in place for OSH management at their workplace were effective. This was frequently evidenced by interviewees

referring to their low incident rate — which many described as being lower than the average for their line of work. However, in most cases the view of the visiting researchers was that levels of risk control were a little lower than interviewees' perceptions. In the main, this reflected the essentially unitary approach to OSH management overall, as well as gaps in knowledge and practice, in particular in relation to psychosocial risk.

4.2.10   Classification of company OSH strategy

That said, as the above sections make clear, the establishments were all at the better end of the spectrum. In every case, there was at least some awareness of OSH management concepts and requirements, and there were some routines and procedures in place. This was also reflected in what the researchers felt were the establishments' broad 'strategies' in relation to OSH. Most seemed to us to be either primarily proactive (5) or at least a mix of proactive and reactive (10), with only 5 taking what could be described as an essentially reactive approach. Of course, it is important to be cautious here — these are the researchers' impressions based on a single visit to the establishment and so are in no way definitive. Nevertheless, our impressions were that all of the participating establishments represented the better to best end of the spectrum generally, and that this was reflected in the strategies they adopted for dealing with OSH.

As most of our participating establishments were drawn from the ESENER-2 respondents, we were also able to make some comparisons between these establishments and the other small and micro-establishments in the UK that participated in ESENER-2 but not in our follow-up project. Comparing these two groups of establishments on the three composite measures of good OSH practice described above (see the section on 'ESENER-2 data on good OSH practices among small and micro-firms in the UK') showed no significant difference between our participants and the rest of the UK ESENER-2 micro- and small establishments on any of the measures[12]. This suggests that, although our participants represented the best end of the spectrum generally, they were broadly representative of the ESENER-2 micro- and small participants from the UK.

4.3 Mechanisms

In summary, in our 20 cases we have found examples of what is probably the best end of the spectrum of MSEs operating in the UK. This is not an unexpected result in this type of research, since in securing cooperation of research subjects it is well known that participation is far more likely to be achieved from subjects who feel they have something to promote with their involvement and nothing to hide. Those companies illustrating the low road strategies and structures of vulnerability leading to poor OSH arrangements and performance, which featured prominently in the report of work package 1 (EU-OSHA, 2016), have largely been missed in the present research as a result of the double selection bias in favour of the better end, first through the population of cases being drawn from the participants in ESENER-2 and then by further selection bias within this group to a population of 150 cases from those who agreed to participate in a follow-up and eventually to the final selection of 20 cases from this group who agreed to take part in the interviews and observations that were the basis of the follow-up studies.

This said, it did not mean that we did not find significant weaknesses in the arrangements for OSH in our cases. In many of them, these arrangements were less than ideal and in some there were many examples of hazards and risks that had escaped both identification and control. Moreover, we found weaknesses in the knowledge base of both (owner-) managers and workers in the MSEs we studied; significant limitations in the provision of training and in arrangements for formally representing the voice of workers on OSH (either in or outside the MSE); and sometimes excessive reliance on paper-based compliance strategies, while notions of 'common-sense' approaches to OSH were also pervasive. In other words, the approaches documented in previous research on OSH in small firms were easily

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[12] OHS Management: present project participants which also participated in ESENER-2, mean 6.01 (s.d. 1.88), compared with all other micro- and small ESENER-2 UK participants, mean 6.04 (1.53), $F(1, 3,800) = 0.01$, $p = 0.93$. Psychosocial and Ergonomic Risk Management: present project participants which also participated in ESENER-2, mean 2.91 (s.d. 0.88), compared with all other micro- and small ESENER-2 UK participants, mean 2.81 (1.18), $F(1, 3,800) = 0.16$, $p = 0.69$. OHS Management: present project participants which also participated in ESENER-2, mean 3.76 (s.d. 1.17), compared with all other micro-and small ESENER-2 UK participants, mean 3.80 (1.70), $F(1, 3,800) = 0.01$, $p = 0.91$.

identifiable among the views, attitudes and experiences of the participants in the cases in the present study.

These findings lead to a tentative conclusion that, given these are all cases representative of the better end of the MSE spectrum, weaknesses commonly identified in the health and safety arrangements they make are likely to be more pronounced in situations in which the factors that contribute to the 'low road strategies' and 'structures of vulnerability' of MSEs that were identified in work package 1 (EU-OSHA, 2016) are more in evidence. However, we cannot be certain of this without fuller investigation of such cases, since it also possible that further and different weaknesses may come into play in these cases that are not observed at the so-called 'better end'.

We also found considerably greater use of external services than we had expected from previous research. Why this was so was not entirely clear, but it may have had something to do with the protections against litigation increasingly sought by both public and private actors that are outlined in the previous section. The increased use of such services would fit with such changes, since it is perceived (and indeed marketed) as one way in which duty holders might protect themselves against the threat of such litigation. Indeed, the register of consultants set up by the HSE following the recommendations of a public inquiry was intended to moderate the effects of unscrupulous marketing of these services to small enterprises.

Set against the apparent increased presence of interventions from both qualified and unqualified consultancy services in the OSH affairs of small firms is the low level of influence perceived by respondents for the intervention of the agents and agencies of public OSH regulation. In only 4 of the 20 cases had there been any engagement with HSE and in most of these cases there were special circumstances under which it had occurred. In contrast, the role of private regulation and its agents and agencies was far more prominent. It may be that this was in part a reflection of the regulatory strategies adopted by HSE in recent years to maximise the influence of regulation on MSEs through a host of additional approaches to conventional labour inspection techniques, but it seems more likely it was as much a reflection of the kinds of shifts in public perceptions concerning safety and health discussed in the previous section as it was the consequence of so-called 'smart' regulatory strategies. Either way, as we have pointed out in this report, there is insufficient good research on these issues to be clear on both cause and effects.

4.4 Determining factors

It has become something of a mantra when small and micro-firms are discussed to remind readers of their heterogeneity. Our study is no exception. It follows from this that the factors that determine OSH arrangements are also likely to reflect this heterogeneity and may well be different for different cases. This said, it was clear from the cases in the present study that, overall, several determinants appeared important. They included the following:

- In some sectors, such as construction, the role of legislation and sector-level regulation was an important driver of good practice — although, as noted in the previous account, compliance with these provisions was often achieved through the influence of a combination of the factors outlined below acting within a strong regulatory framework in a sector in which there was a heightened awareness of the requirement for adherence to OSH standards and systems in place to monitor such compliance.
- The role of support from authorities and from external service providers was also identified to be important, not only in sectors such as construction where authorities and external services were fairly prominent, but in other sectors too. However, two key features that were more in evidence elsewhere were that the regulatory authority with responsibility for health and safety had an extremely low profile and featured only dimly in the perceptions of most (owner-)managers and employees in the cases we studied, whereas other authorities, such as those responsible for compliance with wider aspects of the work undertaken by the MSEs, included OSH arrangements as part of their required standards and monitored compliance with them, thus obliging the MSEs to pay attention to them. Similarly, in many cases the MSEs had used external service providers for support in achieving compliance with OSH requirements.

This was quite a surprising finding and in previous sections we have attributed it to a changed public perception of OSH in recent decades.

- Value chain effects on company OSH management were another external determinant — often working as part of a nexus of external determinants such as those addressed above. In line with previous research, there was no evidence in our study that supply/value chain pressures were particularly effective when they operated in isolation from these other pressures.

- Interestingly, we found that, in most of the cases where the MSEs were owned by an external parent company, the influence of the latter on OSH practices within the MSE was relatively small, either because the MSE had been left to its own devices or because, although systems of the larger parent company had been introduced, their operation was not monitored, and as a result the MSE generally did things in its own way. As we have pointed out, there was one exception, where one of the larger of the small enterprises in the study was owned by a large multinational company that both imposed and monitored its OSH systems. These systems were essentially of the kind commonly found in large enterprises. While this was acknowledged to be a major influence on the way things were done within the establishment, there was also quite strong evidence that workers perceived the influence quite negatively and the harmonious social relations commonly found in MSEs were not present in this establishment.

- Generally speaking, the role of management style and social relations within the MSEs seemed to be a less critical determinant of OSH practice than the foregoing external factors. To be more precise, it was a determinant that was quite difficult to measure because all but one of the cases we investigated had relatively good employer-employee relations and fairly open management styles in which concern about OSH was conspicuous (even when the actions and arrangements concerning it may not have been the most appropriate). We suspect that this was a reflection of selection bias in our population, in which the self-selected cases were drawn from among those participants who already felt they were doing something positive about OSH and we feel that our observations concerning the role of management style and social relations may have been different if a more representative sample of MSEs had been selected for study. Nevertheless, our study confirms that, where there is a fairly open management style in which OSH is conspicuously prioritised and social relations within the company are good, efforts to achieve good OSH practice could be expected.

4.5 Interplay of determining factors

Finally, it is important to stress that, while all these factors were identified as important determinants of good practice on OSH in our cases, none of them worked entirely in isolation and it was the interplay between determining factors that led to these manifestation of the good practices that were reported among the everyday experiences of the participants in the cases we studied.

4.6 Summary: what works and why

While there was room for considerable improvement in such practice, it is also important to be clear that in our cases it seemed extremely unlikely that such improvement would result from the kind of project-based interventions that make up a large part of current research and other accounts concerning OSH in MSEs that have appeared in the specialist literature. Such interventions are relatively rare in the UK, they reach only a minority of smaller enterprises and usually only those that are receptive of them, their transferability and sustainability are seldom tested and their role in the everyday business of ensuring the presence of effective OSH arrangements in MSEs would seem to be at best limited and very often negligible. This is not to say that important lessons cannot be learned from such interventions or useful tools to support MSEs developed as a result of them. However, in terms of effective strategies for improving OSH arrangements on a large scale and sustaining such improvement, the experiences from the workplaces investigated in the present study would suggest that it is strategic coordination of the constellation of external determinants and drivers, such as the ones outlined above, that offers the way forward most likely to be effective in the UK overall.

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