European Agency for Safety and Health at Work

Worker participation in the management of occupational safety and health — qualitative evidence from ESENER-2

Country report – United Kingdom

European Risk Observatory

European Agency for Safety and Health at Work

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Cataloguing data can be found on the cover of this publication.

Luxembourg: Publications Office of the European Union, 2017

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Abbreviations

ESENER	**European Survey of Enterprises on New and Emerging Risks**
EU-28	the 28 Member States of the European Union
FOC	Father of Chapel
GDP	gross domestic product
HR	human resources
HSC	Health and Safety Commission
HSCE	Health and Safety Consultation with Employees
HSE	Health and Safety Executive
HSR	health and safety representative
HSW	Health and Safety at Work
IOSH	Institution of Occupational Safety and Health
LFS	Labour Force Survey
MHSW	Management of Health and Safety at Work
OSH	occupational safety and health
RES	representative of employee safety
SRSC	Safety Representatives and Safety Committee
TUC	Trades Union Congress
WERS	Workplace Employment Relations Study

1 Introduction

This report is based on two sources of new information concerning worker representation on health and safety in the United Kingdom. The first source is findings from the Second European Survey of Enterprises on New and Emerging Risks (ESENER-2) concerning worker representation on health and safety in the United Kingdom. The second source is a more in-depth qualitative analysis of the experience of arrangements for worker representation on health and safety based on data gathered in 18 follow-up case-studies. Fourteen of these were undertaken in establishments that participated in ESENER-2, while the other four were sourced independently. In this introduction, we describe the aims of the study on which the report is based, followed by some definitions of what we mean by 'worker representation and consultation on health and safety', in order to be clear about the parameters of what we have investigated. We then outline the structure of what follows in the remainder of the report.

1.1 The aims of the study

There have been many secondary analyses of survey data on worker representation and health and safety in the United Kingdom, made possible by data gathered in wider national and EU-wide surveys on working conditions, employment relations and health and safety. ESENER-2 is the most recent survey available. One of the aims of the study on which this report is based was to update the current knowledge on both the extent of representation on health and safety in the United Kingdom and the contribution it makes to arrangements for health and safety management. However, by undertaking an analysis of data from face-to-face in-depth interviews with a subset of ESENER-2 respondents situated in a range of establishments covered by ESENER-2, along with a review of published research, this report aims to go further than this and present a more in-depth and nuanced understanding of the survey's quantitative results. Furthermore, it aims to build a more complete picture of the way in which worker representation and consultation on occupational safety and health (OSH) is currently practiced in establishments in the United Kingdom. To do so, it explores evidence of the extent of worker participation on OSH in the United Kingdom and, in particular, in the establishments studied. The analysis embraces the methods of such representation, the degree of commitment of all parties, and the extent of dedicated resources (e.g. representatives' time-off, release from duty, access to training) — all of which are issues identified in previous studies as factors that influence the effectiveness of arrangements for worker participation in OSH. It further explores the current contexts in which representative participation in health and safety takes place in United Kingdom establishments and in the wider economic, social and political environment in which it, and the establishments in which it occurs, are situated. It does so by analysing the perceptions of the role of health and safety representatives (HSRs) held by the representatives themselves, fellow workers and managers, through in-depth interviews at the establishment level. It situates the findings of this analysis in relation to those that emerge from a review of the literature and interviews with key informants at national and sector levels, which explore both the practice of worker representation on health and safety in the United Kingdom and the contexts and influences under which it occurs. A second aim of the study, therefore, is to examine current practice in light of previous research findings and the understandings derived from them to explore the extent of change that may have taken place in the form and function of worker representation on OSH management and the reasons for it.

1.2 What do we mean by worker representation and consultation on OSH in the United Kingdom?

Research exploring the evidence for the effective operation of arrangements for worker participation in OSH distinguishes between direct and indirect, (or representative), forms of participation. The evidence concerning the latter is both considerably clearer and stronger than that for the former. Regulatory provisions in the EU are similarly more extensive and more detailed in relation to arrangements for representative participation. This is particularly so in the United Kingdom where this form of worker

participation in OSH is the only form subject to detailed legislative provision ([1]). It is mainly with this form of participation that the present report is concerned, since this was the primary concern of the ESENER-2 survey and the call for tenders to which this report is in part a response, which asked for a study 'to properly capture the views of worker representatives and how worker involvement is organised'. However, in practice, the overlap between the types of worker engagement in OSH is considerable, and the role of representative participation is acknowledged to be significant in facilitating more direct forms of engagement. Also, as we shall see in the accounts of our findings, there are many establishments in which there are no arrangements for representative participation. Therefore, in addition to focusing on the views and experiences of worker representatives, the findings presented here inevitably also include some perspectives on the practice of direct participation.

However, what is primarily being discussed in this report is workers' representation on OSH. This should be distinguished from more vague notions of 'consultation', 'engagement' and 'participation' on OSH, often used in the same context but with very different connotations. As Walters and Nichols (2007) have previously made clear ([2]), two sets of distinctions are needed: one on whether managers relate to workers on an individual basis or through their collective representatives; and one on whether workers are passive recipients of information regarding the requirements of health and safety management or whether they have some opportunity to influence the direction of the outcomes of such engagement. Such different usages are partly explicable because while approaches to representative participation were originally couched in pluralist terms and based on a framework that builds on the idea of collective worker rights, those on direct participation usually originate in the more unitary idea of advancing a cooperative dialogue between workers and managers. However, in current practice in the United Kingdom, it seems that things are not quite so straightforward, because although the specific measures of the United Kingdom legislation on trade union representation on health and safety were set within pluralist understandings of work relations, arguably, more unitary frames have been dominant during most of the period of its implementation. Later chapters therefore explore the consequences of this.

The collective representation of workers' interests in health and safety is made possible through formal arrangements, by statutory or voluntary means. Requirements on such participation provide for a number of minimum legal rights for effective worker representation through:

- employees' selection of representatives in health and safety;
- protection of representatives from victimisation or discrimination as a result of their representative role;
- paid time off to be allowed to carry out the function of a safety representative;
- paid time off to be trained to function as a safety representative and, in so doing, further rights to:
    - receive adequate information from the employer on current and future hazards to the health and safety of workers in the workplace;
    - periodically inspect the workplace;
    - investigate complaints from workers on health and safety matters;
    - make representations to the employer on these matters;
    - be consulted over health and safety arrangements, including future plans;
    - be consulted about the use of specialists in health and safety by the employer;
    - accompany health and safety authority inspectors when they inspect the workplace and make complaints to them when necessary.

Here too there are two fundamentally different ways in which the operation of representative worker participation can be understood. One is to acknowledge that it has its roots in the representation of workers by organised labour, both within the workplace and outside it. The other view is found in the liberal/technical/corporatist idea that worker representatives exist to participate in a cooperative dialogue

([1]) The Health and Safety (Consultation with Employees) Regulations 1996 make allowance for employers to consult directly with their employees in the fulfilment of their obligations, but include little detail of what such a consultation might entail. The Health and Safety Executive (HSE) provides a brief guide — INDG 282 (rev2), available at: http://www.hse.gov.uk/pubns/indg232.pdf

([2]) See Walters and Nichols (2007: 11-18) and Walters and Frick (2000) for a fuller discussion of these distinctions.

with managers. The first view, that worker participation has its roots in the representation of workers by organised labour, links to a historical process that is associated with the development of collective labour rights and the institutions of socially democratic welfare societies. These are manifest in the agreements negotiated by trade unions with employers, found in national labour legislation and international provisions such as ILO (International Labour Organization) Convention 155 and the EU Framework Directive 89/391/EEC. The 1977 United Kingdom Safety Representatives and Safety Committee (SRSC) Regulations were derived largely from such thinking and, as is explored further in Chapter 2, were the culmination of a trade union political campaign.

The SRSC Regulations will be returned to later, but the point to be established here is that, following on from the above, one important justification for such collective rights on the representation of workers' interests on health and safety is that they function to help workers achieve a degree of protection from hazards to their health and safety as a consequence of their exploitation by employers/management.

However, the other set of influences on representative participation, like those behind direct participation, is framed by a more unitary conceptualisation of relations between workers and their employers/managers and underpins the idea that workers might appoint representatives to participate in a cooperative dialogue with managers. Such influences informed many of the early, voluntary approaches to participative arrangements on health and safety in the United Kingdom, and also largely informed the thinking behind the recommendations of the 1972 Robens Report (Robens, 1972), the first major review of United Kingdom health and safety policy after the Second World War, on a statutory obligation to consult workers on OSH matters.

The prevailing political climate has an important influence on the implementation and operation of OSH measures, and it is clear that a unitary and managerialist view of the role of representation in health and safety has increasingly dominated discussion concerning its operation. This is also evident in later legislative reforms such as the Offshore Installations (SRSC) Regulations 1989 and the Health and Safety (Consultation with Employees) Regulations 1996 (hereafter referred to as the HSCE Regulations), which are returned to in Section 2.1.3.

The trade unions — who were both responsible for and the beneficiaries of the pluralist SRSC Regulations — have themselves not been entirely consistent in these matters and have shifted their ground apace with their wider political agendas during the period since the implementation of the SRSC Regulations. For example, during the New Labour[3] period they embraced to varying degrees notions of 'partnership' on health and safety, in which shared interests were emphasised. While their position on these issues was no doubt influenced by a pragmatic consideration of the means to stem waning trade union influence, their ambivalence on the fundamental nature and meaning of the representational rights that they won under the SRSC Regulations is apparent. For instance, the 2004 Joint Declaration of Principle on Worker Involvement, agreed by both employer and trade union members of the Health and Safety Commission (HSC), is a manifestation of this trend (HSC, 2004). It describes its vision as being to gain recognition of 'health and safety as a cornerstone of civilised society and, with that, to achieve a record of workplace health and safety that leads the world'. It goes on to say:

> *We agree that an essential part of this vision is a workforce fully involved in health and safety management and a vibrant system of workplace health and safety representatives operating in partnership with management.*

And:

> *By involvement, we specifically mean relationships between workers and employers based on collaboration and trust and nurtured as part of the management of health and safety.*

This approach appears to take for granted assumptions of shared interest and does not question management control. It accepts that health and safety is a consensus issue and as such, different from other, more conflictual aspects of employment relations. In fact, in this, it is in direct line of descent from the Robens Report (Robens, 1972: 66), which held that 'there is no legitimate scope for "bargaining" on health and safety matters'. Moreover, in the past such a managerialist approach has often been

([3]) The British Labour Party rebranded itself 'New Labour' under the leadership of Tony Blair and Gordon Brown and took Government office in 1997.

associated with emphasis on the individual causation of work injuries and behaviour-based strategies towards safety arrangements. Under such influences, therefore, HSRs may also be expected to supervise and control their workmates' risk behaviour. In this, as several writers on change in health and safety have noted, HSRs are both subject to and complicit in the encroaching effects of the 'responsibilisation' of the individual in the workplace (see, for example, Gray, 2002).

A key term that embraces the activities of HSRs is 'consultation'. For example, the Health and Safety at Work (HSW) Act 1974, Section 2.6 states:

> *It shall be the duty of every employer to consult any such representatives with a view to the making and maintenance of arrangements, which will enable him and his employees to co-operate effectively in promoting and developing measures to ensure the health and safety at work of the employees, and in checking the effectiveness of such measures.*

Much later, the employers' duty to consult was widened to include situations in which no trade union is recognised for collective bargaining purposes. So, for example, where there are employees who are not represented by HSRs under the SRSC Regulations, Regulation 3 of the HSCE Regulations 1996 requires employers to consult these employees 'in good time on matters relating to their health and safety'. Consultation required under this regulation may be 'with either:

- employees directly; or
- in respect of any group of employees, with one or more persons from this group elected for these purposes' (known as representatives of employee safety (RESs)).

The application of these requirements to consult has a presumed order of preference. Where there are recognised trade unions, consultation is to be with the representatives that these unions have appointed under the SRSC Regulations 1977; where there are no such recognised unions, employers are required to make arrangements to consult, either directly with workers or through representatives that the workers have elected for these purposes. A similar approach is found in legal requirements on consultation on other employment matters. As Walters and Nichols (2007) have noted:

> *'The general principle in current United Kingdom law, then, has been that in most cases there is a priority in favour of consultation with a recognised trade union. Where such recognition exists at an establishment, consultation will be with the representatives of that union, and it is for the union, in accordance with its own procedures to determine who such representatives may be. Where there is no recognised trade union, on the other hand, there is no uniformity in the legislation on the procedures for the selection of worker representatives.*
>
> *In addition to the provisions of the HSW Act and the SRSC Regulations, Schedule to Reg. 17 of the Management of Health and Safety at Work (MHSW) Regulations 1992 indicates that every employer should consult safety representatives in good time with regard to:*
>
> - *the introduction of any measure at the workplace which may substantially affect the health and safety of the employees represented by the safety representative concerned*
> - *arrangements for appointing or, as the case may be, nominating competent persons to advise on health and safety matters*
> - *any health and safety information required to be provided to employees*
> - *planning and organising health and safety training required for employees*
> - *the health and safety consequences of the planning and introduction of new technologies into the workplace*
>
> *Such requirements to consult in good time carry an implication that employers should provide adequate information, listen to what workers and their representatives themselves have to say on health and safety issues and respond.'*

In short, therefore, while we acknowledge that worker participation on OSH may take a number of forms, our central and defining interest in this report is to explore practices and outcomes based around *arrangements for the representation of workers on OSH* and what they mean for the workers, representatives and managers involved.

1.3 Structure of the report

In presenting the findings of the cases of representing workers' interests in health and safety, it is important to contextualise them within the wider economic, regulatory and labour-relations environment in which they occur, since, as discussion of their definition makes clear, this environment strongly influences the nature of practice. Therefore, Chapter 2 of the report opens with a brief outline of some of the features of the United Kingdom economy and its OSH outcomes. It examines the economic, regulatory and industrial relations contexts in which worker representation on health and safety is situated in the United Kingdom and reviews the regulatory and research literature concerning worker representation in OSH in the United Kingdom. This comprises a summary of what is known from previous research — including the first ESENER survey — concerning the extent, practice and outcomes of this representation and the factors that influence them.

Chapter 3 outlines the methods we have used to conduct the study, while Chapters 4 and 5 present the study's empirical findings.

Chapter 4 details the secondary analysis we have undertaken of the ESENER-2 data for the United Kingdom. It is based on the 4,250 responses from enterprises in the United Kingdom and presents findings from the survey on the extent of forms of worker representation it identified: works councils, trade union representation, HSRs and health and safety committees. It also presents findings on the involvement of workers in the design and implementation of two types of prevention measure: those taken following risk assessment and those taken to prevent psychosocial risks. It then examines the associations between measures of participation on health and safety and those on good workplace OSH practice.

Chapter 5 presents our findings on the experience of worker representation on health and safety in the 18 establishments that participated in the current study.

The final chapter of the report presents some reflections on the findings seen in the wider contexts of both previous research and the economic, regulatory and political influences on the experiences they describe. It explores their implications for a more informed understanding of the results of ESENER-2 in the United Kingdom. In particular, it considers what the study adds to previous understandings concerning both the practice of representing workers' interests on OSH and the influences upon it.

2 Background

This chapter first outlines some of the broad features that characterise the United Kingdom economy and some headline measures of health and safety outcomes and arrangements for managing them. It then examines the wider economic, regulatory and industrial relations contexts in which worker representation on health and safety is situated in the United Kingdom. Finally, it considers some of the quantitative findings on the extent of worker representation in OSH in the United Kingdom, before considering what is known from previous research about the practice and outcomes of this representation and the factors that influence them.

2.1 The wider context

The significance of the context in which OSH management takes place was explored in a follow-up study to ESENER-1, which examined the national determinants of the OSH practices on which the survey reported (Walters et al., 2013). The United Kingdom was included in the countries analysed and among the most important contextual factors identified were regulatory frameworks; traditions and systems of industrial relations and social protection and their current style and character; OSH support infrastructures (such as the availability and appropriateness of health and safety support services and information); the nature and style of labour relations and compensation systems; and wider features of context, such as the economic climate, the structure of the work and the labour market (Wadsworth and Walters, 2014). It is very likely that similar features of context influence the practices of worker representation in OSH at establishment level, and the aim of this section is to provide an outline of these determinants in the United Kingdom.

2.1.1 A profile of the United Kingdom

The United Kingdom, which includes England, Scotland, Wales and Northern Ireland, is a constitutional monarchy and parliamentary democracy. As of 2016, approximately 65 million people make up the country's increasingly multi-ethnic population.

Historically, the United Kingdom was at the forefront of the industrial revolution, playing a dominant role in the global economy in the 19th century. Today, it is one of the most globalised economies in the world. At the time the project was planned and most of the research carried out, the United Kingdom was a full member of the EU and one of its largest economies. Following the Brexit vote of June 2016, of course, this has changed. At the time of writing, however, it is not clear what the impact of this change will be. Nevertheless, like most developed countries, the United Kingdom has a post-industrial economy, which has become increasingly service based and private-sector dominated: the services sector accounts for more than 75 % of gross domestic product (GDP), while manufacturing, which contributed about 36 % of GDP in 1948, currently accounts for about 10 %. The City of London is a world centre for financial services, although other sectors, such as aerospace, pharmaceuticals, construction and technology, also make significant contributions to the economy.

In common with other countries, the United Kingdom was strongly affected by the economic crisis in 2008 and, since the election of the Conservative–Liberal Democrat coalition government in May 2010, followed by that of a Conservative government in 2015, quite radical austerity measures intended to tackle the national deficit have been introduced. These included measures that imply a reduction in public expenditure on regulating health and safety management, a political orientation towards enhancing the freedom of capital from regulatory burdens and renewed legislative restraints on trade unions.

Employment rates in the United Kingdom are higher than the average for the 28 Member States of the European Union (EU-28). Eurostat figures for 2015 put the overall employment rate for those aged 15 to 64 years in the EU-28 at 65.6 %, compared with 72.7 % for the United Kingdom. The most recent ONS (Office for National Statistics) figures (for mid-2016) put employment among those aged 16 to 64 at 74.5 %, with unemployment at 4.9 %. Following the 6.3 % fall in response to the economic crisis, the United Kingdom's GDP returned to its pre-downturn levels in mid-2013. Since then, it has followed an upward trend, with most recent figures showing a 0.6 % increase in the (preliminary estimate) for the second quarter (April to June) of 2016. This growth was driven, in the main, by the services industry,

which grew by 0.5 % in the same period and contributed 0.4 percentage points to the quarterly GDP growth rate. Comparable increases and contributions for the production sectors were 2.1 % and 0.3 percentage points, while the construction and agricultural sectors fell by 0.4 % and 1 %, respectively. All of this suggests a slow recovery from the recession, but steady recent economic performance, primarily driven by the services sector.

2.1.2 Some measures of health and safety outcomes

In 2014/2015 ([4]), 142 workers were killed at work in the United Kingdom, a rate of 0.46 per 100,000. The rate of injuries reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 for the same period was 293 per 100,000. However, according to the Labour Force Survey (LFS), the rate of injuries that led to more than 7 days of absence from work was 500 per 100,000, while that for any injury at work was 2,030 per 100,000. These figures, which contrast reportable with self-reported measures, highlight the acknowledged difficulty with all health and safety outcomes data from the United Kingdom and further afield. Non-fatal injuries to employees are substantially under-reported by employers, with current levels of reporting estimated at around a half; and the proportion of injuries to the self-employed that are reported is estimated to be much lower.

This said, approximately 1.2 million people in 2014/2015 suffered an illness caused or made worse by work, and of these, 0.5 million were new conditions. Around 80 % of these new work-related conditions were either musculoskeletal disorders or stress, anxiety or depression. In addition, there are around 13,000 deaths each year from work-related lung disease and cancers.

Broadly, all of the rates of fatality, injury and illness quoted above have followed a downward trend over the last couple of decades, though there are indications of a slowing or levelling out of this trend in more recent years. Nevertheless, together, work-related injuries and ill health in the United Kingdom accounted for 27.3 million days lost, with an estimated cost of £14.3 billion, in 2013/2014.

Overall, this indicates that OSH outcomes in the United Kingdom are relatively good — though of course the possibility of under-reporting must be kept in mind. In terms of risk management policies, including those for managing psychosocial risks, survey data are also positive. For example, even though ESENER-1 data probably substantially overestimate the actual proportions, it seems clear overall that, in general, more United Kingdom workplaces have documented policies for managing traditional and psychosocial risks than is the case in many other EU Member States (Walters et al., 2013). This would seem to be at least in part a reflection of the United Kingdom's longstanding tradition of process-based health and safety regulation, which requires enterprises to have well-developed health and safety management systems — something that necessitates initial policy documentation. Furthermore, the trend towards increasing recognition of the link between work and health, combined with concern about economic loss as the result of absence from work, has raised the profile of psychosocial risk both within the regulatory bodies, and hence in the support and guidance they provide to organisations, and among employers, trade unions and society more widely. Perhaps in keeping with this, the perceptions of both managers and workers of health and safety in their organisations seem to be generally positive, with relatively high proportions feeling that health and safety is integral to the management and success of their organisation and that good health and safety management requires the involvement of both employers and employees. Again, this reflects the United Kingdom's long tradition of a participatory approach to health and safety management, which in turn is related to the historical role and influence of organised labour in United Kingdom workplaces, as well as the determination of collective bargaining arrangements at sector and national levels (Walters et al., 2013; Wadsworth and Walters, 2014).

However, within this largely positive set of findings, some less positive data have emerged. These include the continuing rise in work-related illnesses (such as musculoskeletal disorders and mental ill health) associated with changes in the way that work is organised and structured; the perception of some managers (and politicians) that health and safety requirements are overly bureaucratic, expensive and discriminatory to small firms; the relatively low level of awareness of regulatory enforcement; the more frequent health and safety training and information provision within large organisations and for

([4]) http://www.hse.gov.uk/statistics/overall/hssh1415.pdf

those with permanent contracts; and the falling levels of worker representation, with certain types of workplaces (such as small firms) especially poorly served. These factors, of course, are of particular concern given the current downward trends in union density, funding for regulatory authorities and regulation of both health and safety.

2.1.3 The regulatory regime for occupational health and safety

Regulation of health and safety in the United Kingdom has a 200-year history and the British regulatory inspectorate for health and safety is the oldest in the world, originating with the 1833 Factory Act. It also has a longstanding occupational injury insurance system dating back to the Workmen's Compensation Act of 1897. In contrast to the approach in some other EU Member States, the British system allows victims of work-related accidents or health-damaging exposures to sue under civil law. To ensure adequate compensation is available in such cases, under the Employers' Compulsory Liability Insurance Act 1969 (ECLI), employers have a duty to insure themselves against occupational injuries' liability. Private, chartered companies provide this insurance. If they can prove fault, therefore, victims of accidents or other work-related harm have the possibility to secure damages either through the courts or as the result of out-of-court settlements (see Walters (2007) for a comparative account of British and other European systems).

As well as the largely fault-based system for compensation, the United Kingdom has several other features of the regulation and administration of OSH that distinguish it from most EU Member States. For example, support from prevention services is rather different from that found in other western European models. Firstly, there is no statutory requirement on employers to provide access to an occupational health service except in relatively rare and specified circumstances, such as when workers are known to be working with highly toxic substances and biological and environmental monitoring are important aids in the prevention of disease. One of the consequences of this is the relatively low level of provision and access to qualified medical and nursing professionals in occupational health in the United Kingdom. Also, as in other EU countries, during recent decades there has been a decline in provision of specialists in occupational hygiene, which is in the main a reflection of the consequences of the decline in manufacturing, extractive industries and heavy engineering. It is also to some extent a consequence of the fragmentation of large organisations and the privatisation of formerly nationalised industries in which central occupational health departments frequently housed such services. At the same time, and in contrast, in the United Kingdom there has been a considerable growth in the profession of 'health and safety practitioners' and the membership of the professional body representing them (the Institution of Occupational Safety and Health (IOSH)) has grown considerably over the same period. By 2007, IOSH membership topped 30,000 — making IOSH the largest professional health and safety body in Europe (IOSH Annual Report, 2007) — and has subsequently risen to over 44,000 (including over 13,000 Chartered Safety and Health Practitioners, the professional practitioner status recognised by the Institution), making the institution the largest health and safety professional membership organisation in the world. Again, however, the use of such practitioners by employers is not subject to detailed regulatory requirements, unlike in many other EU Member States.

Systematic institutional support for rehabilitation and return to work is also relatively weak in the United Kingdom, with considerable discretion vested in employers in terms of how it is achieved. Arrangements are piecemeal and suffer a marked lack of coordination, with the consequence that it is difficult for any one organisation to take responsibility for the welfare of a particular individual (James and Walters, 2005). These arrangements lag well behind those that exist in other major European economies. This said, there have been various state-led initiatives to encourage early return to work following absence in recent decades as part of a general drive to reduce long-term absence from work among the working-age population.

The current regulatory approach to preventive health and safety was strongly influenced by the Report of the Committee of Inquiry into Safety and Health at Work (the Robens Report) in 1972 (Robens, 1972), which led to the introduction of the HSW Act in 1974. This act has remained the cornerstone of the United Kingdom regulatory system for health and safety at work for the past 40 years and provides a framework of process-based regulatory standards in which duty-holders' responsibilities to manage OSH are generally defined. It introduced so-called 'goal-setting' approaches to OSH management and

thus represented a significant shift from prescriptive to process-based regulation. It is often seen as one of the most well-established approaches to 'enforced self-regulation' in the world. The EU Framework Directive was implemented in the United Kingdom within this already established regulatory framework and United Kingdom regulatory policy-makers did not consider its transposition to require extensive modification of the existing regulatory architecture. As a result, the MHSW Regulations (1999), created under the HSW Act, implement most of its requirements and set out broadly based obligations for employers to evaluate, avoid and reduce workplace risks (see Walters, 2002; James and Walters, 2005). The HSW Act contains provisions for securing the health, safety and welfare of persons at work and protecting others against risks to health and safety in connection with the activities of persons at work. It also defines the structure and functions of the United Kingdom's peak regulatory organisation — the Health and Safety Executive (HSE) — which is the lead regulatory inspection body for OSH in the United Kingdom. It enforces the law in the majority of 'high risk workplaces,' as well as working closely with over 400 local authorities responsible for enforcement in 'lower' risk areas of activity, such as retailing, leisure, and hotels and catering. Local authority environmental health officers have the same powers to enter premises, issue notices and prosecute as HSE inspectors.

The political climate of the United Kingdom over the last forty years or so has had a significant impact on the HSE. During the 17 years of Conservative governments from 1979, there was an avowed deregulatory approach to the United Kingdom economy, a commitment to curb public expenditure and a reluctance to implement EU requirements. This left a legacy that stimulated calls for a more robust approach across a wide range of regulatory issues including the clearer specification of requirements for the management and organisation of health and safety, greater support for worker representation, reform of the law on corporate manslaughter, and the specification of legal responsibilities and liabilities for company directors (James and Walters, 2005). The election of a Labour government in 1997 raised expectations of possible reforms. At the same time, there was widespread recognition that the structure and organisation of work and the labour market was changing and that approaches to regulating the management of health and safety needed to change apace with these developments.

From 1999, there was an unprecedented abundance of national policies to address these issues and it was widely believed that the government would act to restore the resources of the HSE that were eroded under the Conservative government. However, although there were initial increases in the HSE budget, the 2002 spending review introduced a cut in real funding by freezing the budget for the next two years. Not least of the consequences of this was a fall in the number of field inspectors through natural wastage and non-replacement, a decline that continued during the remaining years of the New Labour governments with a similar pattern occurring for local authority inspection activities (Tombs and Whyte, 2010). Following the election of the Conservative–Liberal Democrat Coalition Government, there was renewed effort to reduce both the resources and number of inspections undertaken by the regulatory agencies and at the same time increase the role of self-regulation. According to the Trades Union Congress (TUC, 2016) ([5]): 'In 2009/10, before the coalition government came to power, the HSE received £231 million from the government'. It claimed that according to present government spending projections: 'In 2019/20 it will receive £123 million'. As well as budget cuts, means to achieve these changes have included various government inquiries, new legislative measures increasing ministers' powers to 'abolish, merge or transfer functions from public bodies, in order to achieve the aim of cutting the number of public bodies'; as well as measures introduced through changes in the HSE's code of conduct on its enforcement actions, which required regulatory inspectorates to take greater account of their impact on business.

The purpose of these strategies was to change the orientation of health and safety regulation and 'to free businesses from unnecessary bureaucratic burdens and the fear of having to pay out unjustified damages claims and legal fees' (Young, 2010), so that 'responsible' employers were not obstructed in the pursuit of their business and inspectors could concentrate their efforts on 'high risk' locations, and on 'rogue' employers. Rationalisation of regulation to remove 'unnecessary' provisions, ensuring it was risk based and evidence based, were further high- profile strategies adopted by the state, in line with its neo-liberal economic policies and political aims. In its public pronouncements since 2010, Conservative Party leaders have frequently vowed to rationalise or remove the 'burden' of health and safety laws on economic and social freedoms. For example, in 2012 the Prime Minister, David Cameron, made an

([5]) http://strongerunions.org/2016/04/06/what-future-for-the-hse/

extraordinary attack on health and safety regulation in which he proposed waging a 'war' on the 'excessive health and safety culture that has become the albatross around the neck of British businesses' and claimed that his government would 'kill off the health and safety culture for good' (Safety and Health Practitioner, 2012). In a speech to the Federation of Small Businesses ([6]), in 2014 he said: 'This government has already stopped needless health and safety inspections. And we will scrap over-zealous rules …. And the new Deregulation Bill will exempt one million self-employed people from health and safety law altogether'.

Subsequent government initiatives continued a determinedly neo-liberal scrutiny of the regulator, with further efforts to reduce regulation and regulatory inspection. When inquiries and reviews of the work of the regulatory agency found it to be fit for purpose, they stimulated the Government to announce a further inquiry. There were no less than four such reviews between 2010 and 2014, and when the last of them — the Triennial Review[7] of the work of the HSE — concluded that the HSE was essentially 'fit for purpose' it merely spurred ministers to announce that the Government wanted 'to go further to introduce reforms of HSE to ensure that it delivers value for money to the taxpayer'. The government minister with responsibility for health and safety went on to state that there was 'considerable potential for HSE to become more commercial in outlook and in delivery' and, 'therefore, I have asked HSE to begin work immediately to examine commercial models for HSE in collaboration with Her Majesty's Treasury and the Cabinet Office, and to review the HSE Board to ensure it has the right skills to oversee future efficiencies and commercial income generating options'. This announcement led, among other things, to a weakening of trade union presence on the HSE Board by the following year and the appointment of a 'business friendly' Chief Executive for the HSE.

But these are not merely partisan attempts to favour the interests of business. As Almond (2015) and others have noted, their wider intent is aimed at considerably more than changing the nature and purpose of health and safety regulation and its enforcement. They are a part of a way of thinking intended to achieve cultural change in British society in keeping with neo-liberal precepts, in which not only governance but also the right wing media and key right wing 'thought leaders' have sought to influence prevalent societal norms concerning the freedoms and responsibilities of individuals in economic and social life. In this process, it appears that health and safety regulation has been a convenient metaphor for what successive governments and their political allies in the United Kingdom regard as obstacles to the progress of their agenda for change in the economy and the working of British society more generally. As a result, health and safety regulation has been the subject of a concerted campaign to highlight its supposed excessiveness, while at the same time both trivialising the seriousness of its purpose and suggesting it has an insidious effect on the freedom of citizens to behave responsibly. In combination, these elements of this campaign have gone some way to creating a new climate in which, as Paul Almond has put it:

> *… assumptions made about the value of individualized, rationalized, and business-oriented regulation have set the parameters for a series of subsequent developments that reflect this new social reality. … Within this symbolic universe, individualism and personal responsibility are seen as the fundamental basis of social and economic relations and, as with the compensation culture narrative, individuals are presented as 'rationally calculating, self-interested actors' who act in accordance with the economic calculation of their own self-interest. Health and safety is thus reframed as a matter of self-interested exchange, rather than a universal, welfarist social goal…*
>
> Almond, 2015: 226-227

Almond argues that, through its relentless pursuit of (albeit spurious) examples of excess in OSH regulation and the promotion of 'elf 'n' safety' stories in the media, the Government and its supporters have captured appeals to 'common sense' in ways that have allowed a subtle change in the portrayal of its pursuit of the deregulatory neo-liberal agenda. This change shifts the focus away from a battle for regulation/deregulation to one in which the norms of neo-liberal thinking are taken for granted:

([6]) https://www.gov.uk/government/news/supporting-business-david-cameron-announces-new-plans

([7]) The 2014 triennial review documents are available at: https://www.gov.uk/government/publications/triennial-review-report-health-and-safety-executive-2014

> *The new orthodoxy of health and safety policy is dictated by the notion of common-sense regulation as an individualized, rationalized, minimalist undertaking, and this is the frame within which all subsequent decision making must take place.*
>
> Almond, 2015: 227

Other writers (see, for example, Howard et al., 2014) have pointed to the range of coercive drivers employed by governance to change public perceptions of the role of existing protections against work-related risks, in which processes of individualisation and responsibilisation (Gray, 2009) have led to a fundamental shift in the ways in which they are perceived and in the context in which policy discourse on work-related risks occurs in the United Kingdom (James et al., 2013). It is within these contexts that worker representation on OSH currently takes place and it would be surprising indeed if they had not had an effect on how such representation is perceived and practiced in British workplaces. The representation of collective interests in the protection from work-related harm would seem to be profoundly out of step with the dominant discourse in the media and in political thinking. It is in this construction that the current experiences reported in Chapter 4 are situated and the implications of this provide a focus for the discussion in Chapter 5.

While the socially constructed changes in public perceptions of OSH risks and worker protections have to some extent resulted from the manipulation of ideas by dominant political interests in the United Kingdom, they have not occurred in an institutional vacuum, and at the same time, during recent decades, there have been huge changes in the structure and organisation of work, labour markets and industrial relations. These are far too extensive to document in any detail in this report, but they are nevertheless important as they contribute to the changed environment in which worker representation takes place and help to make possible the shifts in the public perceptions of the nature of work, its risks and protection against such risks that we have described.

These changes are similar to those experienced in much of north-west Europe. Business management trends have included greater efforts to outsource activities and increases in the use of both temporary contracts and agency workers. At the same time, as a result of these changes in management practices, there have been corresponding increases in the proportions of workers on temporary contracts, the self-employed and those employed in smaller organisations (Monyagh and Worsely, 2005). There have been higher proportions of women in work as well as greater numbers of migrant workers, while the average age of workers has increased. Networks of production and supply of goods and services are now more common and more complicated than in the past, and contractual relations between labour and capital are more fluid and complex as a result. A parallel decline has occurred in the extent of organised labour, brought about under the influence of many of these changes, as well as by periods of political hostility towards trade unions resulting in legal constraints on their activities.

These changes have consequences for the health and safety of workers, as well as for the arrangements made to manage it. The former have been well documented in reviews of the international research literature and they apply as much in the United Kingdom as they do elsewhere (for such reviews see, for example, Quinlan et al., 2001; HIRES, 2009; Walters et al., 2011). There has been a substantial shift in employment, towards the service sector and private services in particular. As in other former industrialised countries, employment in manufacturing in the United Kingdom has continued to decline.

The fragmentation and downsizing of enterprises, with the break-up of large business units into smaller ones, either within the same organisation overall or separately, has led to the devolution of managerial responsibility but not necessarily the managerial authority to ensure the delivery of this responsibility (Sisson, 1995). Such changes do not always afford health and safety the position or priority it may have enjoyed in former organisational structures (Wright, 1996a,b). Furthermore, while the reduction of employment in more hazardous industries may have contributed to reducing the contribution of serious injuries and fatalities, the parallel rise in employment in services has contributed to substantial increases in the work-related health effects of psychosocial risks.

Both self-employment and contingent forms of employment have increased significantly in recent decades. For example, self-employment as a proportion of total employment almost doubled between 1979 and 1995, rising from 7.3 % to 13 % (HSC, 1996); LFS figures for 2011 show an increase of 3.5 % from the previous year. Similarly, the proportion of employees engaged in temporary work increased from 5.5 % in the mid-1980s to 7 % in 1996, an increase of over half a million (Sly and Stillwell, 1997),

with a report identifying the United Kingdom as one of the three largest agency-work markets in 2009 (along with Japan and the United States) (CIETT, 2011). The International Confederation of Private Employment Agencies (CIETT) report suggests that the United Kingdom had 11,500 private employment agencies operating in 2009, accounting for 1,068,197 agency workers, which represented 5 % of the United Kingdom workforce.

Although contingent workers and the self-employed are ostensibly included under the HSW Act 1974, their relationship to the illegal economy and the blurring of its boundaries makes this area notoriously difficult for both regulatory inspection and the representation of workers' interests (European Foundation, 2005, 2010; see also Quinlan et al., 2001).

The growth of employment in small enterprises was a well-established feature of economic trends by the early 1990s. This trend has continued, with over 99 % of the United Kingdom's 4.5 million private sector businesses employing fewer than 50 people in 2011 (BPE, 2011). As we have already emphasised, traditional health and safety structures and strategies were developed in relation to large enterprises. Institutions of employee representation also have only limited application in small workplaces (Walters and Nichols, 2007). In addition, in the United Kingdom, there is evidence that small enterprises are proportionally more dangerous. Research on United Kingdom manufacturing, for example, shows that workplace size has a significant influence on trends in occupational injuries with small and medium-sized enterprises accounting for proportionally higher rates of major injuries than larger enterprises (Nichols at al., 1995; Nichols, 1997; Walters, 2001).

There has also been an increase in part-time work in the United Kingdom. In 1971, approximately 15 % of jobs were part-time, increasing to 26 % in 1991 (Watson and Fothergill, 1993) and 29 % in 1996. The European LFS (2007)[8] figures showed that 24 % of employed 15-64 year olds in the United Kingdom were employed part time, and that part-time work was more common among women (41 % compared with 9 % of men). For the, at the time, 27 Member States of the EU (EU-27), comparable figures show that 17 % of jobs were part-time (30 % for women and 7 % for men). There is an association between such work, disadvantaged workers and the hidden, unregulated economy. Instruments and strategies of OSH regulation have little effect on health and safety outcomes in this sector. Concern over the observation that immigrant workers appear to suffer greater numbers of occupational accidents has also grown as their numbers have increased. Vulnerability is usually attributed to their employment in industrial sectors, such as the construction industry, with high accident rates and a significant element of unregulated, illegal work practices where health and safety standards are not applied, but it may also reflect communication and management problems resulting from a failure to address language and cultural differences adequately (Mackay et al., 2006). Here again, the challenges for trade unions of organising among migrant workers are well known.

The rise of human resource management techniques, flexible working, just-in-time management, lean production and other techniques characteristic of the past 20 years have also sometimes undermined employment security, worsened working conditions and intensified work with adverse consequences for health and safety (James, 2006). Indeed, the calls from Conservative Members of Parliament (MPs) 'to restore competitiveness … by deregulating the labour market' (Liam Fox, 2012 ([9])), which parallel those directed at reducing regulation and regulatory inspection in relation to health and safety specifically suggest that, under the current political climate in the United Kingdom, these changes are likely to continue.

In addition, the Skills Surveys show a marked decline in task discretion for United Kingdom workers (Felstead et al., 2007). Those in 'skilled trades' were least affected, whereas 'associate professionals' and 'personal service workers' suffered the biggest fall. The decline was slightly greater in the public sector than in the private sector, and particularly pronounced in education. The surveys found that the decline was linked to more intrusive performance management systems and increasing pressures from customers, clients and colleagues. The Workplace Employment Relations Study (WERS) indicates that less than half of employees in 2004 reported having a lot of influence over how work was carried out and the order in which tasks were undertaken, and only a third reported having such influence in respect of the nature of the tasks performed (Kersley et al., 2006: 95-97). There is also evidence of significant

([8]) http://ec.europa.eu/eurostat/web/lfs/data/database
([9]) http://www.bbc.co.uk/news/uk-politics-17123137

work intensification (Green, 2009), rising levels of 'over-qualification' (Felstead et al., 2007) and skills not being fully utilised at work (Kersley et al., 2006).

To all this can be added evidence of significant labour market polarisation, with growth in professional and managerial occupations occurring alongside rapid increases in low-skill, low-paid jobs, such as sales assistants and shelf-stackers (Goos and Manning, 2003; Nolan and Wood, 2003; Warhurst and Thompson, 2006). In 2006, there were an estimated 7 million jobs in the United Kingdom that did not require any qualifications to obtain them (Felstead et al., 2007). It has also been argued that many United Kingdom firms produce low-specification goods and services in price-competitive markets, using a predominantly low-skill, low-wage workforce and neo-Fordist forms of work organisation that afford employees limited scope for discretion (Keep and Mayhew, 1998; Delbridge et al., 2006).

Such structural change has also influenced the substantial shifts that occurred in the profile of employment relations in the United Kingdom since the 1980s. In particular, both membership of trade unions and the coverage of collective agreements have declined substantially. There has been a general movement away from industry-level collective bargaining towards a greater focus on individual arrangements. Many employers — especially smaller ones — do not belong to an employers' organisation. In comparison with other major EU economies, there is a marked underdevelopment of corporatist infrastructure in the United Kingdom. This is significant in relation to the governance of health and safety because although a tripartite infrastructure was established covering OSH issues both by subject and sector under the HSW Act, its coverage is not universal and its functioning is, to some extent, dependent on the traditions and wider arrangements in place at the sector level. Since these vary considerably between sectors, the operation of the tripartite system for the governance of OSH and the implications for its support by the HSE also varies between sectors and is especially vulnerable to the changes in policy discourse outlined above. Although such change is generally acknowledged, there is no detailed research that has systematically or comparatively evaluated its consequences, or indeed those of the differences that existed between sectors prior to such change.

Historically, the United Kingdom had a strong tradition of trade unionisation. However, membership levels reached their peak in 1979 at 13 million and fell by 38 % to 8.3 million by 1994 (Sweeny, 1996; Millward et al., 2000). In 1998, trade union membership had fallen to under 7 million according to TUC. Although there has been some stabilisation since the late 1990s, numbers are still falling with most recent figures showing that around 6.5 million employees belonged to a trade union in 2015. This represents 24.7 % of United Kingdom employees and is the lowest rate since 1995 (a decline of 7.7 percentage points in those 10 years). Over that same period, membership rates fell from around 35 % to 22 % among men, while among women they have remained broadly stable at a little under 30 %.

Union density also varies significantly by sector: it is highest in the education (52 %) and public administration and defence (46 %) sectors and lowest in the accommodation and food services sector (3.5 %) ([10]). Industrial sectors with traditionally high membership rates have seen substantial falls. For example, union density in the manufacturing sector fell from 33 % in 1995 to 17 % in 2015. These figures also show that, across all sectors, just over 40 % of United Kingdom employees (42.7 % in 2015) were in a workplace where a trade union was present. This is a fall from 46.1 % in 2010 (Achur, 2011). In 2015, 27.9 % of employees' pay and conditions were affected by a collective agreement, down from 36.4 % in 2000. In fact, collective agreements have declined in both the public sector, where they are much more common (they covered 64.5 % of employees in 2010, down 3.6 % from 2000 (Achur, 2011), and by 2015 had fallen to 60.7 %), and the private sector (they covered 16.8 % of employees in 2010, down 5.7 % from 2000 (Achur, 2011), and by 2015 were at 16.1 %). Figures from the 2004 and 2011 WERS surveys ([11]) also show that union density varies significantly by sector and has declined even within this relatively short period (Table 2.1).

([10]) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525938/Trade_Union_Membership_2015_-_Statistical_Bulletin.pdf

([11]) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/336651/bis-14-1008-WERS-first-findings-report-fourth-edition-july-2014.pdf

Table 2.1: **Union representation (figures from WERS)**

		Workplaces with any union members (%)		Workplaces with any recognised union (%)	
		2004	**2011**	**2004**	**2011**
Overall		28	23	22	22
Sector	Public	90	89	90	92
	Private producing	22	12	13	9
	Private services	19	14	13	12

WERS survey figures further show that most of the decline in the rate of union recognition occurred among small workplaces: only 18 % of workplaces with 10-24 employees recognised unions in 2004, compared with 28 % in 1998. This is of particular concern given the recent growth in small business numbers, and the increasing fragmentation of larger organisations, and their associations with poorer workplace health and safety management and outcomes (see below). However, the incidence of union recognition among workplaces with 25 or more employees remained stable (at 39 % in 2004 and 41 % in 1998), following continual decline in the 1980s and 1990s.

The decline of unionisation is particularly significant for the regulation of worker representation on OSH because, not only does research indicate that its effective operation is dependent on support from trade unions, both inside and outside establishments, but because at the time the regulatory framework for worker representation on OSH was introduced in the United Kingdom in the late 1970s, trade union influence was at its height. This influence was significant in determining not only the nature of the provisions, but it also strongly influenced the discourse behind them, and this served to distinguish them from the participatory arrangements for health and safety envisaged in the Robens Report (Robens, 1972). How they have fared during the intervening years, in which the crisis in representation has grown, is explored in greater detail in the following section, prior to considering the effects of all of this on the current practices we have observed in the 18 cases of arrangements for workers' voice on health and safety in the establishments we have studied.

In summary, therefore, this section has outlined some key contextual influences on the arrangements for worker representation on OSH in the United Kingdom, including longstanding traditions of industrialisation, health and safety management and regulation, and worker representation. These have been situated in relation to current trends towards deregulation in a climate of significant economic austerity, strong political and economic neo-liberalism and rapid changes in the way people are employed, how their work is organised, the extent to which their collective interests in their health and safety are represented, and a public discourse on health and safety largely driven by neo-liberal interests in which the role of collective representation is substantially marginalised. These contexts seem to pull in effectively opposite directions, resulting in the complex picture we have tried to outline here. Their effects on practices of worker representation on health and safety within establishments will be discussed in Chapter 4, but first we need to present an outline of the requirements for such representation and an account of what previous research has to say about its practice and outcomes in the United Kingdom.

2.2 Worker representation on health and safety in the United Kingdom

Turning to worker representation on OSH, we first describe the regulatory provisions for worker representation in the United Kingdom, before looking at measures of the extent of its operation and its effectiveness.

2.2.1 Provisions for worker representation on OSH in the United Kingdom

While there may be many meanings attributed to terms such as 'worker participation in occupational health and safety', as is the case in other Member States of the EU, worker representation on OSH has quite a specific definition in legislative provisions. It is with the operation of this form of 'worker participation' that this report is principally concerned, although, as we shall see in subsequent chapters, the findings of the qualitative studies on which the report is based also include examples of what happens in relation to workers' voice on OSH in establishments in which the measures for worker representation as they are defined in legislation are, for whatever reason, not in place. The United Kingdom provisions on worker representation on health and safety are found in two main sets of regulations made under the Health and Safety at Work Act 1974, Sections 2(4) and 2(7) ([12]). The first, and arguably most important, of these regulations are the SRSC Regulations, which set out the rights and functions of trade union HSRs, who recognised trade unions can appoint under Section 2(4) of the HSW Act and who in turn may request the establishment of joint health and safety committees. In addition, where safety representatives were so appointed, by virtue of Section 2(6), the HSW Act further obliges an employer to consult them 'with a view to the making and maintenance of arrangements which will enable him and his employees to cooperate effectively in promoting and developing measures to ensure the health and safety at work of the employees, and in checking the effectiveness of such measures'. It is important to appreciate that, as we identified in Chapter 1, the origin of these measures was not part of the managerialist paradigm that informed the Robens Report, which led to the broad architecture of the HSW Act and which has been a major influence on the development of so-called 'enforced self-regulation' not only in the United Kingdom, but also in other parts of the world. It was instead the result of the political influence of a long trade union campaign to create worker representatives for health and safety ([13]). The arguments of this campaign on the necessity for a legal framework to support representation were at odds with the thinking behind the recommendations of the Robens Report, a fact that is indeed pointed out in the *Report of the Committee of Inquiry* (Robens, 1972: pages 18-21). Despite the decline in the fortunes of organised labour in the United Kingdom since that time, these measures of the HSW Act, and the regulations made under them, remain in force as the preferred means of representative consultation on health and safety ([14]).

The SRSC Regulations enable a trade union to appoint safety representatives from among the employees of an employer by whom it is recognised (although the need for representatives to be appointed from among employees does not apply in the case of the British Actors' Equity Association and the Musicians Union). Once appointed, in accordance with the regulations, representatives acquire a number of 'functions'. These encompass:

- representing employees in consultation with employers under Section 2(6) of the HSW Act;
- investigating potential hazards and dangerous occurrences;
- examining the causes of accidents;
- investigating complaints;

([12]) There are a couple of sector-specific sets of regulations that predate and post-date the HSW Act provisions. For example, coal miners first obtained rights to a form of representation on health and safety matters with the Coal Mines Regulation Act of 1872, which, following several further reforms in the mining legislation in subsequent decades, were finally consolidated in Section 123 of the Mines and Quarries Act 1954 (which remained in force until 2014). Arguably, these measure contained more developed rights to inspection and powers to stop dangerous processes than are found in the SRSC Regulations, while in another example, as a result of the Piper Alpha disaster, the Offshore Installations (Safety Representatives and Safety Committees) Regulations 1989 were introduced, which make provision for safety representatives to be elected from all workers in a constituency system and accord those so elected with a variety of rights which, in broad terms, equate to something rather less than those provided for by the 1977 Regulations.

([13]) For further details of this campaign, see Williams, 1960; Grayson and Goddard, 1975.

([14]) Where there are recognised trade unions, consultation is with the representatives that these unions have appointed under the SRSC Regulations 1977; where there are no such unions recognised, employers are required to make arrangements to consult, either directly with workers or through representatives that the workers have elected for these purposes. A similar approach is found in legal requirements on consultation on other employment matters such as collective redundancy and transfer of undertakings. The general principle in UK law is that, in most cases, there is then a priority in favour of consultation with a recognised trade union. Where such recognition exists at an establishment therefore, consultation will be with the representatives of that union, and it is for the union, in accordance with its own procedures, to determine who such representatives may be. Where there is no recognised trade union, there is also no uniformity in the legislation on the procedures for the election of worker representatives.

- making representations to the employer;
- carrying out workplace inspections;
- representing employees in consultations with inspectors;
- receiving information from inspectors in accordance with Section 28(8) of the HSW Act;
- attending safety committee meetings.

The second set of relevant general regulations attempted to extend the rights of employees to include consultation and representation on health and safety in situations not covered by the SRSC Regulations. These are known as the HSCE Regulations 1996 and they resulted from the need to bring domestic law in line with the requirements of the EU Framework Directive relating to workforce consultation and participation following two European Court decisions concerning the United Kingdom's failure to fully implement the European Commission's Acquired Rights and Collective Redundancy Directives. They require employers to consult with employees who are not covered by representatives appointed in accordance with the SRSC Regulations. This duty of consultation encompasses the same matters as those specified in the SRSC Regulations. However, employers are given discretion as to whether they consult employees directly or via elected representatives, such as RESs. If the representative route is chosen, employers are required to provide representatives with the information necessary to (1) enable them to fully and effectively participate in consultations, and (2) carry out their functions of making representations and consulting with inspectors. They are further required to provide them with training that is reasonable for the circumstances; other facilities and assistance that they may reasonably require to carry out their functions; and paid time off to perform these functions and undergo training. The functions of representatives, however, do not include the carrying out of workplace inspections, the inspection of statutory health and safety documents and the investigation of notifiable accidents, diseases and dangerous occurrences. Nor do they provide representatives with a right to request the establishment of a safety committee. In addition, the regulations say little on how employers should make arrangements for the election of worker representatives. In particular, they are silent on matters such as the frequency with which elections should be held, the defining of electoral constituencies and the way in which elections should be conducted. These weaknesses have led critics to suggest that the HSCE Regulations represent a minimalist and essentially cosmetic approach to bringing domestic law in line with the requirements of the Framework Directive and that their role in providing a regulatory base for the establishment of effective workplace representation on health and safety matters in non-union situations is highly questionable (James and Walters, 1997).

2.2.2 The experience of worker representation in the United Kingdom: an outline of research findings

There is a substantial body of research on workers representation on occupational health in the United Kingdom that has examined its extent, the evidence of its effects on OSH practice and its outcomes, as well as what supports and/or constrains its operation. This work, which spans the period of nearly 40 years since regulatory measures were introduced under the HSW Act 1974, includes both quantitative surveys and analyses and qualitative studies.

Beginning with the extent of the spread of the arrangements for representation and consultation, as Nichols and Walters (2009) have pointed out, there is no single time series that permits the tracking of what has happened to health and safety arrangements for employee consultation and representation on health and safety in the United Kingdom since their origins at the end of the 1970s. Probably the best and most consistent series is that provided by the Workplace Industrial Relations Survey (WIRS, later WERS) series. Between 1980 and 2011, six of these surveys were conducted. They collected information on health and safety arrangements in British industry, albeit with some differences in the minimum threshold of establishments surveyed. From these, it can be seen that broadly comparable information exists for the 1980 to 1998 period, which relates to the three types of arrangement in which employees have a formal voice in health and safety together with a further residual category of 'other arrangements'. The three formal arrangements are those for joint committees, which deal exclusively with health and safety matters; joint committees that deal with health and safety along with other matters; and cases in which individual safety representatives are present but in the absence of a committee. Based on these data, although joint committees (including combined data for dedicated and general

types) were less evident in 1998 than they had been in 1980, there was no clear trend. Even by 1998 there was no clear sign of an effect of the new HSCE Regulations that had been introduced in 1996. However, the effect of this new legislation became clear from a later WERS survey. Using a new categorisation of health and safety arrangements, the 2004 WERS indicated that, since 1998, there had been a shift from joint committees dealing with health and safety to an increase in resorting to so-called 'direct methods'. In fact, there had been a drop in the established means of giving employees a formal voice — from 51 % to 42 % of workplaces; and an increase in so-called 'direct methods' from 47 % to 57 % as is shown in Table 2.2 (from Walters and Nichols, 2009).

Table 2.2: **Health and Safety arrangements 1998-2011**

Percentages	1998	2004	2011
Single or multi-issue joint committees	26	20	11
Free standing worker representatives	25	22	21
Direct methods	47	57	66
No arrangements	2	1	2

Workplaces with 10 or more employees
Source: Kersley et al., 2006: 204, Table 7.12

In their presentation of these data, Kersley et al. (2006) were careful not to refer to 'direct consultation' (the category of consultation brought into existence by the 1996 regulations) — advisably so, because, as Nichols and Walters (2009) argue, the category they did use ('direct methods') is a 'rag-bag'. It includes not only 'consultation directly with the workforce' but also management chains, cascades and staff meetings, and the use of newsletters, notice boards and email. The term 'direct methods' thus contains the possibility that what takes place may not, in any meaningful sense, be consultation at all, but rather the more or less substantial one-way provision of information from management to employees. Whatever the precise content of 'direct methods', however, they became more widespread between 1998 and 2005 at the expense of joint committees and worker representatives, arrangements for health and safety consultation of each of which fell. The findings of the 2011 WERS show that this pattern continued, and the current picture of consultation on health and safety in the United Kingdom provided by the 2011 WERS (see Table 2.2) show that of the range of approaches used to consult employees on health and safety across workplaces in the United Kingdom, the most popular method continued to be 'direct methods of consultation', used in 66 % of workplaces. One-fifth of workplaces (21 %) consulted through free-standing employee representatives (that is, representatives who do not sit on a consultative committee), 11 % had a consultative committee that covered health and safety, and 2 % did not consult on health and safety.

The presence of 'direct methods' of consultation on health and safety is also a function of workplace size. Such methods are much more common in smaller workplaces and joint committees are much more common in larger workplaces; however, there is not such a clear pattern for employee representatives. However, health and safety arrangements are not only a function of size, they are also affected by union recognition. On average, workplaces that lack union recognition are consistently more likely to resort to so-called 'direct methods', even within the same size bands (Table 2.3). Trade union recognition has been falling over the last quarter of a century. In the WIRS/WERS series for 1980, 64 % of establishments with 25 or more employees had recognised trade unions. This had fallen to 42 % by 1998 and to 39 % by 2004. In the 2004 and 2011 surveys in workplaces with five or more employees, the proportion that recognised trade unions had dropped to 22 % and was constant in both surveys. By 2011, union recognition was also much lower in the private sector, with public sector workplaces accounting for the majority of workplaces where unions are recognised. Also, in the findings of the 2011 WERS, in workplaces with five or more employees, the proportion of all employees who belonged to a trade union declined from 31 % in 2004 to 29 % in 2011, which is in line with the slow downward trend

seen in official statistics covering all employees (see Brownlie, 2012). Again, decline is most marked in the private sector.

Table 2.3: **Use of 'direct methods', size of establishment and union recognition**

Size of establishment (employees)							
Percentage	**5-9**	**10-24**	**25-49**	**50-99**	**100-199**	**200-499**	**500 or more**
No recognised trade union	65	77	49	38	27	26	10
Recognised trade union	56	55	36	25	11	7	6

Source: Walters and Nichols (2009), based on data from WERS 2004 Management dataset

Data from ESENER-1 show far higher levels of representation and consultation on health and safety. For example, they show that proportionately more United Kingdom workplaces had an internal HSR and a health and safety committee than those in the (then) EU-27 as a whole, and indeed that the great majority of United Kingdom workplaces had an internal HSR, while over one-third had a health and safety committee (Table 2.4). However, the WERS (2011) survey (see van Wanrooy et al., 2013) showed that employee representatives and consultative committees were present in 21 % and 11 %, respectively, of workplaces with five or more employees. Both these proportions are significantly lower than the ESENER-1 figures for the United Kingdom and EU-27. Therefore, for the reasons discussed later in this report, we do not think that these ESENER-1 figures are a reliable portrayal of the true extent of either representation or consultation on health and safety in British workplaces.

Table 2.4: **Forms of worker representation**

Presence of forms of worker representation	United Kingdom %	EU-27 %
Works council	37	36
Shop-floor trade union representative	13	24
Internal HSR	85	65
Health and safety committee	38	28

With regard to the characteristics and activity of representation and consultation on health and safety, and its effectiveness and support, there is fairly extensive literature. It has been reviewed in several previous publications by one of the authors of this report (see Walters, 2006; Walters and Nichols, 2007, 2009; Walters et al., 2012, 2014) and the outline below draws on and updates these earlier findings, which themselves are widely regarded as authoritative.

Numerous surveys include a description of the characteristics of HSRs. Generalisations based on such descriptions fail to identify any particularly obvious features that distinguish HSRs from other worker representatives. They are likely to be reasonably experienced workers and the majority are male,

although there is a substantial proportion that are female, especially in sectors in which there is a high percentage of female workers ([15]).

There are a range of relationships between representatives and trade unions. In some cases, the HSRs are, by definition, trade union representatives who hold other lay offices, such as being shop stewards, while in other cases there is a deliberate union policy to separate the functions and HSRs do not hold any other kind of representative function. In some situations, they are non-union representatives, including those in which they operate as alternatives to trade union representatives in workplaces where employers are hostile to trade unions. The limited evidence on their activity suggests that, to be successful, such representatives require a similar level of support to that present in workplaces where there is some form of (trade union or otherwise) genuinely autonomous worker organisation in place (Walters and Frick, 2000).

Generally, surveys indicate a variety of HSR activities, mostly orientated towards improved risk prevention. Common findings have related to limited involvement in risk assessment and in undertaking formal inspection procedures, lack of consultation 'in good time' or in relation to plans involving health and safety issues. Reasons given for the limitations to their activities are commonly related to the time allowed for such activities by employers, lack of interest or understanding on the part of managers or supervisors — there is evidence to suggest that many managers have considerably poorer knowledge of the work environment than HSRs (Hudspith and Hay, 1998; Milgate et al., 2002) — and sometimes a lack of support from constituents. More in-depth studies have shown that the perception of insufficient time to undertake health and safety activities is more complicated than the straightforward denial of such rights by employers/managers. Current intensified and 'lean' work regimes may operate to prevent HSRs from feeling that they can take time out of their normal work activities to carry out health and safety functions without inadvertently placing greater work burdens on colleagues. Shift patterns, lone working and travelling within and between worksites are also formidable barriers to HSR activities.

In-depth studies also point to a tendency towards a greater concentration on 'safety' issues than on 'health' issues by HSRs, although in many cases this may reflect limitations to what they are able to achieve because of the poor understanding of the issues involved by their management counterparts (Walters and Frick, 2000; Walters and Nichols, 2007). Although trade unions and trade union approved training often focus on the underlying issues of work organisation that lead to poor health and safety outcomes, such as stress and musculoskeletal injuries, it is not clear if more than a minority of HSRs are able to engage successfully with their management counterparts on the resolution of these issues in their workplaces.

Overall, previous research studies tend to demonstrate the importance of the prior existence of competent health and safety management arrangements and management commitment to participative approaches so that HSRs can meaningfully contribute to preventive activities (Walters and Nichols, 2007).

There has been some limited theoretical discussion in the international literature concerning the mode of action of HSRs. Early writings tended to focus mainly on conflict or consensus approaches (see, for examples, Bagnara et al., 1985; Gustavsen, 1988). More recent explanatory frameworks focus on the nature of participation in political and labour relations contexts and on power relations in organisations, as well as on different understandings of health and risk and their implications for action. Canadian authors have, for example, suggested that the ideal form of action for worker representatives on health and safety is represented by 'knowledge activism'. By this they mean that worker representatives are able to engage in a kind of a 'political activism organised around the collection and use of a wide variety of health and safety knowledge', in which they are able to avoid their marginalisation otherwise brought about by professional and managerial colonisation of technical knowledge, and at the same time avoid polarising dialogue between themselves and employers into disputes in which occupational health strategies are simply a manifestation of the wider conflict between labour and capital (Storey, 2005; Hall et al., 2006, 2016).

([15]) This overview is based on a number of sources including Walters and Gourlay, 1990; Biggins and Phillips, 1991a,b; Beaumont and Harris, 1993; Blewitt, 2001; Hillage et al., 2001; McDonald and Hyrmak, 2002; Walters and Nichols, 2007.

European writers have argued that, in practice, HSRs operate at various points along a continuum of possible participatory processes according to a range of economic, labour relations and personal circumstances (Walters and Frick, 2000). Another view focuses on 'worker centred' experiences and distinguishes this way of understanding health and safety issues from that of professional and managerial approaches. It suggests that such understandings can be reinforced through labour education and through trade union meetings inside and outside workplaces, thus strengthening a particular conceptualisation of occupational health that is useful in representing the interests of workers (Walters and Frick, 2000; Walters et al., 2001; Jensen, 2002). In this regard, understanding not only the formal representational activities of HSRs, but also their roles as a part of workers' communities of practice involves similar issues. Such a broader perspective and its 'bottom-up' relationship with organisational learning are important conceptually, but somewhat underdeveloped in terms of empirical study. In the main, this kind of theorising concerning ways of conceptualising the actions of HSRs is limited in the extent of its development in the literature and is not written about nearly as much as the mainly managerial-orientated conceptualisations of safety culture, risk awareness, risk communication and so on, in the wider workplace safety literature. This is an important omission, given the observations in previous sections concerning 'common sense' orthodoxies about ways of understanding health and safety.

Surprisingly, much of the research literature does not address the question of the effectiveness of representation on OSH directly, and when it does, it focuses more on the relationships between representation and proxy indicators of health and safety outcomes than on the objective measures of outcomes such as work-related injuries, ill health or mortality. There are some good reasons for this, namely related to the reliability and interpretation of the available data.

For example, a number of studies consider the relationship between representative worker participation and better OSH management activities. They investigate the relationship between, for example, the presence or absence of worker representatives, trade unions and joint health and safety committees and specific aspects of OSH management activity undertaken by employers. The measures of such activity vary between studies but include such things as the presence of health and safety policies and their communication to workers, provision of improved health and safety information and training, the use of health and safety practitioners, the presence of written evidence of risk assessment, the existence of health and safety audits and inspections, accident investigations and so on.

Generally, previous studies of this sort indicated that participatory workplace arrangements are associated with improved OSH management practices, which, in turn, might be expected to be lead to improved OSH performance outcomes. A range of studies of this kind is reviewed by Walters (1996a). They include investigations on the role of joint safety committees in the United Kingdom (Coyle and Leopold, 1981; Beaumont et al., 1982) in which improved health and safety management practices were found to be associated not only with the presence of joint health and safety committees but with well trained committee members and the use of established channels for relations between management and workers. Generally, studies in the United Kingdom indicate that trained representatives participate in and stimulate workplace OSH activity through engagement with management structures and procedures, tackling new OSH issues and 'getting things done' to help resolve health and safety problems (Walters et al., 2001).

The findings on worker representation analysed in ESENER-1 are in keeping with this literature (see Walters et al., 2012). Broadly, they confirm the positive association between the presence of arrangements for worker representation on OSH and management procedures to support prevention in the establishments. Like many previous studies, however, the survey results tell us little about the direction of causation in such associations. That is, they do not provide objective evidence of drivers or support for the implementation of such arrangements. The data concerning perceptions of effectiveness of arrangements for formal representation suggest that they are viewed by respondents with responsibility for health and safety in the establishments as influential in promoting safety management practices, such as that of the impact of OSH policies, but conclusions that their presence 'is clearly a factor in ensuring that such OSH policies and action plans are put into practice' may be overstating the significance of such opinions concerning the direction of causality.

Studies attempting to establish a more direct relationship between the role of worker representation and indicators of improved health and safety performance, such as injury or illness rates, include studies of

specific exposures, where incidences of ill effects were greater in non-unionised situations. For example, outside the United Kingdom, Fuller and Suruda (2000), showed that deaths from hydrogen sulfide poisoning were more frequent in non-unionised than in unionised workplaces in the United States. Further examples include a comparison of health and safety outcomes for unionised and non-unionised construction workers in the United States (Dedobbleer et al. (1990) and Grunberg's (1983) early work on safety in manufacturing in Britain and France). Both of these studies indicate that better standards of health and safety can be achieved in unionised workplaces than in non-unionised ones.

But generally, conclusions of early studies of joint arrangements and their relationship to OSH performance are mixed — there were many studies in different countries reviewed by Walters et al. (2012), for example, which were not entirely in agreement concerning the beneficial effects of such arrangements.

Exceptionally in the United Kingdom, it has been possible to undertake multivariate regression analyses of the relationship between various workplace employment relations structures, such as the presence of trade unions, safety representatives and safety committees, and the incidence of injury and ill health, by using data collected in the WIRS (later WERS) 1990-2004. Again, what can be achieved with these methods is somewhat constrained by the range and quality of available data. Moreover, such multivariate analyses also face methodological problems. For example, the effects of trade unions on health and safety at work are difficult to disentangle because of the possibility that union presence may itself increase reporting, at least for certain types of injury, and because adverse conditions of work may bring trade unions into workplaces in the first place (Nichols, 1997). Either one of these processes could lead to the counterintuitive result that trade union presence correlates with higher injury rates, not vice versa. In fact, as the authors of a review of the literature on this particular issue conclude, early British studies using the WIRS/WERS data failed to establish a statistically significant relationship between the incidence of trade union membership and low industrial injuries (Davies and Elias, 2000: 28). These include, for example, studies by Reilly et al. (1995), Nichols (1997), Litwin (2000), Robinson and Smallman (2000) and Fenn and Ashby (2004), as well as some in other countries that used similar surveys, such as Currington (1986) in the United States, and Wooden (1989) and Wooden and Robertson (1997) in Australia.

Such lack of consistency prompted Walters and Nichols (see Nichols et al., 2007; Walters and Nichols, 2007: 30-40) to conduct a statistical re-analysis of the 1990 WERS data as part of their larger study to investigate the effectiveness of HSRs in the United Kingdom (Walters et al., 2005). This sought to improve technically on previous multiple regression analyses ([16]). Their results suggest, with a fair degree of robustness, that, as judged by serious injury rates in manufacturing industries, it is significantly better to have health and safety committees that contain at least some members who have been selected by trade unions than to have such committees with no members selected by trade unions. This suggests that there is a mediated trade union effect on safety, and that the presence of HSRs also has a beneficial effect — that is, after controls have been made for a number of variables including the percentages of male and female employees, industry and region, union density and also the size of the establishment (which, as in many other studies, was found to have a negative relationship with injury rate). Subsequently, these findings were upheld in further United Kingdom studies, causing the authors of one of the most recent studies (Robinson and Smallman, 2013: 689) to conclude that:

> *The empirical modelling of workplace injuries also reveals that representative participation matters. Participation is associated with lower levels of injuries and conversely, non-participation is associated with a higher incidence of injuries… this adds to the empirical literature on institutional arrangements by linking union effectiveness to the level and access to participation they enjoy vis-a-vis management. Specifically this perspective reveals that some participation is better than none, higher is better than lower and that the alignment of voice between management and unions is fundamental to success.*

([16]) Briefly, compared with Reilly et al. (1995), they reduced the large number of regional and industry dummies to make a more robust model; reduced the number of independent variables, some of which rested on fine and unclear distinctions; used a Poisson count method instead of a Cox zero-corrected method (which entailed adding a bit to the many zero observations); and tested for endogeneity and interaction effects.

In sum, the weight of evidence indicates that better outcomes are likely when employers manage OSH with representative worker participation, and that joint arrangements, trade unions and worker representation at the workplace are positively associated with such outcomes. However, to be effective, this representation requires a set of preconditions to support its implementation, central among which is the facilitating support of management (Walters and Nichols, 2006; Nichols and Walters, 2009). Where this and the good labour relations with which it is associated are present, supports for worker representation are also more likely to be in place. Thus, managerial interest and understanding support the provision of adequate time off, training, information, consultation 'in good time', engagement with joint inspections, joint health and safety committees and so on, more than is the case when employers and managers are not committed to such activities. Outside the United Kingdom, some studies have suggested that the absence of trust between employers and trade unions in hostile climates of labour relations, found in sectors such as coal mining, create barriers to the effectiveness of participative arrangements (see, for example, Gunningham and Sinclair, 2011) However, more recent studies suggest that this may be an oversimplification and, while good relations between employers and unions are obviously helpful in supporting participative arrangements, their absence does not mean that representation of workers interests in health and safety cannot be effective. Indeed, recent studies in coal mining suggest that in climates of hostile labour relations, trade union HSRs adopt strategies for representation on health and safety matters in which they use statutory and trade union support for such activities to great effect (Walters et al., 2016).

Other preconditions reported in the British literature include the presence of a legislative steer and support from regulatory inspectors. Training of HSRs is consistently seen as an important precondition for their effectiveness and, in the United Kingdom, trade unions play a major role in the provision of such training, either through TUC-approved training in public education institutions or through trade unions providing the training themselves. Training support for HSRs has been subject to detailed study in which the advantages of a labour education model for the pedagogy and delivery of training have been claimed, both in the United Kingdom and elsewhere (Biggins and Holland, 1995; Raulier and Walters, 1995; Walters, 1996b; Walters et al., 2001; Culvenor et al., 2003). Studies have indicated that representatives often experience difficulty getting time off to attend such courses, as well as, in some cases, in obtaining access to them because they are not conveniently situated in relation to their home or place of work. A less obvious problem reported in some in-depth studies (see, for example, Walters and Nichols, 2007) is that although arrangements for time off for training are in place in theory, the lack of replacement for the representatives concerned means that they are unwilling to burden their colleagues with the additional workload that is perceived to be a consequence of their absence to attend training courses. In times of economic downturn, such pressures are likely to be even greater and the attendance for such courses is likely to decrease as a consequence.

2.3 Summary and consequences

There are a number of key conclusions that emerge from this review of research, which, in short, suggest the following:

- In workplaces in which the model of worker representation envisaged by the HSW Act and the SRSC Regulations is in place, the evidence suggests that both arrangements for OSH and their outcomes are better than in workplaces where this model is absent (see, for example, Reilly et al., 1995; Robinson and Smallman, 2000; Hillage et al., 2001; Walters and Nichols, 2007; Robinson and Smallman, 2013).
- A number of key preconditions that support the operation of this model have been discussed in British studies (see, for example, Beaumont and Harris, 1993; Walters et al., 2001; Shearn, 2004; Walters, 2006; Nichols and Walters, 2009; Walters et al., 2012). They include:
  - a regulatory steer that is supported by the engagement of regulatory inspection;
  - both the will and capacity of employers to manage health and safety in a consultative and participative manner;
  - well-trained and well-informed HSRs;
  - support from trade union organisation within and outside the establishment.

However, qualitative studies of the activities of HSRs suggest that they are seldom able to operationalise the full range of functions given to them. Research studies suggest several reasons for this, including:

- a lack of adequate arrangements to allow representatives time off to conduct these functions and receive appropriate training to do so;
- a lack of awareness of the regulatory requirements among managers leading to limited application of the regulations;
- an overt unwillingness of managers to engage in consultation with worker representatives on health and safety matters.

These findings are in line with those from various other countries, which demonstrate that the overwhelming weight of evidence indicates that better outcomes are likely when employers manage OSH with representative worker participation, and that joint arrangements, trade unions and worker representation at the workplace are positively associated with such outcomes. They are further supported by evidence from other countries, which shows that, to be effective, this representation requires a similar set of preconditions to support its implementation, many of which have been substantially eroded since the regulatory provisions that frame them were first introduced (Walters and Nichols, 2009; Nichols and Walters, 2013).

There is therefore strong research evidence indicating that the representative participation of workers makes a positive contribution both to ensuring the presence of arrangements to manage health and safety and to improved health and safety outcomes. Alongside this, equally strong evidence indicates that the occurrence of such representation and consultation in British workplaces has reduced in recent decades. This reduction is largely the result of changes that have occurred in its institutional support within workplaces, themselves brought about by changes in the structure and organisation of work, the presence and power of organised labour and the role of regulation, along with increased individualisation of employment relationships and the resurgence of a unitary paradigm as a predominant way of framing such relationships. The operation of the measures outlined in the previous section are therefore subject to a number of conditions concerning, for example, the form such participation takes, the labour relations and business contexts in which it occurs, the management style and commitment of employers and managers, and the size and sector of the establishments in which it occurs. All of this suggests a need to explore the political, economic and regulatory circumstances in which the current practice of worker representation in OSH takes place in order to understand their impact on workplace practice. The present research seeks to explore the effects of these changes on the practice of representative participation in health and safety in the cases we have studied in the United Kingdom, on its character in the workplaces we have visited and on what it is able to achieve in these workplaces under the influences of the current contexts in which it operates. In Chapter 3 we describe how we have gone about undertaking this work and in Chapter 4 we present some preliminary findings.

3 Research methods

3.1 The national contexts

The research was undertaken in several work packages. The first was a review of the research literature, which led to the portrait of the national context in which worker representation and consultation takes place in the United Kingdom presented in Chapter 2. As is evident from Chapter 2, a literature search was the main method employed to identify relevant material on structural, labour relations, regulatory, economic, political and cultural contexts in the United Kingdom. In particular, these included:

The labour relations context of OSH management — not only the relevant legislation addressing worker representation and consultation on OSH and that influencing direct participation in OSH were considered, but key features of the labour relations system were also considered, such as the extent and form of trade union penetration; the role of workplace representation; national, sectoral and local arrangements for social dialogue; the position of OSH in trade union and employers' organisation policies; and the support provided for directly informing and consulting with workers in workplace relations.

The style and character of the national regulatory regime for OSH management — in particular, the following were considered: the origins and character of the provisions made for participation in OSH, and the length of time such approaches have been embedded in the style and character of the regulatory system for OSH in the United Kingdom; the extent to which the regulatory environment could be described as being characterised by process-based (goal-setting) requirements as opposed to prescriptive ones; and the national infrastructure for OSH in as far as it may have a bearing on the will and capacity of managers to manage OSH participatively.

Wider features of the national socio-economic system — the features considered included the size of the economy; the position and style of arrangements; relevant features of arrangements covering social welfare, return to work and rehabilitation; and other features which may influence the environment in which organisations make arrangements to manage OSH more, or less, participatively. An outline of features of the labour market and the structure and organisation of work in the United Kingdom was deemed to be relevant to the creation and operation of arrangements to manage OSH participatively. In particular, in this respect, the extent of restructuring of work, the shift in preferred business processes, the position of organisations in value chains, and other aspects of work restructuring and re-organisation were also sought.

3.2 ESENER-2 secondary analysis

The second work package was a secondary analysis of the ESENER-2 data. Its aim was to explore associations between worker representation (and worker involvement) and good practice in the management of OSH both in general and specifically in relation to the new risks that were the focus of ESENER-2 — that is, psychosocial and ergonomic risks — within the United Kingdom ESENER-2 data. This work package took the earlier secondary analyses of ESENER-1 as its lead (van Stolk et al., 2012a,b; Walters et al., 2012) by using similar analytical approaches and techniques. In addition, it was designed to complement the more recent secondary analysis of the ESENER-2 data (Walters and Wadsworth, 2016) by using the same set of key composite variables.

Most of the data presented in this report are simply descriptive, but binary logistic regression analyses have been used to consider associations between various forms of worker representation (and worker involvement) and good OSH management practices independent of enterprise size and sector.

3.3 The cases

The third work package was the fieldwork study. It was intended that 20 cases would be selected from a range of 150 United Kingdom establishments that had already participated in the main survey of ESENER-2. Contact data were received from TNS in mid-June 2015. These data were grouped according to the responses given by each enterprise's respondent to ESENER-2 question number 166

concerning the presence of various forms of worker representation. To try to maximise participation from enterprises with a workers' representative, the following hierarchical groups were created:

- first choice: those indicating the presence of both a trade union representative and an HSR;
- second choice: those indicating the presence of an HSR but no trade union representative;
- third choice: those indicating the presence of a trade union representative but no HSR;
- fourth choice: those indicating the presence of a works council or a health and safety committee;
- fifth choice: those indicating the presence of none of these forms of worker representation.

These criteria were applied within each of the nine cells of the participation matrix (Table 3.1).

Table 3.1: **Participation matrix**

	Target number of participating enterprises		
	Private producing	**Private services**	**Public**
Small: 10 to 49	3	3	3
Medium: 50 to 249	2	2	2
Large: 250+	2	2	2

Just over one-third (38 %) fell into the first choice category, nearly half (48 %) into the second, and around 5 % each into categories 3 to 5 (4 %, 5 % and 5 %, respectively). As is evident from Table 3.2, however, these categories were not evenly distributed across the participation matrix. There was a clear difference related to enterprise size, with large enterprises much more likely to fit our first choice criteria than smaller enterprises. In addition, however, there was also a sector effect such that the size-related difference was most apparent in the private producing sector and least apparent in the private services sector.

Table 3.2: **Participation matrix by selection hierarchy**

		1st	2nd	3rd	4th	5th	Total
Private producing	Small	1 (5 %)	16 (76 %)	0 (0 %)	1 (5 %)	3 (14 %)	21 (100 %)
	Medium	5 (33 %)	7 (47 %)	2 (13 %)	1 (7 %)	0 (0 %)	15 (100 %)
	Large	10 (71 %)	4 (29 %)	0 (0 %)	0 (0 %)	0 (0 %)	14 (100 %)
Private services	Small	4 (19 %)	12 (57 %)	0 (0 %)	1 (5 %)	4 (19 %)	14 (100 %)
	Medium	3 (20 %)	8 (53 %)	0 (0 %)	4 (27 %)	0 (0 %)	15 (100 %)
	Large	7 (50 %)	7 (50 %)	0 (0 %)	0 (0 %)	0 (0 %)	14 (100 %
Public	Small	6 (29 %)	13 (62 %)	1 (5 %)	0 (0 %)	1 (5 %)	21 (100 %)
	Medium	10 (68 %)	3 (20 %)	2 (13 %)	0 (0 %)	0 (0 %)	15 (100 %)
	Large	11 (79 %)	2 (14 %)	1 (17 %)	0 (0 %)	0 (0 %)	14 (100 %)
Total		57 (38 %)	72 (48 %)	6 (4 %)	7 (5 %)	8 (5 %)	150 (100 %)

Enterprises were approached in accordance with this hierarchy. In the first instance, an email with an attached information sheet was sent to introduce the project ([17]). This was followed up by telephone a few days later. This process turned out to be far more time consuming in practice than had been anticipated. Several phone calls were often required to reach the contact and, in many cases, several further calls and emails were needed before approval for participation in the study was obtained from all the relevant parties in the organisation. In larger organisations, this tended to involve more organisational levels and therefore often took longer. In addition, the refusal/failure rates were high. Most refusals were on the grounds of being too busy and/or because the visit and interviews would take longer than staff could be spared from their posts. However, occasionally, some potential participants within an enterprise were willing to take part in the project but others were not. When this happened, researchers were generally informed that it was the worker representatives who were unwilling to participate; we think that this was probably a reflection of the fact that contact with enterprises was most often made through a manager, and so the project may have been perceived by such representatives as management 'owned' rather than independent. Failures included cases in which the contact details provided were not (or no longer) valid and those for which repeated attempts at contact produced no response ([18]).

As a result, the process of approaching and recruiting organisations was time consuming and drawn out. In the end, having secured the cooperation of 14 establishments, we were unable to find any further cases from what remained of the 150 in the population matching our desired matrix. We were left with a choice of either obtaining a further population of cases and addressing the attendant problems of gaining their cooperation, or selecting further cases from our own research contacts. In practice, given the time and resource constraints, we had little choice but to take the latter course and four further cases were selected in this way, bringing the total number of United Kingdom cases to 18. The cases involving a field visit and interviews are outlined in Table 3.3.

Table 3.3: **The cases**

	Private producing		Private services		Public	
	Target	**Completed**	**Target**	**Completed**	**Target**	**Completed**
Small: 10 to 49	3	2	3	3	3	2
Medium: 50 to 249	2	2	2	0	2	2
Large: 250 +	2	2	2	1	2	4

There was a considerable discrepancy between what respondents had indicated to be the type and extent of provision for representation on OSH in their responses to the survey and what they subsequently told the researchers who carried out more detailed inquiries. This was especially so in relation to the presence of HSRs in the establishment appointed according to statutory measures. While it highlights one of the well-known difficulties associated with survey data, it may also, perhaps, suggest that some ESENER-2 respondents were not entirely clear about the various forms of representation detailed in question number 166 of the survey.

Cases were sourced from a variety of different locations in England and Wales. While such a small number of cases cannot be claimed to be representative, every effort was made to ensure that the selection did not introduce any pronounced regional bias. Once the cases were selected, arrangements were made to conduct a field visit. Normally, the initial point of contact was the person who had been

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

([18]) There were also two first choice organisations we did not approach — one because the contact details did not match the organisation name and one because it had been categorised as a large private services organisation but was clearly a large public services organisation (for which we already had sufficient cases).

the ESENER-2 respondent. They were the gatekeepers of access to other participants. In the four establishments recruited through our researchers' contacts, however, the initial point of contact was generally the union representative. In all cases, we tried to interview at least one worker representative who covered OSH, as well as sometimes a worker representative with wider coverage — such as a senior shop steward or works convener. We also aimed to interview at least one worker in each establishment as well as the manager with responsibility for OSH, although this was not possible in every case. In the case where the responsibility for developing and monitoring arrangements for OSH lay with the practitioner employed by the company for these purposes, we instead interviewed this person as they were deemed to be the person most knowledgeable, from the management perspective, about the OSH arrangements in place.

Tables 3.3 and 3.4 show the size, sector and representative arrangements of these establishments. As shown in these tables, the establishments were drawn from the three broad sectors that were the focus of the EU study more widely, namely the private producing, private services and public sectors. In addition, they represent a range of establishment sizes from small to large, and several types of arrangements for worker representation on OSH, ranging from no arrangements at all to those with the 'preferred model' in which there were trade union appointed HSRs and a joint health and safety committee, in accordance with the SRSC Regulations 1977. Table 3.4 does not show the details of the variations we found in these arrangements; for example, in a small number of the non-union cases, there were non-union HSRs present and, as such, it could be argued that they were made in accordance with the requirements of the HSCE Regulations 1996. However, the reality was that in no case did we find arrangements deliberately made in accordance with these regulations. Indeed, when asked about these regulations, managers were dismissive of them, and it seemed that in these non-union establishments the 'joint arrangements' in place were favoured by managers/employers without any special reference to regulation. Having noted this, such arrangements did generally meet the requirements of the HSCE Regulations, not because they were intended to do so, but because of the vague and very general nature of these regulatory provisions.

Table 3.4: **Features of the cases — presence of union representation by size and sector**

	Producing		Services		Public	
	Union representation					
	Yes	No	Yes	No	Yes	No
Small	0	2	0	3	0	2
Medium	1	1	0	0	2	0
Large	2	0	1	0	4	0

The profile of the establishments was fairly typical of the sectors from which they were drawn. Thus, in the private producing sector, there were small establishments involved in food production, storage and distribution, as well as medium and large establishments involved in manufacturing and printing. In the public sector, there were large education and health care establishments, state administrative offices, public transport, medium and large establishments involved in cultural services, and small health and social care establishments. In private services, there was a large utility service establishment, small establishments involved in health and social care as well as packaging, and one small establishment that undertook a variety of marine servicing contract work, including servicing the vessels and berths of large shipping companies, docks and offshore installations, and towing barges and heavy plant.

The interviews were normally conducted in private in a quiet place provided on the premises of the establishment. Participants were informed of the nature of the study and the interview process before

the interview commenced in strict accordance with the Cardiff University ethical procedures that the researchers are obliged to follow.

All of the representatives we interviewed in private sector production were male, but there were both male and female representatives in the public sector establishments. Many representatives had been at the establishment for a substantial period and were considerably experienced. Occasionally, the representative held another position as a workplace representative as well as a safety representative. Usually, they explained that this situation had occurred because, although provision for separate roles existed in principle, in practice it was difficult to interest staff in either role. In the main, however, most of the representatives we interviewed held no other trade union representative positions.

Workers were interviewed in most of the cases. Occasionally, the researchers were not given permission to do so, usually because of work schedules or time pressures. Generally, the workers that were interviewed had been identified by the person who was the point of contact for the researchers' original entry into the company. Normally, this was either a senior manager or the health and safety manager/adviser, since these were the contacts for the collection of ESENER-2 data. As a consequence, it was quite difficult to suggest that workers might be selected in consultation with the HSR, although occasionally this was possible. The dependence on the management for the selection of workers may have introduced bias in the data collection through the inclusion of some interviewees who were identified as workers by the manager, but could perhaps have been better described as occupying a 'lower management position'. Equally the case, however, were examples of workers being made available for interview who did not occupy critical roles in the operation of the establishment and could be spared for the required time, such as those performing peripheral tasks and whose knowledge concerning the operation of arrangements for worker representation was sometimes limited.

The representatives of the management who took part in the interviews generally included the person who had been the respondent to ESENER-2 and who, according to the definitions used in that fieldwork, was the individual 'who knew best about health and safety at the establishment'. Generally, these were either a senior manager or a health, safety and environment manager. The latter were usually qualified in health and safety practice and members of the practitioners' professional body (the IOSH). Occasionally, when the point of contact was actually a health and safety adviser without management responsibility ([19]), the researchers were given the opportunity to interview the manager who had such responsibility in addition to the safety and health adviser.

([19]) Occasionally, these were not even directly employed at the establishment, but rather were external consultants.

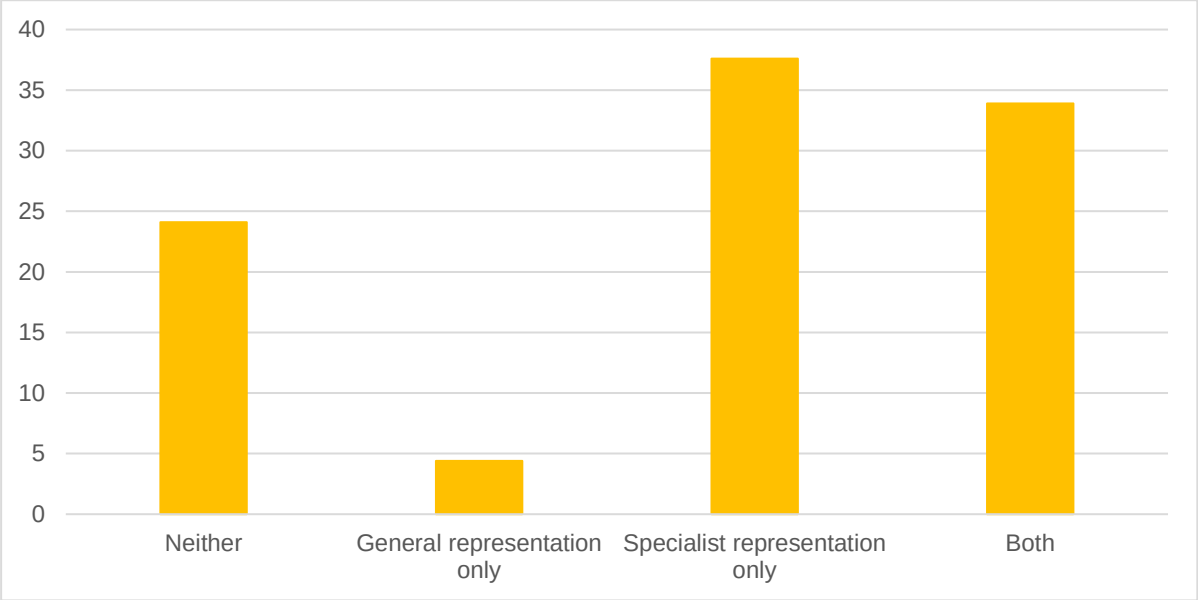
4 An analysis of ESENER-2 data on worker representation in health and safety in the United Kingdom

This chapter presents findings relating to worker representation and worker involvement from the ESENER-2 dataset. It is based on the 4,250 responses from enterprises in the United Kingdom. It updates the more detailed secondary analysis of worker representation previously carried out in relation to data from ESENER-1 to which we referred in Chapter 2. Essentially, our analysis of ESENER-2 data is not as detailed as that undertaken for ESENER-1 because changes in the survey methodology did not allow this. However, it does nevertheless contain some broadly comparable data on the extent of worker representation on OSH, as well as other data that allow a limited measure of the role of representation in OSH management to be made.

4.1 Representation

The ESENER-2 survey asked about four forms of worker representation: works councils, trade union representation, HSRs and health and safety committees. If the first two of these are grouped together as 'general' worker representation and the second two as 'specialist' OSH representation, about three-quarters of the United Kingdom establishments in ESENER-2 reported having at least one form of representation in place (Figure 4.1). However, nearly a quarter had no arrangements for worker representation, and a further 4 % had arrangements for only general representation.

Figure 4.1: **Proportion (%) of United Kingdom enterprises reporting the presence of general and specialist health and safety arrangements for worker representation**



Not surprisingly, this distribution varied with both enterprise size and sector, with large enterprises and those in the public sector most likely to have both forms of representation in place (Figures 4.2 and 4.3, respectively).

Figure 4.2: **Proportion (%) of United Kingdom enterprises reporting the presence of general and specialist health and safety arrangements for worker representation by enterprise size**

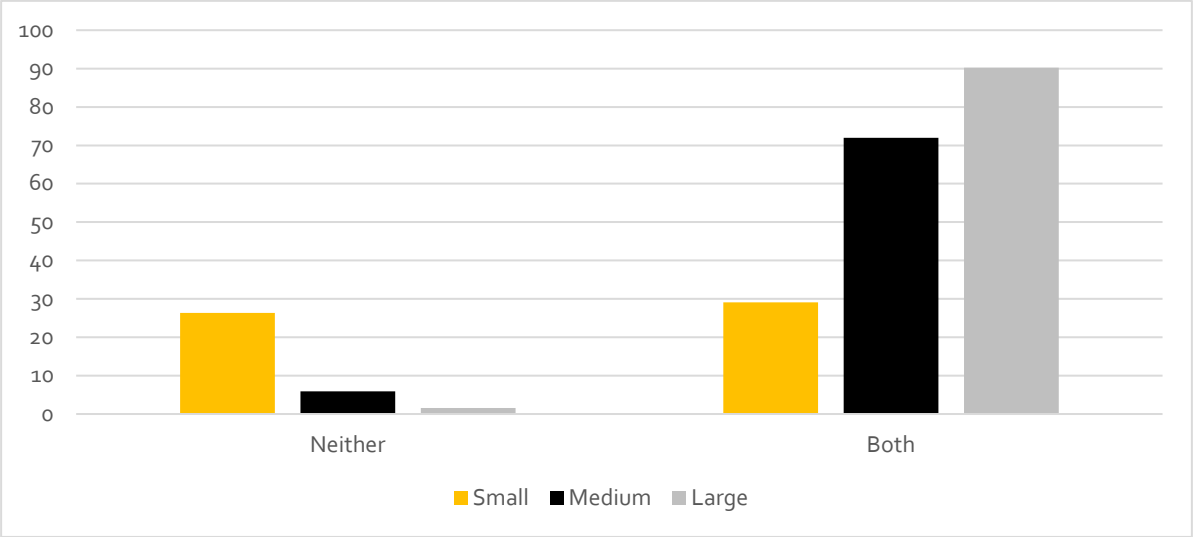
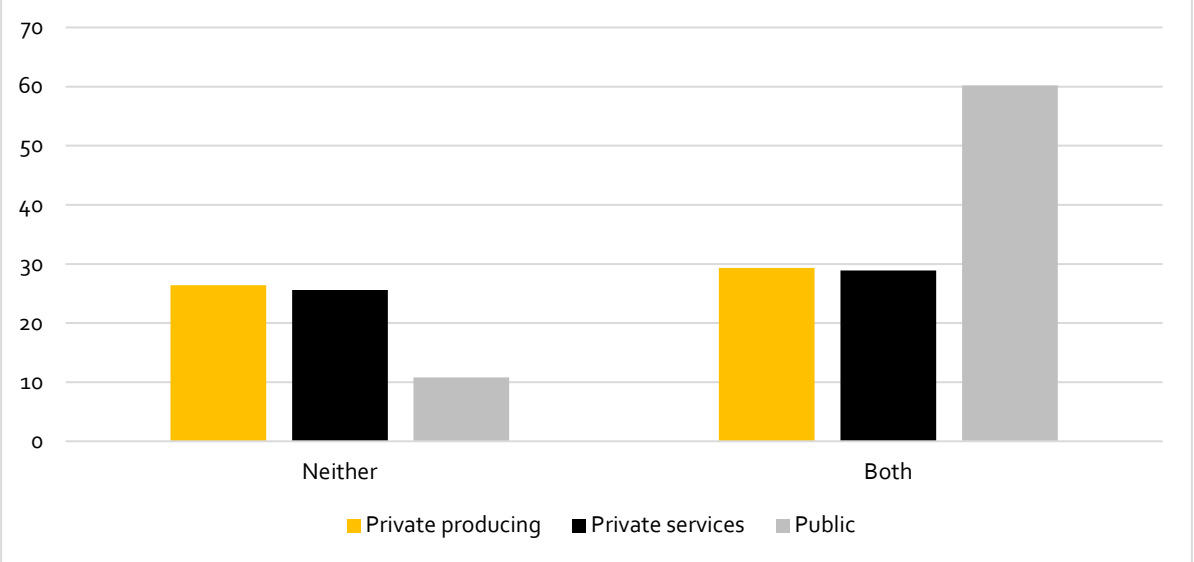


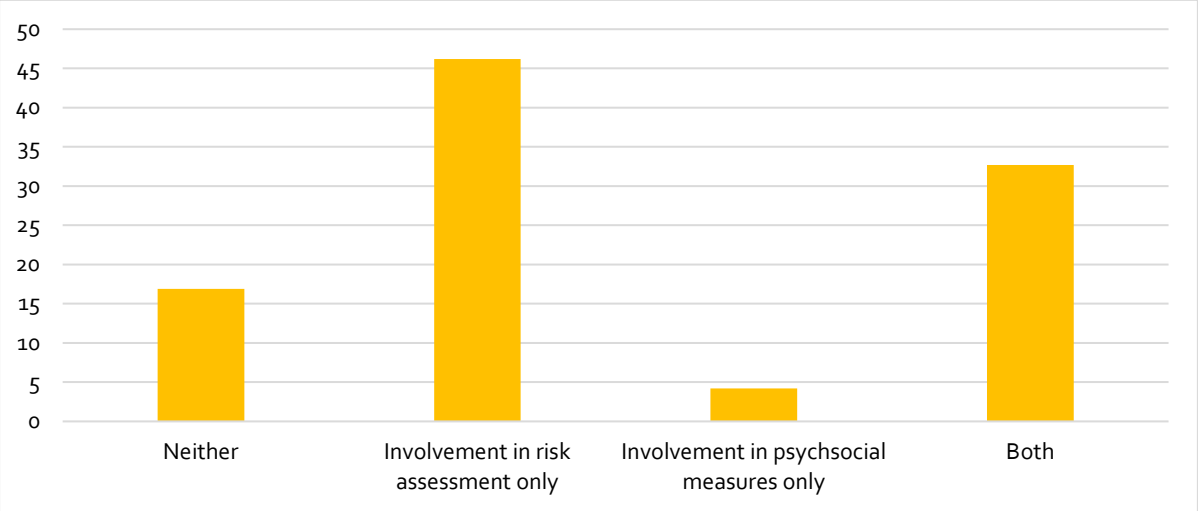
Figure 4.3: **Proportion (%) of United Kingdom enterprises reporting the presence of general and specialist health and safety arrangements for worker representation by sector**



4.2 Involvement

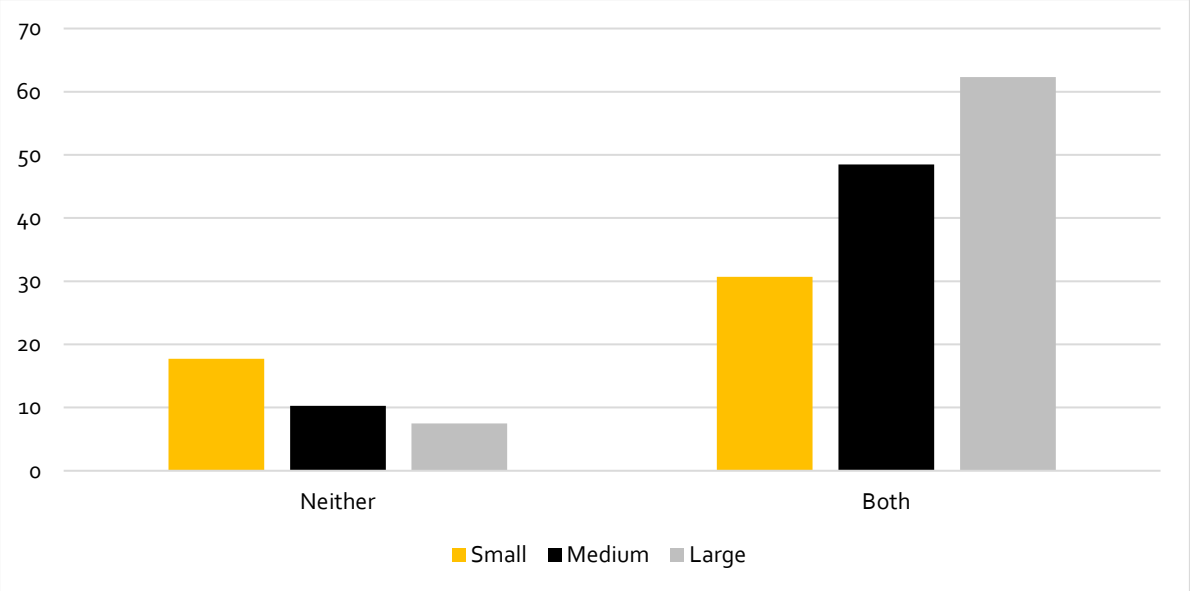
ESENER-2 respondents were also asked about the involvement of workers in the design and implementation of two types of prevention measure — the first relates to the measures taken following risk assessment and the second concerns measures to prevent psychosocial risks. About one-third of United Kingdom enterprises reported worker involvement in both these types of measure, while half reported worker involvement in only one type or the other — most often the first (Figure 4.4).

Figure 4.4: **Proportion (%) of United Kingdom enterprises reporting worker involvement ([20]) in the design and implementation of measures taken following risk assessment and measures taken to address psychosocial risks**



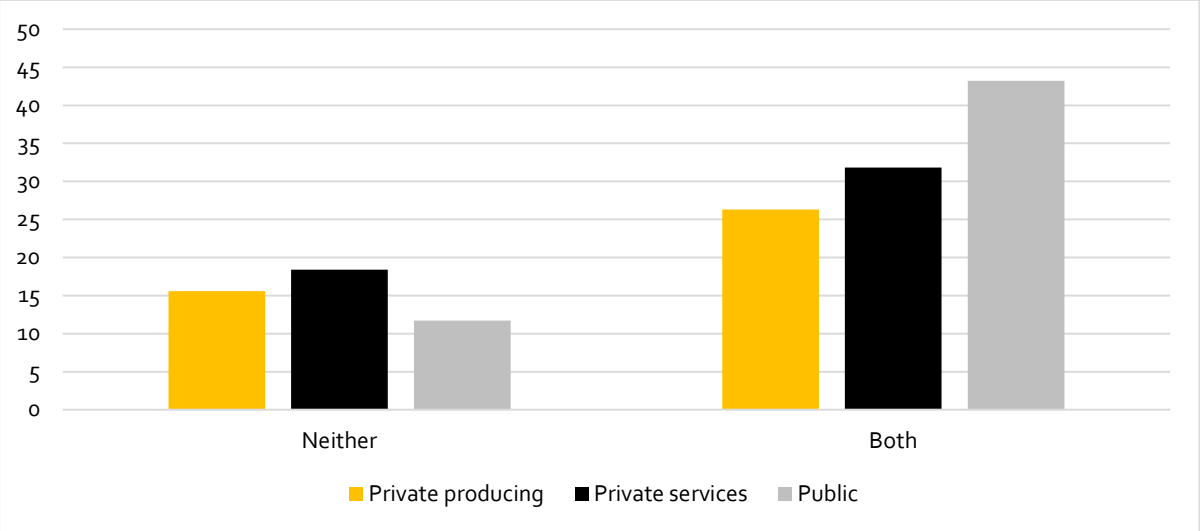
Again, the differences by enterprise size and sector were as expected (Figures 4.5 and 4.6).

Figure 4.5: **Proportion (%) of United Kingdom enterprises reporting worker involvement in the design and implementation of measures taken following risk assessment and measures taken to address psychosocial risks by enterprise size**



([20]) 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 only asked 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 three years.

Figure 4.6: **Proportion (%) of United Kingdom enterprises reporting worker involvement in the design and implementation of measures taken following risk assessment and measures taken to address psychosocial risks by sector**



4.3 Participation

Considering worker representation and worker involvement together, 7 % of enterprises reported having no arrangements for worker participation in place at all — that is, no worker representation arrangements and no worker involvement. Here, again, there were differences related to both size and sector, with 8 % of small, 2 % of medium and 0 % of large enterprises reporting no participation arrangements; and 7 % of private producing, 8 % of private services and 3 % of public sector enterprises reporting no participation arrangements.

4.4 Associations between worker participation and good workplace OSH practice

A secondary analysis of the ESENER-1 dataset, discussed in Chapter 2, showed that having both general and specialist forms of worker representation *in combination* with having high levels of management commitment to health and safety was strongly linked to higher levels of good OSH management practices and to their perceived efficacy (Walters et al., 2012). To consider if this was again the case for United Kingdom enterprises in ESENER-2, three composite variables were produced. This approach took its lead from that used in the secondary analyses of ESENER-1 (see van Stolk et al., 2012a,b; Walters et al., 2012), and in each case the composite variables were produced in the same way as those used in a recent secondary analysis of the ESENER-2 dataset (Walters et al., 2016).

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 4.1). The responses to the questions shown in the first part of Table 4.1 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 measure, as the questions about the coverage of risk assessments and their frequency and documentation were only asked of respondents who reported 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.

Table 4.1: **Proportion (%) of United Kingdom 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[a] (only asked of those carrying out risk assessment)	87
Risk assessment within the previous year (2013 or 2014) (only asked of those carrying out risk assessment)	82
Documentation of risk assessment (only asked of those carrying out risk assessment)	85
Provision of workers' training in at least one area[b]	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 (only asked of those carrying out risk assessment)	74
Use of at least one psychosocial prevention measure in the last three years[c]	59
Use of at least one musculoskeletal disorder prevention measure[d]	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 (only asked of those carrying out risk assessment)	84
Risk assessment seen as a useful way to manage health and safety (only asked of those carrying out risk assessment)	87
Regular discussion of health and safety between management and workers' representatives	53
Workers' representatives provided with training during work time (only asked of those with representation arrangements in place)	57
Health and safety regularly discussed in team meetings	77

[a]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.

[b]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.

[c]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.

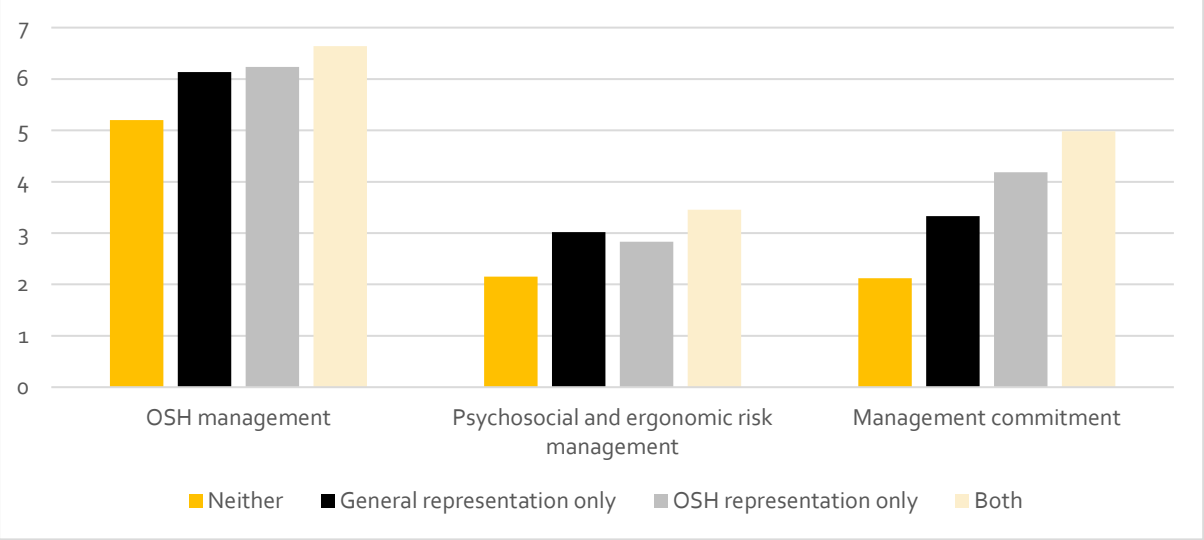
[d]Measures were equipment to help with the lifting or moving of loads or other physically heavy work, if relevant; rotation of tasks to reduce repetitive movements or physical strain, if relevant; encouraging regular breaks for people in uncomfortable or static postures, including prolonged sitting;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

The second composite variable was created using 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 4.1). 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 only asked of respondents who indicated that their enterprise carried out regular risk assessments.

The third composite variable combined various measures of the management commitment included in ESENER-2 (Table 4.1). 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 who reported that risk assessments were regularly carried out and, in one case, of those who reported that arrangements for worker representation were in place.

Enterprises with one or both forms of representation arrangement in place had higher mean scores than those with no arrangements for worker representation on all three composite measures (Figure 4.7). This suggests that making arrangements for worker representation is associated with implementing more of the measures of good OSH management and more of the measures of good psychosocial and ergonomic risk management, and such enterprises had more of the indicators of high management commitment to health and safety.

Figure 4.7: **Mean OSH management, psychosocial and ergonomic risk management, and management commitment scores among United Kingdom enterprises by worker representation arrangement type**



A similar pattern was apparent for worker involvement (Figure 4.8); and when worker participation was considered, it was clear that the enterprises with both forms of representation arrangements and both forms of worker involvement had substantially higher mean scores than those with no forms of worker participation in place on all three composite variables (Figure 4.9).

Figure 4.8: **Mean OSH management, psychosocial and ergonomic risk management, and management commitment scores among United Kingdom enterprises by worker involvement type**

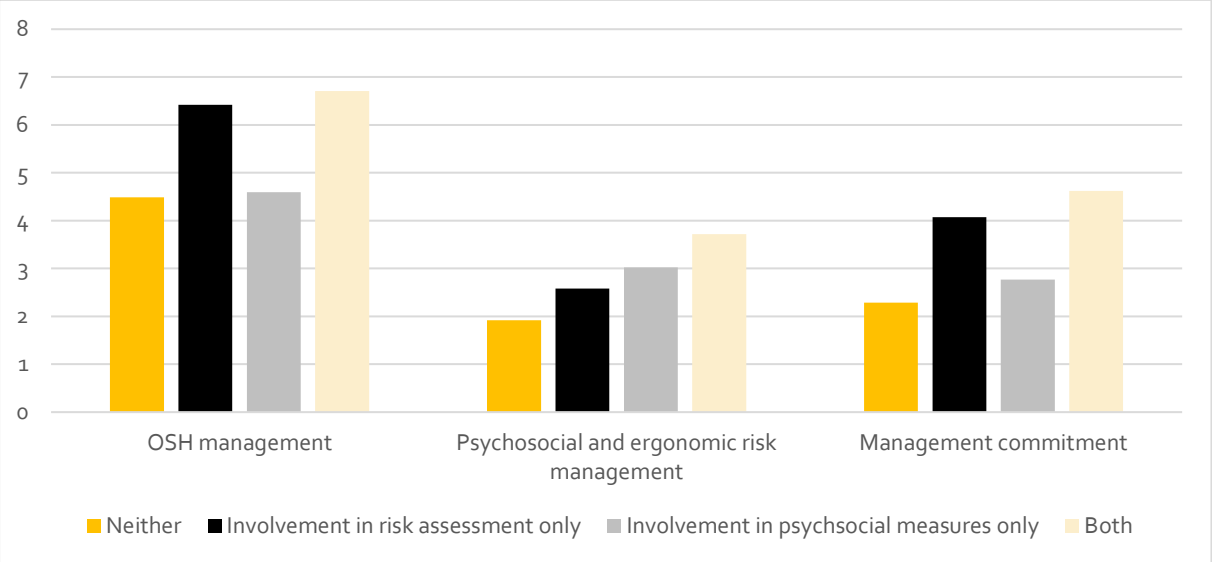
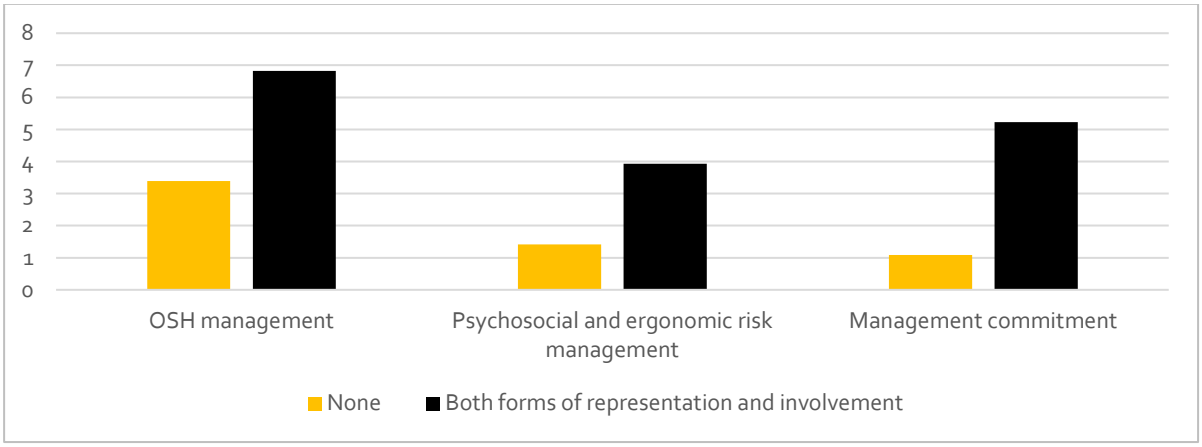


Figure 4.9: **Mean OSH management, psychosocial and ergonomic risk management, and management commitment scores among United Kingdom enterprises by worker participation**



The measures of worker representation, involvement and participation were further combined with the management commitment composite variable. High levels of representation, involvement and participation were defined as having both forms of representation, both forms of involvement, and three or four (of the four possible) arrangements for participation, respectively. High levels of management commitment were defined as a score of 4 or more (out of 6) on the composite measure. Enterprises with high levels of representation *in combination* with high levels of management commitment had higher mean OSH management and psychosocial and ergonomic risk management scores (Figure 4.10). In addition, where high levels of worker involvement and high levels of worker participation were present *in combination* with high levels of management commitment, enterprises had higher risk management scores (Figures 4.11 and 4.12, respectively). The exception to this was worker participation in combination with management commitment in relation to psychosocial and ergonomic risk management (Figure 4.12). In this case, the highest mean psychosocial and ergonomic risk management score was among the enterprises with high levels of management commitment and low levels of worker participation — although, in fact, the mean level was only slightly above that for enterprises with high levels of management commitment and high levels of worker participation.

Figure 4.10: **Mean OSH management and psychosocial and ergonomic risk management scores among United Kingdom enterprises by worker representation arrangement types in combination with management commitment to health and safety**

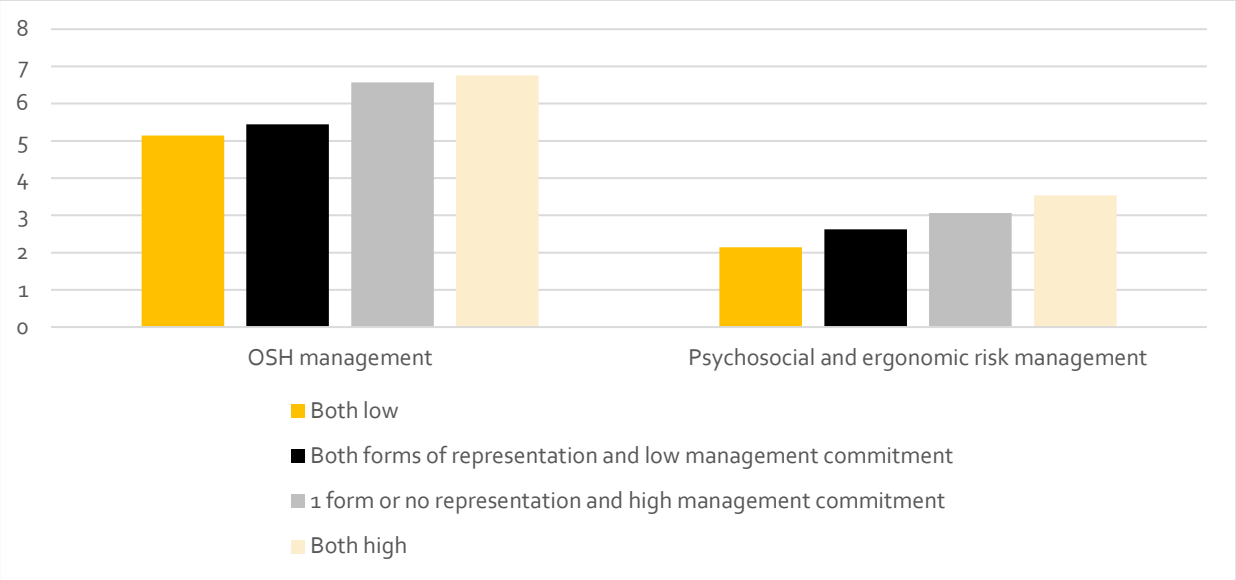


Figure 4.11: **Mean OSH management and psychosocial and ergonomic risk management scores among United Kingdom enterprises by worker involvement types in combination with management commitment to health and safety**

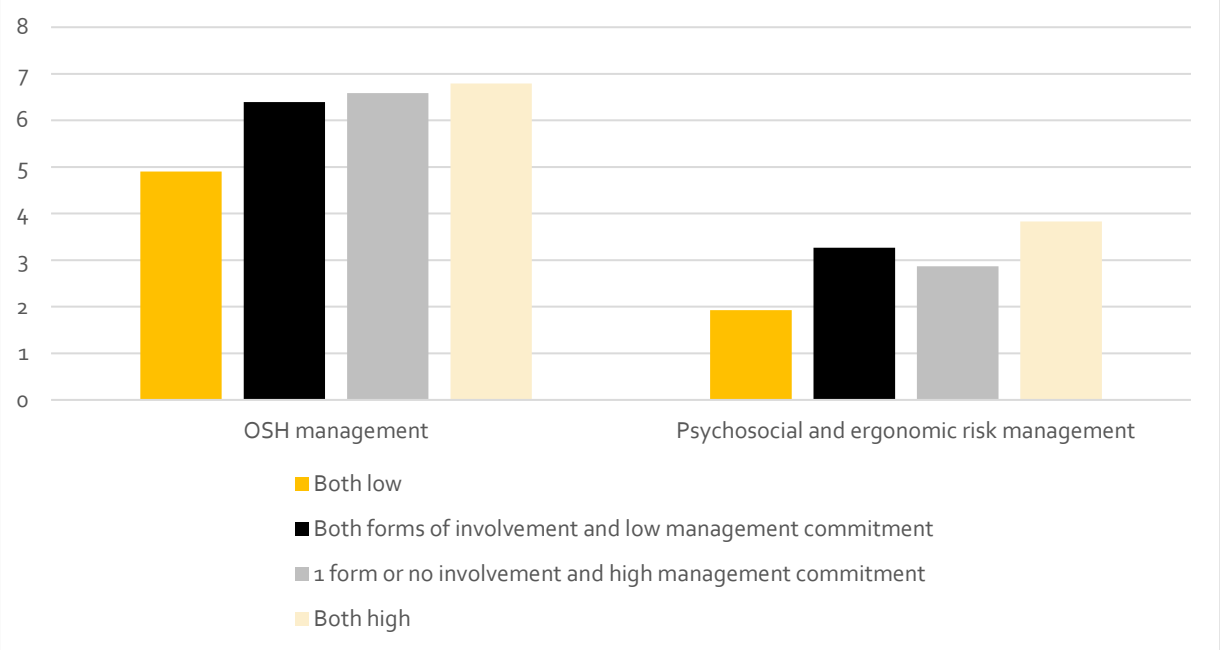
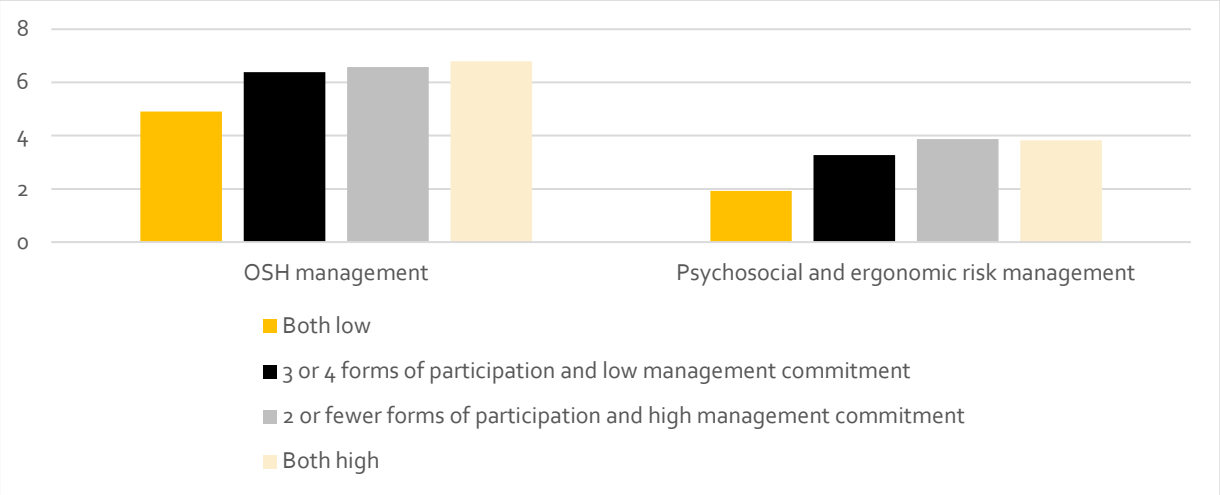


Figure 4.12: **Mean OSH management and psychosocial and ergonomic risk management scores among United Kingdom enterprises by worker participation types in combination with management commitment to health and safety**



These findings show that, in keeping with the earlier secondary analyses of ESENER-1 (Walters et al., 2012), having both general and specialist forms of worker representation *in combination* with having high levels of management commitment to health and safety is linked to higher levels of good OSH and good psychosocial and ergonomic risk management practice among United Kingdom enterprises in ESENER-2; furthermore, these findings show that this association is also apparent when considering worker involvement and worker participation (again in combination with management commitment). However, as described above, arrangements for worker representation, worker involvement and worker participation vary with both enterprise size and the sector of operation, as do good OSH and psychosocial and ergonomic risk management ([21]). It is therefore important to consider whether or not these associations are independent of enterprise size and sector. This was explored using binary logistic regression analyses. The OSH management and psychosocial and ergonomic risk management composite variables were re-categorised to compare low and high levels of OSH and psychosocial and ergonomic risk management practices — with high levels defined as six or more (out of seven) OSH management measures and three or more (out of five) psychosocial and ergonomic risk management measures, respectively. Using these as the independent variables, models included enterprise size, sector and representation combined with management commitment; involvement combined with management commitment; and participation combined with management commitment.

The first of these models shows that, independent of size and sector, enterprises with both general and specialist forms of worker representation in combination with high levels of management commitment to health and safety are over 20 times more likely than enterprises with no worker representation arrangements in combination with low levels of management commitment to have higher levels of good OSH management practices in place (Figure 4.13). This pattern is also apparent in the models considering *worker involvement* in combination with management commitment and *worker participation* in combination with management commitment and their associations with higher levels of good OSH management practices (Figure 4.13). The models focusing on good psychosocial and ergonomic risk management practices also show similar associations (Figures 4.14 and 4.15). This indicates that arrangements for worker representation, worker involvement and worker participation *in combination* with high levels of management commitment to health and safety are very strongly linked to higher levels of good OSH and good psychosocial and ergonomic risk management practices in United Kingdom enterprises — and that these associations are independent of enterprise size and sector.

([21]) Mean OSH management scores by size (small, medium, large): 6.04, 6.72, 6.87; mean psychosocial and ergonomic risk management scores by size (small, medium, large): 2.81, 3.50, 3.93; mean OSH management scores by sector (private producing, private services, public): 6.20, 6.05, 6.36; mean psychosocial and ergonomic risk management scores by sector (private producing, private services, public): 2.60, 2.82, 3.44.

Figure 4.13: **Odds ratios for worker representation (rep) combined with management commitment, worker involvement combined with management commitment, and worker participation combined with management commitment in models of association with higher levels of good OSH management practices, independent of enterprise size and sector, among United Kingdom enterprises**

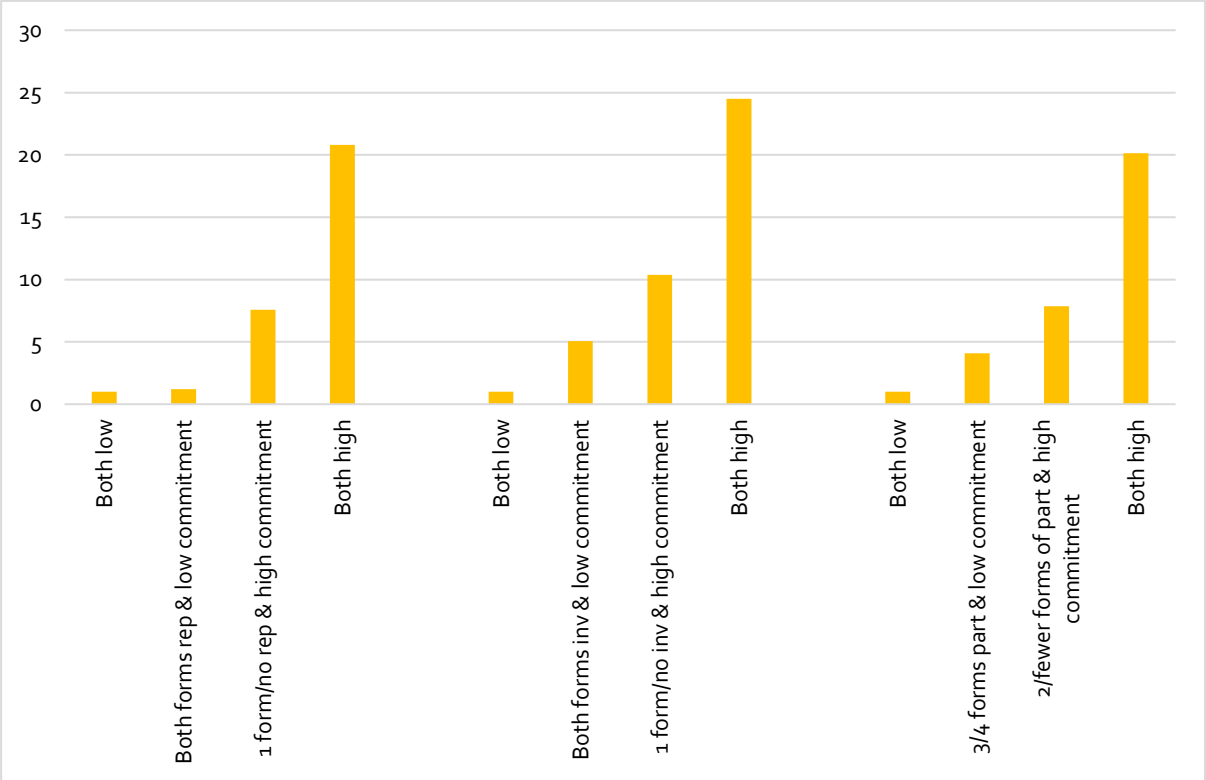


Figure 4.14: **Odds ratios for worker representation (rep) combined with management commitment and worker participation combined with management commitment in models of association with higher levels of good psychosocial and ergonomic risk management practices, independent of enterprise size and sector, among United Kingdom enterprises**

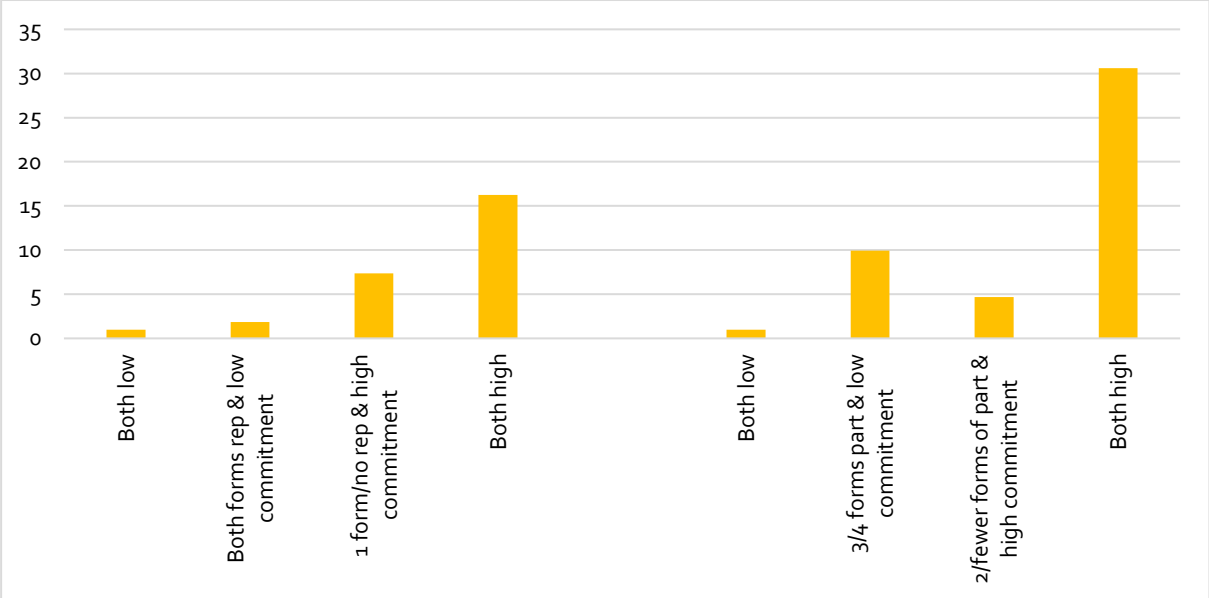
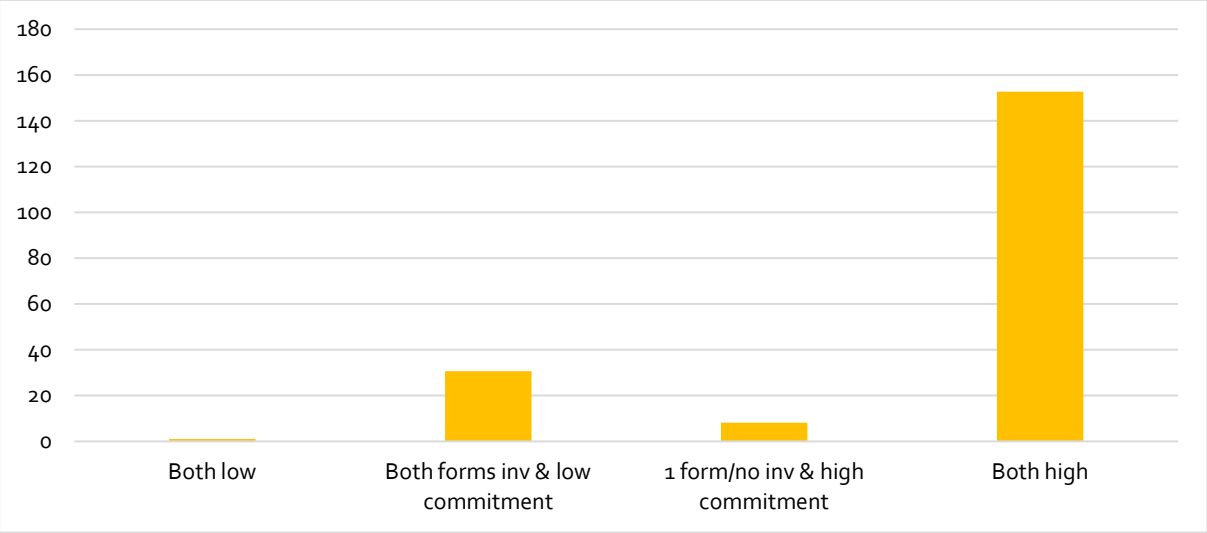


Figure 4.15: **Odds ratios for worker involvement (inv) combined with management commitment in a model of association with higher levels of good psychosocial and ergonomic risk management practices, independent of enterprise size and sector, among United Kingdom enterprises**



4.5 Conclusions

In summary, the results of the secondary analysis broadly confirm what might be anticipated from the review of the research literature presented in Chapter 2 — there is empirical evidence of an association between the presence of arrangements for workers' representation on health and safety, worker involvement in health and safety and management arrangements for health and safety. This was also the broad finding of the secondary analysis of the data from ESENER-1 and, as such, the ESENER-2 analysis confirms these previous findings. However, the same qualification that was applied to that analysis, and discussed in Chapter 2, applies here too. That is, the survey results tell us little about the direction of causation in such associations and do not provide objective evidence with regard to what the drivers or the support are for the implementation of such arrangements.

It is also very important to bear in mind that the ESENER-2 survey, like the ESENER-1 survey, generally indicates very high absolute levels of implementation and operation for many of the practices, measures and arrangements considered in this report. As discussed in Chapter 2, many of these levels are substantially higher than other national surveys suggest is in fact the case among United Kingdom workplaces. This is most likely a reflection of the sample selection methods used in both surveys, 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 'best end of the spectrum'. This is an argument we have made before (see, for example, Walters et al., 2012, 2013, 2016), so have not expanded on in detail here. Nevertheless, the key point is that the findings comparing enterprises with and without arrangements for worker representation and worker involvement are consistent, even within this best-end sample. This suggests that, while the reality of workplace implementation of good OSH management practice in the United Kingdom may be substantially lower than the ESENER-2 survey findings would indicate, their association with the presence of arrangements for representation and involvement in health and safety — which is consistent with the findings of other studies — is likely an accurate reflection of the situation on the ground more widely.

5 Findings on the arrangements for worker representation on health and safety in the cases

5.1 Introduction

This chapter presents findings drawn from 18 cases in which visits to establishments were made and interviews were carried out with workers, their representatives and managers. It aims to understand current practices of representation and consultation on health and safety and determine what this adds to those presented in the review of recent research and regulations in Chapter 2. Based on the experiences of the 18 cases, this chapter presents an analysis of forms of worker participation in OSH in United Kingdom workplaces, examines the experience of such representation and consultation from the perspectives of the representatives themselves, as well as from the perspectives of workers and managers, and considers its main determinants.

While there were cases among our selection in which arrangements in accordance with the regulatory provisions of the SRSC Regulations 1977 were in place, in some there were no formal arrangements for the collective representation of workers in line with these regulations. Here we explored, with workers and managers, how consultation on health and safety took place and whether, and in what ways, the arrangements made in these situations allowed for the expression of workers' voice on health and safety. There were two main types of arrangement in place in these cases. In one type of arrangement, where there were no recognised trade unions and therefore no arrangements in place that conformed to the requirements of the SRSC Regulations, the management of the companies had put arrangements in place themselves. As we point out in Chapter 2, this could be argued to be in compliance with the HSCE Regulations 1996; however, the managers and representatives interviewed showed little interest in or awareness of this. In the second type, there were no formal arrangements for representation on OSH in evidence at all at the establishments. As might be anticipated, this was frequently the case in smaller establishments and, in these situations, both managers and workers talked of their experiences of the use of various types of direct methods of communication.

This chapter begins with a short description of the characteristics of the representatives, managers and workers who participated in the interviews. We then turn to an analysis of the main features of the experience of worker representation and consultation on OSH reported in the study, including that of their appointment, functions and activities; how they go about undertaking their activities and the support they receive for doing so; and the challenges they face. The analysis, therefore, explores the experience of workers and representatives of specific arrangements to facilitate representation (e.g. the role of time off to undertake functions, receive training, etc., provision of information, rights to undertake inspections, investigations, make representations, respond to unsafe work situations, etc.), as well as their involvement in the process of risk assessment. It further explores how drivers of or barriers to such arrangements are experienced and how they are useful/addressed to help achieve improved health and safety outcomes.

The chapter also examines how worker representation and consultation address new and emergent risks; within this broad categorisation, we include not only those risks emergent from the use of new substances, technologies and processes at the workplace, but also those that result from changes in the way in which work is structured and organised. We are interested in exploring how such changes have affected both the practice and perceived outcomes of worker representation/participation. These changes include the effects of business relations outside the workplace on participative and representational practices within it (e.g. the effects of price and delivery demands of the buyers of goods or services on participative and representational approaches to OSH; the effects of the requirements of principal contractors on subcontractors; and, more generally, how organised representation addresses 'upstream effects' of economic/business relations in the more porous enterprises that characterise modern economies).

Since the various establishments we visited were selected from different size bands and were drawn from three different sectors, this allowed some possibilities for comparison of the experiences of worker representatives and managers concerning all of the above by enterprise size and sector.

5.2 Features of the experience of worker representation and consultation on OSH

In this section, we look at the experience of specific arrangements to facilitate representation. These include the selection of representatives and their functions as identified by regulation, such as inspections, investigations, involvement in the process of risk assessment and so on. We are concerned with understanding the relative balance in these matters between autonomous actions of representation and those of managerial prerogatives in determining the nature and extent of these activities. We first focus on the situations in which formal arrangements broadly in line with the regulatory requirements of the SRSC Regulations were in place, but offer some comparisons between these situations, those of non-union firms in which some form of arrangement was in place and those in which there were none.

In 10 of the 18 cases, there were recognised trade unions and, to varying degrees, arrangements were in place to appoint trade union HSRs and set up joint health and safety committees in line with the provisions of the SRSC Regulations. These included all seven of the large establishments and three of the four medium sized establishments. As discussed in Chapter 2, different trade unions in the United Kingdom have, in the past, adopted different strategies towards the appointment of HSRs, some preferring not to mix this role with other lay representational roles, while others have been more flexible, resulting in other workplace representatives, such as shop stewards, also taking on HSR roles. The conventional argument for the former is that it allows representatives more time to concentrate on this one role, while that for latter it is that this ensures better integration of representation on health and safety with workplace representation more generally and avoids HSRs becoming isolated and behaving as unqualified safety officers and the instruments of management. Both types were represented in our cases although, as noted, the shared role often seems to have been the result of a default position taken up when no one else was willing or available to become an HSR, rather than the result of a deliberate policy.

In all seven small enterprises and one medium-sized establishment included in the study, there were no representatives appointed in line with the SRSC Regulations because there were no recognised trade unions in these establishments. However, in three of the small enterprises and the medium-sized establishment, the management had made arrangements for the appointment of ‘site representatives’ and ‘health and safety committees’. In the other small establishments, the employer had made no arrangements for the appointment of any form of HSR or joint health and safety committee, although in one of them there were regular ‘safety meetings’ attended by all employees on-site at the time meetings were held. The manager indicated that part of the reason for having such meetings was to demonstrate compliance with the certified standards held by the company and that they were useful for the purposes of its business:

> *So that’s like the formal aspect that falls in line with ISO 18001 on communication.*
>
> (Small, private services, manager)

In all the establishments in which there was no form of representation, it was claimed that consultation between managers and employees on health and safety occurred through the use of a range of ‘direct methods’.

5.2.1 The selection of representatives

In the United Kingdom, a distinction is made between unionised workplaces with HSRs appointed under the SRSC Regulations (which is the preferred approach) and those appointed or elected by other means which are arguably covered by the HSCE Regulations 1996 (‘arguably’ because these regulations are so generic that they could apply to almost any situation in which employers claim to consult on OSH). These distinctions were evident in our cases, with the non-unionised establishments displaying a confusing variety of arrangements and practices which they claimed to be ‘consultation’ on OSH.

Although the HSW Act and the SRSC Regulations specify that HSRs should be appointed by trade unions, even among the unionised establishments included in the study appointment had been problematic in some. In a college, for example, although there were several trade unions and a relatively

high percentage of the staff belonged to them, there appeared to be only one active HSR. He said that, while he had been elected by the membership, very few union members had taken part in the vote and, at the time of the case-study, he was concerned about finding anyone to fill a vacancy for another representative. This was further reflected in the difficulties that the Deputy Principal spoke of in relation to worker representatives attending the joint health and safety committee:

> *… [representatives from all 3 unions] used to come along … [but now] the legislation… they see it as a commitment, they see it as a bit of a risk ... teachers aren't strong on health and safety in terms of actually prioritising … quite naturally, they're there to teach … trying to get someone to volunteer to be a health and safety rep … there is a rep for each of the unions but they've decided not to take up the option to be on the health and safety committee.*

(Large, public sector, manager)

In one of the manufacturing establishments, where again there was quite a strong union presence and the majority of the workers were members of one trade union, and where the HSRs held no other office, there had been no contested elections for HSRs and the Health and Safety Manager had clearly played a role in their selection by agreement with the senior union representative. The HSR said of his own appointment that he had always been interested in safety and the Health, Safety and Environment manager had asked him if he would be interested in taking on the role. He said when there was a vacancy it was normal practice for the HSE manager 'to have a word with the FOC [Father of Chapel — the senior union representative]', and either he or the FOC would then approach someone they thought suitable. In another, there were also separate HSRs, but again there were no contested elections for these roles and the senior union representative, in consultation with the Health and Safety Manager, generally nominated their incumbents.

In contrast to this, there were also cases of other large unionised establishments from both the public and private sectors for which there were highly developed arrangements for the appointment of HSRs. In one case in private production, for example, elections for union positions in the establishment were held every three years and the senior safety steward indicated that, unlike patterns observed elsewhere, they were always well contested, with a number of people interested in standing for posts. In another unionised establishment that was part of a large public transport network, there were three levels of health and safety representation, which mirrored the organisation's structure: local HSRs and a second level of 'Area Representatives' who, as the name suggests, represent all of the organisation's depots within a geographical area. Finally, there were full-time 'Lead Representatives' in each of the six regions into which the national organisation was divided. This structure was relatively new. In the past, there were only local representatives at depot level, but the unions and the company had negotiated a new national agreement, which introduced the two higher tiers of representation. In two further unionised cases, interviewees emphasised the role of a 'partnership agreement' between the unions and the employer in supporting and legitimising representation on health and safety issues. In one case, this allowed the development of a formal 'health and safety lead' who coordinated the activities of a network of HSRs across the different sites and divisions of the large public administration organisation.

With regard to the non-unionised workplaces, in those where there were 'representatives', in every case they had been selected by managers. Where there were health and safety committees, generally they comprised a health and safety manager and employee representatives, with mixed (and sometimes only occasional) attendance from other managers and supervisors. Where they were seen to be active, it was usually because a safety manager or a senior manager had taken a special interest in reviving them and integrating them into other systems for OSH management that they were introducing. But in the remaining cases, both representatives and managers regarded the committees as ineffective.

5.2.2 Performing inspections

Participants reported a variety of practices that they regarded as constituting 'performing inspections' in unionised establishments. In the cases in which arrangements were broadly in keeping with the regulatory requirements, joint inspections of health and safety matters were routinely performed at regular intervals (in some cases weekly, others monthly) in the private producing establishments and seemingly less routinely elsewhere. But they were not entirely absent from any of the workplaces where

there were representative arrangements. In one of the public sector establishments, for example, the Health and Safety Manager had only fairly recently begun to invite representatives (both staff and health and safety representatives) to accompany him on joint inspections and visits to various areas of the establishment's sites, but had had little uptake at the time of interview, which he suspected was the result of a combination of factors, including difficulties with being released from other duties, though he also felt it perhaps reflected a lack of interest on the part of other employees. In another public sector establishment, inspections appeared to have occurred as a result of ad hoc requirements and not as part of any routine system.

Among the unionised establishments, nearly all conducted some form of joint inspection with managers, but beyond this, there were two distinct patterns of inspection. In a few of the cases in which the trade unions were especially well organised, the union representatives could and did conduct their own independent inspections and investigations whenever they felt the need to do so, as well as requesting more in-depth information from managers about issues on which they had concerns. These cases were different from those in other unionised establishments in which the representatives were less autonomous in their organisation and functioned more as a part of the systems put in place and were controlled by the safety manager. Here, as well as being involved in routine joint inspections with management, some representatives also performed inspections on their own or accompanied by another representative. They described, for example, how they would plan to conduct these inspections and ensure that they maintained 'a fresh eye' by ensuring that they did not inspect their own work area but that of others with which they were less familiar. However, there was not a strong sense of autonomy associated with these 'independent' inspections. Rather, they were seen as part of the general pattern of inspections instituted by the safety management in the establishments and their outcomes were reported back to the safety management.

Among the non-unionised workplaces, if workplace inspections were carried out at all, they were generally as part of the systems instituted to manage and monitor safety, where 'representatives' acted to implement managerial strategies on OSH. These representatives did not report conducting any activities independently of management. Since the most common approach to implementing arrangements for safety in these establishments tended to emphasise strategies orientated towards ensuring employees followed requirements concerning safe behaviour, representatives were obliged to inspect and monitor compliance with such requirements. In one case, for example, during their inspection tours, representatives were required to hold and record a certain number of 'safety conversations' with workers who had been observed to be not following procedures.

5.2.3 Risk assessment and health and safety representatives

It was claimed that risk assessment of one form or another was undertaken in all of the establishments we studied. This is perhaps not surprising given the high profile of the term in the lexicon of modern legislative requirements and current professional practice on OSH. However, closer scrutiny of the practices that constituted understandings of risk assessment in different workplaces showed that these varied enormously. In many of the establishments in the private producing sector, utilities and transport in particular, the model of safety management in place was most often based around risk assessment and subsequent inspection, auditing and feedback loops, with the use of checklists to increase systematicity in identifying non-compliance issues. They were linked to operational procedures which, in some establishments, were gathered together in operator handbooks and the like as supporting material to ensure safe operations. In principle, these were accessible in different work areas and consulted by the HSRs, as well as by supervisors and workers. Long-term understandings that there was a significant level of physical risk in these establishments seem to have been the main influence that led to the development of these routines to identify, evaluate and control risk in line with what was widely understood to be acceptable practice.

In the public sector establishments involved with administration, social and health care and education, this approach was usually in evidence to a far lesser extent and, where it was present, it was often not as highly developed as it was in the establishments in private production, transport and utilities. To some extent, this was a reflection of the different nature of risks in the sectors, with the public sector establishments generally dealing with less concentrated forms of the traditional physical and chemical

risks associated with manufacturing and dangerous machinery, and instead being more concerned with 'safe place' and access and egress issues. However, in some public sector establishments, risk assessment seemed, in practice, to amount to little more than a process involving the collection and filing of documentation concerning risk. Whatever version of such systems was in place in public sector establishments, representatives usually played some role in inspecting and monitoring its operation, although, as in private production, in nearly all cases, these systems were led by the health and safety managers with representatives participating and reporting their contributions to them.

This was also true in the non-unionised establishments in which, where they existed, 'representatives' generally played a 'hands on role' in the delivery of risk assessments, while in the establishments with no representatives, the direct participation of employees in risk assessment was reported.

However, aside from this routine monitoring of the workplace, representatives generally reported fairly limited involvement in the assessment of risks that were new to the establishment. Such risks were assessed by the operators, supervisors and managers responsible for producing risk assessment method statements (RAMS) at the start of a new task; by acquiring relevant documentation accompanying the purchase of substances and equipment; or through advice from representatives of the manufacturers of the new equipment or other specialists. Generally, HSRs reported being informed of the results of risk assessments and having access to them, but not being significantly involved in undertaking them. There were exceptions, however, and in some private producing establishments, representatives talked about being involved in risk assessment during the installation of new machinery or during the modification or re-siting of existing machines. And in the highly unionised and well-developed systems for health and safety representation in the public utilities and transport cases, there were said to be comprehensive procedures for risk assessment in place from which standard work techniques had been developed. Representatives in these situations tended to have two levels of involvement. Sometimes they had been engaged with the actual risk assessment itself, but more often (and in addition to their direct involvement where it had occurred), they were consulted on the completed risk assessment.

Similarly, there was a mixed experience of 'consultation in good time' in relation to new equipment or procedures. In the strongly unionised sites in private producing, utilities and transport, there were procedures which explicitly facilitated consultation in good time. In others, practices appeared less formal and were determined by individual interactions between representatives and safety managers. In one case, for example, a representative talked about his involvement in assessing the risks of new machinery, indicating that he had taken part in the design of new guarding. He emphasised the importance of listening to operatives when assessing risks, stressing the advantages of his own position in this as a conduit of knowledge between workers and managers. But in others, it was obvious that such involvement occurred to a much lesser extent and, in many cases, representatives were clearly not consulted about new plans, procedures or plant until they were operational. In the public sector service establishments, the picture was quite uneven. For example, the absence of any involvement from representatives was particularly evident in relation to work organisational issues in a large educational establishment and, given the extent of the psychosocial consequences of such arrangements, it was a significant limitation on the ability of the representatives to contribute to the management of the psychosocial risks faced by workers. However, in one case in a large Health Care Trust establishment, the representative described being involved in policy development including, for example, the current revision of the stress policy. She was also able to ask for information via the health and safety committee and explained that she was currently waiting for a breakdown of sickness absence figures by work- and non-work-related stress from her most recent request. She was clearly confident that these figures would be forthcoming. Interestingly, she demonstrated a strong awareness of how stress was seen within the Trust as both a health and safety and a human resources (HR) issue and so it was discussed in both arenas. She felt that perhaps the balance was in favour of the HR side. This said, she went on to explain that if she wanted something done more generally, it was often dealt with more quickly by senior management if she raised it as a health and safety matter.

Several public sector cases provided further examples of where workplace stress was identified as the main 'health' issue and while they often attributed the causes to external forces, representatives were actively trying to assess the occupational risks and implement preventive measures. How they did so differed according to the setting. For example, in one case in a national cultural establishment, the representative spoke of staff shortages causing those still in post to experience increased and intensified workloads. A number of employees had left the organisation as a result of stress-related ill health. And for the last two years, the HSRs from the two unions at the establishment had been conducting an annual survey of members' stress and thus had amassed clearly documented evidence to show that members were reporting increased levels of stress, which had affected their health.

In a small education establishment, stress was also identified as being the most prominent health issue affecting teaching staff at the school. Based on a review of research evidence in addition to its own findings, the national union representing the teachers at the school identified the main sources of the current high levels of teacher stress; these included excessive workload and working hours, often exacerbated by a surfeit of government 'initiatives'; poor pupil behaviour, which itself is often compounded by issues such as large class sizes; and pressures of assessment targets and inspection. All of these factors were identified in the case-study of this organisation by the interviewees. The school's management team and the Education Service had implemented a number of initiatives to try to ameliorate stress. At the school level, there was a specific risk assessment for work-related stress. The head teacher said that every effort was made to promote an open and supportive climate — people were encouraged to raise concerns and voice issues. They could speak to any member of the management team and there was an 'open door policy' in place. One of the head teacher's recent initiatives was to develop a 'stress management day', which would address both the causes of stress and how it is experienced differently by individuals, and also the practical actions that the school might implement. The head teacher had worked closely with the union Divisional Secretary on this initiative. He involved the official at an early stage since it was him, rather than the union representative within the establishment, who had accompanied members at return-to-work sessions and redundancy consultations.

Only in a few of the cases was there much sign of a developed autonomous form of risk assessment on the part of the HSRs, although some examples of a limited degree of this were evident in the high-risk and strongly unionised cases in private production, transport and utilities. In the main, though, there was scarce evidence of representatives' involvement in addressing new or emergent risks other than through the routines of risk assessment within the safety management system to which they mostly contributed a monitoring role. Thus, in private producing, new physical or chemical risks associated with new machinery, processes or substances would be likely to be assessed routinely and safety representatives informed of such assessments but only occasionally involved in making them themselves. Obviously this still provided them with opportunities to question the assessments. However, with the exception of the few highly organised workplaces in private producing, utilities and transport, this seems to have seldom happened in practice. New risks emerging from changes in the way work was organised, staffing or the pace of work only rarely seemed to come to their attention and were also frequently perceived to be beyond the remit of 'safety management' and therefore also beyond that of their own remit. A similar situation existed in public services where, although practices were less systematised and representatives were probably less involved in undertaking risk assessment (as opposed to being informed of its outcomes), there was also little acknowledgement that risks associated with organisational change were something that was part of safety management — despite the widespread experience of their effects in these establishments. In the public sector services establishments that were included in the study, it was often evident that there was a significant difference in the concerns of workers, which were related to working conditions and their implications for health and well-being, and the areas of concern identified through safety management systems, which were related to safety and principally concerned the physical environment. Since the HSRs are regarded as part of the safety management systems in these establishments, it was quite difficult for them to feel a sense of legitimacy about raising their concerns about health and well-being through these channels.

In the case of the non-unionised establishments, at best it could be said that, where they existed, representatives followed a lead provided by the safety managers on assessing risks, acting as their 'eyes end ears' on the shop floor. Examples of their autonomous function were not forthcoming. In small workplaces with no representation, it was suggested that workers were sometimes involved in risk

assessments in an informal manner — as indeed they were informally involved in many aspects of OSH practice as a result of the everyday close engagement between them and their employer, which was a consequence of the small size of the establishment.

5.2.4 Accident investigation

Only a small part of a representative's activities involved accident investigation. Partly, of course, this was because these were relatively rare events in all of the establishments studied. However, it was also because, for many representatives, their role in accident investigation was complicated by a conflict between what they regarded as their essentially preventive role and the question of fault and possible litigation that might be involved in accidents, which they felt uncomfortable about becoming involved in or where involvement was restricted by their employer/manager. For example, one representative spoke about how he engaged with the operatives who had accidents to find out what exactly they had done, and suggested that this sometimes prompted the development of modifications to the guards to prevent operatives from doing the same thing again. But he also mentioned encountering a difficult experience in which the victim of an accident he had investigated subsequently brought a union-supported compensation case against the company. In the course of the compensation case, the representative had been interviewed by two solicitors (it was unclear whether they were acting for the plaintiff or the defendant), an experience that he had clearly found disconcerting and upsetting. He felt somewhat betrayed because neither the management nor the union at the establishment had informed him of the likelihood of a pending case when he had undertaken his own investigation.

These issues were of obvious significance in another private production establishment in which the senior shop steward was adamant that HSRs were never involved in the accident investigations conducted by management and also never conducted their own independent investigations (indeed he appeared to be unaware that accident investigation was one of the functions of HSRs under the SRSC Regulations). In other unionised establishments, there was something of a mixed approach towards involvement in accident investigation; again, the question of possible litigation was cited as the main limiting factor. Nevertheless, in the establishments in which the union organisation around health and safety matters was clearly well developed, representatives talked about their strategy of allowing management to conduct accident investigations but always requesting copies of the reports thus produced 'to see if we need to be involved with any of the recommendations'. In another unionised establishment, where relations between the union and the management were not especially friendly, the safety steward said that representatives often heard about accidents from fellow employees rather than from managers:

> *They investigate and we find out too late; everything has been cleared away by the time we hear about it…. It can be that we go to the Group safety meeting, they're talking about incidents and we know nothing about them. It's a constant frustration — we're always raising lack of communication as an issue at the Group safety meeting.*
>
> (Large, private producing, representative)

When he was asked about the union stewards carrying out their own accident investigations, the safety manager who was interviewed in this establishment acknowledged that 'the union is supposed to carry out their own investigation', but went on to add that 'it doesn't always happen'. While, in cases of serious accidents, he claimed that he would 'direct a joint investigation to be carried out', he also said 'I do this to make sure that there's no clash of interpretation if it comes to a claims scenario'.

Confusion with regard to the responsibilities of HSRs in accident investigations were also evident in some of the public sector establishments. Indeed, in one case, the safety representative managed to spend practically the whole of the interview using his experience of involvement in one accident investigation and its subsequent consequences to demonstrate the difficult relationship between HSRs and the management of the establishment. Essentially, in this case, what seemed to lie at the root of his concerns was the possibility of serious and punitive disciplinary actions being taken against representatives by the employer when such activities cause the escalation of an incident to levels beyond the immediate workplace.

Much like the case in the private production company above, this was most likely to occur when the possibility of litigation was feared following an accident. In large public sector establishments (in this case a hospital), such concerns often meant the involvement of levels of management and procedures that existed outside the workplace itself, and were associated with the wider organisation of which the workplace was a part. This was perceived to radically change the nature of relationships between local managers and representatives in ways that meant that the trust on which their previously successful operation had rested was lost and in which both representatives and local managers felt equally vulnerable to insecurities caused by the seemingly arbitrary decisions of 'outsiders'.

There were no formal arrangements for the involvement of non-union representatives in accident investigations and, as might be anticipated, workers in small firms where there were no arrangements for representation did not report being involved in accident investigations.

5.2.5 Joint health and safety committees

In all of the establishments in which the SRSC Regulations were applied, there were joint health and safety committees present and places on them for trade union appointed HSRs. Generally, the committees were chaired by a senior manager or the health and safety manager acting on behalf of the senior manager. They mostly functioned in ways that were in keeping with the guidance that accompanies the SRSC Regulations. The only exception to this was in one of the education establishments where, although there was a 'joint health and safety committee' which, in theory, was meant to meet twice a term, in practice it met much less frequently, attendance by HSRs was limited and, as the Deputy Principal admitted in relation to its operation, the college had 'lost [its] way a bit'.

However, there were several variations and developments to this pattern. For the small education establishment, there was no health and safety committee within the school, but there was one at the level of the local education authority that was responsible for the school. The existence of health and safety committees beyond the establishment was also found in relation to some of the other unionised establishments and was generally seen as a useful feature by the representatives concerned. For example, in one large private producing establishment in the automotive industry, the representative spoke of both a national joint committee and a national safety committee, which reflected the long history of strong union organisation within the parent company and was seen by the representative as a useful means of resolving issues that could not be addressed to his satisfaction at the establishment level. These national- or sector-level committees also existed in the other highly unionised establishments in utilities, transport and public administration, and in each case they were thought by the representatives to provide useful channels to higher authority that could be invoked when negotiations on OSH issues reached an impasse at the establishment level.

In the establishment that was part of a Health Care Trust, a joint health and safety committee met every two months and was chaired by a director of the Trust, so matters arising from the committee could be taken to the board level if necessary. Prior to the meeting, separate union and management meetings were held, as well as a joint pre-meeting between them. These seem to have been used in part as a way of addressing issues and filtering material arising from them that would be channelled into the meeting of the joint health and safety committee. The Health and Safety Manager had no budget, which he seemed to view positively. He said he took cost into account when making OSH proposals at the health and safety committee, but it was the committee that would be responsible for making the final decision. This was a further reason for the chairing of the committee by a Trust director. While this had important advantages, the Health and Safety Manager also acknowledged negative consequences in as much as it had proved difficult to sustain the regular attendance of the Director at the committee's scheduled meetings. The committee had a broad function in oversight and consultation on OSH matters and dealt with strategic rather than day-to-day issues. It was, nevertheless, an important institution for consultation. It was described in the Trust's Health and Safety Policy as providing a forum that promotes a 'culture of co-operation between management and staff representatives'. The committee received reports (minutes) from various groups: the Acute Fire and Emergency Response Team, the Control of Substances Hazardous to Health (COSHH) Working Group, the Medical Gas Committee and the Security Incident Review Group. In addition, the committee would approve the quarterly health and safety incident reports and receive various other reports, including the Annual Fire Safety Report, the

Annual Local Security Specialist Report, the Annual Local Security Specialist Work Plan and the Trust Board Six Monthly Report. Where appropriate, key stakeholders, such as clinicians, patients and the public, were also involved in the committee. The Health and Safety Manager explained that he used two main routes for raising OSH issues for consultation. The first was to put them on the Trust's risk register, which meant that they would be allocated an action timeline, and the second was to take them directly to the Health and Safety Committee. The latter was used essentially to obtain approval for his actions and changes to policies and procedures. As well as ensuring that the membership of the committee included the representation of directly employed Trust staff, the Health and Safety Manager was in the process of ensuring that an HSR from the Trust's major contractor also joined the Health and Safety Committee — subject to the representative receiving appropriate training. In the Health and Safety Manager's opinion, the contractor was viewed as a partner and its staff were regarded as Trust staff and were therefore entitled to such representation. This attitude to the involvement of contractors was unusual among the cases.

Although generally fairly positive about the work of the joint health and safety committee, one of the HSRs explained that she received information and reports from the union representatives on other Trust sites, which she then took to both the union 'staff-side' and health and safety committee meetings. There was an implication here that the views and concerns of staff based away from the Trust's main site, and perhaps particularly those working exclusively in the community, may have been relayed 'second-hand' since, as the health and safety committee and staff-side meetings were held on the main site, it was harder for representatives from other sites to attend.

There seemed to be two main modes of operation in relation to joint health and safety committees that were evident in the unionised establishments. In one model, the unionised representatives suggested they made considerable use of the committee, even recounting how they had been responsible for its existence or revitalisation and, as outlined above, also finding such committees that existed beyond the workplace to be of value in helping them to get matters addressed to their satisfaction. In the other model, however, while there were joint health and safety committees of long standing, perceptions of their role were more mixed and they seemed to be regarded more as a tool of safety management by both representatives and managers.

In one case in private producing, the health and safety committee dated from the time when the establishment had been a 'closed shop' with one trade union recognised for collective bargaining and a 100 % union membership. Although this was no longer the case, about two-thirds of the establishment's workforce belonged to trade unions, with most belonging to the same one. Talking about the origins of the present system and that of the joint health and safety committee, the HSE manager said:

> *It's not something we've ever had to drive ourselves as management — originally it was driven by the union. The union would say — we want you to put in a committee — so we put in a committee… the driver for them were the [SRSC] Regulations. What I've found has happened now — as it evolved — is that the union is nowhere nearly as strong as it used to be — and now I've got people who want to do it because they want to do it rather than because the union is saying — go on, you go in there and make life difficult for them mate.*
>
> (Large, private producing, manager)

The committee consisted of representatives from each department across the business. The HSR said that there was a union committee member who also attended this meeting but he did not 'wear his union hat' at the meetings. The health, safety and environment manager chaired the committee which aimed to meet quarterly, but this was not always possible (it only met twice in the year of the case-study). The most senior manager who attended the meeting was the Operations Director. One manager from a department was also invited to attend each meeting. This rotated and they could be different managers from different departments each time. Both the Health, Safety and Environment Manager and the Operations Manager reported directly to the Managing Director who had ultimate company responsibility for health and safety. If decisions were required on the cost implications of recommendations of the committee, they could be channelled to the Managing Director. In addition, there was a quarterly board report completed by the Health, Safety and Environment Manager, which went to the Managing Director, the Financial Director and the Commercial Director. The Health, Safety and Environment Manager indicated that these were the avenues for seeking financial support for OSH. While the union workplace

committee did not have any direct involvement in health and safety matters, it did receive the minutes of the joint health and safety committee. These were also prominently displayed on health and safety noticeboards at the establishment and could be used by the HSR to point out what had happened concerning progress with issues raised by workers.

The HSR also talked about previous times in which the senior union representative had been closely involved in the activities of the health and safety committee and had taken a personal interest in pursuing health and safety matters. However, the senior union representative in place at the time this study was conducted did not do this and instead left matters to the HSRs to address for themselves. The representative clearly felt that the 'hands off' approach of the senior union representative was preferable. He seemed to think it gave him both more responsibility as HSR and more freedom to resolve matters himself, which he did either with the relevant charge hands or by going directly to the health and safety manager, who appeared to welcome such approaches. He knew that he could turn to the senior union representative and the union committee for support if health and safety matters were not resolved to his satisfaction with the management, but he said that this had never occurred.

In a second private producing establishment in which the SRSC Regulations were operational, there was a health and safety committee at the site which met every eight weeks 'without fail', according to the safety officer. There were 14 permanent members of the committee. In addition to union representatives, a shop floor employee selected by management also attended the meetings. Other staff members who sat on the committee included the Safety Officer (who chaired the meeting) and the Continuous Improvement Officer, the Directors of Logistics and Production, the Manufacturing Manager, the four departmental managers, maintenance and tool management staff, and three union safety representatives. Regarding the presence of the two directors, the Safety Officer said that 'safety is being driven from the top … the Plant Director is very committed to safety' (though he did not sit on the committee himself). In the meetings, there was discussion around all the items from the previous meetings and members could raise new issues for the agenda under 'any other business'. Any new project proposals (always made by the Safety Officer or the directors, according to the Safety Officer) were discussed and feedback gathered in the forum. The Safety Officer was clear that it was management who set the agenda of the joint safety committee and described the meetings as:

> *… a rolling programme… there will be points that are outstanding, that need money spending on them … they just keep rolling along until we get the money out of the board and get the jobs done.*
>
> (Medium, private producing, manager)

The senior steward who was interviewed in this case knew of the existence of the joint health and safety committee but did not know how frequently it met, though he thought it was a 'regular occurrence'. He no longer attended the meetings, although he said that he used to attend them. He had delegated attendance to one of the safety representatives. While the safety manager indicated that all three union safety representatives attended the meetings, the senior steward was unsure of who exactly attended from either the union or the management side, nor could he elaborate on what was discussed.

In the non-union establishments where there were representatives, safety committees, where they existed, were organised by the managers. In one or two cases it was evident that new managers, or new safety managers, had sought to revive safety committees that had become moribund, and valued them as a means of communication. But here it must be stressed that, where such committees existed, they operated very much under the direction of managers. There were no joint health and safety committees in the small non-unionised establishments, although in one of them, as we indicated previously, regular safety meetings were held for all workers who were on site at the establishment with the purpose, or so it appeared, of complying with requirements of certification standards and the business's clients.

5.3 Support for representation on OSH

It is widely accepted that worker representation on OSH functions best when it is supported by all parties involved, including workers' organisations, employers, health and safety practitioners, and regulators. Moreover, the statutory measures that provide the framework for the 'preferred model' of worker representation on OSH include some provision for such support, for example in relation to time off to perform OSH functions, rights to provision of information, as well as time off for training. In the following sub-sections, we look at the experience of the arrangements to provide such support in the cases we studied. We focus mostly on the unionised workplaces, but offer some comparisons with workplaces where there were some arrangements in place as well as those workplaces with no arrangements.

5.3.1 Information

It is widely accepted that the effectiveness of worker representatives in health and safety depends on the support they receive for their actions. In the main, this comes from the workers they represent, their employer and management, the regulatory inspectorate and their trade unions (both inside and outside the place of work). Two particularly important elements of such support are information and training.

It is acknowledged in the literature on worker representation that both the possession and use of information are powerful determinants of the direction and outcome of social dialogue on OSH. Outcomes are argued to be strongly dependent on how successfully the parties to the dialogue are able to impose their knowledge/information on the discourse and, in so doing, control its agenda and influence its outcomes. Power in decision making is, in part, normative, that is, it is the ability to influence the argument by convincing the other that you are right (Etzoni, 1975), which involves, among other things, the capacity to define the agenda of the interaction and influence what is discussed and what is not (Lukes, 1974). Possession of information goes some way to helping to achieve this. Issues of normative power are much in evidence in the literature on social dialogue on OSH, which itself is recognised to be a complex conceptualisation. As a consequence of their social construction, what constitute 'OSH realities' are often at the heart of the conflict on the subject of negotiation and it is claimed that a 'worker centred' approach to knowledge in this respect may be quite different from that adopted by employers, managers and their advisers, leading to contested ground over, for example, the purpose of managing OSH, the true nature and extent of the hazards being managed and the most appropriate means chosen to prevent harm (Walters and Frick, 2000). Scholars have made much of these distinctions in theorising worker participation on health and safety, resulting, for example, in notions of 'knowledge activism' in which workers' representatives act effectively by gathering their own information to make sense of their experience of hazardous work and using this knowledge to mobilise their co-workers to support their demands and propose solutions appropriate to them (see, for example, Hall et al., 2006, 2016).

But this is not what we observed in the majority of the cases investigated in the present study. Although among the unionised establishments some representatives mentioned possessing materials that they had received while undertaking health and safety training at a TUC course, they referred to them rarely and the main sources of the information they used on a day-to-day basis were most often the safety management personnel at the establishment. They appeared to trust these sources entirely and there was little sense, in any of the cases, that information of this sort was ever 'contested territory' for the representatives. They also rarely mentioned using their trade union outside the workplace as a source of information and, although they were to varying degrees aware of the possible availability of information from the HSE and other similar sources, there was little sign of any experience of actually using these sources. Indeed, few of these representatives mentioned independently searching for information concerning health and safety matters at their place of work at all. There were exceptions in which, for example, on the issue of psychosocial risks in the public sector services establishments, one or two representatives suggested an awareness that trade union sources outside the establishment might have different perspectives on this issue to those promulgated by management within the establishment. But even in these cases, the representatives were at a loss as to how to make use of such different perspectives in influencing discussions at the establishment level.

To this extent, the notion of 'worker centred' understandings of workplace risks was limited to an acknowledgement that the daily experiences of workers who operated dangerous machinery or were engaged with other potential hazards in their normal work routines may result in better understandings of the risks involved and how to work safely with them than those possessed by managers who imposed rules upon them but who stood at some distance from this direct experience. Despite such understandings, however, especially in the private production cases where working with dangerous machinery and various process safety issues abounded, the overriding ethos governing the activities of the representatives was found in the constructs of the behaviour-based safety systems operated by the establishments' safety management. This resulted in some degree of ambivalence on the part of the representatives, who sometimes identified closely with the workers whose expertise was learned 'on the job', but who, at the same time, saw themselves as part of a safety management system whose role was to help to change the behaviours of the same workers in ways that their managers considered would improve safety.

There were a few exceptions to this pattern, however, and it is probably no coincidence that they were found among the few cases we studied in which there was a well-organised presence of trade union appointed HSRs that were highly integrated into the wider workplace union organisation. For example, in the establishment belonging to the large automotive manufacturing company, the safety steward said that he used his full-time trade union official for advice on OSH and carried out his own research 'to get the union perspective on things' adding:

> *You can't rely on what management says … I do my own internet searches, I try to research everything … its essential at meetings. I use the HSE, the TUC and UNITE — I get the email updates from all of these. For example, I looked up the risk assessment policy change, working at height and the way we should be doing our pre-use checks.*
>
> (Large, private producing, representative)

Similarly, in the establishment involved with public transport, where there were three levels of union representation on OSH, the higher level representatives saw provision of advice and information to the representatives at the depot levels as among their most important tasks. They also suggested that workplace representatives did not rely on management as the sole source of information, but were themselves particularly well versed in their knowledge of relevant statutory requirements, to which they would turn when confronted with difficult managers. Thus, although it was limited to just a few cases, there was some evidence of 'knowledge activism' (Hall et al., 2006) being present, where representatives autonomously gathered their own information when making demands or proposing solutions.

5.3.2 Training

With regard to training, it was the case that most of the representatives we interviewed had received some training on health and safety. Most commonly, this was in the form of a course approved by the TUC, usually of 10 days duration and held off-site either at a public education institution or organised and run by the trade union to which the representative belonged. Obtaining time off to undertake such training was not seen as a problem by any of the representatives, and the managers all indicated that they supported HSRs being trained as soon as was possible following their appointment. However, there was very limited mention of further training following attendance at the initial TUC-approved course. Some representatives and managers mentioned that the representatives took part in further training on specific issues provided by the company or by manufacturers or suppliers of new equipment, but there seemed to be no systematic processes for follow-up training in any of the establishments studied. The TUC-approved courses provide a system of both initial and follow-on courses of similar duration, but none of the representatives had attended more than the initial course. This was significant because in some cases HSRs had held the position for quite a long time and it had been many years since they had received their initial training. While they were aware of the provision of such follow-on courses, they displayed little enthusiasm for taking part in them. It was not clear whether or not obtaining time off to attend such courses was perceived as a barrier.

5.3.3 Time off to undertake worker representation on OSH

Again, in most cases representatives perceived the time they were allowed to undertake their OSH activities to be adequate. Indeed, in cases where there were formal allocations of time-off for conducting health and safety functions (typically in the form of a certain number of hours per week), some representatives indicated that they rarely need to use the full allocation. In other situations, the arrangements were less structured and, provided they enjoyed the blessing of the safety manager, they were rarely seen as problematic. For one representative in a printing works, for example, time off from his normal job to undertake his health and safety functions did not seem to be a problem. He was unaware of any agreed or imposed limits and took the time needed to undertake any necessary tasks. He documented this time as 'health and safety work' and, if asked, he would explain what it was, but said it had never been suggested that it had been time that should not have been taken, or had he ever been prevented from taking such time. The representative claimed that, 9 times out of 10, he could leave the press that he was in charge of to address a health and safety problem, and that he deployed various strategies to manage this effectively, such as sending a worker who had raised an issue to talk to the charge hand about it while his machine completed its print run so he could be released to follow it up. However, in the same workplace, on the subject of time off to undertake health and safety functions the HSE manager observed:

> *The company employs them to print paper… we are a bit limited in the amount of time we can allow them to spend on something else.*
>
> (Large, private producing, manager)

In some other cases, arrangements were perceived to be less generous. In one public sector education establishment, for example, the HSR was aware that he was entitled to time off to undertake his health and safety functions but felt unable to ask for it in the current climate, which he described as increasingly hostile and, given his part-time status and the vulnerability that he felt accompanied it, he was unwilling to risk his employment security. As he pointed out, this was not unique to health and safety representation:

> *The college rep has a bit of time but … I think it was quite a struggle to get it … I've never claimed it … and now being part-time … I don't want to have that discussion … as a part-timer, rightly or wrongly, you feel just that bit more precarious.*
>
> (Large, public, representative)

This seemed to reflect the presence of gaps between formal arrangements for representation and their operation in practice when unsympathetic management were involved.

5.4 Making representations

As we outlined in Chapter 1, when discussing practices involving consultation between employers and workers on OSH there are some distinctions to be made. There is a difference between practices that allow workers and their representatives some autonomy in their understandings about OSH issues and some chance of influencing the actions of employers and managers in relation to them, and practices in which workers and their representatives are the recipients of instruction or the conduits of information in the process of implementing managerially determined operations. In the cases we studied while conducting this research, we encountered both types of consultation, as well as many gradations between them. We also saw other situations in which representatives were limited in their capacity to undertake representation because they lacked the resources to do so, whether in the form of knowledge, information, training or facility time. In such situations, these limitations often left representatives feeling marginalised, lacking support and uncertain about how to conduct themselves.

We would argue that a key element in understanding the role and value of autonomous representation of workers interests in OSH — which previous research has demonstrated to be effective in improving OSH arrangements and outcomes — is found in the extent to which the arrangements support representatives to *make representations* on behalf of their worker constituents on OSH. In this section,

we look at the evidence of this in the cases we have studied. The cases demonstrated a rich variety of experiences of making representations on OSH on behalf of workers across the 18 establishments.

Generally, in the unionised workplaces, representatives were able to make representations on health and safety matters on behalf of their fellow workers in one way or another. However, in workplaces without union representatives, the actions of the so-called 'representatives' appointed by managers could not be said to constitute 'making representations' on behalf of their colleagues, since they were, in the main, conduits for operationalising managerial requirements rather than representing the concerns of employees. They might provide feedback from employees concerning the usefulness or appropriateness of such managerial requirements, or about other OSH concerns, but in practice this seemed to be only a limited part of their role. In the small firms where there were no arrangements for representation, there were examples of informal direct consultation between employers and workers on OSH. We found no significant evidence that in these establishments there were any informal means by which workers had spokespersons who might make representations on their behalf.

However, within the unionised establishments there was a clear distinction between the experiences in highly unionised establishments where the workplace union organisation prioritised OSH as a trade union issue and the experiences in other unionised establishments. In the latter type of establishments for example in some workplaces in which representatives were integrated into the health and safety management system and regarded by safety managers as their 'eyes and ears' — a not uncommon situation — the HSRs saw themselves as bridges between workers and management. For example, one HSR described his role as being 'a kind of buffer' in this respect. He believed HSRs were more approachable for workers because they were workers themselves. He said:

> *People will communicate with me and I'll go to the charge hand or manager.*
>
> (Large, private producing, representative)

He said this went some way to get over the embedded feelings of insecurity and lack of trust held by many workers concerning the management in the establishment. He suggested that these workers, when they experienced a safety problem, would be less likely to turn to charge hands and room managers because they would think:

> *You're management I don't like you so why should I tell you I've got a problem.*
>
> (Large, private producing, representative)

However, of himself and his fellow representatives, he suggested '…we're the buffer…more accessible…', and so representatives are an approachable point of contact and a conduit for workers to express concerns about safety. He said that communication in the establishment could be a problem:

> *Sometimes people don't communicate because they don't trust management. That's why we're here …Communication is a swear word…. Management don't want you to know too much…. Factory side don't trust them. We're in the middle.*
>
> (Large, private producing, representative)

He also talked about the strategies he used when acting on complaints from workers to try to ensure that managers did not know the source of the complaint, often implying it was something that he had investigated himself rather than indicating that a particular worker had brought it to his attention.

In another unionised private producing establishment, again where the representatives were integrated into the OSH management arrangements, the senior shop steward took a rather different approach, emphasising that the role of the union was to cooperate with the management on health and safety issues. He said:

> *We do work closely with management around health and safety. When they bring things in, it's for everyone's benefit… its employee protection.*

And:

> *Whatever we try to highlight around health and safety … we want that to be consistent with what management are trying to highlight… we like to do things in tandem with them, sing from the same hymn sheet and all that.*

(Medium, private producing, representative)

The safety manager at the establishment confirmed this and talked about the presence of a strong working relationship between management and the union. He saw this as 'being across the board', not just in relation to health and safety. But with regard to health and safety, he saw the union as playing a very important role in 'communicating management's message' and in enforcing safety policy, systems and procedures:

> *We've got total support from the union around health and safety. I use the union to communicate with the workforce. They get our message across. They fight our corner with us…. I've taken things in a new direction in this sense. I've always worked in a unionised environment and I know how important it is to get the union on your side.*

(Medium, private producing, manager)

Interestingly, in both these establishments, representatives and managers all referred to previous times when there had been more conflict between the union and management over health and safety matters and when health and safety performance had been poorer than it was currently. It appeared that in those times, the conflictual nature of labour relations had encouraged the trade union organisation at the establishment to adopt a more autonomous approach to health and safety matters. Such matters had been more closely integrated into the affairs of union workplace organisation, featuring prominently in discussions among workplace representatives, in their actions and in those of senior union representatives in representations to management, and were often a source of conflict with management. The interviewees identified a period in the past in which change had occurred resulting in things now being 'better than before'. They gave various reasons for this change, including changes in regulation, and changes in production at the establishment and its management and ownership, but they all agreed that, as a consequence, a new approach to the management of safety had emerged. However, it was also evident that these new approaches had been strongly influenced by ideas concerning safety management systems that originated and were guided by the management side. While there was a role for HSRs within these systems, it was one in which they acted as much as the instruments of the health and safety manager in monitoring the safety management arrangements, as they did as representatives of the workforce. They accepted this role, as well as the implication that it had in effect removed health and safety from the concerns (indeed from the agenda) of the workplace institutions of collective representation and furthermore had helped ensure that their own association with such collective arrangements was also somewhat at 'arms' length'. Indeed, as one representative put it:

> *You can't be a health and safety representative and be on the (union workplace) Committee — you can't have two hats on.*

(Large, private producing, representative)

In their everyday actions, their representations on behalf of their fellow workers were more as the 'eyes and ears' of the safety manager than as an autonomous representation of workers' concerns.

Interestingly, these two cases contrasted sharply with the practices adopted in another large unionised establishment in the private producing sector included in the study. In this establishment, which was part of a multi-national company in the automotive sector, there was quite strong evidence for a continuation of conflict over OSH, which reflected the disputed territory of wider labour relations within the company. The trade union organisation within this establishment was unusually strong, with a membership density of 100 % among the hourly paid workers. The HSRs at the establishment were referred to as 'safety stewards' — distinguishing them from the shop stewards who addressed the

representation of workers on other labour relations issues in the company ([22]). The senior workplace representative was known as the Convenor and he combined this role with that of senior safety steward.

There was also regular monthly stewards' safety meetings, which allowed them to canvas members in advance of meetings with management to decide on the issues that they wanted to bring up, and to work out a plan of action for the forthcoming month. The safety steward believed there to be a supportive relationship between the stewards and a good level of information sharing and coordination. The safety steward also spoke of the structures that existed above plant level — the National Safety Committee and National Joint Committee. The Convenor attended the meetings and negotiations of both these committees. He further confirmed that there was a facilities agreement in place. This allowed for flexibility around time off to carry out union duties. The agreement did not allocate set times for such activity. Instead, it granted union stewards sufficient time to conduct their duties, although the safety steward also admitted that there was increasing pressure on stewards concerning the use of this time. All of this supported the autonomy of the union representatives' actions on OSH. While they were very aware of the strongly behaviour-based safety management system that had been implemented in the establishment, which emphasised accountability and included elaborate monitoring of workers' safety behaviour with disciplinary actions for reported failures to follow requirements on safe behaviour, the safety steward said that he did not take part in these activities. Rather, he used his own checklists when carrying out his own independent inspection/audit and used the opportunity to speak to members about any concerns they had, instead of carrying out managerially initiated behaviour checks.

In the cases from utilities and public transport, again a history of strong trade unionism coupled with public ownership had continued at least as far as the former was concerned, and was reflected in the present arrangements for representation. In the large utilities company, for example, the safety representatives canvased their members by holding a union meeting prior to the quarterly joint health and safety committee meeting. As in the private production companies, the OSH manager said that he had seen a significant shift in management–union relations over time; he said that the trade unions were 'less vocal' than in the past, and that they were now far more amenable to 'negotiating' with management, as opposed to 'fighting everything that is brought in'. Nevertheless, the level of autonomous trade union engagement on OSH issues appeared to be strong here. A key institutional process in these cases was the notion of 'partnership between the unions and the management'. Both the union representative and the OSH manager spoke of the strong partnership that currently existed between management and the unions, particularly on health and safety. This approach was embedded beyond company level, with tripartite representative structures for safety at industry level. Such structures had existed in the sector for several decades and largely predated the moves to privatisation (and, in the case of the transport company, back again to public ownership). Interviewees in these cases talked of the role of tripartite bodies comprising member companies, representatives from the industry's trade unions, along with representatives from the health and safety regulator, who met regularly to consider health and safety issues affecting the sector. The employer–union partnership was vaunted as pivotal to the success of strategic plans, with worker involvement and engagement one of its main themes. It seems to have percolated through to the establishment level where it was viewed positively by both the representatives and the OSH manager. These arrangements appeared to allow the representatives more scope for autonomous collaboration on OSH than was the case in the companies in which they had become incorporated into the OSH management systems. Both the OSH manager and the union representatives mentioned several examples of such collaboration, with the OSH manager referring to the joint health and safety committee as being where the union representatives were able to often 'bring innovative ideas to the table'.

The transport case-study was of a very large organisation that had been returned to public ownership and operates within a now largely privately owned sector in which trade unions enjoyed a strong position. There were three trade unions recognised in the organisation. Facilities time was described as being good, although operational pressures caused line managers to sometimes challenge the time spent by local representatives on carrying out their safety functions. At such times, the representatives

([22]) And also from most of the other establishments among our cases, where the representatives of workers were referred to as 'representatives' of one sort or another and not as 'stewards', the more traditional term used in labour relations in British manufacturing and one that has with strong connotations of conflict associated with it.

emphasised their legal rights under the SRSC Regulations and the company's agreements. If necessary, the area and lead representatives interceded if a manager was being particularly difficult:

> *Some of the managers don't understand the safety regulations so we step in then to explain. The reps have often had better safety training than a lot of the managers.*
>
> (Large, public sector, representative)

According to the two union interviewees, introduction of the new safety procedural agreement following negotiations in 2011 had been very beneficial. Issues could now be resolved at appropriate levels far more speedily than in the past, largely because of the existence of 'Area and Lead Representatives' with capacities to reach beyond the level of the depot. As one of the lead representatives put it:

> *No managers want it to get to our level because we are dealing with the Chief Executive and the directors of [the organisation]... so they don't want any problem in their area highlighted to the top people. If it gets to our level, basically, heads will roll.*
>
> (Large, public sector, representative)

He described his role, therefore, as sometimes being one of mediation — 'explaining to the boys on the ground about correct procedure' — but that it also involved explaining to HR and line managers about appropriate procedures and processes as, frequently, their knowledge of such matters was lacking. He spoke of representatives at all levels being well versed in their rights accorded by the SRSC Regulations and how these are cited in order to ensure that union safety functions can be carried out:

> *Once you've reminded them of the law, there's not a lot they can do to stop you really.*
>
> (Large, public sector, representative)

At the same time, he tempered this approach by saying of his role: 'We are the people in the middle really, we support managers as well'. And echoing others, he also described the network of many local representatives across the country as being 'management's eyes and ears out there'.

Similar contrasts were evident among the range of public sector enterprises. Whereas most were unionised, some cases shared a dependence on the influence of managerial initiatives, similar to that described above in the private producing cases. In one case, for example, in the large hospital which was the main workplace of the establishment ([23]), the Health and Safety Manager who had oversight of the health and safety management system said he worked closely with the HSRs in monitoring the operation of this system. He believed that the wider organisation's system for participatory OSH management was working well. He explained that he welcomed and 'enjoyed the challenge' brought by the union representatives both at the Joint Health and Safety Committee meetings and during his other meetings and dealings with them. He felt that he had a good working relationship with all the representatives and, like the health and safety managers in private production, he viewed them as 'eyes and ears that would come to him in confidence'. His view was that representatives were the means through which he consulted with staff — a view that seemed to be shared by the HSRs we interviewed.

Both of the representatives interviewed in this establishment said that OSH matters were generally brought to them directly by staff and they were often able to resolve them 'in-house' by simply speaking to those involved. In cases where this was not possible, one representative explained that she would generally email the relevant manager directly, copying in the Health and Safety Manager, rather than wait to raise it at the next Health and Safety Committee meeting, given its schedule of meeting every 2 months. In cases where this did not resolve the issue, she would go directly to the Health and Safety Manager and, failing that, to her union. However, she also made it clear that she had never had to resort to going to the union on a health and safety matter (though she did on other matters). She felt that this was partly a reflection of the strength and effectiveness of the 'staff-side' committee (in effect, a union representatives' committee), and partly a reflection of the commitment and management style of the Health and Safety Manager whom she clearly saw as approachable, committed to participatory OSH management and able to get things done at a senior management level. The staff member we

([23]) There were several other smaller health care institutions also included in the establishment.

interviewed, who similarly saw the Health and Safety Manager as approachable and committed, also presented a view of an effective OSH management system in place at the Trust. However, she had no experience of representation at all and was unaware of the existence or function of HSRs, much less any awareness of who her HSR might be.

In a large education establishment, on the other hand, the representative felt marginalised by the management in an environment in which the key issues of OSH, which were mostly to do with the psychosocial consequences of work organisational practices and were not recognised as 'health and safety issues' either by the management or by the majority of the staff he represented. As such, making representations on what he regarded as important matters was frustrated by perceptions concerning their appropriateness and his own relevance. There was a similar absence of 'ownership' of health and safety by the trade union collective organisation at the workplace as seen in some of the cases in private production described above. However, here it was probably more to do with the limited development of such organisation at the establishment than with it prioritising other issues. His marginalisation by the management was also apparent in the words of the Deputy Principal who held overall responsibility for health and safety management at the college. He was unaware of any facilities (such as time off for duties) provided for the HSRs or, in fact, of how they carried out their statutory representative functions.

> *I don't know what they do … they can do what they like … [staff] can ask for help.… if the … rep can do it for them and wants to help them out — fine, but what we've got now is a professional health and safety advisor … staff know they can come to us.*

And

> *I believe they used to [have officially provided time off for their duties] … [but the current health and safety rep] is part-time so I don't know what the arrangements are for that.*
>
> (Large, public sector, manager)

There was a strong indication of the HSR's sense of powerlessness to make representations on behalf of fellow workers. He said that he found it difficult to communicate with those he represented and even more challenging to capture their interest and make them aware of his role in supporting them. It was not the union membership at the establishment who brought health and safety matters to his attention, but the main union representative. Coupled with what he saw as a general absence of interest in health and safety on the part of the membership, this meant that he often felt that, while he might be acting in the general interests of the staff when he dealt with management, he did not feel that he was 'making representations' about their concerns. He suggested that:

> *… co-operation from members as far as health and safety is concerned is nil.*
>
> (Large, public sector, representative)

And when he was speaking to management and 'expressing members concerns', he said, 'it's pure bluff. The members don't know and they're not that bothered'.

He also gave examples of direct communication between staff and management on health and safety matters that he felt could have been more appropriately addressed for the workers' benefit if he had been involved:

> *… a union member was drawn into a situation where he was negotiating with the health and safety officer about issues in his department, quite serious issues… it never even occurred to him to contact me.*
>
> (Large, public sector, representative)

The representative felt that this situation had developed partly because of a generally hostile management approach, which he explained was the result of sector-level change and constrained resourcing, which placed considerable pressures on the day-to-day operation of the teaching activities of the institution, which everyone felt were imposed from outside the establishment and beyond their control. However, its effects led to poor labour relations at the establishment and little room for participative approaches to OSH:

… there's limited cooperation [with management and] it's getting steadily worse … cooperation on health and safety matters in particular … largely the result of budget cuts, they want to rationalise.

And:

Our problem is the health and safety manager [the Deputy Principal], who is also the head of finance, does not know anything, I mean really anything, about health and safety law.

(Large, public sector, representative)

This situation frequently left him feeling 'unequal', 'exposed' and 'out on [his] own'. He also argued that the agenda for health and safety at the establishment was influenced by what the management regarded as relevant. This meant that since the physical safety of the working environment, along with the use of chemical substances, dominated its thinking, there was little room for him to make representations on the psychosocial risks that both he and his trade union outside the workplace recognised as key issues for the occupational health and well-being of workers in education.

Indeed, when asked about risks and the management systems in place, none of the other interviewees at this establishment 'spontaneously' mentioned psychosocial risks. These are, however, by some distance the highest profile risks associated with the education sector and, as we saw in previous sections, are frequently the subject of union campaigns. When asked directly about stress, for example, interviewees were clear that this was an issue within the workforce, with substantial proportions of staff affected. Furthermore, they were also clear that the main source of their stress was the changes to the organisation of their work and working conditions. However, these kinds of issues were not regarded by either management or staff as being 'health and safety' issues — or indeed even within the control of the college. As the following quote from the Deputy Principal makes clear, psychosocial risk was dealt with quite separately:

Interviewer: With an issue like workplace stress … how would addressing that type of issue fit within these [health and safety management] systems you're describing?

Interviewee: It doesn't because stress is dealt with by HR and the curriculum [manager].

(Large, public sector, manager)

The worker also made it clear that she did not think about psychosocial risks as being something that was relevant to arrangements for health and safety, saying that they were:

…. not something I would immediately think of as a health and safety issue but I suppose it is isn't it? I wouldn't think of going to our health and safety rep for that sort of thing. It wouldn't occur to me. I would think of him as more [the safety side].

(Large, public sector, worker)

There was a further strong sense of 'responsibilisation' for individual stress issues. Measures relating to the prevention or mitigation of resulting health problems were both individualistic and vague. Interviewees talked, for example, about needing to 'work smarter' and the possibility, if necessary, of accessing the college counselling service (primarily for students, but the worker we interviewed understood staff could also use it) or talking to a line manager. There was no consideration of any systemic basis within the college for stress management (or the management of any other psychosocial risk) and so no possibility of prevention or management measures at anything other than the individual level.

In other cases among the unionised public sector service establishments, however, while they shared a strong sense of diminishing funding and an awareness of the consequences of this for work intensification, in establishments where there was a well-developed union organisation on OSH, there was a substantial level of representative engagement with the OSH consequences of budgetary cuts. For example, in a large regional administration that was seriously affected by cuts and ongoing austerity programmes over several years, each of the three recognised unions coordinated actions on health and safety issues reported back by the network of HSRs that were located across the different sites and

divisions of the organisation. Each division also had its own 'Health and Safety Area Organisers'. Workplace stress and mental ill health were identified as major issues — the principal cause of problems — and linked explicitly to the cuts, restructurings and intensified pressures at work. The HSR said that as a result:

> *We, as trade union teams, and particularly as health and safety reps, are dealing with increasing numbers of people coming to see us about stress-related illnesses and issues caused by the pressure of work... We're constantly pushing back on managers, when we're dealing with personal cases, about how much people can be expected to do.*
>
> (Large, public sector, representative)

As we described in section 5.3, organisational responses in several of these cases differed from the one described above in the extent of the trade union representatives' awareness of the problem and their strategies to address it. They were involved with the managerial programmes but not limited to them, also negotiating, for example, flexible working for employees suffering from stress-related problems and, in more than one case, even conducting their own surveys of members' stress.

5.5 Conclusions

In this chapter, we have detailed the findings of the qualitative investigation of 18 cases. Fourteen were drawn from the ESENER-2 study and the remainder from other sources. While they provide a rich and diverse account of practices on worker consultation and representation on OSH, our findings confirm much of what is already known from previous studies concerning what influences practice. Several features stand out, as outlined below.

Firstly, in the range of practices we have encountered, there were a small number of cases in both private and public sectors in which trade unions prioritised OSH in its workplace and wider organisation, and HSRs were well trained, well informed and confident in their representational activities. They appeared to be trusted by their colleagues and respected by managers. In most cases, they operated in relatively stable and good labour relations scenarios and, in some cases, OSH formed one element of wider 'partnership' agreements between the trade unions and the management in the organisation to which the establishment belonged. In one case, what appeared to be a more conflictual labour relations situation prevailed, but even here there were, nevertheless, both strongly autonomous and apparently successful arrangements for representation in place, and the representatives were able to call upon the support of the trade union presence at the workplace and more widely in the organisation to which the establishment belonged in order to 'get things done'. In all these cases, there were strong structural determinants mainly dictated by wider labour relations structures and procedures which were supportive. These findings resonate strongly with what the previous research reviewed in Chapter 2 described as pre-conditions for effectiveness on OSH.

However, we need to be clear that these were only a minority of our cases. Among the others in unionised establishments, as well as in some of the non-unionised establishments, the predominant characteristic of the arrangements for representation and consultation in place was the way in which safety representatives had been largely incorporated into arrangements made by management. In these cases, at best, they played a sort of liaison role between managers and workers, being seen as more accessible and trustworthy by their colleagues than perhaps supervisors or managers, but essentially acting (as was frequently stated) as 'the eyes and ears' of management, drawing their attention to health and safety matters requiring their attention as well as sometimes implementing managerial requirements on OSH themselves. In the best of these cases, it would seem that the arrangements were working to the satisfaction of both the safety managers and the representatives — but they operated at arms' length from the trade union organisation at the workplace. It is possible that they may have also operated at some distance from the operational management of the core business and organisational activities in these establishments too. We were unable to investigate this very thoroughly, but it was noticeable that in some of these cases safety managers identified very strongly with the arrangements for safety management (which they had often been themselves responsible for developing) and the liaison between them and the representatives formed a discrete process. It focused solely on safety matters and functioned alongside, but separately from, other operational and labour-relations aspects of the

workplace, in much the same way as described in earlier Nordic literature concerning the so-called 'side car effect' in OSH arrangements (see Frick et al., 2000).

Finally, in other cases in more weakly unionised workplaces, the arrangements in place for OSH left HSRs feeling marginalised. In most of these cases, there was no sign of overt hostility towards the representatives, either from managers or other workers, but the facilities, training and information they were able to access was limited, and the impression was that their contribution to OSH practices and outcomes was not particularly significant.

In non-union workplaces where arrangements for representation were found, they had been established by employers and, at best, functioned as somewhat weaker versions of the incorporated arrangements described above. The representatives had no separate autonomy or identity from the arrangements made for OSH by managers and they were poorly provided with information, training and facility time. In small non-union establishments where there were no arrangements for representation, there was some evidence of direct consultation on OSH. For the most part, these establishments displayed features that are fairly typical of what is understood to be the way in which OSH is perceived and operationalised in small firms. That is, while informal relations may be quite good in these establishments, knowledge and skills on OSH are underdeveloped and are quite a low priority for them compared with other business needs. There was one exception to this, where the establishment was engaged in high-risk activity and where it aimed to attract its business from larger organisations for which it was obliged to display evidence of certified OSH management systems. In this case, therefore, there were more formalised arrangements in place for direct consultation on OSH.

This variety of practice, as well as the relatively limited presence of what might be regarded as arrangements that conform to what previous research has argued to represent effective practices on OSH representation, leads to some concerns about what currently determines worker representation on OSH in United Kingdom workplaces. We offer some reflections on this in the following chapter.

6 Conclusions

6.1 Introduction

The preceding chapters presented the results of a qualitative study of current practices on worker representation on OSH in 18 establishments in the United Kingdom, situating them in relation to the wider qualitative and quantitative research literature, the quantitative evidence from ESENER-2 and previous United Kingdom surveys. In this final chapter, we summarise the key findings of our study and reflect on what they suggest concerning the major influences that determine them.

6.2 Key findings

The study has demonstrated the existence of considerable variety in both quality and style of worker representation on OSH across sectors and establishment sizes making generalisations difficult. Nevertheless, several features stand out. For example, in a small number of the larger unionised establishments, both the institutions and practice of worker representation on OSH appear to correspond to what might be anticipated from fully implementing the relevant statutory provisions. This includes the finding of some conformity between the experience in these establishments and what previous research suggests might occur in workplaces in which there is a strong trade union presence: the worker organisation within the establishment prioritises OSH, and worker representatives are well trained, have good access to information and facilities to conduct their representative roles, and they are supported in doing so by their fellow workers. They also showed that prioritisation of a participative approach to OSH by employers and their managers, also identified in previous literature as a significant support for good practices in these situations, was commonly a further feature of such situations, leading in some cases to 'partnership agreements' in which the conditions of support for worker representation on OSH were detailed. Other features that appeared significant in these cases of well-developed arrangements for worker representation in unionised workplaces included the role of wider company labour relations' institution practices, sometimes even extending to those at the sector level. They also provided some illustration of the importance of a path dependency in the evolution of present day structures and procedures on worker representation on OSH from their historical antecedents in particular sectors. Risk profile may have been a further significant feature in these establishments, as most, but not all, were engaged in high-risk activities. However, it would seem more likely that the influence of the risk profile was far more to do with the way it was perceived among those influences on the development of the wider cultures of labour relations in the companies and in the sectors to which these establishments belonged, as well as how, in some cases, it provided a major concern for reputational risks of the organisations concerned.

This said, the cases also confirmed that well-developed arrangements for representation on OSH could arise on occasions in which labour relations were conflicted, but where organised workers had, nevertheless, achieved a degree of autonomy in their approach to OSH. While 'partnership agreements' and the like were not found in the one case in which long embedded hostility in labour relations was the norm, details on the arrangements for representation on OSH were found in the collective agreement negotiated at the wider company level and this formed an important support for representation on OSH at the establishment level.

There were several examples of these situations, but they represented only a minority of the cases studied and, indeed, were mostly restricted to the group of cases we had been obliged to source from outside the population in ESENER-2.

The remaining majority of the establishments we studied showed far more limited development of this approach — which previous United Kingdom researchers have called 'the preferred model' (Nichols and Walters, 2009). Some featured the rudiments of this 'preferred' statutory model, but they were seriously underdeveloped and representatives had little of the training, facilities or support that previous research suggests is necessary for its success. Often in these situations, the representatives (and safety managers too) complained that constraints imposed by a lack of resources, budgetary reductions and job insecurity were factors that undermined their ability to develop their role in OSH more effectively. In other situations, in both unionised and non-unionised establishments, worker representatives were

incorporated into arrangements made for safety management by employers. That is, they functioned in close collaboration with safety managers in delivering systems for managing safety that had been determined by the managers, but which both managers and representatives seemed to regard as fit for purpose. In the non-union workplaces where there were such representatives, they had been appointed by managers and, although in the best of these cases the representatives functioned similarly in many ways to their unionised equivalents, a key difference between them was that they had no autonomous power and little means of redress if managers decided not to facilitate their activities. In smaller non-union establishments in the study, there were no formal arrangements in place and participants often saw the direct participation of workers in OSH arrangements and practices as both a desirable and highly effective way of achieving improvement and best practice in OSH and the way in which workers' voice could be expressed.

Finally in our study, the regulator and regulatory surveillance was conspicuously absent as an influence upon the arrangements for worker representation on OSH in all but two cases. In both of these cases, greater than usual engagement of the regulator appeared to be brought about by the high-profile and high-risk work activities undertaken by the establishments and their potential to cause harm to the public should safety failures occur. The trade union organisation for worker representation had been able to take advantage of the proximity of regulators and regulatory inspection to liaise with them to support the provision for worker representation on OSH at these establishments. Elsewhere, however, the impact of the regulator had been, at best, indirect and, in the majority of cases, non-existent. There were a few cases in which, as a result of a serious incident of safety failure in the past, the establishment had fallen under the scrutiny of regulatory inspectors. A consequence of this had been the complete overhaul of the system for safety management. Often, this had been achieved through the appointment of new personnel to design, implement and oversee its operation. In so doing, this led to the appointment of safety representatives where there had been none before, or to a closer relationship between safety representatives and the safety manager. To reiterate, however, in the majority of cases we studied, regulatory inspection had not been involved in the institution or the operation of arrangements for worker representation on OSH.

One way of understanding the different experiences and relations of worker representation on OSH is through examining their contextual determinants. For example, it is clear that in establishments where there are good labour relations and a strong element of trust between workers and managers/employers, which itself may be the product of stable patterns of employment, good pay and conditions, and effective institutions and processes of worker representation more widely, there are possibilities for cooperation between workers' representatives and managers. Such possibilities are far less likely in scenarios in which labour relations are more hostile and trust is far more limited, as is often the case in situations in which employment is less secure and pay and conditions are less advantageous. However, labour relations perspectives offer but one wider context. There are several other contexts, such as those that might arise from regulatory, social or economic determinants originating at different levels of the wider systems within which work is organised, as well as from even wider determinants influenced by the prevailing norms of the political economy.

6.3 Determining contexts

Using findings from previous studies, it is possible to categorise such contextual determinants. They include:

- those internal to the establishment that have a direct influence on the presence and operation of arrangements for worker representation on OSH and on how representatives act;
- other internal determinants that influence the quality of representation on OSH more indirectly;
- further determinants of these matters which operate largely from outside the workplace and act even more indirectly, but, importantly, affect how worker representation is both constructed and construed within workplaces.

Internal determinants might include:

- the establishment size and sector;
- knowledge of regulation — held by employers, workers and their representatives;
- the risk profile of the establishment;
- the commitment of managers to introducing and supporting participative arrangements for health and safety to address risk;
- the relationship of these arrangements to those of the employer addressing OSH management more generally;
- the institutional arrangements for worker representation on OSH at the workplace;
- the extent to which OSH is explicitly addressed in collective agreements at the establishment;
- the extent to which representation on OSH is prioritised by organised workers at the establishment;
- OSH awareness among workers.

Many of these determinants also help to influence who are selected or appointed as worker HSRs and what special skills they possess, as well as their access to the training they may be entitled to receive. They also influence the means to be used in practice to operationalise various functions and entitlements given to representatives and/or committee members by statute or otherwise to enable them to undertake their roles.

More indirect determinants of the presence and role of worker representation in OSH include:

- the organisation of employment — including the use of temporary or agency employees, contractors, subcontractors and so on;
- the organisation of work — shift patterns, internal organisation of the labour process and work intensity.

Such factors affect the presence and role of arrangements for worker representation, as does the extent of trade union membership and the role of representation on OSH within wider provisions for labour relations and collective bargaining at the establishment.

External to the establishment, other determinants provide contextual influences on the ways things are done within the establishment. For example, macro-economic factors related to the labour market influence job security, flexibility and the labour market power of individual workers, which may have a bearing on the nature and extent of arrangements employers are prepared to make for representatives' participation, as well as the ways in which representatives undertake their role. Other external influences include the presence or otherwise of preventive services; the nature of external trade union support and commitment to worker representation on OSH; the nature of sector- or national-level agreements concerning procedures for collective bargaining and the extent to which these or other agreements at these levels refer to OSH; and the business position of the establishment in relation to its buyers and suppliers. Finally, although regulatory requirements on worker representation on OSH can be seen as a determinant operating within establishments, at the same time they have a wider salience as elements of a nexus of regulation that applies to both OSH matters and labour relations. This in turn is influenced by the compliance priorities and strategies of the agencies responsible for its administration and enforcement, which may be further dependent on the prevailing climate for governance, regulation and labour relations, as well as on the public perception of the risks subject to such regulation.

Moreover, nearly all these determinants are themselves subject to changes over time and to wider trends in the economy and the political orientation of governance, as well as in the relative power of labour or capital to determine the scenarios of labour relations in which the representation of workers' voice on OSH takes place.

In the following sub-sections, we elaborate on what our findings suggest concerning the influence of some of these determinants and the way their influence has developed and changed since statutory measures have required forms of worker representation on OSH. We begin with those concerning the establishment and its internal operations.

6.3.1 Workplace size and sector

Our cases were drawn from a range of workplaces of different sizes and three different sectors, including private producing establishments and both public and private service sectors. Allowing for the heterogeneity of the establishments, we found the expected influence of workplace size on the internal arrangements for representing workers on OSH. There was a greater prevalence of direct methods of consultation with workers in smaller establishments and little sign of formal arrangements for representation among the smallest of them. There was also a stronger sense of social cohesion in some of these small establishments and close personal relations between managers and workers. However, in the larger of these small firms, there were signs that arrangements for health and safety (including arrangements to consult workers) were among the features of formalisation that establishments were either in the process of introducing or were planning to introduce as their size increased. Where some elements of formal arrangements were in place, such as those for regular works safety meetings, it was because they had been introduced by managers seeking to conform with requirements of certification standards and/or the demands of clients whose business they sought. In many of these smaller establishments, work, including the arrangements for OSH, was more likely to be subject to the influence of external determinants resulting from the nature of business relationships with clients than seemed to be the case in larger organisations.

There were substantial differences in the presence and practice of arrangements for worker representation on OSH between sectors, such as between establishments involved with private production, utilities or transport and those involved in public or private services. To explain these differences solely as responses of OSH management to differences in risk profile would seriously misrepresent the situation. A difference in risk profiles between sectors is a partial explanation for the differences we observed in the extent and practice of arrangements for worker representation on OSH. But while risk profile undoubtedly played a significant role, it was in combination with a variety of other elements of the way work was carried out within establishments. They included, for example, different ways of organising work and employment, different external pressures in relation to resourcing, and different expectations among workers, who might, for example, be predominantly manual workers, administrative workers, care workers and so on with different levels of qualifications, skills and professionalisation among them. These helped determine both their autonomy and the extent of their responsibilisation. There were also different patterns, institutions and traditions of industrial relations and management in the sectors which further influenced the way things were done in relation to representing workers on OSH. In addition, the influence of differences between sectors in terms of the power and institutionalisation of organised labour within workplaces were also important, as we explore further below.

6.3.2 Relations with safety management systems within establishments

As we have already observed, a significant direct determinant of practice on worker representation was its relationship to the arrangements made by employers to manage OSH at an establishment. One of the products of the process-based regulation of OSH has been the more widespread adoption of management systems approaches to OSH, especially among larger organisations. As is well documented, these systems are widely accepted by employers as providing the framework for their compliance with regulatory requirements to manage risk competently and with the appropriate expertise, such as is required by the HSW Act 1974. A further product of these measures seems to have been the widespread use of health and safety practitioners to help to operationalise the arrangements made for OSH in larger organisations. Systems for managing safety and health, and persons designated as responsible for monitoring the operation of such systems, were commonly present in the larger organisations among our cases in all sectors, and especially in those from the private producing sector. In many of these cases, not surprisingly, worker representatives worked in close cooperation with safety practitioners employed in the establishment to ensure the operation of arrangements for OSH management. The nature of this working relationship varied among the cases, as did the way in which it influenced the role of worker representatives. In some, the resilience of the trade union organisation and the way that OSH representation was organised meant that safety representatives co-existed alongside the managerial arrangements for safety, intersecting with them but at the same time remaining relatively autonomous from them. This was the case in some of the highly unionised larger

establishments in both the public and private sectors, where union organisation functioned at several levels within and beyond the establishment.

In other cases, the relationship between the trade union organisation for OSH, arrangements for managing safety and the managers operating these arrangements was less balanced. In these cases, as already mentioned, representatives functioned as part of the system for managing safety, usually following the lead of the responsible safety practitioners and often reporting to them. It was clear from interviews with some safety managers/advisers that they believed themselves to have been instrumental in shaping the nature of the arrangements in place. In these cases, safety representatives and the union organisation, where it was present in these establishments, had responded to their initiatives by taking on roles and functions largely determined by the direction of the safety manager/adviser who assumed control over the operation of the system thus created. In these examples, representatives tended to defer to a perception that the safety practitioner had superior knowledge/expertise, often turning to them as their major source of information and advice on OSH at the establishment.

What lay behind the ability of safety managers/prevention advisers to assume such controls becomes easier to discern if wider understandings in the research literature are borne in mind, especially those concerning the structure and organisation of work at the present time, the public perception of risk, the role of regulation, and the nature and role of power in workplace relations. While the prominence of OSH management arrangements is in part explained as a combination of employers' responses to process-based regulatory requirements through adopting OSH management systems and appointing specialists to deliver the OSH competence that is also now a statutory requirement, in many of our cases the incorporation of worker safety representatives within OSH management arrangements has also been driven by the particular character of OSH management systems. In our study, we found them to be often dominated by behaviour-based approaches that marginalised an autonomous role for representation. Such development was evident in cases where there was also a reduced presence of organised labour both within and outside establishments. These were further overlaid by the influence of wider changes in public understandings concerning the role of both collective action at work and regulating OSH.

6.3.3 Union membership and wider arrangements for collective bargaining at the establishment

Union membership within establishments is both a direct and indirect influence and an important determinant of arrangements for worker representation on OSH in the United Kingdom. Trade union policies and practices on worker representation on OSH directly affected the kinds of arrangements in place in the establishments studied. In addition, the role of unions and the wider arrangements for collective bargaining were indirect, but nevertheless important, influences on the form and practice of worker representation on OSH. As already noted, the research literature, as well as trade union rhetoric, suggests a 'preferred model' in the United Kingdom, in which workers' HSRs ideally operate from within the workers' collective organisation in establishments and are supported through its prioritisation of OSH in collective agreements with employers and in the activities of the wider institutions of representation present in the establishment. They are trained and informed by trade unions using worker-centred education techniques that combine an understanding of the representative role with an understanding of technical and legal matters concerning OSH. As we have seen, in the cases where there was a strong presence of organised labour inside the establishment and OSH issues were prioritised, there was usually a strong representation of these issues to management. The way in which this representation was framed varied across a spectrum from conflict to consensus.

However, in many cases across all sectors, the presence of workplace organisation was far weaker and it was in these situations where, most commonly, worker HSRs were absorbed into the employers' arrangements for safety management. In other cases where weaknesses in collective organisation were evident, representatives had not been incorporated into management arrangements. They were instead marginalised by the managers with health and safety responsibilities and at the same time often struggled to maintain a presence in the eyes of their fellow workers, who questioned their relevance. In such situations, the representatives were aware of the limitations to their effectiveness and were often frustrated by their inability to make their presence felt. The absence of support from an effective union

organisation at the workplace, coupled with the non-involvement of regulatory inspectors with the establishment, left them with few resources at their disposal or means to influence OSH arrangements.

However, we need to be clear that it was not only a weak presence of unions and worker organisation that brought about the appropriation of representatives into the employers' arrangements for OSH. In the cases where this was in evidence, representation on health and safety often functioned separately from other collective arrangements at the establishment, relating more to the role of the safety manager/prevention adviser than to the worker/union organisation. Moreover, this was a situation that representatives and safety managers generally found to be quite acceptable. We think that this is an interesting development and it occurred in several of the United Kingdom cases. The limited depth and breadth of the present study did not allow us to fully explore this. There were too few United Kingdom cases to judge how widespread these experiences were and the extent to which they reflected a decline in trade union influence or the consequences of the acceptance, by trade unions, of a different approach to worker involvement in OSH. Whatever the cause of its ascendance, as we have already pointed out, it represents a set of relations on OSH that are a far cry from the 'knowledge activism' that Hall and colleagues (2006 and 2016) claim to be the most effective form of representative engagement with OSH.

A final comment on the influence of institutional arrangements for labour relations on those concerning representation on OSH relates to the role of collective agreements. The early research literature on worker representation on OSH often points to the potential of including details of arrangements for OSH representation in such agreements at both establishment and sector level. This enables issues, such as the details of entitlements for time off to undertake representative activities and training, to be spelled out and the possibility of jointly determining provisions that might go further than the statutory requirements. It is significant that, while there was little knowledge of such agreements in the majority of our cases, in the few situations in which there was a strong union presence and commitment to successfully organising representation on OSH, such agreements played a significant role — both within the establishment and in the wider company or even in the sector in which it was situated.

6.3.4 Influences of the organisation of employment

Quite a large body of research demonstrates that increased outsourcing of work, contractorisation, growth in micro and small firms, temporary and migrant labour, zero-hour contracting and so on all create situations in which new and emergent risks take on greater significance, and contribute to making the workers who experience them and the work situations in which they occur less accessible to conventional forms of protection, whether through collective representation or regulatory inspection. Further research indicates that the power of organised labour has been substantially eroded and resources for inspection reduced, with a parallel reduction in enforcement actions. Equally well-documented changes have led to work intensification and the introduction of more demanding work patterns, as well as greater accountability and surveillance of performance. All of these have been found to contribute to significant increases in time off work resulting from mental and emotional stress and fatigue, and to other harms associated with increased psychosocial risks. They all also present challenges to conventional arrangements for worker representation on OSH.

It would be surprising if workers, managers and employers had not felt these developments and, indeed, their effects were evident in the cases we studied. They concerned, for example, the difficulties some representatives reported when dealing with contractors and their workers or, conversely, when it was they who were working for a contractor, in accessing the client employer; and when trying to represent the interests of workers from temporary employment agencies, casual workers or others who existed largely beyond the conventional institutional nexus of labour relations' procedures created by the employment contract. We also reported the frustration of some representatives caused by lack of consultation and inability to influence the planning of work because of decisions taken by employers to meet demands imposed from outside the establishment. And, in terms of psychosocial risk, as Chapter 5 made clear, while there is widespread and growing recognition that this is a significant problem for work in all sectors, there remains a paucity of solutions to address it effectively within safety management and major challenges for representation on such issues. The main reason for this is that its root causes, found in the way in which work and employment are organised by establishments, largely lie beyond the remit of the safety management system.

However, that is not to say that there were no examples of good practice, in relation to the challenges posed by psychosocial risks, in some of the cases. Engagement of workplace representatives and their union with initiatives on psychosocial risks and stress was seen, for example, in a few of the well-organised establishments. There were also examples provided of occasions on which representations had been made on behalf of workers who were not covered by the standard employment contract. However, generally the effects of the changes that have occurred in the nature of work and employment on the representation of the health and safety interests of workers were surprisingly difficult to measure in most of the cases in our study. They had occurred over a substantial period of time and were often accepted by workers and their representatives as aspects of employment over which they had little influence. Indeed, many of the consequences of change were frequently regarded as lying outside the specific remits of both safety management and representation on OSH. This observation gives pause for some reflection and gives rise to questions as to why challenges to workers' health and well-being that have resulted from changes in work and employment in recent decades are often not understood by the workers they affect or by their managers as having anything to do with 'occupational health and safety'.

The answers to such questions may be found, in part, by considering the way that 'occupational health and safety management' has become almost synonymous with 'safety management' in the lexicon of practices and procedures employers are obliged to follow under process-based regulatory requirements. Safety practitioners, standards agencies and many of the prevention services involved in the development and certification of these procedures and practices have defined them quite narrowly. We have pointed out that the emergent risks of restructuring and reorganisation mainly originate in a variety of forms of employment degradation and work intensification, which create conditions that affect the risk profile of work in which new and emergent risks associated with the structure and organisation of work have emerged. However, by reducing occupational health and safety to a set of activities embraced by concepts of 'safety management' and often further bureaucratising them with auditable 'risk management' procedures, monitoring activities and the like that focus solely on matters that lend themselves to the measurement of 'performance' favoured by current managerialism, there is a risk that much of what impacts on workers' health (and sometimes indirectly on safety) among these emergent risks is removed from the remit of the management of safety and health. Thus, the focus on proximal events — such as physical incidents, behavioural patterns, housekeeping standards, safe working practices, and safe plant and place standards and measurements — in this reductionist way effectively excludes scrutiny of structural and organisational elements of modern work practice that impact on the working conditions and well-being of workers. When worker representatives are appropriated by safety managers into this system, it weakens or removes their potential to identify and intervene in the emergent risks of the modern world of work across a whole range of sectors. As we saw in Chapter 5, this has meant that, in practice, a host of potential OSH issues, which are products of the ways in which work and employment are organised and how employers conduct business in response to cost-efficiencies and competitive pressures within their markets, are widely perceived to be beyond the influence of worker representation on OSH.

At the same time as these developments have taken place in the United Kingdom, as we noted in Chapter 2, quite a profound change has occurred in public thinking about safety and health at work. As the structure of work has changed from an industrial to a service-based economy, the influence of organised labour has decreased and neo-liberal political prescriptions have become increasingly accepted as the norms of public discourse, and greater individualisation has occurred in many elements of the employment relationship, with a parallel growth in management prerogatives. As a result, not only has there been an erosion of organised labour and employment rights for many workers, but there has also been an increase in their responsibilisation in relation to OSH matters (see, for example, Gray, 2009). In parallel, media influence and neo-liberal political strategies have combined to trivialise occupational health and safety issues in the public eye, directing public perception of workplace risks away from their potential harm and instead towards the supposedly harmful effects of their regulation on personal freedoms. In combination, these elements have gone some way to creating a new climate which, as noted in Chapter 2, has served to subtly change the parameters of public discourse concerning workplace safety and health (James et al., 2013). It is within this new normative context that worker representation on occupational health and safety currently takes place. We suggested in Chapter 2 that it would be surprising if this change had not had an effect on how representation is perceived and

practiced in British workplaces, and it seems that the evidence from many of our case-studies shows that this has indeed occurred.

Organised worker resistance to the dominant discourse in the media and in political thinking is clearly inconvenient at all levels, and it is surely not lost on some employers that one small way in which such resistance may be avoided at the establishment level is by incorporating worker HSRs into OSH management systems that are operated by safety managers/prevention specialists employed in these roles — as was clearly so in many of our cases.

6.4 Final reflections

The account presented in Chapter 5 indicated that a rich variety of experiences and relations characterised approaches to representing workers' voice on OSH in the cases we have studied. In the present chapter, we have argued that these experiences and the workplace relations they express are determined by an equally rich set of social, economic, regulatory and societal influences acting both from within the establishment and outside it. This rich and complex variety of influences and outcomes warrants caution when making generalisations concerning our findings. Nevertheless, the analysis of these chapters and the ones that precede them suggest some cross-cutting conclusions.

Previous work on the experiences of trade union HSRs in the United Kingdom has indicated that, in practice, they tend to operate broadly within the framework of the regulatory provisions under the HSW Act and the SRSC Regulations (the influence of the HSCE Regulations being found to be negligible), but that, in the main, their activities fall somewhere short of the potential provided for by regulation. If anything, their activities have been seen to aspire to the requirements of the regulations rather than moving beyond them. This remains the case in our findings. It was only in a small number of our cases that it could be said that arrangements for worker representation were operating to the full potential of the statutory provisions.

But we can conclude something more than this, because in many of our cases the activities of representatives represented something of a departure from the pluralist model defined by the regulations and showed a movement towards more unitary understandings of what might constitute 'participation' in health and safety. This represents something of a paradigm shift away from the assumptions that informed the creation and content of the main United Kingdom regulations as well as what would support their efficacy in practice. Changes in the structure and organisation of work and employment, as well as in its political and economic contexts, are the primary drivers of this paradigm shift and have led to some reflection on the continued salience of the original assumptions concerning the nature of the statutory provisions and what would support their operation. Moreover, in other cases still, worker representation on health and safety would seem to have been marginalised through a mixture of managerial ignorance and indifference, weak trade union organisation and the absence of any intervention from regulatory inspection. In other words, the preconditions for the effective operation of the provisions of the regulations are simply not supported in these organisations. The analysis of quantitative data on the presence of arrangements for worker representation and consultation on OSH presented in Chapter 4 suggests that it is likely that the proportion of such situations in United Kingdom workplaces is increasing. Therefore, current experiences would seem to fall far short of what has been identified in previous research as constituting the effective operation of the preferred model of worker representation on health and safety (see Nicholas and Walters, 2009). These experiences also fall far short of supporting what some researchers have claimed as the most effective ways in which HSRs can act to deliver the representation of workers' interests on OSH (see especially Hall et al., 2006, 2016).

What our analysis suggests is that, against a background of change in public discourse on the regulation of occupational health and safety in the United Kingdom, current practice on worker representation, as illustrated in the case-studies, reflects the influence of determinants found in the wider political and economic policies pursued by United Kingdom governance for most of the period during which the statutory measures that provide for them have been in force. These include the increasing individualisation of employment relationships; the responsibilisation of workers for the protection of their own health, safety and well-being; and the resurgence of management prerogatives in relation to OSH. Combined with shifts in the balance of power between employers and trade unions, these serve to underpin the re-emergence of a unitary paradigm as the predominant way of framing worker participation

on health and safety and the activities thus embraced. The experience in many of the cases, including many of those in which trade union safety representatives were present, illustrates how, under the influence of these wider determinants, these representatives have become incorporated within safety management systems, themselves determined by corporate organisational strategy and a hegemony of normative concepts in which there is little room for the knowledge activism or autonomous worker-centred ownership of knowledge, which previous writers have argued to be among the defining elements of the strategies of organised labour to support the effective representation of workers on health and safety. That is, in a substantial number of the United Kingdom cases, HSRs, including those in unionised workplaces, follow the instruction of managers, usually safety managers, in carrying out their activities, reporting to them and even undertaking tasks that would fit with understandings of safety supervision rather than those better understood as being about representation.

If these cross-cutting influences are spreading in the ways that United Kingdom survey data suggest, it is all the more remarkable that, in some establishments and sectors, trade union workplace organisation remains able to retain a significant influence on the representation of the autonomous collective and individual OSH interests of workers in the face of their pervasive effects. But *this was the case*, albeit in only a minority of our case-study establishments. Where it was present, however, there was a sense that it allowed significant autonomous representation of workers' voice on OSH and was an important influence on 'the ways things were done' in these workplaces to help deliver positive OSH outcomes. The strategies that appear to be most efficacious in achieving this, while context specific, seem to be most successful when they are able to embed the structures and protocols of OSH representation within those that jointly determine the conduct of wider elements of employment relations at the workplace, such as collective agreements, partnership agreements and the like. In our cases, the strategies were also more successful when they were able to integrate with these wider arrangements at company or sector level, obliging managers at the establishment level to be seen to be supporting representation. They were further enhanced, when circumstances allowed, by closer connection with the influences of institutions and processes beyond the establishment, of which owners, employers and managers were obliged to take notice. These included closer relations with regulators and regulatory inspectors who, in certain circumstances, were more inclined to provide detailed scrutiny of joint arrangements than was normal. It also embraced the influence of reputational risks to employers that would be likely to occur as a result of safety failures, as well as bringing to bear the policy aims of the wider organisations in which some public sector establishments were embedded, on the necessity for strong joint arrangements on OSH.

However, all these approaches towards supporting successful worker representation on OSH are found in larger organisations in which strong resilient trade unions continue to play a significant role in labour relations. They have been developed and sustained as a consequence of this strong and cohesive trade union organisation which operates in concert at a number of levels, and it is far from clear how transferable their undoubted successes are to the large number of other situations in which these preconditions for collective actions are either absent or much reduced. In these situations, which are by far the most numerous scenarios in which autonomous workers' voice on OSH struggles to be heard in the United Kingdom, it is not obvious how the statutory provisions or trade unions may contribute to improvement in this respect in the political and economic contexts prevalent in the United Kingdom at the present time.

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